

Exhibit List
IMO Steven C. Brigham, M.D.

- Exhibit A - Interview of D.B., August 18, 2010.
- Exhibit B - Medical Record of D.B. produced by Nicola Riley, M.D. with attached 2 page note of Dr. Riley addressed "To Whom it may concern, August 24, 2010.
- Exhibit C - 2 page note of Nicola Riley M.D. with enclosed portions of D.B.'s medical record, August 23, 2010, provided in response to request from Maryland Board of Physicians.
- Exhibit D - Medical Record of D.B.'s admission to Johns Hopkins Medical Center, August 13, 2010.
- Exhibit E - Medical record of D.B., Union Hospital, August 13, 2010.
- Exhibit F - Interview of George Shepard, Jr., M.D., August 19, 2010.
- Exhibit G - Interview of Kimberly Walker, M.D., August 23, 2010.
- Exhibit H - Daily Tissue and Regulated Medical Waste Log for Elkton Office, July 13 - August 13, 2010 and Recovery Room Log, June 23 - August 4, 2010.
- Exhibit I - Interview of Nicola Riley, M.D., August 24, 2010.
- Exhibit J - Interview of C.B., mother of D.B., August 21, 2010.
- Exhibit K - Information from Nicola Riley M.D. in response to questions from New Jersey Investigator Lizzano, September 1, 2010.
- Exhibit L - Letter from Steven Brigham, M.D. to DAG Siobhan Krier, dated June 30, 2010.
- Exhibit M - IMO Steven Chase Brigham, M.D., Cease and Desist Order.

Exhibit A

In the Matter of:
Board of Physicians

August 18, 2010
Interview of D [REDACTED] B [REDACTED]

Condensed Transcript with Word Index



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MARYLAND BOARD OF
PHYSICIANS
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2010 AUG 20 P 2:41

<p>1 2 3 4 5 6 BOARD OF PHYSICIANS 7 8 9 10 INTERVIEW WITH D [REDACTED] B [REDACTED] 11 12 HELD ON AUGUST 18, 2010 13 14 15 16 CONDUCTED BY CHRISTINE FARRELLY 17 18 19 20 21 22 23 24 25</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p>1 [REDACTED] 2 Q. [REDACTED] 3 A. [REDACTED] apostrophe S. 4 Q. And that's in New Jersey? 5 A. New Jersey. 6 Q. Okay. 7 A. [REDACTED] 8 Q. [REDACTED] 9 A. Mm-hmm. 10 Q. Okay. Now, I have your cell phone. Could you 11 just repeat it again for the record? 12 A. My cell phone number? 13 Q. Yes. 14 A. (609) [REDACTED] 15 Q. Okay, thank you. Do you have a home phone 16 or -- 17 A. (856) [REDACTED] 18 Q. Okay. So, I just kind of wanted to start at 19 the beginning. You -- from what I understand, you went 20 and got a pregnancy test or you did your own pregnancy 21 test. 22 A. I did my own pregnancy test. 23 Q. Okay. 24 A. And I got one from my gynecologist. 25 Q. Okay. When was that?</p>
<p>1 PROCEEDINGS 2 - - - - - 3 MS. FARRELLY: Okay, today is August 18th. 4 It's 9:55 a.m. We're here at Johns Hopkins Health 5 Center, at the Weinberg Building, Room 406. We're here 6 to do an interview in the case of Dr. Reilly (phonetic) 7 and Dr. Brigham, and I would just ask the other 8 individuals in the room to identify themselves. 9 MS. SAMMONS: Maureen Sammons, Compliance 10 Analyst. 11 MS. FARRELLY: Okay. 12 MS. B [REDACTED]: D [REDACTED] B [REDACTED] 13 Whereupon, 14 D [REDACTED] B [REDACTED] 15 a witness, called for examination, was examined and 16 testified as follows: 17 EXAMINATION 18 BY MS. FARRELLY: 19 Q. Okay, D [REDACTED], could you just tell us your home 20 address? 21 A. [REDACTED] 22 [REDACTED] 23 Q. Okay. Could you just spell that for me? What 24 was it? 25 A. [REDACTED]</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p>1 A. That was the Wednesday before I went in for the 2 procedure. 3 Q. Okay. So, that would have been August 11th, 4 because you went in for the procedure -- 5 A. Yeah. 6 Q. -- the 12th? 7 A. The 12th and 13th. 8 Q. Okay. Now, how did you find Dr. Brigham? 9 A. I looked online. His name wasn't online, but I 10 looked for abortion clinics. 11 Q. Okay. 12 A. Not necessarily like how many weeks they could 13 do because I didn't know how many weeks I was. 14 Q. Okay. 15 A. But just one that was near where I lived. 16 Q. Where you lived, okay. So, now, you did the 17 pregnancy test and it turned out positive. 18 A. That was -- it wasn't the 11th, it was the week 19 before that. 20 Q. Okay, the week before, okay. 21 A. Yeah. 22 Q. So, when you looked online, you just looked 23 under abortion services. 24 A. Mm-hmm. And I put in the zip code. 25 Q. Oh, okay. And, now, did it come up -- how did</p>

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1 it come up? Do you remember how the website came up?

2 A. I did it on Google and it came up like as the
3 first one on top. It was in highlighted yellow.

4 Q. Okay.

5 A. And it said --
6 (Brief interruption).

7 MS. [REDACTED]: It was highlighted in yellow and
8 it said abortions up to 24 weeks.

9 BY MS. FARRELLY:

10 Q. Okay. Do you remember when you clicked it what
11 it said on the website? Like was there an 800 number for
12 you to call or --

13 A. Yeah, there was an 800 number.

14 Q. Okay. So, you called that number and what
15 happened?

16 A. I got like some information. I found the
17 web -- I mean, not the website, the address and I made an
18 appointment for as soon as possible.

19 Q. Okay.

20 A. And that was for that Monday.

21 Q. Monday, okay.

22 A. I just remember -- and they told me how much it
23 would cost. There's two different costs, if you wanted
24 to be like alert or if you wanted to be under the
25 twilight medicine. But every week after 14 weeks was an

1 A. 12th.

2 Q. Okay.

3 A. They told me it was a two-day procedure.

4 Q. Okay. And, now, that's when you met Stephen
5 Brigham, the doctor?

6 A. Yes.

7 Q. Okay. Now, what did he say to you at all?

8 A. He didn't really say much. He just introduced
9 himself because before I even went back there, there was
10 a bunch of papers that you have to sign and they give you
11 like all the information.

12 Q. Okay. Explaining like what's going to
13 happen --

14 A. Explaining --

15 Q. -- and everything?

16 A. Yeah.

17 Q. Okay.

18 A. And when I -- before I paid, the manager
19 explained what was going to happen, too.

20 Q. Okay.

21 A. But she had told me that they would provide
22 transportation to Philly --

23 Q. Okay.

24 A. -- and I would have to have a driver like
25 follow them.

6

8

1 extra \$100.

2 Q. Okay.

3 A. And I went in on that Monday and they did an
4 ultrasound and I found out I was 21 weeks.

5 Q. Okay.

6 A. And after that, they told me they couldn't do
7 it in that office, that clinic office, but they had
8 another location.

9 Q. Okay. Now, if we could just go back a little
10 bit, when you went in, did you personally see Dr.
11 Brigham?

12 A. I saw him that Thursday.

13 Q. That Thursday.

14 A. Because I had to redo an appointment because I
15 couldn't get it done Monday.

16 Q. Okay. Now, on that Monday when you went in,
17 did just an office person do your ultrasound?

18 A. I guess it was an ultrasound technician.

19 Q. Okay.

20 A. A nurse or something.

21 Q. Okay. And then they told you how pregnant you
22 were?

23 A. Yeah.

24 Q. Okay. So, then you made an appointment to come
25 in that Thursday, which would have been August 12th.

1 Q. Okay.

2 A. But when I got there on Friday, we had to drive
3 our own selves and we ended up in Elkton.

4 Q. Okay. In Elkton, Maryland?

5 A. Mm-hmm.

6 Q. Okay. Now, going back to Thursday, when Dr.
7 Brigham came in to start the procedure, did he explain to
8 you what he was going to do and how it worked?

9 A. Yeah. He inserted this thing -- I don't know
10 -- I forget what it's called, but it begins with an L.

11 Q. Okay.

12 A. To dilate the cervix.

13 Q. Okay.

14 A. Like to make a smoother abortion, I guess.

15 Q. Okay.

16 A. And I would have to come back 8:00 the next
17 morning.

18 Q. Okay.

19 A. When I got there the next morning, I took two
20 pills for contractions.

21 Q. Okay, to start contractions?

22 A. Yes.

23 Q. Now, did he tell you like when the fetus --
24 like how he was going to do the abortion?

25 A. No.

<p>9</p> <p>1 Q. He never explained to you like we're going to</p> <p>2 dilate your cervix and --</p> <p>3 A. Oh, yeah, the papers explained.</p> <p>4 Q. Okay.</p> <p>5 A. And the manager had explained. It was the</p> <p>6 manager.</p> <p>7 Q. Oh, okay. So, what did they tell you about it?</p> <p>8 A. They said that they would dilate the cervix,</p> <p>9 and then the next day, they would perform the abortion</p> <p>10 like regular, like you would get it done if you were --</p> <p>11 if you were like ten weeks.</p> <p>12 Q. Okay. So, they would surgically go in --</p> <p>13 A. Yes, go in and remove it.</p> <p>14 Q. -- and remove the fetus?</p> <p>15 A. Mm-hmm.</p> <p>16 Q. Okay. So, they didn't give you any medication</p> <p>17 or anything?</p> <p>18 A. Yeah, they -- they put me under anesthesia.</p> <p>19 Q. Oh, okay, okay. So, now, you said on Friday</p> <p>20 morning, you went to -- where is it located? Voorhees,</p> <p>21 New Jersey?</p> <p>22 A. Voorhees.</p> <p>23 Q. Okay. So, you went to Dr. Brigham's office.</p> <p>24 And, now, did you speak with Dr. Brigham on Friday?</p> <p>25 A. No. When I first got there, he wasn't there.</p>	<p>11</p> <p>1 A. The manager wasn't there on Friday.</p> <p>2 Q. Okay. So, who told you like, okay, we're going</p> <p>3 to get in the cars now or --</p> <p>4 A. Dr. Brigham did when he came.</p> <p>5 Q. Oh, okay. So, Dr. Brigham came?</p> <p>6 A. Mm-hmm.</p> <p>7 Q. And did he talk to you separately or did he</p> <p>8 talk to everyone together?</p> <p>9 A. Everyone together.</p> <p>10 Q. Okay. And, now, did you say you took</p> <p>11 medication that morning?</p> <p>12 A. Mm-hmm.</p> <p>13 Q. Okay. Do you know what medication they gave</p> <p>14 you?</p> <p>15 A. Yeah, with an N.</p> <p>16 Q. Okay.</p> <p>17 A. Like the nurses know --</p> <p>18 Q. Okay.</p> <p>19 A. -- because I've talked to some of the nurses</p> <p>20 and (inaudible).</p> <p>21 Q. Okay, here? Okay. So, they gave you the</p> <p>22 medicine to start contractions Friday morning?</p> <p>23 A. Friday morning.</p> <p>24 Q. Okay. So, do you remember what time Dr.</p> <p>25 Brigham got there?</p>
<p>10</p> <p>1 Q. Okay.</p> <p>2 A. There were, I think, three other nurses and</p> <p>3 there were two other women that were getting the same</p> <p>4 procedure done.</p> <p>5 Q. Okay.</p> <p>6 A. One of them was like way worse off. Like she</p> <p>7 was already ready to have it done.</p> <p>8 Q. Oh.</p> <p>9 A. So, when we got to Elkton, she was first.</p> <p>10 Q. Oh, okay.</p> <p>11 A. And I was second. And when I got in the</p> <p>12 procedure room, it looked normal. Like it looked like</p> <p>13 they had all the right equipment and everything. But</p> <p>14 when I got in there, Dr. Gooden (phonetic) was in there</p> <p>15 and Dr. Reilly and I had never seen Dr. Reilly before</p> <p>16 that.</p> <p>17 Q. Okay. Can we just go back, so you arrived in</p> <p>18 Voorhees, New Jersey, at Dr. Brigham's office and there</p> <p>19 were other patients there, too?</p> <p>20 A. Mm-hmm, two other patients.</p> <p>21 Q. Okay. And they were all waiting to go down to</p> <p>22 Elkton?</p> <p>23 A. Mm-hmm.</p> <p>24 Q. Okay. So, now, did the office manager say to</p> <p>25 all like the patients in the room like --</p>	<p>12</p> <p>1 A. It was around 8:30.</p> <p>2 Q. Okay.</p> <p>3 A. Or a little bit after</p> <p>4 Q. So, now, you were there with your mom --</p> <p>5 A. At 8:00.</p> <p>6 Q. Okay.</p> <p>7 A. And my boyfriend.</p> <p>8 Q. And your boyfriend. What is your boyfriend's</p> <p>9 name?</p> <p>10 A. [REDACTED]</p> <p>11 Q. [REDACTED]?</p> <p>12 A. Mm-hmm.</p> <p>13 Q. And does he have a cell phone?</p> <p>14 A. Yes. (609) [REDACTED]</p> <p>15 Q. Okay, [REDACTED] Okay. Okay. So, you guys were</p> <p>16 all in the waiting room and there were other patients</p> <p>17 there?</p> <p>18 A. Two other patients</p> <p>19 Q. Okay. Did they have family members with them</p> <p>20 as well?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. So, now, Dr. Brigham walks in and what</p> <p>23 does he say to everyone?</p> <p>24 A. He just told us that he was ready. And when we</p> <p>25 got outside, I was confused and I started walking to one</p>

13

1 of the nurse's cars because I was told that they would
2 provide transportation. But when I got to her car, I was
3 looking at her like, am I supposed to ride with you? And
4 she said no. So, I went to my own car and he had gave us
5 the order in which he wanted us to follow each other.

6 Q. Okay. So, what car number were you?

7 A. Two.

8 Q. Okay, you were two.

9 A. So, I was -- there was a nurse in front of me
10 and we were all following her.

11 Q. Okay. So, you were following the nurse?

12 A. Mm-hmm.

13 Q. Did Dr. Brigham ride with the nurse or did he
14 take his own --

15 A. I don't -- I think he took his own car, but I
16 don't -- I think he was in the back like in his car.

17 Q. Oh, he was the last car?

18 A. I think so.

19 Q. Okay. So, the nurse from his New Jersey office
20 was like first car, you were second car --

21 A. Yeah.

22 Q. -- then there were other patients --

23 A. Mm-hmm.

24 Q. -- and then Dr. Brigham. So -- now, you
25 thought you were going to Philadelphia?

14

1 A. Mm-hmm.

2 Q. But then what happened, you just followed the
3 cars to Elkton?

4 A. Yeah.

5 Q. And then what happened when you got to Elkton?
6 Did they just say come this way or how did that work?

7 A. Well, when we got -- when we got there, I was
8 in so much pain, I just went in to the place that we were
9 at.

10 Q. Okay. So, you followed like the nurse?

11 A. Mm-hmm.

12 Q. And --

13 A. She helped me out of the car and I got
14 (inaudible).

15 Q. Oh, she helped you out of the car, okay. And
16 then you walked in to the regular office?

17 A. Yeah.

18 Q. Now, they didn't tell you the address or
19 anything?

20 A. No.

21 Q. Do you remember like what it looked like in
22 Elkton?

23 A. Yes.

24 Q. Okay. Could you describe it for me?

25 A. There was no one else there but us.

15

1 Q. In the office?

2 A. In the office. It looked like a small
3 hospital.

4 Q. Okay.

5 A. It had like a lot of rooms.

6 Q. Okay.

7 A. And when we went in, we went down the hall a
8 little bit and went to the right, and there were three
9 waiting rooms with curtains like that.

10 Q. Oh, okay. Like hospital curtains, okay.

11 A. Hospital curtains. And in -- it was like a
12 really nice place, but it had three chairs.

13 Q. Okay.

14 A. Like a recliner chair for the pregnant woman
15 and my mom and boyfriend sat in two other chairs next to
16 me.

17 Q. Okay. So, now, how long did you wait in those
18 chairs?

19 A. I probably -- I didn't wait more than about an
20 hour.

21 Q. Okay.

22 A. For the first lady to get done.

23 Q. To get done.

24 A. Because as soon as we got there, they took her
25 right away.

16

1 Q. Okay. And how long did it take you to drive
2 down? Do you remember like what time it was?

3 A. No.

4 Q. Okay.

5 A. My mom said that I probably went in the
6 procedure room around 11:00.

7 Q. Around 11:00 a.m. on Friday?

8 A. Mm-hmm.

9 Q. Because this was Friday, August 13th, okay.

10 Now, when you walked in to the exam room, Dr. Brigham was
11 in there?

12 A. Mm-hmm.

13 Q. Okay. Did he say anything to you?

14 A. He introduced me to Dr. Reilly.

15 Q. Okay. So, he just said this is Dr. Reilly?

16 A. Mm-hmm.

17 Q. Did he say what Dr. Reilly was going to be
18 doing?

19 A. No.

20 Q. Okay.

21 A. But it seemed like he was training her.

22 Q. Okay. Why did it seem like that to you?

23 A. Because she went to put in my anesthesia and he
24 was just like telling her what to do.

25 Q. Okay.

<p>17</p> <p>1 A. And I was like nervous. I did not go to sleep 2 right away. 3 Q. Oh, okay. 4 A. And she went to take out like gauze that was in 5 there and like I said, owwww, and I was like, I'm not 6 tired yet. 7 Q. Okay. 8 A. And like I can feel that, it hurts. So, they 9 put that -- she put something in this arm, my arm. 10 Q. Okay. 11 A. And I went to sleep. And Dr. Reilly was 12 rubbing my shoulders telling me to relax. 13 Q. Dr. Reilly or Dr. Brigham? 14 A. Brigham. 15 Q. Okay. 16 A. Dr. Brigham was rubbing my shoulders telling me 17 to relax and Dr. Reilly was standing in front of me 18 before I went to sleep. 19 Q. Okay. 20 A. It just seemed like he was training her. 21 Q. Okay. So, like he told her how to start the 22 anesthesia? 23 A. Yeah. 24 Q. Was there anything else you heard him tell her 25 what to do?</p>	<p>19</p> <p>1 A. My mom told me that when I was in the procedure 2 room, it probably took at least two hours. 3 Q. Okay. 4 A. And she kept trying to get up and like maybe go 5 in there, but they were locking the doors. She knew 6 something was wrong, but they wouldn't let her in there. 7 Q. Okay. 8 A. And they finally brought me out in a 9 wheelchair, pointed my legs up, but I was still out of 10 it. 11 Q. Okay. 12 A. And they were going to wheel me over across the 13 street to the hospital, but she was -- she was like 14 (inaudible) just call the ambulance. 15 Q. Okay. So, your mom wanted an ambulance called? 16 A. Yeah. 17 Q. And, now, did she tell you whether Dr. Brigham 18 or Dr. Reilly said, no, we're not doing that, or what? 19 Did she tell you what happened? 20 A. No, she didn't tell me that. 21 Q. So, do you know how you got to the hospital? 22 A. No. 23 Q. You don't? Okay. And then -- so, do you 24 remember what happened at Union Hospital? 25 A. I woke up there and they did a CAT scan and</p>	
<p>18</p> <p>1 A. I don't really remember. 2 Q. Okay. But that was your feeling, like he was 3 just there telling her what to do? 4 A. Yeah. 5 Q. So, now, did you think Dr. Brigham was your 6 doctor? 7 A. I thought he was. 8 Q. Okay. Because he was your doctor up in Jersey, 9 right? 10 A. Yeah, mm-hmm. 11 Q. And Dr. Brigham was the one who started the 12 whole procedure? 13 A. Yes. 14 Q. Okay. So, he didn't tell you that there was 15 going to be another doctor? 16 A. No. 17 Q. Okay, okay. Now, do you remember anything else 18 about being at this address in Elkton? Did you wake up 19 ever or how did it -- 20 A. No, I didn't wake up. I woke up in the 21 hospital. 22 Q. Okay. You woke up in Union Hospital? 23 A. In Union. 24 Q. Okay. Now, I will have a chance to hopefully 25 interview your mom, but what did your mom tell you?</p>	<p>20</p> <p>1 that's when I found out that everything was like 2 ruptured. 3 Q. Okay. 4 A. And then they just -- I was in a room and they 5 told me the results of the CAT scan and told me that I 6 would be helicopter lifted here. 7 Q. Okay. So, you had to take a helicopter from 8 Union to Hopkins? 9 A. Mm-hmm. 10 Q. So, essentially, they told you that everything 11 got ruptured during the abortion procedure? 12 A. Mm-hmm. 13 Q. Now, have you heard from Dr. Reilly at all? 14 A. She called and tried to ask me how I was. 15 Q. Okay. Did you talk with her? 16 A. Not really. I told her that I was okay, I just 17 -- she asked me how I was and I said I was in pain, and 18 she told me to ring the nurse's button and they would 19 bring me a pain pill. But I was like, I think I've been 20 here long enough and I know what to do. 21 Q. Okay. 22 A. I didn't really talk to her. 23 Q. Do you know how she got through to you? I 24 mean -- 25 A. No.</p>	

21

1 Q. Okay. So, have you --
2 A. She said that she talked to my surgeons, but
3 they're not allowed to do that. So, I know that was a
4 lie.
5 Q. Okay, okay. Did she say anything else or --
6 A. No.
7 Q. Okay. Has Dr. Brigham tried to contact you at
8 all?
9 A. No.
10 Q. Okay. So, you haven't heard from any of them?
11 A. Uh-uh.
12 Q. Now, you were seen and had the ultrasound up in
13 New Jersey and I'm wondering would you be willing to sign
14 a release for your medical records so that I --
15 A. Mm-hmm.
16 Q. You would?
17 A. Yes.
18 Q. Okay. So that our Board can request those
19 records?
20 A. Yes.
21 Q. Because they're out of state. Is there
22 anything else that you can remember or anything that you
23 want like our Board to know during its investigation, I
24 mean, about what's happened to you or --
25 A. No.

22

1 Q. No?
2 MS. SAMMONS: I can't think of anything.
3 MS. FARRELLY: Okay, all right. I guess we'll
4 go off the record, and thank you very much.
5 MS. B [REDACTED]: Thank you.
6 (Whereupon, the interview was
7 concluded.)
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1 CERTIFICATE OF TRANSCRIPTIONIST

2
3 I, Elizabeth M. Farrell, do hereby certify that
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24
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Exhibit B

FAX: SMP FAMILY MEDICINE & HOMECARE, P.C.**Date:** August 24, 2010**To:** Compliance Analyst: Christine Farrelly (Fax: 1-410-358-1298)**From:** Nicola Riley, MD: cell# 801 [REDACTED]**RE:** Case No: 2011-0118

I, Nicola Riley, MD, received by certified mail the subpoena for Dr. [REDACTED] medical record today at approximately 5pm upon returning home. It was first attempted delivery on Saturday, August 21st but we were on vacation out of state. The letter was signed for by my mother, Nicola L. Riley at approximately 2 pm at the post office.

Enclosed is my copy of the patient's record. The original is held at the New Jersey, Voorhees location and as evidenced by my independent contractor agreement all medical records are held and property of the American Medical Associates, P.C./Virginia Health Group, and P.C. Please see previously faxed copy of signed contract. I do not have free access to original patient charts once they are sent to the New Jersey offices.

Please contact me with board updates and information requests as deemed necessary.

Thank you,

Nicola Riley, MD

NR/NR

Addendum: I, Nicola Riley, do not have access to Union Hospital ER records. I do not have a patient signed medical records release.

4/9/2006

Confidential

WRiley 8/24/10 1740 NR

MARYLAND BOARD OF PHYSICIANS
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-0095
410-764-4777

SUBPOENA DUCES TECUM

DIRECTED TO: Nicola Irene Riley, M.D.
[REDACTED]
[REDACTED]

Pursuant to Sections 14-206 (a) and 14-401 (i) of the Health Occupations Article of the Annotated Code of Maryland, YOU ARE HEREBY SUMMONED and COMMANDED by the MARYLAND BOARD OF PHYSICIANS to deliver IMMEDIATELY UPON SERVICE OF PROCESS, a copy of any and all medical records in your possession or your constructive possession and control for the following patient, D [REDACTED] B [REDACTED], Date of Birth: [REDACTED], to include any and all transfer and/or emergency room records, for the period of August 13, 2010 to Present, which materials are in your custody, possession, or control.

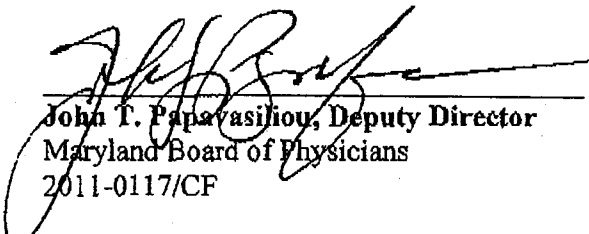
And by virtue of the authority of the said BOARD OF PHYSICIANS, such information is thereby returnable within 10 (ten) business days from receipt of this subpoena to an agent of:

Christine A. Farrelly, Compliance Analyst
Maryland Board of Physicians
4201 Patterson Avenue
Baltimore, Maryland 21215-0095
Telephone Number: 410-764- 4697

The Health Insurance Portability and Accountability Act (HIPAA) does not preclude you from disclosing information required by this to the Board. HIPAA also specifically permits compliance with this subpoena without notification of the patient or the patient's concern.

FOR FAILURE TO OBEY this summons on petition of the Board a court or competent jurisdiction may punish the person as for contempt of court, pursuant to the provisions of the Health Occupations Article of the Annotated Code of Maryland Section 14-206(b), and may result in disciplinary action by the Board for failure to cooperate with a lawful investigation conducted by the Board pursuant to the provisions of the Health Occupations Article of the Annotated Code of Maryland Section 14-404(a)(33).

Given under my hand this 17th day of August 2010.


John T. Papavasiliou, Deputy Director
Maryland Board of Physicians
2011-0117/CF

FAX: SMP FAMILY MEDICINE & HOMECARE, P.C.**Date:** August 24, 2010**To:** Compliance Analyst: Christine Farrelly (Fax: 1-410-358-1298)**From:** Nicola Riley, MD: cell# 801- [REDACTED]**RE:** Case No: 2011-0118

I, Nicola Riley, MD, received by certified mail the subpoena for Dr. [REDACTED] medical record today at approximately 5pm upon returning home. It was first attempted delivery on Saturday, August 21st but we were on vacation out of state. The letter was signed for by my mother, Nicola L. Riley at approximately 2 pm at the post office.

Enclosed is my copy of the patient's record. The original is held at the New Jersey, Voorhees location and as evidenced by my independent contractor agreement all medical records are held and property of the American Medical Associates, P.C./Virginia Health Group, and P.C. Please see previously faxed copy of signed contract. I do not have free access to original patient charts once they are sent to the New Jersey offices.

Please contact me with board updates and information requests as deemed necessary.

Thank you,

Nicola Riley, MD

NR/NR

American Healthcare Services, P.C.

CHART NUMBER: 1562

PATIENT INFORMATION FORM

TODAY'S DATE: 8-9-10 LMP: _____ DATE OF BIRTH: [REDACTED] AGE: 18
NAME: D [REDACTED] B [REDACTED]
ADDRESS: [REDACTED]
CITY/STATE/ZIP: [REDACTED] COUNTY: Salem
TELEPHONE (HOME): 856 [REDACTED] WORK PHONE: _____ EXT: _____
ALTERNATIVE PHONE NUMBER: 609 - [REDACTED]
CITY & STATE OR COUNTRY OF BIRTH: Salem NJ RACE: _____
HISPANIC (circle one) YES or NO If so, specify origin (Puerto Rican, Dominican, etc.) _____
HIGHEST GRADE COMPLETED (K-12) 12 OR GED (circle one) YES or NO
COLLEGE EDUCATION-HIGHEST LEVEL COMPLETED: _____
CAN WE CONTACT YOU AT THE ABOVE NUMBERS? (Circle one) YES or NO
SOCIAL SECURITY NUMBER [REDACTED]
MARITAL STATUS single
HOW ARE YOU PAYING FOR YOUR VISIT TODAY? (Circle one) SELF PAY

***Insurance must be verified before appointment.

INSURANCE

MEDICAID

MEDICAL HISTORY INFORMATION

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

A history of fainting? YES or NO
A reaction or allergy to Novocain or other local anesthetics? YES or NO
A reaction or allergy to shellfish or iodine? YES or NO

When did you last eat or drink anything? Date: 8-9-10 Time: 9:00 a.m.

GYNECOLOGICAL AND PREGNANCY HISTORY

First day of your last normal menstrual period.....04 / /

Have you had any bleeding since your last period? (Circle one) YES or ☒ NOHave you been experiencing any pregnancy symptoms (such as breast tenderness, nausea, frequent urination, fatigue, etc.)? (Circle one) ☒ YES or NOIf yes, for how long? two weeksHave you ever been told that your uterus is different or unusual? YES or ☒ NOIncluding THIS pregnancy, how many times have you been pregnant? (#) noneHow many live births have you had? (#) 0 How many are living? (#) 0

Date of first live birth: / / Date of last live birth: / /

Have you ever had a miscarriage or stillbirth? YES or ☒ NO If yes, how many and how far along were you into the pregnancy when it occurred? How many weeks or months? _____Have you ever had an abortion before today? YES or ☒ NO If yes, how many prior abortions? _____Have you ever had problems with pregnancy (problems such as tubal or ectopic pregnancy, toxemia, Caesarian (C-Section), etc.)? YES or ☒ NO

If you have had a C-Section, why did you have it? _____

Have you had heavy bleeding (hemorrhage) with delivery, abortion, or miscarriage? YES or ☒ NOWhat are your concerns about having this abortion?

_____FAMILY HISTORY

Have your parents, brothers, or sisters had:

High cholesterol..... ☒ YES ☒ NODeath of heart attack before age 50..... ☒ YES ☒ NODiabetes ☒ YES ☒ NOBreast cancer..... ☒ YES ☒ NODid your mother take DES or other hormones while pregnant with you? ☒ YES ☒ NODid your mother have miscarriages or problems with pregnancies? ☒ YES ☒ NO

Please circle the number for any of the following you have experienced:

1. Asthma	24. Blood transfusion
2. Allergies	25. Anemia
3. Breathing/lung problems	26. Sickle cell disease
4. Epilepsy (seizures, fits)	27. Operations/surgery
5. Fainting, dizzy spells	28. Breast problems
6. Severe headache	29. Emotional problems
7. EEG (brain wave test)	30. Drug/alcohol problems
8. Eye vision problem	31. Gonorrhea
9. High or low blood pressure	32. Chlamydia
10. Heart trouble	33. Syphilis
11. Chest pains	34. Herpes
12. Rheumatic fever	35. Infection of tube/uterus/ovary
13. Hepatitis (liver infection/jaundice)	36. Genital warts
14. Liver disease/mono	37. Vaginal infections or unusual discharge
15. Stroke	38. Abnormal pap smear
16. High cholesterol	39. Ovarian cyst
17. Diabetes	40. Cryosurgery/Cone Bx
18. Gall bladder disease	41. LEEP/Laser
19. Kidney/bladder problems	42. Cancer
20. Stomach/intestinal	43. Bleeding/pain with intercourse
21. Thyroid problems	44. HIV Positive or AIDS
22. Blood clots (or taken blood thinning drugs)	
23. Bleed easily or have Hemophilia	

Other: _____

Do you know your blood type? (A) (B) (AB) (O) (+) or (-)

Have you arranged to receive birth control from the clinic or physician who referred you to us? YES or NO/

Would you like us to provide birth control at your post-operative exam with us? YES or NO

Do you smoke cigarettes? YES NO If yes, how many? _____

Please note what type of birth control you have used in the past. How long did you use this method and did you experience any problems?

Trinesta

October 2009

AMERICAN WOMEN'S SERVICES

SOCIAL HISTORYCHART NUMBER 1562DATE: 8-9-10 AGE: 18NAME: B [REDACTED] D [REDACTED] [REDACTED]
(LAST) (FIRST) (MI)BIRTHDATE: [REDACTED]

Note: All information that would permit identification of an individual will be held in strict confidence and will not be disclosed without written permission. By law, we are required to report suspected child abuse, release information regarding positive response for sexually transmitted diseases, and comply with subpoenas for medical records.

ADDRESS: [REDACTED]

(STREET, CITY & STATE)

[REDACTED]
(COUNTY & ZIP CODE)EMERGENCY CONTACTNAME: C [REDACTED] B [REDACTED] RELATIONSHIP: mom PHONE: 856 [REDACTED]

CLINIC OR MD WHO REFERRED YOU HERE: NAME _____

CITY: _____

In case we need to reach you we should call: Home ☒ Work ☐ Other ☐
(We will not use the American Women's Services name when calling.)

May we contact you by mail (plain envelope)? YES or NO
If YES, there is no need to read further. If NO, contact me at the following:

ALTERNATIVE ADDRESS or PHONE #: _____

C/O _____

Signature: [REDACTED] Date: 8-9-10

Patient Number: _____

American Healthcare Services, P.C.

Informed Consent for Abortion after 14 Weeks

I, [REDACTED] B [REDACTED], hereby request that I receive a abortion (sometimes known as a "medical abortion") from Dr. _____, (hereafter referred to as "My Doctor") an independently contracted physician working with American Healthcare Services, P.C.

Initials of PatientDB

I understand that I am 21 weeks (LMP) pregnant as measured by ultrasound. I also understand that I am in my second trimester and that the risks of abortion are greater in the second trimester than in the first trimester because I am further into my pregnancy.

DB

I understand that one alternative to me is to continue my pregnancy and give birth to a baby. I also understand that if I were to continue my pregnancy that I would have several options available to me including adoption, foster care, or raising the child myself. I further understand that American Healthcare Services, P.C. can provide me with referrals for pre-natal care as well a list of licensed adoption agencies, if I decide to continue my pregnancy.

DB

I understand that the benefits of abortion to me are that I will terminate my pregnancy now, avoid continuance of my pregnant state, and avoid a full-term delivery.

DB

I understand that there are several RISKS associated with an abortion at this stage of pregnancy. I understand that these risks include, but are not limited to, the following:

DB

ALLERGIC OR UNUSUAL REACTIONS TO MEDICATIONS
BLEEDING AND/OR HEMORRHAGE AND/OR BLOOD TRANSFUSION
UTERINE RUPTURE
HOSPITALIZATION AND/OR SURGERY
LOSS OF FUTURE FERTILITY AND/OR STERILITY
INFECTION
AMNIOTIC FLUID EMBOLISM
DEATH

DBDBDBDBDBDB

These complications have been explained to me and I understand what they mean. No guarantee has been made to me as to the results of the abortion. I understand that the risk of complication from my abortion is approximately 1 to 2 in 100.

DB

I also understand that continuing my pregnancy and undergoing a full-term delivery, is generally considered to be at least as dangerous, and probably more dangerous, than a abortion.

DB

I understand that a late abortion is different than an early surgical abortion in that I will be given medications which will soften, dilate and efface my cervix, and which will induce uterine cramping, uterine contractions, and possibly a mini-labor state. I further understand that, with my doctor's assistance, it is possible that I may will deliver a fetus.

DB

I give my consent to my Doctor and to American Healthcare Services, P.C. to administer to me medications to cause an abortion. I understand that these medications include, but are not limited to, Mifepristone, Misoprostol, Oxytocin, Gemeprost, Methylergonovine, Digoxin, Vasopressin, Lidocaine, Ergotrate, Monsel's Solution, Silver Nitrate, Hydromorphone, Codeine, Demerol, Doxycycline, Fentanyl, Midazolam and other medications of my Doctor's choosing. I understand and consent to the administration of

these drugs orally, intramuscularly, vaginally, or intravenously. I further understand that although all of these medications are F.D.A. approved drugs, not one of them is F.D.A. approved for the purpose of late-term abortion. Nevertheless, I consent to my Doctor's legally accepted decision to utilize these medications in an "off-label" manner in the dosages and with the timing that my Doctor feels is best. I further understand that my Doctor is practicing evidence-based medicine, drawing from multiple techniques which are described in peer-reviewed medical literature, to provide me with what my Doctor believes is the safest method for abortion. I further understand that this abortion method may not be covered by my health insurance.

DB

I understand that although my Doctor may possibly prescribe and/or administer pain medications, narcotics, sedatives and/or other medications designed to eliminate pain, nevertheless, a delivery is an inherently uncomfortable experience. Everyone is unique and no two people experience the event in precisely the same manner. I acknowledge that I may experience cramps, contractions and/or a mini-labor state, as well as a delivery, and this is likely to be perceived by me, at times, to be unpleasant or uncomfortable. Additionally, I understand that some of the medications that may be given to me have been shown to cause side effects in less than 10% of patients (such as nausea, fever, and/or diarrhea). I understand that such side effects, if they occur, are temporary, limited, and usually resolve spontaneously in a short time. However, if I should develop any such side effects, I hereby consent to my Doctor giving me additional medications to counteract these side effects. Nevertheless, I understand that, although every safe effort will be made to alleviate any unpleasantness, no guarantee has been made that my Doctor will always be able to keep me comfortable.

DB

I understand that with the latest advances in neo-natal intensive care, modern neonatologists are daily pushing back the earliest dates at which fetuses have been reported as being able to survive. I understand that historically, before the advent of hospitals and modern medicine, fetuses below 32 weeks almost all died, and therefore some people date "natural viability" as between 32 to 34 weeks. Nevertheless, I also understand that today it is routine for fetuses to survive at 28 weeks LMP and that it is not uncommon for fetuses as early as 24 weeks to survive (after a stay in the ICU). Further, I understand that, although uncommon, there are reports in the medical literature of fetuses surviving at 22 weeks or even 21 weeks, although if they survive, many of these children suffer from physical or mental disabilities, or both.

DB

I understand that my Doctor may induce intrauterine fetal demise by injecting my fetus with a drug, Digoxin, designed to slow the fetus's heart rate and gently cause the death of the fetus. I understand that my Doctor may accomplish this by inserting an amniocentesis needle, under ultrasound guidance. I understand that there are risks to this technique, including inadvertently inserting the needle into other organs, hemorrhage, and other risks to me. Nevertheless, I consent to this method of inducing fetal demise, if my Doctor should decide to utilize it.

DB

I understand and agree that my Doctors may dilate my cervix with manual dilators and insert laminaria, which are a type of osmotic dilator, into my cervix for the purpose of slowly dilating my cervix.

DB

I understand and consent that after my delivery, or possibly before or during it, my Doctor may utilize a suction canula to aspirate blood, amniotic fluid or placenta, if necessary. Additionally, I understand and consent that my doctor may utilize a sharp curette to remove any adherent placental parts.

DB

I further understand and consent that my doctor may utilize a variety of obstetrical maneuvers to turn or adjust the fetus for delivery, or to massage my uterus after the delivery to expel the placenta or to stop bleeding.

DB

Although I have requested my Doctors to conduct an abortion, and my Doctor's intention are to prefer non-surgical methods, nevertheless, surgical techniques may be necessary, and I consent to the use of surgical abortion techniques.

DB

I understand that because I am undergoing a abortion and because of the nature of the medications, the timing of my delivery cannot be finely controlled by my Doctor. I understand that there is a chance that I may need to deliver late at night or early in the morning. I agree that I will show up for all of my appointments on time and that I will call my Doctor or American Healthcare Services, P.C. immediately if I have any problems. I understand that if, after starting the abortion with laminaria or drugs, I were to leave the office and fail to return to my Doctor, that my failure to return could possibly be fatal to me.

DB

I further understand that abortions are controversial and late-term abortions are even more controversial. I understand that some hospitals or hospital staff may be opposed to late abortions. As a result, I understand that if I have a problem, these hospitals and/or their staff may therefore be very reluctant to become medically involved in assisting me in my late abortion process. I also understand that under the pending federal Abortion Non-Discrimination Act, the staff at the hospital or emergency room may legally refuse to care for me because I am a woman who has chosen to have a late abortion.

DB

I have been provided with an accurate toll-free telephone number (1-800-226-7846) that I may call 24 hours per day to reach my Doctor.

DB

I understand that following my abortion I cannot drive an automobile for six (6) hours, and I agree to have someone come to the office to assist me in returning home.

DB

I understand that my Doctor is an independently contracted physician by American Healthcare Services, P.C., and not an employee of American Healthcare Services, P.C.. Therefore, I hereby release AHS from all liability to me for the actions of my doctor.

DB

In the event of an unexpected complication during the abortion procedure, I request and authorize my Doctor to do whatever is necessary to protect my health and welfare. If I am a minor, I realize that complications requiring additional medical treatment may result in my parents or guardians being informed of my medical care.

DB

I understand that the financial responsibility for any emergency medical care not provided at AHS is my own. Even if my Doctor or AHS refers me to a hospital because of a complication from my abortion, it will be my responsibility to arrange for payment of necessary fees, and not the responsibility of AHS or my Doctor.

DB

I understand that once I have swallowed the medication dispensed to me or had my laminaria inserted, that I have begun my abortion and that it most likely cannot be stopped. Further, if I were to attempt to stop my abortion once it was already started, then I understand that the child that I may deliver after a half-completed abortion may very well suffer from permanent mental or physical birth defects, or death.

DB

I understand that the abortion process may take two or even three days, and that it is my responsibility to return to my Doctors and to AHS the next day in order to complete the abortion process. I promise to return to AHS and to my Doctor as often as I am asked by them to return. I understand that neither AHS nor my Doctor can force me to return, and that it is my responsibility to voluntarily return to complete the abortion.

DB

I declare that I have carefully thought about my options, considered the risks, benefits and alternatives available to me, and that I am certain that I wish to terminate my

pregnancy. I further declare that after making this decision and beginning my abortion, I will not attempt to reconsider my decision or attempt to stop the abortion in the middle of the process. I also promise and declare that once I have started the abortion process, I will return to AHS and to my Doctor and complete the abortion process. Further, if I should change my mind and stop the abortion mid-process, or fail to return to my Doctor to complete the abortion, then on behalf of myself and my future child, I hereby release and hold harmless my Doctor and AHS from any and all liability or claims (to either me or my future child) resulting from damages that I may suffer or that my future child may suffer (including the damages resulting from the permanent physical or mental disability of my child), as a result of the partial abortion that was provided to me at my request.

DB

I also declare that all of my questions have been fully answered by my Doctor and by the AHS staff, that I have had ample opportunity to consider my choices, and that I am making my decision to terminate my pregnancy at this late stage of my own free will and without coercion or unwelcome pressure from any other party.

Finally, after carefully reading all of the information on this four-page Informed Consent Agreement, and after initialing every paragraph on the Agreement, and after weighing my options, and after discussing my situation with a counselor, and after considering the nature of the abortion method as well as the risks, benefits and alternatives of a abortion, I declare my intention to have a abortion and I hereby consent to, and request that, my Doctor and AHS provide me with a abortion under the provisions of this Consent Agreement.

[Signature]
Witness Signature and Date

[Signature] [Redacted] [Signature] [Redacted] 8-19-1
Patient Signature and Date

[Signature] [Redacted] [Signature] [Redacted]
Patient Signature

American Healthcare Services, P.C.

Surgical Counseling RecordName: [REDACTED]Date: 8/9/10
8/12/10Chart#: 1562

1. Counselors role and purpose of session explained?
2. Alternatives to abortion presented?
3. If choice is abortion, were feelings discussed?
4. Is patient comfortable with decision?
5. Asked if patient is being forced to terminate pregnancy?
6. Social/ Medical history reviewed?
7. Abortion procedure explained?
8. Fact sheet reviewed, explained?
9. Consent form signed and witnessed?
10. Birth Control choices discussed?
11. Need for post-operative exam discussed?
12. Was patient told of risk of abortion?
13. Was risk of carrying pregnancy to term explained?
14. All questions answered?

<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N

If from Pennsylvania, were Department of Health materials offered?
Did the patient wish to review the materials?

<input checked="" type="radio"/>	N
<input checked="" type="radio"/>	N

Comments:

It is sure about her decisionCounselor Signature [Signature]Date 8/9/10
8/12/10

American Women's Services

Consent for Laminaria Insertion

Patient Name: D [REDACTED] B [REDACTED] Chart Number: 1562

PLEASE READ CAREFULLY, ASK ANY QUESTIONS, AND BE CERTAIN THAT YOU FULLY UNDERSTAND THIS FORM BEFORE YOU SIGN.

The purpose of inserting laminaria is to gently dilate (open) the cervix so the doctor can remove the pregnancy with less risk of harming the cervix. Laminaria are made from a natural, organic product that absorbs water from the cervix making the laminaria expand to gently open the cervix. Once the laminaria are inserted, they must be removed within 24 hours and either changed, or the pregnancy evacuated from the uterus.

IF LAMINARIA ARE NOT REMOVED, LIFE-THREATENING COMPLICATIONS CAN ENSUE. THESE INCLUDE SEVERE INFECTION, HIGH FEVER, HEMORRHAGE, SEPTIC SHOCK, AND DEATH.

It is possible that the membranes may spontaneously rupture (the "water breaks") while laminaria are in the cervix. This may cause labor and delivery of the fetus.

There is a small risk of infection because laminaria are made from a natural, organic product. I understand that I will be given antibiotics to take to prevent the risk of infection.

I understand the reasons for inserting laminaria and the possible risks of having laminaria inserted into my cervix. It has been explained to me that no one can guarantee or promise that I would be able to continue to carry this pregnancy if I change my mind about having the abortion after the laminaria have been inserted. I understand that the insertion of laminaria into my cervix **COMMITTS ME TO THE TERMINATION OF THE PREGNANCY.**

I hereby give my permission to insert laminaria into my cervix. I understand I must return to the office for the abortion. If I do not return for the abortion, I completely absolve American Women's Services, their staff and doctors, from any responsibility for any complications which result from my failure to return and perform the abortion procedure.

Patient's Signature: D [REDACTED] B [REDACTED] Date: 8-12-10Witness: [Signature] Date: 8/12/10

CONSENT FOR USE OF MISOPROSTOL
IN VOLUNTARY SURGICAL ABORTION

Your doctor has recommended that you receive the medication Cytotec (misoprostol) before undergoing your voluntary pregnancy termination. Before you consent to taking this medication, you must be informed about the risks and benefits.

The medication misoprostol (Cytotec) is usually prescribed to prevent stomach ulcers in people who take aspirin or Advil-like medications.

The manufacturer, in its instructions to doctors, advises them specifically NOT to prescribe it to pregnant women, because of the possibility of miscarriage by softening the cervix (opening to the uterus or womb) and expulsion of the pregnancy by causing contractions.

It is precisely this effect of misoprostol, which is useful in making induced, voluntary abortion safer and easier for the doctor to perform. This is particularly true in women who have never had a vaginal delivery and/or those who are more than twelve weeks pregnant. It is usually given 2 or 3 hours before the procedure.

By accepting this pre-medication you realize that misoprostol is being used in an unconventional way, and not for the reasons which the manufacturer originally intended.

Once you have taken the medication, either orally or vaginally, you must not change your mind about having the abortion. Misoprostol can cause serious birth defects if the abortion is not completed. Also, no guarantee can be made that your personal health would not be affected should you choose to continue the pregnancy.

Other possible, but not all adverse effects of misoprostol include nausea and vomiting, abdominal cramps, headache or allergic reaction.

I, D. [REDACTED] B. [REDACTED] (print name), have read and understood the materials presented to me in this consent form. I have had all my questions answered and wish to receive misoprostol before my surgical pregnancy termination,

[Signature]
Signature

8-12-10
Date

[Signature]
Witness

8/12/10
Date

American Healthcare Services, P.C.

Chart # _____

AUTHORIZATION FORM FOR RELEASE OF HEALTH INFORMATION

Patient Name: D. [REDACTED] B. [REDACTED]Date of Birth: [REDACTED] SS#: [REDACTED] Medical Record #: _____Address: [REDACTED] City, State, & Zip: [REDACTED]Day Phone: 857- [REDACTED] Evening Phone: _____

I Authorize American Healthcare Services, P.C. to Release My Health Information to: _____

Name: _____

Address: _____ City, State, & Zip: _____

Phone: _____ Fax: _____

Health Information to be Released:

I specifically authorize release of the following information:

☐ Entire Medical Record

Specific Information Only:

Dates:

☐ History and Physical Exam☐ Progress Notes☐ Procedure Record☐ STD Testing & Results☐ HIV Related Information☒ Other: ultra sound8-12-10

Purpose of the Release of Information:

☒ At my request, OR☐ Specify reason: _____

Conditions of Authorization

1. This Authorization will expire on: _____
2. I may revoke this Authorization at any time by notifying American Healthcare Services, P.C. in writing, and the revocation will be effective on the notification date unless the information has already been released.
3. I have been offered a copy of this signed Authorization form.

Signature of Patient: _____

Date: 8-12-10

Signature of Parent/Legal Guardian/Authorized Person (if necessary): _____

Date: _____

For American Healthcare Services, P.C. Use

Date Request Completed: 8/12/10 Type of Identification Presented: _____

Signature of Staff Completing Request: _____

American Healthcare Services, P.C.

REDUCED FEE REQUEST FORM

Chart Number 1502

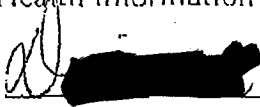

I D [REDACTED] B [REDACTED] do not have insurance coverage or can not/will not use my insurance or else my insurance plan will not cover abortion services. I therefore, must pay out of pocket for my medical services. However, because I am unable to afford American Healthcare Services P.C.'s standard fee for abortion starting at \$1,115.00, I wish to apply for a hardship reduced fee for the services rendered to me.

Signature: D [REDACTED] B [REDACTED]Date: 8-9-10

American Healthcare Services, P.C.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF HEALTH
INFORMATION PRIVACY PRACTICES

I acknowledge that I am in receipt of American Healthcare Services, P.C.
Notice of Health Information Privacy Practices.

Signature:  A. B. 

Date: 8-9-10

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF HEALTH
INFORMATION PRIVACY PRACTICES

I acknowledge that I am in receipt of American Women's Services Notice of
Health Information Privacy Practices.

Signature:

Date: 8-12-10

April 14, 2003

American Healthcare Services, P.C.

Chart Number: 1562

OBSTETRICAL SONOGRAM REPORT

Patient Name: D [REDACTED] B [REDACTED] Date: 8/19/10LMP: ? Weeks by Date: _____

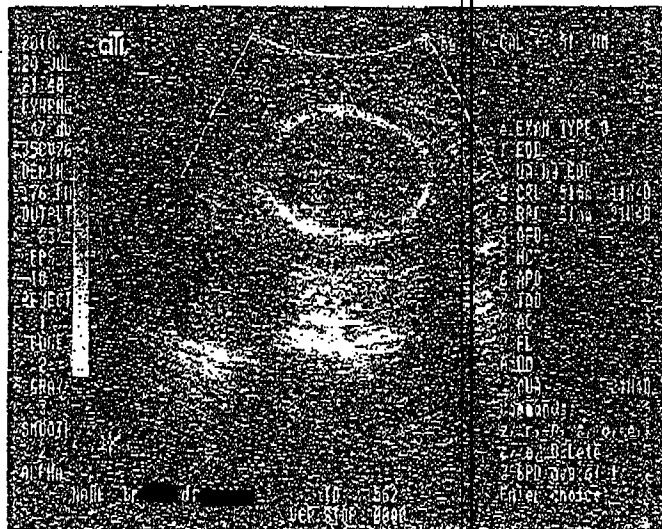
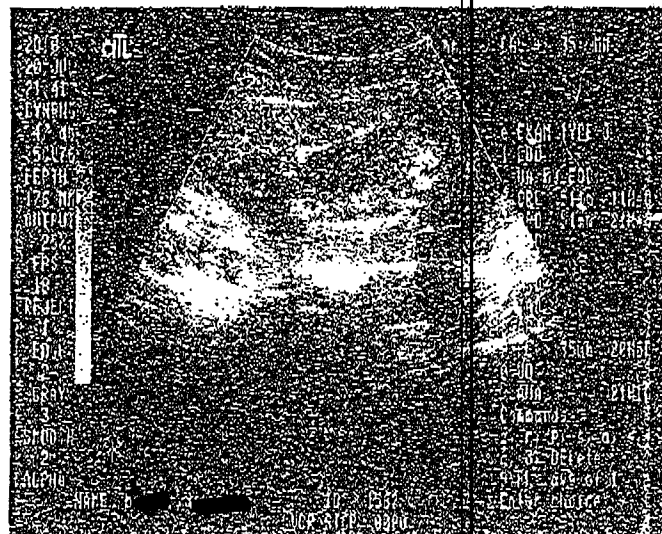
Fetal #	<u>1</u>	<u>2</u>	<u>3</u>
Position	<u>vertex</u>	<u>breech</u>	<u>trans</u>

Fetal Measurements

BPD	<u>51</u> mm	<u>21</u> weeks	<u>4</u> days	
CRL	_____ mm	_____ weeks	_____ days	
FL	<u>35</u> mm	<u>20</u> weeks	<u>5</u> days	
Gestational Sac	_____ mm	_____ weeks	_____ days	
Placenta	_____ ant	_____ post	_____ fundal	
Fluid	_____ normal	_____ polyhyd	_____ oligohydramnios	
Heartbeat	_____ normal	_____ slow	_____ fast	_____ absent
Movement	_____ normal	_____ slow	_____ fast	_____ absent

FINAL ESTIMATED GESTATIONAL AGE: 20 1/2 (Weeks) 21 5Comments: Trans Abd w/ no gas age_____
Ultrasound Technician Signature_____
Physician Signature

MD



Laminaria Insertion & Induction of Intrauterine Fetal Demise.

Patient's Name: D. [REDACTED] B. [REDACTED] Date: 8/12/10 Chart#: 1562

Vital Signs: BP: 104/70 Pulse: 85 Temp: 97.4

 I have discussed with the patient the abortion she has requested and I believe she is sufficiently mature and intelligent to understand the nature and consequences of her decision.

The patient was placed in the lithotomy position. The perineum was prepped and draped.

On Pelvic Examination:

Vagina ☒ WNL ☐ Other: _____
 Cervix ☒ WNL ☐ Other: _____
 Adnexa ☒ WNL ☐ Other: _____
 Uterus ☒ WNL ☐ Other: _____ [] Ant [] Mid [] Post

Approximate Size of Uterus:

13 14 15 16 17 18 19 20 21 22 23 24 25

 [] Periumbilical prep was done. 10cc of 1% Lidocaine injected subcutaneously. Under ultrasonographic guidance a 7-inch spinal needle was inserted through the skin and into the fetus.

_____ cc. (500mcg/2cc) Digoxin was injected to cause fetal demise.

 Laminaria insertion: Total number of Laminaria Inserted: 7 LOCAL/TWILIGHT

5 10mm Laminaria Japonica ☐ Membranes ruptured.
 _____ 8mm Laminaria Japonica ☐ Umbilical chord ligated.
 _____ 6mm Laminaria Japonica ☐ Lamicel 5mm. # _____
 _____ 5mm Laminaria Japonica ☐ Lamicel 3mm. # _____
 _____ 4mm Laminaria Japonica
 _____ 3mm Laminaria Japonica
2 2mm Laminaria Japonica

Sterile gauze packing was then placed in the vagina. Patient was taken to the recovery room for observation.

Medications administered and/or prescribed to her:

_____ Misoprostol tabs, _____ x 200 mg, p.o. started at _____ am/pm and repeated every _____ hrs.
 _____ Misoprostol tabs (_____ #) placed p.v.
 _____ Mifepristone tabs 100 mg p.o. at _____
 _____ Hydrocodone
 _____ Dilaudid
X Doxycycline 100 mg B.I.D.
X Other: Tylenol #3

Return to Vonh office on 8/13 at 8 am/pm MD signature: [Signature]

American Healthcare Services, P.C.

Recovery Room Record

Patient Name: [REDACTED]Chart#: 1562Date: 8/12/10Type of Procedure: 2nd Tri# of Weeks: 21.5

Time	BP	P	Initials	Bleeding			Cramping			Comments
				Min	Mod	Heavy	Min	Mod	Heavy	
11:35	121/88	78								
11:45	127/92	87								
	/									
	/									
	/									
	/									

☐ Ibuprofen/Tylenol administered for abdominal cramping
(Ibuprofen/Tylenol administrado para el dolor abdominal)

☒ Nourishment given post-abortion (Alimento dado despues del aborto)

☒ Urged patient to stay for one hour (Instó al paciente a permanecer por una hora)

☒ Instructed patient to follow-up with a 2 week visit

(Paciente fue instruido a regresar en 2 semanas para seguimiento)

☒ Verbal and written post-operative instructions, emergency contact and 24 hour hotline number given to patient with her understanding

(Instrucciones verbales y escrita posoperativas, contacto de emergencia número de línea directa dado al paciente con su comprensión)

☒ Antibiotic given and explained to pt. with pt.'s understanding

(Antibiótico dado y explicado al pt. con la comprensión de pt.)

I have received the above information and medications:

(He recibido de información y medicinas)

[REDACTED]
Patient Signature

(La firma del paciente)

Additional Comments: I.V. started in _____ area with _____ of Ringer's Lactate infusing with _____ of Pitocin added. I.V. was removed without any problems. Patient tolerated the procedure well and denies any complaints or discomfort.

[Signature]
Recovery Room Nurse

8/12/10
Date

Time

American Healthcare Services, P.C.

Post-Laminaria Insertion Instructions

You have just completed the first step of your abortion procedure. The material that the doctor has just placed in the opening of your uterus is called laminaria. It is a type of seaweed that is compressed and prepared for medical use. Between now and the time of your procedure it will absorb moisture and swell, opening your cervix in a safe and natural way. This is being done for your comfort and safety.

The laminaria is designed not to go too far up into your uterus, so don't worry about the possibility of this happening. It will in no way interfere with your using the bathroom. You should also not be concerned if the laminaria or gauze packing falls out. If this does occur, just be sure to tell us when you return to the office. The doctor will remove the laminaria before he/she does your procedure.

Do Not do Any of The Following Between Now and Your Appointment Time:

- Put anything inside of your vagina
- Have sexual intercourse
- Use tampons
- Take a tub bath

You May Take Showers and you MUST take the antibiotics, which have been prescribed, as directed.

We can be reached at our 24-hour HOTLINE at 1-800-ABORTION. Our answering service can reach us at any time, so please do not hesitate to call if you are having any problems before your next appointment, such as severe labor-like cramps, fever or bleeding. Do not be concerned about spotting or having a yellow discharge from your vagina.

YOU MUST BE ON TIME TOMMOROW. Also, you should have someone with you who can help you return home. It is important for your safety that you do not eat or drink anything for 8 hours prior to your appointment, **THIS INCLUDES WATER, GUM AND CANDY.** Also, **DO NOT** take any medication, drugs or drink any alcohol before your procedure without your doctor's okay.

The day of the procedure, please wear loose fitting clothing (i.e., jogging pants, appropriate underwear, t-shirts). Do not wear many layers of clothing. You want to be as comfortable as possible. There are also gowns available that you have the choice of using.

Remember that your abortion really begins when the laminaria is inserted into your cervix. Therefore, you **MUST** return for your procedure at the scheduled time. If an emergency arises which will cause you to be late for your appointment, **CALL US IMMEDIATELY.**

Your next appointment is schedule at 8:00 on 8/13/10

*American Medical Services, PC*AMA SIGN-OUT FORM

I have been informed by the medical staff of American Medical Services, PC that it is in my best interest to remain on the premises of their office for at least one hour after my abortion procedure. I understand that this recommendation is being made to protect me by allowing the medical staff to monitor me for any possible complications that might arise as a result of my abortion procedure. I understand that these complications could include bleeding, hemorrhage, post-abortal syndrome, infection, as well as other complications. I also understand that the potential consequences of these complications, if left untreated, could include surgery, loss of fertility, and/or death. Understanding all of the above, I still wish to leave the office early, even though this is against my medical advice. I will not hold American Medical Services, PC, their doctors, or any of their staff responsible for the consequences of my leaving early.

Patient Name: D [REDACTED] B [REDACTED]Patient Signature: [REDACTED]Date: 8-12-12Witness: [REDACTED]

Second Trimester Non-Surgical Abortion

Name: D. [REDACTED] B. [REDACTED] Chart # 1562 Date: 8/12/10

Age: _____ LMP: _____

LABORATORY TEST RESULTS:VITAL SIGNS: BP: 104/70 Pulse: 85 Temp: 97.4 Ht: 5'1 1/2 Wt: 122BLOOD: Hct/Hgb: 1 RH: +veURINE: Glu/Pro: neg/neg LSPT: _____ Signature of Lab Tech. [Signature]

Non-Surgical Abortion - Delivery Notes, Date: _____ Time: Start _____ End: _____

Ultrasound examination on _____ revealed the gestational age to be _____ wks LMP.
 On _____ a 2nd ultrasound examination [] did, [] did not confirm fetal demise.

The patient was brought into the exam room and placed in the lithotomy position. The patient was noted to be having contractions. The gauze and laminaria were manually removed.

Vagina [] WNL [] Other: _____
 Cervix [] WNL [] Other: _____ Dilated: _____ cm Effaced: _____ %
 Adnexa [] WNL [] Other: _____
 Uterus [] WNL [] Other: _____ [] Ant [] Mid [] Post Size: _____ wks.

Pain Management: Paracervical block: 1% lidocaine with vasopressin and oxytocin.

[] Conscious sedation: _____ mg Midazolam _____ ug Fentanyl. [] Other: _____

The patient was continuously monitored by pulse oximetry, VS readings, cardiac rhythm and visual observation. The patient remained awake and talking throughout the delivery.

BP: _____ / _____ Ps: _____ O₂ Sat: _____ Cardiac Rhythm: NL/ABN Staff Int: _____

The patient [] did or [] did not, spontaneously deliver the fetus and placenta.

Adjunctive measures used to facilitate delivery of the fetus/placenta and/or to stop bleeding:

- _____ Obstetrical maneuvers
- _____ Forceps assistance to delivery.
- _____ Sharp curettage of the endometrium.
- _____ Vacuum aspiration of amniotic fluid, blood, placenta, or retained POC.
- _____ CNS decompression using a 6mm vacurette
- _____ Uterine massage.
- _____ Silver nitrate cauterization
- _____ Monsel's solution application

Following delivery, the patient sat up, dressed herself, and walked to the recovery area.
 Comments: _____

ELIM

STATE OF N. J. - MEDICAID ELIGIBILITY SYSTEM

#24D

08/09/10

4002

MEDICAID INQUIRY

12:18:38

CASE #: 1730039671 PERS #: 49

SCREEN OPT: 074

MELIM14

OR NAME: (L)

(F)

DOB:

OR SSN:

CASE #: 1730039671 PERS #: 49

PERSON :

PER #: 49 NAME: (L) B (F) D (M) DOB:

SSN: SEX: F MARTI STAT: S RACE: 2 PR CASE/PERS#: 1730039671 / 49

BUY-IN STATUS: BUY-IN EFF DATE: LTC CDE: ORIG EFF DATE: 08012010

ALIEN TYPE: DOE: CHNG DATE: 08062010 SRCE: 517C

TPL: NO LOCKIN: NO SPEC PROG: NO MHC: NO CAPITATION: NO

SUPERVISOR: AA WORKER: 01

ELIGIBILITY SEGMENTS

CHNG DATE: 08062010 SRCE: 517C

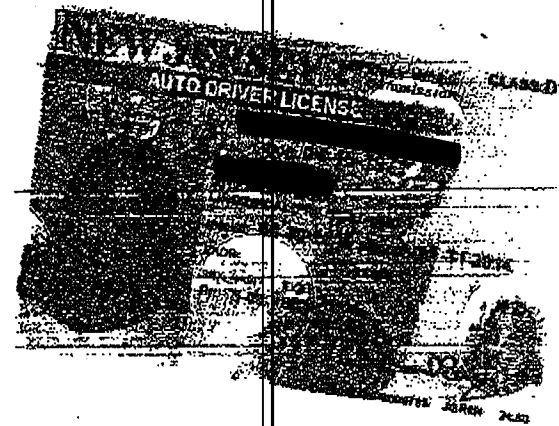
EFFECT DATE	TERM DATE	ADD CDE	TRM CDE	PGM STA	CTY SUPVN	CTY RESID	EXT TYP	PREG DUE DATE
08012010		01		410	017	17		

ENTER = PROCESS CLEAR = END PF1 = MAIN MENU PF2 = INQUIRY MENU
PF3 = REFRESH PF5 = SCROLL FORWARD PF6 = SCROLL NEXT SSN

Walmart*



Money Network™



AUG/24/2013/TUE 07:26 PM

FAX No. 801 266 7243

P. 029

DATE	DESCRIPTION	TOTAL FEE	PAYMENT	ADJ.	BALANCE
7/10	21.4				
FAMILY MEMBER			CREDITS		

PATIENT #	NAME
1562	74927

FORM OF PAYMENT:

☒ CASH☐ MONEY ORDER☐ TRAVELER CHECKDISCOUNT: ☐ YES ☐ NO

CHARGES:

☐ VISA☐ MASTER CARD☐ DISCOVER CARD☐ MAC

INSURANCE:

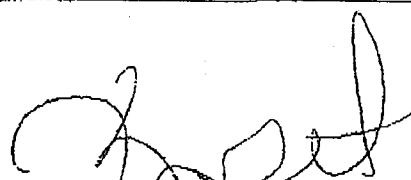
☐ PRIVATE/COMMERCIAL

DEPOSIT: _____

☐ NJ MEDICAID☐ REFERRAL: GSHP HMO

REASON: _____

THANK YOU FOR USING OUR SERVICES !


 INTAKE COUNSELOR SIGNATURE


 PATIENT SIGNATURE

AMERICAN HEALTHCARE SERVICES PC
 ASHLAND OFFICE CENTER
 1 ALPHA AVE #27
 VOORHEES, NJ 08043
 PHONE: (856) 427-8245

L94QC001423 11/09

DATE	DESCRIPTION	TOTAL FEE	PAYMENT	ADJ.	BALANCE
7/10	TWL @ 10 WKS	445.00	445.00		
FAMILY MEMBER			CREDITS		

PATIENT #	NAME
1562	74883

FORM OF PAYMENT:

☒ CASH☐ MONEY ORDER☐ TRAVELER CHECKDISCOUNT: ☐ YES ☐ NO

CHARGES:

☐ VISA☒ MASTER CARD☐ DISCOVER CARD☐ MAC

INSURANCE:

☐ PRIVATE/COMMERCIAL

DEPOSIT: _____

☐ NJ MEDICAID☐ REFERRAL: GSHP HMO

REASON: _____

THANK YOU FOR USING OUR SERVICES !


 INTAKE COUNSELOR SIGNATURE


 PATIENT SIGNATURE

AMERICAN HEALTHCARE SERVICES PC
 ASHLAND OFFICE CENTER
 1 ALPHA AVE #27
 VOORHEES, NJ 08043
 PHONE: (856) 427-8245

L94QC001423 11/09

G-1

gus^{am}
cytotec
gus
24hr
p/w

Lam
WEDN
WRA

- * Asthma Xopenex and inhaler as needed
 - * Seasonal Allergies
 - * Wearing Glasses
 - * High Cholesterol
 - * Appendectomy @ 2009
- (21.5 weeks)

(21.5 weeks)

Driver [REDACTED]
Coq [REDACTED]



STATE OF MARYLAND

DHMH

Board of Physicians

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O' Malley, Governor - Anthony G. Brown, Lt. Governor - John M. Colmers, Secretary

August 20, 2010

Nicola Irene Riley, M.D.

[REDACTED]
[REDACTED]

Re: License No.: D71213
Case No.: 2011-0118

Dear Dr. Riley:

Pursuant to the Medical Practice Act, the Board of Physicians ("the Board") is responsible for assuring that licensed physicians and allied health care practitioners render competent medical care to the citizens of Maryland and comply with all statutory and regulatory requirements governing the practice of medicine in Maryland.

This letter is to inform you that the Maryland Board of Physicians (the "Board") has initiated an investigation based upon the care and treatment that you provided to patient D [REDACTED] on August 12, 2010 and August 13, 2010.

The Board advises you to take this opportunity to respond and provide comments. Your written response should be returned to my attention at the Maryland Board of Physicians within five (5) days and your response should be signed or co-signed by you.

If you do not respond in the requested time, the Board will review the matter without your comments. All future correspondence regarding this case should be addressed to my attention.

The Board's investigation into these allegations will continue until you are otherwise notified by the Board in writing.

Please contact me at 410-764-4697 if you have any questions.

Sincerely,

Christine A. Farrelly
Christine A. Farrelly
Compliance Analyst

George

1) Dr. Shephard
2) [Signature]

c: Dr. Yemisi Koya, Esquire, Manager, Compliance Investigations

Toll Free 1-800-492-6836 • 410-764-4777 • Fax 410-358-2252

Web Site: www.mbp.state.md.us

Medical Practice Act

License & Reg. - Physician
Violation

FAX: SMP FAMILY MEDICINE & HOMECARE, P.C.**Date:** August 24, 2010**To:** Compliance Analyst: Christine Farrelly (Fax: 1-410-358-1298)**From:** Nicola Riley, MD: cell# 801- [REDACTED]**RE:** Case No: 2011-0118

I, Nicola Riley, MD, formally request a transcript of our conversation August 24, 2010, when available, as per our conversation.

I have included to the board a corrected statement of events, and a sample copy of the independent contractor agreement. I will forward my copy of the patient's chart within the next 24 hours. The chart presented is a copy of the chart as of August 13th, 2010 at 14:45, while in my possession. Please note as stated in our conversation, that as a contracted employee I do not have possession of the original charts (original chart location at the Voorhees clinic location), nor any staff credentials nor any clinic key access.

Please fax a copy of subpoena for the patient's record, since I had no prior knowledge of this request. (Fax: 1-801- [REDACTED])

Thank you,

Nicola Riley, MD

NR/NR

4/9/2005

Confidential

1

Case: 2011-0118

August 22, 2010

To whom it may concern,

I, Nicola Riley MD, am a contracted employee of The American Women's Services, cooperate offices located in Voorhees, New Jersey. I performed a voluntary 2nd trimester D & E on the patient, D [REDACTED] B [REDACTED] on August 13th, 2010 at the Elkton, Maryland clinic location. Her initial work-up, care (laminaria/ultrasound/labwork, surgical & informed consent, and fee payments were performed/ collected on August 12, 2010 at The American Healthcare Services, PC. Clinic in Voorhees, New Jersey. (Enclosure #1, #2, #3, #4)

The procedure was initiated and performed at the Elkton, Maryland clinic on August 13th, 2010 by myself, the attending physician. I introduced myself and then consulted the patient and her family in attendance (mother and boyfriend). I reviewed the chart before commencement of the procedure and assessed the patient's vital signs and physical exam. The patient was in stable condition and once again I informed the patient of the risk (Enclosure #5, abortion record). Patient was allowed to ask questions before anesthesia was administered on August 12th, 2010 at approximately 11:00 AM (CORRECTION: APPROXIMATELY 12:00 PM.). Patient agreed to proceed forward with the D& E.

As noted in the procedure note (Enclosure #6, three page progress note), the procedure was stopped when extra uterine tissue was noted in the vaginal vault. The family was notified that we would be transporting the patient to the nearby ER, two blocks away. The patient was dressed, IV access attempted and immediately transported via POV with Dr. Brigham, the consulting physician on duty and myself in attendance to the nearby hospital two blocks away. I was in telephone contact during the 3-5 min drive the nearby emergency room with Dr. Gill, the on call doctor. The patient's family followed in their POV. The patient was being monitored by portable vital sign equipment by the accompanying medical assistant. The patient history and possible complication was reported to Dr. Gill upon arrival to the ER.

The patient was then further stabilized by the ER staff and I instructed the patient's mother to retrieve insurance information for the ER intake clerk. Once the patient was stabilized by the ER staff, I then returned to the Elkton clinic to finish procedures on the remaining patient. At approximately 2-3 pm, I was contact by Dr Islam, the Union hospital Ob/GYN that the patient had a uterine perforation and was being transported to John's Hopkins hospital.

#1

Corrected Copy

Case: 2011-0118

Later that evening I was contacted by Dr. Kratz from John's Hopkins hospital that the patient had successfully undergone a small bowel resection with anastomosis by Dr. Christiansen and posterior uterine repair. I filled Dr. Kratz in on the specifics of my initial part in the pregnancy termination procedure.

Afterwards, I followed up with the patient and her mother via telephone contact within the next 48 hours. The patient's mother had concerns of hospital cost and refund of the initial fees. I directed her to the administration offices at the initial patient intake clinic in New Jersey and the hospital social/insurance case manager. Further follow up was then done by the New Jersey, clinic supervising staff and physician. I then was contacted by Dr. Elizabeth Purcell, on follow paperwork for the fetal demise certificate, which she agreed to complete

Please see enclosed procedure notes/records and informed consent.

Please contact me at 801- [REDACTED] for further questions.

Nicola Riley, MD

Exhibit C

SMP FAMILY MEDICINE & HOMECARE

NICOLA RILEY, M.D.

801-747-0922 Tel./Appt.

801-747-0924 Fax

St. Marks Hospital, Central Medical Bldg.
1220 East 3900 South, #4A
Salt Lake City, Utah 84124

FAX: SMP FAMILY MEDICINE & HOMECARE

Date: 8/23/10

To: To Whom It May Concern

From: Nicola Riley, MD

RE: CASE 2011-0118

To whom it may concern, (ATTN: CHRISTINE FARRELLY)

If you have any question please contact Dr. Riley with the patient's permission.

Thank you,

Nicola Riley, MD

NR/NR

4/9/2006

Confidential

"A Partnership in Healthcare"



STATE OF MARYLAND

DHMH

Board of Physicians

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

August 20, 2010

Nicola Irene Riley, M.D.
[REDACTED]Re: License No.: D71213
Case No.: 2011-0118

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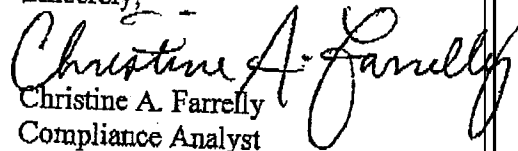
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Please contact me at 410-[REDACTED] if you have any questions.

Sincerely,


Christine A. Farrelly
Compliance Analyst

c: Dr. Yemisi Koya, Esquire, Manager, Compliance Investigations

Toll Free 1-800-492-6836 • 410-764-4777 • Fax 410-358-2252
Web Site: www.anbp.state.md.us

Case: 2011-0118

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Case: 2011-0118

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Afterwards, I followed up with the patient and her mother via telephone contact within the next 48 hours. The patient's mother had concerns of hospital cost and refund of the initial fees. I directed her to the administration offices at the initial patient intake clinic in New Jersey and the hospital social/insurance case manager. Further follow up was then done by the New Jersey, clinic supervising staff and physician. I then was contacted by Dr. Elizabeth Purcell, on follow paperwork for the fetal demise certificate, which she agreed to complete

Please see enclosed procedure notes/records and informed consent.

Please contact me at 801-913-2079 for further questions.

Nicola Riley, MD

Nicola Riley MD 8/22/10

American Healthcare Services, P.C.

Informed Consent for Abortion after 14 Weeks

I, DB hereby request that I receive a abortion (sometimes known as a "medical abortion") from Dr. DB, (hereafter referred to as "My Doctor") an independently contracted physician working with American Healthcare Services, P.C.

Initials of PatientDB

I understand that I am 21 weeks (LMP) pregnant as measured by ultrasound. I also understand that I am in my second trimester and that the risks of abortion are greater in the second trimester than in the first trimester because I am further into my pregnancy.

DB

I understand that one alternative to me is to continue my pregnancy and give birth to a baby. I also understand that if I were to continue my pregnancy that I would have several options available to me including adoption, foster care, or raising the child myself. I further understand that American Healthcare Services, P.C. can provide me with referrals for pre-natal care as well a list of licensed adoption agencies, if I decide to continue my pregnancy.

DB

I understand that the benefits of abortion to me are that I will terminate my pregnancy now, avoid continuance of my pregnant state, and avoid a full-term delivery.

DB

I understand that there are several RISKS associated with an abortion at this stage of pregnancy. I understand that these risks include, but are not limited to, the following:

DB

ALLERGIC OR UNUSUAL REACTIONS TO MEDICATIONS
BLEEDING AND/OR HEMORRHAGE AND/OR BLOOD TRANSFUSION
UTERINE RUPTURE
HOSPITALIZATION AND/OR SURGERY
LOSS OF FUTURE FERTILITY AND/OR STERILITY
INFECTION
AMNIOTIC FLUID EMBOLISM
DEATH

DBDBDBDBDBDBDB

These complications have been explained to me and I understand what they mean. No guarantee has been made to me as to the results of the abortion. I understand that the risk of complication from my abortion is approximately 1 to 2 in 100.

DB

I also understand that continuing my pregnancy and undergoing a full-term delivery, is generally considered to be at least as dangerous, and probably more dangerous, than a abortion.

DB

I understand that a late abortion is different than an early surgical abortion in that I will be given medications which will soften, dilate and efface my cervix, and which will induce uterine cramping, uterine contractions, and possibly a mini-labor state. I further understand that, with my doctor's assistance, it is possible that I may will deliver a fetus.

DB

I give my consent to my Doctor and to American Healthcare Services, P.C. to administer to me medications to cause an abortion. I understand that these medications include, but are not limited to, Mifepristone, Misoprostol, Oxytocin, Gemeprost, Methylergonovine, Digoxin, Vasopressin, Lidocaine, Ergotrate, Monsel's Solution, Silver Nitrate, Hydromorphone, Codeine, Demerol, Doxycycline, Fentanyl, Midazolam and other medications of my Doctor's choosing. I understand and consent to the administration of

these drugs orally, intramuscularly, vaginally, or intravenously. I further understand that although all of these medications are F.D.A. approved drugs, not one of them is F.D.A. approved for the purpose of late-term abortion. Nevertheless, I consent to my Doctor's legally accepted decision to utilize these medications in an "off-label" manner in the dosages and with the timing that my Doctor feels is best. I further understand that my Doctor is practicing evidence-based medicine, drawing from multiple techniques which are described in peer-reviewed medical literature, to provide me with what my Doctor believes is the safest method for abortion. I further understand that this abortion method may not be covered by my health insurance.

DB

I understand that although my Doctor may possibly prescribe and/or administer pain medications, narcotics, sedatives and/or other medications designed to eliminate pain, nevertheless, a delivery is an inherently uncomfortable experience. Everyone is unique and no two people experience the event in precisely the same manner. I acknowledge that I may experience cramps, contractions and/or a mini-labor state, as well as a delivery, and this is likely to be perceived by me, at times, to be unpleasant or uncomfortable. Additionally, I understand that some of the medications that may be given to me have been shown to cause side effects in less than 10% of patients (such as nausea, fever, and/or diarrhea). I understand that such side effects, if they occur, are temporary, limited, and usually resolve spontaneously in a short time. However, if I should develop any such side effects, I hereby consent to my Doctor giving me additional medications to counteract these side effects. Nevertheless, I understand that, although every safe effort will be made to alleviate any unpleasantness, no guarantee has been made that my Doctor will always be able to keep me comfortable.

DB

I understand that with the latest advances in neo-natal intensive care, modern neonatologists are daily pushing back the earliest dates at which fetuses have been reported as being able to survive. I understand that historically, before the advent of hospitals and modern medicine, fetuses below 32 weeks almost all died, and therefore some people date "natural viability" as between 32 to 34 weeks. Nevertheless, I also understand that today it is routine for fetuses to survive at 28 weeks LMP and that it is not uncommon for fetuses as early as 24 weeks to survive (after a stay in the ICU). Further, I understand that, although uncommon, there are reports in the medical literature of fetuses surviving at 22 weeks or even 21 weeks, although if they survive, many of these children suffer from physical or mental disabilities, or both.

DB

I understand that my Doctor may induce intrauterine fetal demise by injecting my fetus with a drug, Digoxin, designed to slow the fetus's heart rate and gently cause the death of the fetus. I understand that my Doctor may accomplish this by inserting an amniocentesis needle, under ultrasound guidance. I understand that there are risks to this technique, including inadvertently inserting the needle into other organs, hemorrhage, and other risks to me. Nevertheless, I consent to this method of inducing fetal demise, if my Doctor should decide to utilize it.

DB

I understand and agree that my Doctors may dilate my cervix with manual dilators and insert laminaria, which are a type of osmotic dilator, into my cervix for the purpose of slowly dilating my cervix.

DB

I understand and consent that after my delivery, or possibly before or during it, my Doctor may utilize a suction canula to aspirate blood, amniotic fluid or placenta, if necessary. Additionally, I understand and consent that my doctor may utilize a sharp curette to remove any adherent placental parts.

DB

I further understand and consent that my doctor may utilize a variety of obstetrical maneuvers to turn or adjust the fetus for delivery, or to massage my uterus after the delivery to expel the placenta or to stop bleeding.

DB

Although I have requested my Doctors to conduct an abortion, and my Doctor's intention are to prefer non-surgical methods, nevertheless, surgical techniques may be necessary and I consent to the use of surgical abortion techniques.

DB

I understand that because I am undergoing a abortion and because of the nature of the medications, the timing of my delivery cannot be finely controlled by my Doctor. I understand that there is a chance that I may need to deliver late at night or early in the morning. I agree that I will show up for all of my appointments on time and that I will call my Doctor or American Healthcare Services, P.C. immediately if I have any problems. I understand that if, after starting the abortion with laminaria or drugs, I were to leave the office and fail to return to my Doctor, that my failure to return could possibly be fatal to me.

DB

I further understand that abortions are controversial and late-term abortions are even more controversial. I understand that some hospitals or hospital staff may be opposed to late abortions. As a result, I understand that if I have a problem, these hospitals and/or their staff may therefore be very reluctant to become medically involved in assisting me in my late abortion process. I also understand that under the pending federal Abortion Non-Discrimination Act, the staff at the hospital or emergency room may legally refuse to care for me because I am a woman who has chosen to have a late abortion.

DB

I have been provided with an accurate toll-free telephone number (1-800-226-7846) that I may call 24 hours per day to reach my Doctor.

DB

I understand that following my abortion I cannot drive an automobile for six (6) hours, and I agree to have someone come to the office to assist me in returning home.

DB

I understand that my Doctor is an independently contracted physician by American Healthcare Services, P.C., and not an employee of American Healthcare Services, P.C.. Therefore, I hereby release AHS from all liability to me for the actions of my doctor.

DB

In the event of an unexpected complication during the abortion procedure, I request and authorize my Doctor to do whatever is necessary to protect my health and welfare. If I am a minor, I realize that complications requiring additional medical treatment may result in my parents or guardians being informed of my medical care.

DB

I understand that the financial responsibility for any emergency medical care not provided at AHS is my own. Even if my Doctor or AHS refers me to a hospital because of a complication from my abortion, it will be my responsibility to arrange for payment of necessary fees, and not the responsibility of AHS or my Doctor.

DB

I understand that once I have swallowed the medication dispensed to me or had my laminaria inserted, that I have begun my abortion and that it most likely cannot be stopped. Further, if I were to attempt to stop my abortion once it was already started, then I understand that the child that I may deliver after a half-completed abortion may very well suffer from permanent mental or physical birth defects, or death.

DB

I understand that the abortion process may take two or even three days, and that it is my responsibility to return to my Doctors and to AHS the next day in order to complete the abortion process. I promise to return to AHS and to my Doctor as often as I am asked by them to return. I understand that neither AHS nor my Doctor can force me to return, and that it is my responsibility to voluntarily return to complete the abortion.

DB

I declare that I have carefully thought about my options, considered the risks, benefits and alternatives available to me, and that I am certain that I wish to terminate my


Patient Signature

pregnancy. I further declare that after making this decision and beginning my abortion, I will not attempt to reconsider my decision or attempt to stop the abortion in the middle of the process. I also promise and declare that once I have started the abortion process, I will return to AHS and to my Doctor and complete the abortion process. Further, if I should change my mind and stop the abortion mid-process, or fail to return to my Doctor to complete the abortion, then on behalf of myself and my future child, I hereby release and hold harmless my Doctor and AHS from any and all liability or claims (to either me or my future child) resulting from damages that I may suffer or that my future child may suffer (including the damages resulting from the permanent physical or mental disability of my child), as a result of the partial abortion that was provided to me at my request.





DB

I also declare that all of my questions have been fully answered by my Doctor and by the AHS staff, that I have had ample opportunity to consider my choices, and that I am making my decision to terminate my pregnancy at this late stage of my own free will and without coercion or unwelcome pressure from any other party.

Finally, after carefully reading all of the information on this four-page Informed Consent Agreement, and after initialing every paragraph on the Agreement, and after weighing my options, and after discussing my situation with a counselor, and after considering the nature of the abortion method as well as the risks, benefits and alternatives of a abortion, I declare my intention to have a abortion and I hereby consent to, and request that, my Doctor and AHS provide me with a abortion under the provisions of this Consent Agreement.


Witness Signature and Date

    8-12-
Patient Signature and Date

   
Patient Signature

American Healthcare Services, P.C.

Surgical Counseling RecordName: OB [REDACTED] B [REDACTED] Date: 8/9/10
8/12/10Chart#: 1562

1. Counselors role and purpose of session explained?
2. Alternatives to abortion presented?
3. If choice is abortion, were feelings discussed?
4. Is patient comfortable with decision?
5. Asked if patient is being forced to terminate pregnancy?
6. Social/ Medical history reviewed?
7. Abortion procedure explained?
8. Fact sheet reviewed, explained?
9. Consent form signed and witnessed?
10. Birth Control choices discussed?
11. Need for post-operative exam discussed?
12. Was patient told of risk of abortion?
13. Was risk of carrying pregnancy to term explained?
14. All questions answered?

<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N
<u>Y</u>	N

If from Pennsylvania, were Department of Health materials offered?
Did the patient wish to review the materials?

<u>Y</u>	N
<u>Y</u>	N

Comments:

It is safe about her decision

Counselor Signature

[Signature]

Date

8/9/10
8/12/10

#2

**CONSENT FOR USE OF MISOPROSTOL
IN VOLUNTARY SURGICAL ABORTION**

Your doctor has recommended that you receive the medication Cytotec (misoprostol) before undergoing your voluntary pregnancy termination. Before you consent to taking this medication, you must be informed about the risks and benefits.

The medication misoprostol (Cytotec) is usually prescribed to prevent stomach ulcers in people who take aspirin or Advil-like medications.

The manufacturer, in its instructions to doctors, advises them specifically NOT to prescribe it to pregnant women, because of the possibility of miscarriage by softening the cervix (opening to the uterus or womb) and expulsion of the pregnancy by causing contractions.

It is precisely this effect of misoprostol, which is useful in making induced, voluntary abortion safer and easier for the doctor to perform. This is particularly true in women who have never had a vaginal delivery and/or those who are more than twelve weeks pregnant. It is usually given 2 or 3 hours before the procedure.

By accepting this pre-medication you realize that misoprostol is being used in an unconventional way, and not for the reasons which the manufacturer originally intended.

Once you have taken the medication, either orally or vaginally, you must not change your mind about having the abortion. Misoprostol can cause serious birth defects if the abortion is not completed. Also, no guarantee can be made that your personal health would not be affected should you choose to continue the pregnancy.

Other possible, but not all adverse effects of misoprostol include nausea and vomiting, abdominal cramps, headache or allergic reaction.

I, D. [REDACTED] B. [REDACTED] (print name), have read and understood the materials presented to me in this consent form. I have had all my questions answered and wish to receive misoprostol before my surgical pregnancy termination.

[Signature]
Signature

8-12-10
Date

[Signature]
Witness

8/12/10
Date

American Women's Services

Consent for Laminaria Insertion

Patient Name: D. [REDACTED] B. [REDACTED] Chart Number: 1562

PLEASE READ CAREFULLY, ASK ANY QUESTIONS, AND BE CERTAIN THAT YOU FULLY UNDERSTAND THIS FORM BEFORE YOU SIGN.

The purpose of inserting laminaria is to gently dilate (open) the cervix so the doctor can remove the pregnancy with less risk of harming the cervix. Laminaria are made from a natural, organic product that absorbs water from the cervix making the laminaria expand to gently open the cervix. Once the laminaria are inserted, they must be removed within 24 hours and either changed, or the pregnancy evacuated from the uterus.

IF LAMINARIA ARE NOT REMOVED, LIFE-THREATENING COMPLICATIONS CAN ENSUE. THESE INCLUDE SEVERE INFECTION, HIGH FEVER, HEMORRHAGE, SEPTIC SHOCK, AND DEATH.

It is possible that the membranes may spontaneously rupture (the "water breaks") while laminaria are in the cervix. This may cause labor and delivery of the fetus.

There is a small risk of infection because laminaria are made from a natural, organic product. I understand that I will be given antibiotics to take to prevent the risk of infection.

I understand the reasons for inserting laminaria and the possible risks of having laminaria inserted into my cervix. It has been explained to me that no one can guarantee or promise that I would be able to continue to carry this pregnancy if I change my mind about having the abortion after the laminaria have been inserted. I understand that the insertion of laminaria into my cervix **COMMITTS ME TO THE TERMINATION OF THE PREGNANCY.**

I hereby give my permission to insert laminaria into my cervix. I understand I must return to the office for the abortion. If I do not return for the abortion, I completely absolve American Women's Services, their staff and doctors, from any responsibility for any complications which result from my failure to return and perform the abortion procedure.

Patient's Signature: [Signature] [REDACTED] B. [REDACTED] Date: 8-12-10Witness: [Signature] Date: 8/12/10

#4

ABORTION RECORD

Patient Number: PB

Date: 8-13-10

8/13/10 *ml*

I have discussed with the patient the abortion she has requested, and I believe she is sufficiently mature and intelligent to understand the nature and consequences of her condition and the procedure. The patient was referred here with laminaria inserted. Her general physical exam was within normal limits.

Vital Signs:

B/P: 121/92 Pulse: 87 O2 Saturation: 100 Temp: _____

PRE-EVACUATION EXAM:

Vagina ☒ WNL ☐ Other: _____
 Cervix ☒ WNL ☐ Other: _____ Dilated: _____ cm
 Adnexa ☒ WNL ☐ Other: _____
 Uterus ☒ WNL ☐ Other: _____
☐ ANT ☐ MID ☒ POST SIZE: 27.5 weeks

Pain Management: Para cervical block: 1% Lidocaine with vasopressin and oxytocin
☒ Midazolam 2 mg IV ☒ Fentanyl 100 ug IV ☒ ketamine 3 cc IV
☐ Other

8/13/10 *ml*

The patient was continuously monitored using pulse oximetry and visual observation. Her medical condition and vital signs ☒ did ☐ did not remain within normal limits at all times during the procedure.

The patient ☐ did ☒ did not, spontaneously deliver the fetus and placenta.

Adjunctive measures used to facilitate the delivery of the fetus, the abortion procedure and/or to stop bleeding:

- ☒ Obstetrical maneuvers
- ☒ Forceps use
- ☒ Sharp curettage of the endometrium
- ☒ Vacuum aspiration of amniotic fluid, blood, parts, etc.
- ☐ CNS decompression using 6mm vacurette
- ☐ Uterine Massage
- ☐ Silver Nitrate cauterization
- ☐ Monsel's Solution application

Comments:

It did have extra-uterine tissue observed. Procedure immediately stopped and see attached note. Pt transported in stable condition to PACU. Consent

#5

ABORTION RECORD, PAGE 2

Chart Number: AB-10-1562

Examination of Products of Conception:

- A. Tissue Weight _____ gm
- B. POC grossly identified:
- | | | | |
|----------|------------------------------|-----------------------------|----------------------------|
| Villi | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
| Sac: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
| Parts: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
| Decidua: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> ? |
- C. Fetal Foot length: _____ mm
- D. Final Estimated Gestation: _____ wks. LMP: _____
- E. ☐ Repeat urine HCG showed:
☐ Tissue to Lab
☐ Quantitative Serum B-HCG sent to Lab
☐ Ectopic Pregnancy Fact Sheet given to patient.

Comments:

Sent to ER. via POVPt. Should seek follow-up care: ☐ Routine F/U in 2 weeks Other: FollowMEDICATIONS ORDERED☐ MicroRhogam ☐ Rhogam ☐ OtherMEDICATIONS DISPENSED

- ☐ Doxycycline 100 mg po BID x 6 days
- ☐ EES 250 mg po QID x 7 days
- ☐ Amoxicillin 1.5 gms po 6 hr post-AB
- ☐ Acetaminophen 100 mg po PRN
- ☐ Other: _____

MEDICATIONS PRESCRIBED

- ☐ Ibuprofen 400-800 mg po TID x 3 days PRN cramping
- ☐ Ferrous Gluconate 300 mg po BID x 90 days, begin completion of post-op antibiotics
- ☐ Metronidazole 500 mg 1 tablet po BID x 7 days
- ☐ Methergine 0.2 mg po TID x 3 days
- ☐ Other: _____

Additional Comments:

Physician's Signature: [Signature] 8/13/10

Page 1 of 3

GRACE MEDICAL SERVICES

PROGRESS NOTE

CHART NUMBER: XB - 10 - #1502PATIENT NAME: D. [REDACTED] B. [REDACTED]

It is an 184/0 African American female
G.P. @ 21.2 weeks gestation by U.S.

Pt agreed to termination of pregnancy
by laminaria. At approximately 1:00 PM

Pt taken for procedure. Pre-O₂
vitals were stable @ 127/92 B/P, Pulse 87
& O₂ saturation 100%.

Pt given sedation as per protocol, 2mg
Midazolam, 100 ug fentanyl and 1 cc Ketamine
IV w/o complication. It was monitored

via pulse oximetry, visual observation
by physician & staff & B/P measurement.
Pt vital signs throughout procedure were
stable.

After removal of laminaria & administration
of local anesthesia 2 cc of 1% lidocaine
and 5 units Pitocin and 5 units

Oxytocin, 4 tablets of 200mg Misoprostol
administered rectally. Pt's Menstrues

/page 294

GRACE MEDICAL SERVICES

PROGRESS NOTE

CHART NUMBER: AB - 13 - #1562PATIENT NAME: L [REDACTED] B [REDACTED]

were ruptured & amniotic fluid drained w/o complication. Additional Ketamine administered prior to D+E.

D+E procedure commenced using Brier Foreeps w/o complication. After removal of fetal arm/leg & feet tissue, extra-uterine tissue was observed. Procedure immediately stopped, vitals perineered and stable.

Dr. Kelly informed staff to start IV, check vitals and call Union Hospital ER for immediate transport. Pt family informed of possible complication and need to transport to Union Hospital ER & bypassway. Family agreed to follow Dr. Kelly & staff bypassway & pt. w/ FOX. During transport, vitals were stable (a 130/70, Pula 85 & O2 Sat 100%). ER staff. Doctor was on notice of incoming pt. (Dr. Gill, MD).

#6

5/07/13

GRACE MEDICAL SERVICES

PROGRESS NOTE

CHART NUMBER: AB - 10 - #1502

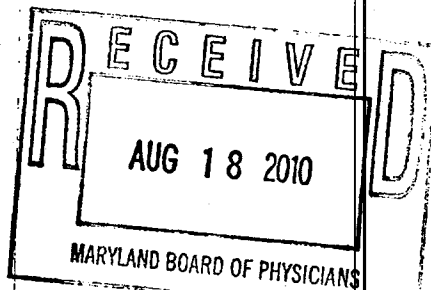
PATIENT NAME: L [REDACTED] B [REDACTED]

In ER, Dr. Gill was given report on person by Dr. Kelz. Pt was then further stabilized and signed in by family. (ie Insurance info given by mother & demographics by boyfriend.) Dr. Kelz was informed via the house by Dr. Golan, OB/GYN physician. Dr. Kelz informed pt stable but needed transport to John's Hopkins for surgery & observation period. Dr. Kelz followed up - Dr. Golan again @ approximately 2:27 pm. Pt listed as stable and transport pending in next 5-10 minutes.

End Note

Quincy mor (8/13/10) (14:45)

Exhibit D



Johns Hopkins Hospital

Operative Report

Name: B. [REDACTED], D. [REDACTED] Address: [REDACTED] [REDACTED] NJ [REDACTED] Phone: (609) [REDACTED] DOB: 10/27/1991 Race: African American Gender: Female Attending Surgeon: Kratz, Katherine Goodrich Assistant(s): Khan, Michelle Joanne Khan, Michelle Joanne	History: 0-469-86-79 Date of Operation: 08/13/2010 Service: GYN Document No: 76564700020
---	---

Title of Operation:

Exploratory laparotomy.
Evacuation of partial fetus and products of conception.
Repair of hysterotomy secondary to uterine perforation during dilation and evacuation.
Evacuation of hemoperitoneum.
Small bowel resection by the General Surgery Team.

Indications for Surgery:

Ms. B. [REDACTED] is an 18-year-old para 0 at approximately 21 weeks' gestation by a 21 week ultrasound in an outside hospital. She underwent an attempted dilation and evacuation procedure at an outside facility, during which uterine perforation occurred. During the dilation and evacuation, 2 fetal limbs and the placenta were reported to have been extracted. At the time of dilation and evacuation, bowel contents were noted in the uterus; therefore, bowel injury was suspected. She was transferred to Johns Hopkins Hospital for further management. On arrival at Johns Hopkins Hospital, she had tachycardia and abdominal tenderness. A bedside ultrasound demonstrated a uterus with a thick, homogeneous endometrium. The fetus was noted with in the abdominal cavity, posterior to the uterus. Ms. B. [REDACTED] was taken to the operating room for a level 1 exploratory laparotomy and the General Surgery Team was notified of possible bowel injury.

Preoperative Diagnosis:

Uterine perforation status post dilation and evacuation, intraabdominal fetus, suspected bowel injury.

Postoperative Diagnosis:

Posterior uterine perforation, intraabdominal products of conception, defect in small bowel mesentery and incarceration of small bowel into uterus with approximately 50 cm of ischemic small bowel.

Anesthesia:

GETA.

Specimen (Bacteriological, Pathological or other):

Partial fetus and products of conception.

B. [REDACTED], D. [REDACTED] (signature)

SIGNED DOCUMENT

Printed: 08/18/2010

Surgeons Narrative:

Second Assistant: Lauren Elizabeth Patterson, M.D.

Intravenous Fluid: 3000 cubic centimeters crystalloid for Gyn portion of the procedure.

Estimated Blood Loss: 300 cubic centimeters for Gyn portion of the procedure.

Urine Output: 600 cubic centimeters, clear yellow for Gyn portion of the procedure.

Complications: None.

Findings: On examination under anesthesia: The patient was noted to have membranous material extruding from the vagina. On bimanual examination her cervix was approximately 3 cm dilated and her uterus was 2 cm below the umbilicus. At the time of laparotomy: Hemoperitoneum was present. A partial fetus was noted in the right upper quadrant along the paracolic gutter. This fetus was missing its right arm and right leg and portions of its abdominal contents and rib cage. There was no placenta noted within the abdomen or uterus. The uterine cavity was smooth upon manual exploration. There was a posterior uterine perforation, measuring approximately 4 cm. There was no disruption of the uterus anteriorly, and the bladder appeared within normal limits. The tubes and ovaries were normal bilaterally. The patient's small bowel extended through the uterine perforation into the uterus and into the vagina. The small bowel was dusky in appearance upon entry to the abdomen and the portion of small bowel extending into the uterus and vagina was pale and thin in caliber. Abdominal exploration revealed no other abnormalities.

Informed consent was obtained from the patient after risks, benefits and alternatives were explained. The possibility of hysterectomy and bowel resection including possible ostomy were discussed with the patient. She was taken to the general operating room. The General Surgery Team was notified preoperatively. She had received a dose of Zosyn prior to being transported to Johns Hopkins. She was given cefotetan pre-operatively. General endotracheal anesthesia was administered. Once anesthesia was found to be adequate, she was then placed in the dorsal lithotomy position using Yellowfin stirrups. Care was taken to position and pad her extremities to avoid injury. An exam under anesthesia was performed with the above-noted findings. She was then prepped and draped in the usual sterile fashion. A midline vertical skin incision was made with a scalpel from 2 cm above the pubic symphysis to 1 cm below the umbilicus. This was extended down to the fascia using Bovie electrocautery. The fascia was then incised in the midline with the Bovie on the cut function, and the fascial incision was extended superiorly and inferiorly using the Bovie on the cut function. The rectus muscles were separated in the midline. The peritoneum was identified and entered sharply using Metzenbaum scissors. This incision was extended superiorly and inferiorly with good visualization of the bowel and the bladder. Hemoperitoneum was noted on entry into the peritoneal cavity. The abdomen was explored with the above-noted findings. The bowel was packed away with moist laparotomy sponges. The partial fetus and all products of conception were removed from the abdomen and sent to pathology. The bowel was gently removed from the uterine cavity and covered with a moist laparotomy sponge. The general surgery team was called for immediate assistance with repair of the bowel.

The uterus was then manually cleared of all clot and debris with a moist laparotomy sponge. No products of conception were noted. The uterus was elevated through the abdominal incision. The uterus was repaired in 4 layers. The endometrium was closed using 3-0 Vicryl suture in a running fashion. The myometrium was then closed in 3 layers using 0 Vicryl sutures in a figure-of-eight fashion. This uterine serosa was reapproximated with 3-0 Vicryl suture in a baseball stitch. Excellent hemostasis was noted.

At this point, the General Surgery Team performed a small bowel resection and side-to-side anastomosis. Please see Dr. Wolfgang's operative note for full details of that procedure. The abdominal incision was closed by the General Surgery Team.

The patient tolerated the procedure well. She was extubated and taken to the recovery room in stable condition. Sponge, lap, needle and instrument counts were correct x 2. The attending, Dr. Kutz, was present and scrubbed for the entire procedure.

CLINICAL STAGE OF TUMOR:

Dictated By:

KHAN, MICHELLE JOANNE, M.D. 843889/430611354/MEDQ D:08/15/2010 12:32:02 T:08/15/2010 18:17:32

B. [REDACTED]

SIGNED DOCUMENT

Printed: 08/18/2010

SIGNED BY: KRATZ, KATHERINE
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED.

DATE AND TIME SIGNED: 08/18/2010 09:31 AM

Note: This operative note provides information pertaining only to the patient's most recent hospitalization. A more detailed medical history is available in the Medical Record.

██████████, ██████████

SIGNED DOCUMENT

Printed: 08/18/2010



Johns Hopkins Hospital

Operative Report

Name: E. [REDACTED] Address: [REDACTED] Phone: (609) [REDACTED] DOB: [REDACTED] Race: African American Gender: Female Attending Surgeon: Wolfgang, Christopher Lee Assistant(s): Casasanta, Marc	History: 0-469-86-79 Date of Operation: 08/13/2010 Service: G/S Document No: 97464700020
---	---

Title of Operation:

Exploratory laparotomy.

Small bowel resection with primary anastomosis.

Combined procedure with Obstetrical Surgery for removal of the fetus from the abdomen and also repair of the ruptured uterus.

Preoperative Diagnosis:

Small bowel injury following abortion.

Postoperative Diagnosis:

Small bowel injury following abortion.

Anesthesia:

GETA.

Specimen (Bacteriological, Pathological or other):

Fetus.

Surgeons Narrative:

Estimated Blood Loss: 300 cubic centimeters.

Complications: None.

Drains: None.

Ms. E. [REDACTED] is an 18-year-old woman who underwent an attempted abortion at an outside institution. At this procedure, it appeared that her uterus was perforated and the fetus, which was 21 weeks' old, was extruded into the abdominal cavity. In addition, it appeared that bowel was introduced into the ruptured uterus through the cervical os and was present in the vagina. She was transferred to the care of Obstetrics who took her urgently to the operating room and placed her in the lithotomy position. As they began her laparotomy, I was urgently consulted. I arrived with the patient having a lower midline incision. The fetus had been extracted and the uterus was repaired. There was an obvious small bowel injury. The patient was turned over to me in good condition.

E. [REDACTED]

SIGNED DOCUMENT

Printed: 08/18/2010

At first, the patient was re-draped to allow greater exposure. The lower midline incision was extended up to the mid epigastric area using electrocautery, and a Bookwalter retractor was placed. The abdomen was thoroughly inspected. The liver was normal. The stomach was normal and the NG tube was found to be in good position. The colon was not perforated. There was no injury to the omentum. There was blood within the paracolic gutters. This was clotted and appeared to be somewhat old. In addition, small bowel was run from the ligament of Treitz to the ileocecal valve. In the area of the ileum, there was a 50 cm segment of small bowel which was completely devoid of mesentery. This was ischemic, and the mesentery was lacerated and torn and bleeding was occurring from the edge of this mesentery. We first oversewed the bleeding edge of the mesentery using a running locking Vicryl. This controlled the bleeding nicely. We next removed the small bowel with a single firing of a GIA 60 stapler.

Of note, there was a significant amount of bleeding from the stapled edges. We next attempted a side-by-side stapled anastomosis; however, for unclear reasons, the both staple lines bled excessively. I was uncomfortable leaving this anastomosis. I, therefore, resected the anastomosis using another 2 firings of a GIA 60 stapler. The intervening mesentery was divided with 2-0 silk ties. A side-to-side two-layered hand-sewn anastomosis was created with an outer layer of 3-0 silk Lemberts and an inner layer of running locking Vicryl. This was a nicely hemostatic anastomosis and was widely patent by palpation. Next, the mesenteric defect was closed with a running Vicryl. Finally, the abdomen was irrigated with several liters of sterile bibiotic and inspected one final time for any remnants of the fetus in addition to any other foreign bodies, none were found. The uterus was inspected one final time and found to be intact.

Next, the fascia was closed with a running #1 Maxon. Prior to this, the instruments, Bookwalter retractor, and laparotomy packs were removed. Once the fascia was closed, the Yankauer suction tip was changed as well as we changed our gloves, and the skin was closed with staples after thoroughly irrigating the subcutaneous space.

The sterile dressing was placed. We did not place any drains. The patient tolerated this procedure well and was awoken and extubated in the operating room. She was returned to the PACU in stable condition.

CLINICAL STAGE OF TUMOR:

Dictated By:

WOLFGANG, CHRISTOPHER L, M.D. 842685/430525392/MEDQ D:08/13/2010 23:59:48 T:08/14/2010 16:55:10

SIGNED BY: WOLFGANG, CHRISTOPHER
THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED.

DATE AND TIME SIGNED: 08/16/2010 06:28 AM

Note: This operative note provides information pertaining only to the patient's most recent hospitalization. A more detailed medical history is available in the Medical Record.

E [REDACTED]

SIGNED DOCUMENT

Printed: 08/18/2010

The Russell H. Morgan Department Of Radiology
and Radiological Science
The Johns Hopkins Hospital, Baltimore MD. 21287

B [REDACTED], D [REDACTED]

Exam Date: 08/16/2010 16:30 ORD #90001 Accession #7235076
History Number: 4698679
Age: 18Y Sex: F Race: B
Requester: RANA FARHADI

EXAM: DGW 2070 - ABDOMEN AP - Aug 16, 2010 16:30 ACC:7235076

RESULT:

TECHNIQUE: Abdominal radiograph, one view. 8/16/10, 16:41.

INDICATION: 18 year-old woman status post abortion at outside hospital complicated by perforated uterus and incomplete evacuation. Evaluation of nausea and vomiting with suspected obstruction.

COMPARISON: No comparison

IMPRESSION:

Tiny pneumoperitoneum seen under left diaphragm consistent with recent abdominal surgery.

Midline cutaneous staples. GI staples in right lower quadrant.

Dilated air-filled loops of small bowel. Stool and gas in ascending and transverse colon. Findings most consistent with ileus.

...:Updated Aug 16 2010 5:19P---

JOSEPH VILLARD MD

JOHN ENG MD

IMAGES AND INTERPRETATION PERSONALLY REVIEWED BY:

JOHN ENG MD

UNION HOSPITAL

A Subsidiary of Affinity Health Alliance
106 Bow St
Elkton, MD 21921

Name: B [REDACTED]
Unit #: M000011707
DOB: [REDACTED] Age: 18 Sex: F
Acct#: H025395427

Service Date: 08/13/10 Status: ADM IN
ER Physician: Gill, Rhonda A. M.D.
Loc: ER IP-ROOM
Report#: 0813-0174

MEDICAL RECORDS

EMERGENCY ROOM VISIT NOTES

Primary Care Physician: Other, D

Physician bedside time: (1342)

PREHOSPITAL CARE:
By the patient:

HISTORIAN: Patient. Parent.

CHIEF COMPLAINT: Abdominal pain.

HISTORY OF PRESENT ILLNESS:

DURATION: (Pt had elective abortion by Dr. Nicola Reilly and Dr. Brigham just PTA. Call received by me from Dr. Reilly, stating that they were en route secondary to complications from the procedure. Upon arrival, she stated that extrauterine tissue was present with surrounding mesenteric fat, and she felt that they had perforated the uterus and likely bowel as well. Further questioning of the family states that they were initially seen and told to follow the practitioners to another clinic in Elkton. I am currently unaware of any local legal abortion clinics in Elkton, MD at this time.)

LOCATION: Abdomen.

QUALITY:

Nausea.

Notes:

REVIEW OF SYSTEMS/ADDITIONAL ASSOCIATED SYMPTOMS: All other systems except as noted are negative.

GASTROINTESTINAL:

Abdominal pain.

Nausea.

PAST MEDICAL HISTORY:

Asthma.

PAST SURGICAL HISTORY: Noted in history of present illness.

OB/GYN HISTORY:

Pregnant.

SOCIAL HISTORY: Unknown.

FAMILY HISTORY: Non-contributory.

MEDICATIONS: Medication list reviewed but not limited to the following information.

ALLERGIES: Allergy list reviewed.

PHYSICAL EXAM:

CONSTITUTIONAL:

Vitalsigns noted.

Distress level - (still sedated post procedure) Moderate. In pain.

General appearance - Not well appearing.

EYE: No conjunctival injection. Normal sclera. Extra ocular movements intact.

HENT: Normocephalic. Atraumatic. Normal external exam. Moist mucous membranes.

NECK: Supple. Trachea midline. Thyroid not visibly enlarged.

RESP: Normal respiratory effort. Normal breath sounds.

CV: Normal heart sounds. Regular rate and rhythm.

ABDOMEN:

Palpation - Diffuse abdominal tenderness. Positive guarding. Rebound.

GENITOURINARY:

Uterus: Consistent with dates. Enlarged.

LYMPHATIC: No lymphadenopathy.

MUSCULOSKELETAL: No gross deformities.

SKIN: Warm and dry. No pallor, cyanosis or jaundice.

NEUROLOGIC: Alert. Orientation at baseline status. No acute focal neurological deficits.

PSYCHIATRIC: Normal mood. Normal affect. Appropriate behavior for age and situation.

DIAGNOSTIC DATA: Results reviewed and interpreted by me.

CBC:

BMP:

RADIOLOGY READING:

Chest XR: (possible free air) 1 view. Reviewed by me.

CT READINGS: (uterine rupture with free fluid (uterine hemorrhage & amniotic fluid), cannot rule out bowel injury)

INTERVENTIONS:

IV fluids.

Antibiotics.

RE-EVALUATION: (Pt given CT results. Stable for transfer to Hopkins. Pt will receive blood given intermittent tachycardia and presence of intraabdominal hemorrhage to prevent decompensation en route.)

Time: (1545)

Condition: Patient condition unchanged.

Measurements:

Monitor -

CONSULT: (Aslam- Saw pt at bedside. Recommended transfer to Johns Hopkins given complex nature of surgery) Time (1400)

Discussed with - Dr. Aslam (OB/Gynecology).

Plan of care - Will consult. Will follow up with patient.

SOCIAL CONSULT:

DISCUSSION: Discussed with the patient. Discussed with the parent. Test results discussed and explained. Discussed diagnosis. Discussed plan of care.

CRITICAL CARE TIME The condition of the patient indicated a high probability of imminent or life threatening deterioration and required critical care services. My time excluded minutes spent performing separately billable procedures and time spent treating any other patients simultaneously. Amount of time spent fully attending to the care of the patient was 40 minutes. Critical care management included: History obtained from additional sources other than the patient. Nursing notes including vital signs reviewed. Prior records reviewed. Medications ordered and managed. Labs ordered and reviewed. Xrays ordered and reviewed. Re-evaluations done. Collaboration with consultants. Transfer planning.

CLINICAL IMPRESSION: (uterine rupture)

DISPOSITION:

Condition: Critical.

Transfer: Johns Hopkins

Electronically signed by Rhonda Gill, MD on 08-13-2010 at 15:59

Dictated on 08/13/10 1337 by Other, D

CC:

Other, D

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFTE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 1

Patient B [REDACTED]
Age/Sex 18/F

Account No. H025395427
Unit No. M000011707

—ER Caregivers—

Physician Gill, Rhonda A. M.D.
Practitioner
Nurse PENNINGTON, MARGARET
PCP Other, D

Arrival Date 08/13/10
Time 1339
Triage Date 08/13/10
Time 1342

Stated Complaint INCOMPLETE AB/POSSIBLE UTERINE PERFORATION
Chief Complaint Female Urogenital Problems
Priority 2 Severity 9

Primary Impression
INCOMPLETE AB/POSSIBLE UTERINE PERFORATION

Departure Disposition ED ADM TO UHCC *ED PTS ONLY*
Departure Comment
Departure Condition

Departure Date 08/13/10
Time 1409

Allergies

ALLERGIES: NKDA

Active Prescriptions

Assessments

ED-Triage

Date 08/13/10 Time 1342 User MCDERMOTT, KATHLEEN R

Arrival Date: 08/13/10 Time: 1339 Patient Age: 18 Sex: F
Initial Triage Date: 08/13/10 Time: 1342 Arrival Method/ FRIEND
Quick-Look A-B-C-D Assessment Time: 1342 Immediate Intervention Required? N

If Yes, See Note.

Hx of VRE, MRSA, TB, C Diff PATHOGENS: 1/
Date L.M.P. 3/10 Pregnant/ YES

2/ 3/

If unsure, pregnancy
test obtained?

Date of last tetanus/

Immunizations up-to-date:

Special Info:
(Do not use)

CHIEF COMPLAINT: See Care Plan:

PT BROUGHT FROM PRIVATE CLINIC AFTER ABORTION ATTEMPT. PROCEDURE STOPPED
AFTER POTENTIAL UTERINE RUPTURE PER CLINIC PHYSICIAN.

ASSESSMENT: PT IS DROWSY BUT AROUSABLE. ABLE TO ANSWER QUESTIONS AND IS ORIENTED X 3.

* PAIN ASSESSMENT * Does patient have pain now: N

Pain Intensity: Scale Used/

Location:

Quality:

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFFE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 2

Patient: [REDACTED]
Age/Sex: 18/F

Account No. H025895427
Unit No. M000011707

Onset:

Present Pain Management Regimen and Effectiveness:

VITAL SIGNS: Temp: / Pulse: 103 B/P: 131/77

Resp: 14 % SpO2: 100.4L VIA NC

Wt in Lb: Oz: Wt (Kg):

Patient's goal of visit: TO BE EVALAUTED/TREATED

* ADDITIONAL TRIAGE NOTES *

* PRE-HOSPITAL CARE *

Full spinal immobilization: O2 @
IVR (Gauge, Location, Fluid):
Cardiac rhythm:
Splint (location):

Meds:

Other:

* NURSING INTERVENTION * Y

Ice: Splint: Urine requested/instructions given:
Wound cleansed with/
Allergies checked prior to medicating at triage: Accu Check:
Pathways initiated? Y
Other:

* PATIENT/CARE PROVIDER TEACHING * Person being taught: PT & MOTHER

Explanation of care, ED process, and wait time: Y Need for transportation upon
What was taught: leaving the facility? N

IVR/LABS/

olation Precautions: N Type of Isolation/

Comments:

Priority/ 2 LEVEL 2

REMINDER: Add priority to tracker

ED-Gynecological Complaints

Date 08/13/10 Time 1354 User PENNINGTON, MARGARET

*** GYN ASSESSMENT ***

Chief Complaint: POSSIBLE UTERINE PERFORATION W/ ABORTION

Onset: 1130

Pregnant/ YES

Gravida:

Para:

Pain Intensity: 0 Scale Used/

Location:

Duration:

Aggravating factors:

Alleviating factors:

Associated symptoms:

Vaginal bleeding: N Bleeding compared to normal period:

Passing clots/tissue: Vaginal Discharge:

Sexual history: ACTIVE

Contraception:

Date L.M.P. 3/10

Post menopausal:

Hysterectomy:

of pads/hr:

Altered urination:

Comments:

PT DENIES PAIN. PT IN MIDDLE OF ABORTION WITH POSSIBLE UTERINE
PERFORATION. PT HAS GAUZE IN UTERUS, PER ABORTION DR. NO BLEEDING NOTED AT
3 TIME. PT DENIES PAIN. PT ARRIVES PRE MEDICATED FROM OPERATION PTA. PT
ED AT THIS TIME. PT ANSWERING QUESTIONS APPROPRIATELY. PT RESP EVEN

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFTE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 10

Patient B [REDACTED], D [REDACTED]
Age/Sex 18/F

Account No. H025395427
Unit No. M000011707

08/13/10	1345	CARBON DIOXIDE	22	20-36 MMOL/L
08/13/10	1345	CHLORIDE	100	96-112 MMOL/L
08/13/10	1345	CREATININE	0.8	0.5-1.2 MG/DL
08/13/10	1345	GLOBULIN	4.1	1.3-5.3 G/DL
08/13/10	1345	GLUCOSE	82	70-110 MG/DL
08/13/10	1345	POTASSIUM	4.1	3.6-5.2 MMOL/L
08/13/10	1345	SODIUM	138	135-145 MMOL/L
08/13/10	1345	TOTAL BILIRUBIN	0.5	0.0-1.2 MG/DL
08/13/10	1345	TOTAL PROTEIN	7.7	6.1-8.2 G/DL

Blood Bank Results

Date	Time	Test	Result
08/13/10	1344	ANTIBODY SCREEN	NEGATIVE
08/13/10	1344	PATIENT BLOOD TYPE	O POS

Medication Administration Record

Medication

Sch Date-Time	Admin Dose	Site	User
Doc Date-Time	Given - Reason		
Sodium Chlor 0.9% 1000 ML BAG BOLUS/IV			
	1000 ML		
08/13/10-1355	Y		PENNINGTON, MARGARET

Patient Instructions

FOLLOW UP

PHYSICIAN'S CERTIFICATION FOR MEDICAL TRANSPORTATION

MA #	AUTH #	SS #	DATE OF TRANSPORT	TIME
			8-13-10	14:40
PATIENT NAME	ADDRESS		DOB	O2 LPM
DIAGNOSIS	WEIGHT			
INCOMPLETE AB / POSSIBLE UTERINE PERFORATION	115			

Doctor, Clinic or Hospital requesting transport: Union Hospital
 Doctor, Clinic or Hospital address: 106 Bow St., ELKTON, MD 21921
 Phone: 443-406-1370 Facility receiving patient: JOHN'S HOPKINS HOSP. Unit (if hospital): ED.
 Ambulance Company: Johns Hopkins Air
 Type of transportation required: ☐ Wheelchair Van Ambulance: ☐ BLS ☒ ALS ☐ CCT
 Medical condition to support why this mode of transportation is required, Must be completed for transportation.
perforation of uterine wall / Higher level of care
Dr. Baker - accepting

Does this condition cause temporary or permanent disability to such a degree that is medically necessary for the individual to be accompanied during transport? YES

MEDICARE ONLY

I, _____, understand that ambulance services are only covered by Medicare when they are provided to a beneficiary whose medical condition is such that any other means of transportation would be contraindicated. I further understand that HCFA guidelines require that I certify the medical condition of the patient that supports an ambulance.
 _____ is that as of the date listed below, _____ (Patient's Name) is
 Yes _____ No _____ Bed-Confined as defined by Medicare/Health Care Finance Administration Regulations. (HCFA defines "bed confined" as the patient is unable to get up from bed without assistance, the patient is unable to ambulate and the patient is unable to sit in a chair or wheelchair. "Unable" includes the determination that these activities are medically contraindicated.)

The following medical conditions necessitate this level of care and make all other means of transportation contraindicated based on the patient's safety and health. Indicate all that are applicable and furnish the appropriate narrative justification. The above patient:

- ☐ requires airway monitoring and/or suctioning.
- ☐ has no muscle tone.
- ☐ is ventilator dependent.
- ☐ requires precautions due to _____
- ☐ has decubitus ulcers and requires wound precautions, explain: _____
- ☐ is on hip/leg/back precautions and cannot sit safely due to _____
- ☐ requires immobilization due to _____
- ☐ has a continuously running intravenous device(s).
- ☐ requires cardiac EKG monitoring.

I certify that due to the underlying medical documentation listed above, it is impossible for this patient to use public transportation. I further certify that the services described are medically necessary and are, to the best of my knowledge, covered medical services under the Medical Assistance Program.

Sara J. Baker RN
 Signature of Certifying Personnel
Sara J. Baker RN
 Print Name

8-13-10
 Date

443-406-1370
 Phone Number

☐ Ambulance Certification
IMPORTANT:
 All certification forms must be faxed prior to transport
 Hart to Heart Ambulance, Inc.
 Phone: 443-573-2037
 Fax: 443-640-1344

Harford County Health
 Department Medical
 Transportation
 Box 797 • Bel Air, MD 21014
 Phone: 410-838-1671
 Fax: 410-643-0344

☐ Cecil County Health Department
 Medical Transportation
 Attn: Penny Hamilton
 401 Bow St. • Elkton, MD 21921
 Phone: 410-996-5171
 Fax: 410-996-1020

****New after hours phone number: 410-920-4167**
 This number is to be called from
 5am-7:30am & from 4pm until 10pm.

H025395427 PRE ER 08/13/10
BREWER, DIAMOND
Unit#: M000011707 Sex F
DOB: 10/27/91 Age: 18

PATIENT TRANSFER FORM
*Does not apply to E.R. transfers

uhcc - 321

NAME OF PATIENT

ROOM

Diagnosis:

REASON FOR TRANSFER: (specify)

Higher level of care

PERFORATION OF UTERINE WALL

- ☒ Patient condition at time of transfer _____ ☒ Stable ☐ Unstable
- ☒ In my judgement, within reasonable medical probability, this transfer will not create a material deterioration in or jeopardy to the patient's medical condition or expected chances for recovery.
- ☒ In my judgement, the potential medical benefits of this transfer significantly outweigh the potential medical risks.
- ☒ The risks and reasons for transfer have been explained to the patient and/or family. They understand and agree. Family members notified.

2/6/11 MD
(Sending Physician or Designee)

Received by Patient or Family

Authorization for release of confidential medical information (UHCC Form #221B) ☐ Yes ☐ No If No, explain:

☐ Notify Discharge Planner (inpatient) 8-4:30 M-F* ☐ Notify Admissions* (UHCC) ☐ Notify Nursing Supervisor

METHOD OF TRANSFER

☐ AMBULANCE ☐ TAXI ☐ PRIVATE CAR ☐ AMBULANCE PROVIDER

TIME NOTIFIED:

Accompanied by written orders for transfer nurse. Check Boxes:

☐ MD ☐ NURSE ☒ EMT-P ☐ RT ☐ OTHER (Names): AIR

TRANSFER VITALS TIME: 97.3 T 97.3 P 105 R 13 BP 140/89

I.V. RUNNING? ☒ YES Type of solution (including additives):

MONITORING

OXYGEN @

L/MIN:METHOD

COPIES SENT (check all appropriate boxes):

PERSONAL PROPERTY

☒ Admission* ☒ H & P* ☐ Inpatient Medication Sheet*
☒ E.R. Record ☐ Flowsheet
☐ UHCC Trauma Form ☐ EKG ☐ Neuro Sheet
☒ X-Ray reports and/or films ☐ Lab results
☐ originals ☒ copies

	SENT	GIVEN TO	FAMILY	RETAINED HERE
Valuables:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentures: Upper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasses:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transferring M.D.

2/11/10 ASCM MD

Receiving Hospital:

Johns Hopkins

Receiving Hospital Contact:

Johns Hopkins Labor & Delivery

Time Contacted:

Time Hospital Accepted Transfer:

Receiving M.D.:

Dr. Green

Time Transfer Accepted by M.D.:

Receiving R.T. Notified

Date & Time of Transfer

8/13/10 1615

Signature of Person Giving Report:

Meg Pennington, RN

Post Transport Summary:

Date & Time:

Signature:

UNION HOSPITAL
ELKTON, MARYLAND

KEEP ORIGINAL AT UHCC WITH PT. RECORD

SEND COPY TO RECEIVING FACILITY

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFFE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 3

Patient: B. D.
Age/Sex: 18/F

Account No. H025395427
Unit No. M000011707

AND NON LABORED.

Pt. alert and oriented x 3: Y

Alert: Oriented to:

Is patient calm/cooperative: Y

Combative:

Depressed:

Listless:

Other:

Disoriented:

Lethargic:

Unresponsive:

Playful:

Clings to parent:

Irritable:

SI/HI:

Side rails up: Y Call Bell within reach: Y S.O. with patient: Y S.O. notified:
Comments: MOM AND BOYFRIEND

ED-Pt History & Med Rec

Date 08/13/10 Time 1403 User PENNINGTON, MARGARET

MEDICAL AND SURGICAL HISTORY

ALLERGIES: NKDA

(CONTINUED):

HTN: N Diabetes: N Seizures: N Cardiac: N Psych: N Asthma: Y COPD: N Renal: N

MEDICAL Hx: ASTHMA

PATHOGENS: 1/

2/

3/

Isolation Precautions: N

Type of Isolation/

SURGICAL Hx: APPENDIX

Does pt have any central vascular access? N Type/

es pt have any implantable devices? N Type/

ME MEDICATION LIST (INCLUDING OVER THE COUNTER AND HERBAL)

	MEDICATION	DOSE	ROUTE	FREQUENCY	LAST DOSE DATE	TIME
1.	ALBUTEROL	:	/	/ PRN	:	:
2.	:	:	/	:	:	:
3.	:	:	/	:	:	:
4.	:	:	/	:	:	:
5.	:	:	/	:	:	:
6.	:	:	/	:	:	:
7.	:	:	/	:	:	:
8.	:	:	/	:	:	:
9.	:	:	/	:	:	:
10	:	:	/	:	:	:
11	:	:	/	:	:	:
12	:	:	/	:	:	:
13	:	:	/	:	:	:
14	:	:	/	:	:	:
15	:	:	/	:	:	:
16	:	:	/	:	:	:
17	:	:	/	:	:	:
18	:	:	/	:	:	:
19	MEDICATION	DOSE	ROUTE	FREQUENCY	DATE	TIME
20	:	:	/	:	:	:
21	:	:	/	:	:	:
22	:	:	/	:	:	:
23	:	:	/	:	:	:

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFTE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 4

Patient B [REDACTED]
Age/Sex 18/F

Account No. H025395427
Unit No. M000011707

26	:	/	/	:	:
27	:	/	/	:	:
28	:	/	/	:	:
29	:	/	/	:	:
30	:	/	/	:	:
31	:	/	/	:	:
32	:	/	/	:	:
33	:	/	/	:	:

Comments:

Is Home Medication List Complete? Yes

INFO FROM: -PT

ED-Patient Teaching

Date 08/13/10 Time 1404 User PENNINGTON, MARGARET

*** PATIENT TEACHING ***

LEARNING NEEDS:

Readiness to learn: Y

Unable to learn due to:

Involvement of significant other: MOTHER, SO

Meds reviewed:

Equipment reviewed:

Main management reviewed:

Other:

CARDIAC MONITOR, IV INSERT, TYPE/SCREEN, OR

* LAST PG * F6-Prev. Field | F9-Lookup | F12-OK/File/Save *

ED-Screening Assessment Tool

Date 08/13/10 Time 1404 User PENNINGTON, MARGARET

FALL RISK ASSESSMENT TOOL

Age > 64 and < 80 N	Age > 80 N	Any of the following medications used currently or within the last 7 days? Y
Any of the following risks present? N		Anesthetics within 0-6 hours? Y
Recent History of Unexplained Falls?		Anesthetics within 24 hours? N
3-6 months ago? 1-3 months ago?		Antihypertensives? N
Altered Elimination?		Diuretics? N
Incontinent? Bowel Prep?		Hypnotics/Sleeping Pills? N
Confusion/Disorientation/Poor Judgement?		Laxatives? N
Dizziness/Vertigo?		Narcotics? N
Altered Mobility?		Psychotropics? N
Needs Assist?		Sedatives? Y
Uses Assistive Device?		Alcohol? N
Unable to Ambulate?		Skeletal Muscle Relaxants? N
Diagnosis Syncope/CVA?		Fall Risk Assessment completed? Y
Visual/Hearing/Sensory Deprivation?		
Fall Risk Total Score: 30		
Patient's Fall Risk is: HIGH		
If HIGH Risk, remember to enter a Fall Risk Order		

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFTE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 5

Patient: B. [REDACTED]
Age/Sex: 18/F

Account No. H025395427
Unit No. M000011707

Ruby red slippers placed on patient: Y
Fall risk arm band placed on patient Y
Ambu alarm placed on patient
Family instructed to stay at bedside and inform nursing staff if leaving room Y
Bed in lowest position Y
Side rails up X 2 Y
Call bell within reach Y
DV Present?/ NO

Indications of Abuse? N
DV Form Completed/

Resources Given/

* LEARNING BARRIERS & SPECIAL NEEDS * N

Vision: Hearing: Cognitive Ability: Emotional Barriers:
Impaired Mobility: Nutritional needs: Cultural: Religion:

Language:
Discharge Planning:

* PATIENT/CARE PROVIDER TEACHING * Person being taught: PT, SO, MOTHER

Explanation of care, ED process, and wait time: Y
IVR/blood draw explained: Y
Cardiac monitor explained:
EKG purpose explained: Diagnostic test explained: Y
POC Urine Pregnancy Done: POC Urinalysis obtained and sent:
What was taught: Urine requested/instructions given:
ED PROCESS...EVAL

Weight

Date 08/13/10 Time 1441 User BESSICKS, BARBARA E.

in Lb: 120 Oz: Wt (Kg): 54.4

ED-Vital Signs Assessment

Date 08/13/10 Time 1507 User PENNINGTON, MARGARET

Vital Signs Taken: Y

Temp: 97.3 / PO

Pulse: 105

B/P: 140/89 Position/

Resp: 18 % SpO2: 99 Amount: 2L

Comments/Action Taken:

Oxygen device: NC

ED-Vital Signs Assessment

Date 08/13/10 Time 1509 User PENNINGTON, MARGARET

Vital Signs Taken: Y

Temp: /

Pulse: 104

B/P: 138/82 Position/

Resp: 16 % SpO2: 99 Amount: 2L

Comments/Action Taken:

Oxygen device: NC

DR ASLAM AT BEDSIDE. FAMILY AWARE OF PLANS FOR TRANSFER.

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFTE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 6

Patient: E. [REDACTED], D. [REDACTED]
Age/Sex: 18/F

Account No. H025395427
Unit No. M000011707

ED-Vital Signs Assessment

Date 08/13/10 Time 1523 User PENNINGTON, MARGARET

Vital Signs Taken: Y

Temp: /

Pulse: 123

B/P: 132/86 Position/

Resp: 18 % SpO2: 100 Amount: 2L

Oxygen device: NC

Comments/Action Taken:

ED-Vital Signs Assessment

Date 08/13/10 Time 1554 User PENNINGTON, MARGARET

Vital Signs Taken: Y

Temp: /

Pulse: 92

B/P: 137/76 Position/

Resp: 16 % SpO2: 100 Amount: 2L

Oxygen device: NC

Comments/Action Taken:

ED-Vital Signs Assessment

Date 08/13/10 Time 1603 User PENNINGTON, MARGARET

Vital Signs Taken: Y

Temp: 98.4 / PO

Pulse: 104

B/P: 135/76 Position/

Resp: 16 % SpO2: 99 Amount: 2L

Oxygen device: NC

Comments/Action Taken:

ED-Vital Signs Assessment

Date 08/13/10 Time 1609 User PENNINGTON, MARGARET

Vital Signs Taken: Y

Temp: /

Pulse: 101

B/P: 136/85 Position/

Resp: 16 % SpO2: 100 Amount: 2L

Oxygen device: NC

Comments/Action Taken:

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFTE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 8

atient B [REDACTED]
e/Sex 18/F

Account No. H025395427
Unit No. M000011707

PT VSS. BLOOD TRANSFUSION STARTED AT THIS TIME. PT RESTING ON STRETCHER.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1610

PT DENIES PAIN. PT SPEAKING IN CLEAR, FULL SENTENCES. PT NOT SOB. PT DENIES CHEST PAIN.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1613

PT DENIES NAUSEA, DENIES BREATHING DIFFICULTIES.

Treatments

IV Insertion

Date 08/13/10 Time 1406 User PENNINGTON, MARGARET

****IV INSERTION****

Time: 1406 Date: 08/13/10

Gauge: 20 Catheter type:/CATHLON

Placement site: L FOREARM

IVR: Y Was blood work obtained from IV: N

of unsuccessfull attempts: By whom:

Inserted by: NUR.BESSICKS

Additional Notes:

IV Insertion

Date 08/13/10 Time 1406 User PENNINGTON, MARGARET

****IV INSERTION****

Time: 1350 Date: 08/13/10

Gauge: 22 Catheter type:/CATHLON

Placement site: RHAND

IVR: Y Was blood work obtained from IV: Y

of unsuccessfull attempts: By whom:

Inserted by: NUR.BARR

Additional Notes:

Bloods drawn & sent to Lab

Date 08/13/10 Time 1407 User PENNINGTON, MARGARET

Bloodwork drawn and sent to Lab:

2 TIGER, 2 PURPLE, 1 BLUE, 1 BRICK

PHYSICIAN'S CERTIFICATION FOR MEDICAL TRANSPORTATION

MA #	AUTH #	SS #	DATE OF TRANSPORT	TIME
			8-13-10	14:40
PATIENT NAME	ADDRESS		DOB	O2 LPM
DIAGNOSIS				WEIGHT
INCOMPLETE AB / POSSIBLE UTERINE PERFORATION				115

Doctor, Clinic or Hospital requesting transport: Union Hospital
 Doctor, Clinic or Hospital address: 106 Bow St., ELKTON, MD 21921 Unit (if hospital): ED
 Phone: 443-406-1370 Facility receiving patient: John's Hopkins Hosp.
 Ambulance Company: Johns Hopkins Air Dr. Green - accepting
 Type of transportation required: ☐ Wheelchair Van Ambulance: ☐ BLS ☒ ALS ☐ CCT
 Medical condition to support why this mode of transportation is required. Must be completed for transportation.
perforation of uterine wall / Higher level of care

Does this condition cause temporary or permanent disability to such a degree that is medically necessary for the individual to be accompanied during transport? YES

MEDICARE ONLY

Medicare #

I, _____, understand that ambulance services are only covered by Medicare when they are provided to a beneficiary whose medical condition is such that any other means of transportation would be contraindicated. I further understand that HCFA guidelines require that I certify the medical condition of the patient that supports an ambulance.

I certify that as of the date listed below, _____ is

(Patient's Name)

Yes _____ No _____ Bed-Confined as defined by Medicare/Health Care Finance Administration Regulations. (HCFA defines "bed confined" as the patient is unable to get up from bed without assistance, the patient is unable to ambulate and the patient is unable to sit in a chair or wheelchair. "Unable" includes the determination that these activities are medically contraindicated.)

The following medical conditions necessitate this level of care and make all other means of transportation contraindicated based on the patient's safety and health. Indicate all that are applicable and furnish the appropriate narrative justification. The above patient:

- ☐ requires airway monitoring and/or suctioning.
- ☐ has a continuously running intravenous device(s).
- ☐ has no muscle tone.
- ☐ requires cardiac EKG monitoring.
- ☐ is ventilator dependent.
- ☐ requires precautions due to _____
- ☐ has decubitis ulcers and requires wound precautions, explain: _____
- ☐ is on hip/leg/back precautions and cannot sit safely due to _____
- ☐ requires immobilization due to _____

I certify that due to the underlying medical documentation listed above, it is impossible for this patient to use public transportation. I further certify that the services described are medically necessary and are, to the best of my knowledge, covered medical services under the Medical Assistance Program.

Sara J. Baker RN
 Signature of Certifying Personnel
 Sara J. Baker RN
 Print Name

8-13-10
 Date

443-406-1370
 Phone Number

Extension

☐ Ford County Health
 Department Medical
 Assistance Transportation
 PO Box 797 • Bel Air, MD 21014
 Phone: 410-838-1671
 Fax: 410-643-0344

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 Medical Transportation
 Attn: Penny Hamilton
 401 Bow St. • Elkton, MD 21921
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 5am-7:30am & from 4pm until 10pm.

☐ Ambulance Certification
IMPORTANT:
 All certification forms must
 be faxed prior to transport
 Hart to Heart Ambulance, Inc.
 Phone: 443-573-2037
 Fax: 443-640-1344

UNION HOSPITAL

A Subsidiary of Affinity Health Alliance

INPATIENT REGISTRATION

Priv Notice Signed: 08/13/10

VETERAN:

LW:

DPA: PATHOGENS:

Account Number: H025395427

(IN)

Admission Date: 08/13/10

Unit Number:

M000011707

Room/Bed: CCU-AVAIL/A

Admission Time: 1409

Financial Class:

COM

pe: ADM

Location/Service: MED

Social Security Number:

[REDACTED]

PATIENT INFORMATION		PATIENT INFORMATION	
Name: B. R. D.	Date of Birth: [REDACTED]	Age: 18	
Address: [REDACTED]	Sex: F	Race: AFRICAN AMERICAN / B	
City/State/Zip: [REDACTED], NJ	Religion:	Marital Status: SINGLE	
Phone: 609-[REDACTED]			
County: OTHER STATES			
PATIENT EMPLOYER		PERSON TO NOTIFY	
Name: STUDENT	Name: B. C.	Relation: M	
Street: [REDACTED]	Street: [REDACTED]		
City/State/Zip: [REDACTED], NJ	City/State/Zip: [REDACTED], NJ		
Phone: 609-[REDACTED]	Phone: 609-[REDACTED]		
GUARANTOR		NEXT OF KIN/FRIEND	
Name: B. D.	Name: B. C.		
Street: [REDACTED]	Street: [REDACTED]		
City/State/Zip: [REDACTED], NJ	City/State/Zip: [REDACTED], NJ		
Phone: 609-[REDACTED]	Phone: 609-[REDACTED]	Relationship: M	
Social Sec. No: [REDACTED]			
GUARANTOR EMPLOYER		ACCIDENT INFORMATION	
Name: STUDENT	Accident Date: [REDACTED]	Time: [REDACTED]	
Street: [REDACTED]	Arrival Mode: FV		
City/State/Zip: [REDACTED]	Physician 1: Aslam, Zahid M.D.		
Phone: [REDACTED]	Physician 2: Aslam, Zahid M.D.		

INSURANCE	POLICY NUMBER	GROUP	POLICY HOLDER	BIRTHDATE
INSURANCE INFORMATION	[REDACTED]	999999	B. C.	[REDACTED]
<p>Accident Comment: ONSET OF SYMPTOMS</p> <p>Reason for Visit: INCOMPLETE AB/POSSIBLE UTERINE PERFORATION</p> <p>Primary Care Physician: Other, D</p> <p>User: EDREG.BUR</p>				

Patient's certification, authorization to release information and request for payment to provider and physicians for Medicare benefits. I certify that the information given by me in applying for payment by the Medicare program is correct. I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished me by or in Union Hospital, including physician services. I authorize any holder of medical or other information about me to release to the Social Security Administration, the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I received a copy of my rights as a Medicare patient.

Assignment of Benefits/Financial Agreement. I authorize payment directly to Union Hospital and any treating physicians of the health insurance benefits otherwise payable to me, but not to exceed the balance due of the providers' regular charges for this period of hospitalization. Whether I am the patient or the patient's representative, I agree that in consideration of the services to be rendered to the patient, I will pay the outstanding account of the Hospital in accordance with the rates and terms of the Hospital. Should the account be referred to an attorney for collection, I will pay reasonable attorney's fees and collection expense. All delinquent accounts bear interest at the legal rate.

Release of Information. I authorize Union Hospital to disclose all or any part of my medical record to any insurance company or third party payor or to any representative or agent of such insurance company or third party payor for the purpose of obtaining payment for the services provided to me. The Hospital may also release photographs and other personal data that the Hospital deems advisable. I also authorize the Hospital to release information from, or copies of, my medical record for the purposes of medical audits, utilization review, quality assurance or similar audits or review.

Medical and Surgical Consent. I understand that I am under the supervision of my attending and/or treating physicians. I consent to any x-ray examination, laboratory procedures, anesthesia, medical or surgical treatment or hospital services rendered to me under the general and special instructions of my physicians. I recognize that physicians furnishing services to me, including radiologists, cardiologists, pathologists and anesthesiologists, Emergency Department Physicians, and the like, are independent contractors and not employees or agents of Union Hospital and that the Hospital shall not be liable for their actions.

Personal Valuables. Union Hospital maintains a safe for the safekeeping of money and valuables. The Hospital is not liable for the loss of, or damage to, any money, jewelry, glasses, dentures, documents, or other articles of unusual value unless those valuables are deposited with the Hospital for safekeeping.

I CERTIFY THAT I HAVE READ THE FOREGOING AND THAT I AM THE PATIENT OR DULY AUTHORIZED TO ACT ON BEHALF OF THE PATIENT.
I AGREE TO THE TERMS STATED ABOVE.

Patient SCANNED SIGNATURE ON FILE	Witness	Date
Patient's Agent, Representative or Legal Guardian	Relationship to Patient	

Acct# H025395427

PHYSICIAN COPY

Unit# M00011707



UNION HOSPITAL

A Subsidiary of Affinity Health Alliance

INPATIENT REGISTRATION

Priv Notice Signed: 08/13/10

VETERAN:

LW:

DPA:

PATHOGENS:

Account Number: H025395427

(IN)

Admission Date: 08/13/10

Unit Number:

M000011707

Room/Bed: CCU-AVAIL/A

Admission Time: 1409

Financial Class:

COM

pe: ADM

Location/Service: MED

Social Security Number:

[REDACTED]

PATIENT INFORMATION		PATIENT INFORMATION	
Name: B. D.	Date of Birth: 18	Age: 18	
Address: [REDACTED]	Sex: F	Sex: F	
City/State/Zip: [REDACTED] NJ	Race: AFRICAN AMERICAN / B	Race: AFRICAN AMERICAN / B	
Phone: 609 [REDACTED]	Religion:	Religion:	
County: OTHER STATES	Marital Status: SINGLE	Marital Status: SINGLE	
PATIENT EMPLOYER		PERSON TO NOTIFY	
Name: STUDENT	Name: B. D.	Name: B. D.	Relation: M
Street: [REDACTED]	Street: [REDACTED]	Street: [REDACTED]	
City/State/Zip: [REDACTED] NJ	City/State/Zip: [REDACTED] NJ	City/State/Zip: [REDACTED] NJ	
Phone: 609 [REDACTED]	Phone: 609 [REDACTED]	Phone: 609 [REDACTED]	
GUARANTOR		NEXT OF KIN/FRIEND	
Name: B. D.	Name: B. D.	Name: B. D.	
Street: [REDACTED]	Street: [REDACTED]	Street: [REDACTED]	
City/State/Zip: [REDACTED] NJ	City/State/Zip: [REDACTED] NJ	City/State/Zip: [REDACTED] NJ	
Phone: 609 [REDACTED]	Phone: 609 [REDACTED]	Phone: 609 [REDACTED]	Relationship: M
Social Sec. No: [REDACTED]			
GUARANTOR EMPLOYER		ACCIDENT INFORMATION	
Name: STUDENT	Accident Date:	Accident Date:	
Street: [REDACTED]	Arrival Mode: FV	Arrival Mode: FV	
City/State/Zip: [REDACTED]	Physician 1: Aslam, Zahid M.D.	Physician 1: Aslam, Zahid M.D.	
Phone: [REDACTED]	Physician 2: Aslam, Zahid M.D.	Physician 2: Aslam, Zahid M.D.	

INSURANCE	POLICY NUMBER	GROUP	POLICY HOLDER	BIRTHDATE
INSURANCE INFORMATION	[REDACTED]	999999	B. D.	[REDACTED]
Accident Comment:	ONSET OF SYMPTOMS		Primary Care Physician:	Other, D
Reason for Visit:	INCOMPLETE AB/POSSIBLE UTERINE PERFORATION		User:	EDREG.BUR

Patient's certification, authorization to release information and request for payment to provider and physicians for Medicare benefits. I certify that the information given by me in applying for payment by the Medicare program is correct. I request that payment of authorized Medicare benefits be made either to me or on my behalf for any services furnished me by or in Union Hospital, including physician services. I authorize any holder of medical or other information about me to release to the Social Security Administration, the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I received a copy of my rights as a Medicare patient.

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I CERTIFY THAT I HAVE READ THE FOREGOING AND THAT I AM THE PATIENT OR DULY AUTHORIZED TO ACT ON BEHALF OF THE PATIENT. I AGREE TO THE TERMS STATED ABOVE.

Patient	Witness	Date
SCANNED SIGNATURE ON FILE		
Patient's Agent, Representative or Legal Guardian	Relationship to Patient	

Acct# H025395427

PHYSICIAN COPY

Unit# M000011707



UNION HOSPITAL

A Subsidiary of Affinity Health Alliance

INPATIENT REGISTRATION

Priv Notice Signed: 08/13/10

VETERAN:

LW:

DPA: PATHOGENS:

Account Number H025395427

(IN)

Admission Date 08/13/10

Unit Number

M000011707

Room/Bed CCU-AVAIL/A

Admission Time 1409

Financial Class

COM

pe ADM

Location/Service MED

Social Security Number

[REDACTED]

PATIENT INFORMATION		PATIENT INFORMATION	
Name	B. D. [REDACTED]	Date of Birth	[REDACTED]
Address	[REDACTED]	Age	18
City/State/Zip	[REDACTED] NJ [REDACTED]	Sex	F
Phone	609 [REDACTED]	Race	AFRICAN AMERICAN / B
County	OTHER STATES	Religion	
		Marital Status	SINGLE
PATIENT EMPLOYER		PERSON TO NOTIFY	
Name	STUDENT	Name	B. D. [REDACTED]
Street		Street	[REDACTED]
City/State/Zip		City/State/Zip	[REDACTED] NJ [REDACTED]
Phone		Phone	609 [REDACTED]
		Relation:	M
GUARANTOR		NEXT OF KIN/FRIEND	
Name	B. D. [REDACTED]	Name	B. D. [REDACTED]
Street	[REDACTED]	Street	[REDACTED]
City/State/Zip	[REDACTED] NJ [REDACTED]	City/State/Zip	[REDACTED] NJ [REDACTED]
Phone	609 [REDACTED]	Phone	609 [REDACTED]
	Social Sec. No. [REDACTED]	Relationship	M
GUARANTOR EMPLOYER		ACCIDENT INFORMATION	
Name	STUDENT	Accident Date	Time
Street		Arrival Mode	FV
City/State/Zip		Physician 1	Aslam, Zahid M.D.
Phone		Physician 2	Aslam, Zahid M.D.

INSURANCE	POLICY NUMBER	GROUP	POLICY HOLDER	BIRTHDATE
INSURANCE INFORMATION	[REDACTED]	999999	B. D. [REDACTED]	[REDACTED]
<p>Accident Comment: ONSET OF SYMPTOMS</p> <p>Reason for Visit: INCOMPLETE AB/POSSIBLE UTERINE PERFORATION</p> <p>Primary Care Physician: [REDACTED] Other: D</p> <p>User: [REDACTED] EDREG: BUR</p>				

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Patient SCANNED SIGNATURE ON FILE	Witness	Date
Patient's Agent, Representative or Legal Guardian	Relationship to Patient	

Acct# H025395427

PHYSICIAN COPY

Unit# M000011707



UNION HOSPITAL

A Subsidiary of Affinity Health Alliance

INPATIENT REGISTRATION

Priv Notice Signed: 08/13/10

VETERAN:

LW:

DPA:

PATHOGENS:

Account Number: H025395427

(IN)

Admission Date: 08/13/10

Unit Number:

M000011707

Room/Bed: CCU-AVAIL/A

Admission Time: 1409

Financial Class:

COM

pe: ADM

Location/Service: MED

Social Security Number:

[REDACTED]

PATIENT INFORMATION		PATIENT INFORMATION	
Name: B. D.	Date of Birth: [REDACTED]	Age: 18	
Address: [REDACTED]	Sex: F	Race: AFRICAN AMERICAN / B	
City/State/Zip: [REDACTED], NJ	Religion:	Marital Status: SINGLE	
Phone: 609- [REDACTED]			
County: OTHER STATES			
PATIENT EMPLOYER		PERSON TO NOTIFY	
Name: STUDENT	Name: B. C.	Relation: M	
Street: [REDACTED]	Street: [REDACTED]		
City/State/Zip: [REDACTED], NJ	City/State/Zip: [REDACTED], NJ		
Phone: [REDACTED]	Phone: 609- [REDACTED]		
GUARANTOR		NEXT OF KIN/FRIEND	
Name: B. D.	Name: B. C.		
Street: [REDACTED]	Street: [REDACTED]		
City/State/Zip: [REDACTED], NJ	City/State/Zip: [REDACTED], NJ		
Phone: 609- [REDACTED]	Phone: 609- [REDACTED]	Relationship: M	
Social Sec. No: [REDACTED]			
GUARANTOR EMPLOYER		ACCIDENT INFORMATION	
Name: STUDENT	Accident Date:	Time:	
Street: [REDACTED]	Arrival Mode: FV		
City/State/Zip: [REDACTED]	Physician 1: Aslam, Zahid M.D.		
Phone: [REDACTED]	Physician 2: Aslam, Zahid M.D.		

INSURANCE	POLICY NUMBER	GROUP	POLICY HOLDER	BIRTHDATE
INSURANCE INFORMATION	[REDACTED]	999999	B. D.	[REDACTED]
<p>Accident Comment: ONSET OF SYMPTOMS</p> <p>Reason for Visit: INCOMPLETE AB/POSSIBLE UTERINE PERFORATION</p> <p>Primary Care Physician: [REDACTED]</p> <p>User: [REDACTED]</p> <p>Other: D. REG. BUR</p>				

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Patient	Witness	Date
SCANNED SIGNATURE ON FILE		
Patient's Agent, Representative or Legal Guardian	Relationship to Patient	

Acct# H025395427

BUSINESS OFFICE

Unit# M000011707



TRANSMISSION REPORT

(FRI) AUG 13 2010 14:32

User/Account :
 DESTINATION : 14106142183
 DEST. NUMBER : 14106142183

F-CODE :

DOCUMENT# : 7500000-419
 TIME STORED : AUG 13 14:31
 TX START : AUG 13 14:31
 DURATION : 24sec
 COM. MODE : ECM

PAGES : 1page
 RESULT : OK

UNION HOSPITAL		INPATIENT REGISTRATION	
A Subsidiary of Affinity Health Alliance			
Prty. Notice Signed: 08/13/10 Account Number: H025395427 Room/Bed: CCU-AVAIL/A Type: ADM		VETERAN: (IN) Admission Date: 08/13/10 Admission Time: 1409 Location/Service: MED	
Unit Number: H000011707 Financial Class: COM Social Security Number: [REDACTED]			
PATIENT INFORMATION		PATIENT INFORMATION	
Name: [REDACTED]	Date of Birth: [REDACTED]		
Address: [REDACTED]	Age: 18		
City/State/Zip: [REDACTED], NJ	Sex: F		
Phone: 609-[REDACTED]	Race: AFRICAN AMERICAN / B		
County: OTHER STATES	Religion:		
	Marital Status: SINGLE		
PATIENT EMPLOYER		PERSON TO NOTIFY	
Name: STUDENT	Name: [REDACTED]	Relation: M	
Street: [REDACTED]	Street: [REDACTED]		
City/State/Zip: [REDACTED]	City/State/Zip: [REDACTED]		
Phone: [REDACTED]	Phone: 609-[REDACTED]		
GUARANTOR		GUARANTOR	
Name: [REDACTED]	Name: [REDACTED]		
Street: [REDACTED]	Street: [REDACTED]		
City/State/Zip: [REDACTED], NJ	City/State/Zip: [REDACTED], NJ		
Phone: 609-[REDACTED]	Phone: 609-[REDACTED]		
Social Sec. No: [REDACTED]	Relationship: M		
GUARANTOR EMPLOYER		ACCIDENT INFORMATION	
Name: STUDENT	Accident Date: [REDACTED]	Time: [REDACTED]	
Street: [REDACTED]	Arrival Mode: FV		
City/State/Zip: [REDACTED]	Physician 1: Aslam, Zahid M.D.		
Phone: [REDACTED]	Physician 2: Aslam, Zahid M.D.		
INSURANCE INFORMATION		POLICY NUMBER	
[REDACTED]		999999	
Accident: ONSET OF SYMPTOMS		Primary Care Physician: [REDACTED]	
Comment: [REDACTED]		Other: [REDACTED]	
Reason for Visit: INCOMPLETE AB/POSSIBLE UTERINE PERFORATION		User: EDREG.BUR	

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UNION HOSPITAL ELKTON, MARYLAND 21921
ISSUE/TRANSFUSION SLIP

: B [REDACTED], D [REDACTED]

BIRTHDATE: [REDACTED]

TYPE: OP

D # U09064

W036910236050

E: OP

E? Y 08/13/10 1520 (LAB.FELLER)

SPECIMEN DATE: 08/13/10

PATIENT LOCATION: CCU-AV

REQUESTING PHYSICIAN: Gill, Rhonda A. M.D.

PRODUCT: LEUKOREduced RED BLOOD CELLS

UNIT EXPIRATION DATE: 09/09/10 TIME: 2359

MARKER:

SPECTION OK? yes

ED FROM BLOOD BANK yes DATE: 8/13/10 TIME: 7551 TECH: JM
IVED FROM BLOOD BANK BY: Kathryn McGee, CNA

IPARED PATIENT'S NAME, DATE OF BIRTH, BLOOD UNIT NUMBER, BLOOD BANK
NUMBER, AND BLOOD TYPE WITH THE INFORMATION ON THIS FORM,
IT WRISTBAND, AND THE UNIT OF BLOOD AND I CERTIFY THEM TO BE
A CORRECT.

Joanne Silver
Meg Pennington, RN

STARTED - DATE: 8/13/10 TIME: 1605
ENDED - DATE: _____ TIME: _____

AL SIGNS FOR THIS TRANSFUSION

ION	15 MINS	60 MINS	2 HOURS	3 HOURS	POST
<u>2</u> <u>1615</u>	<u>1620</u>				
<u>106</u>					
<u>6</u> <u>130/85</u>					
<u>1</u> <u>18</u>					

USE ONLY) PATIENT VITAL SIGNS FOR THIS TRANSFUSION SEE
NESTHESIA _____ PACU RECORD

ANSFUSION REACTION? YES _____ NO _____

Chills

Dyspnea

Hematuria

Rash:

Nausea:

Dizziness:

Other Symptoms:

orm with donor bag and administration set to lab if suspected
eaction:

H025395427 PRE ER 08/13/10
Unit#: M000011707
DOB: 10/27/91 Age: 18 Sex F
BREWER, DIAMOND

PATIENT TRANSFER FORM
*Does not apply to E.R. transfers

uhcc - 321

NAME OF PATIENT <i>[Redacted]</i>		
ROOM	ER	ALLERGIES
Diagnosis: <i>Hypernatremia of Hypertonic NaCl</i>		

REASON FOR TRANSFER:

Higher level of care

- ☒ Patient condition at time of transfer ☒ stable ☐ Unstable
- ☒ In my judgement, within reasonable medical probability, this transfer will not create a material deterioration in or jeopardy to the patient's medical condition or expected chances for recovery.
- ☐ In my judgement, the potential medical benefits of this transfer significantly outweigh the potential medical risks.
- ☒ The risks and reasons for transfer have been explained to the patient and/or family. They understand and agree. Family members notified.

[Signature] MD (Sending Physician or Designee) *[Signature]* (Signed by Patient or Family)

Authorization for release of confidential medical information (UHCC Form #221B) ☐ Yes ☐ No If No, explain:

☐ Notify Discharge Planner (inpatient) 8-4:30 M-F* ☐ Notify Admissions* (UHCC) ☐ Notify Nursing Supervisor

METHOD OF TRANSFER

☐ AMBULANCE ☐ TAXI ☐ PRIVATE CAR AMBULANCE PROVIDER TIME NOTIFIED:

Accompanied by written orders for transfer nurse. Check Boxes: *ATL*

☐ MD ☐ NURSE ☒ EMT-P ☐ RT ☐ OTHER (Names):

TRANSFER VITALS TIME: *9:23 T 9:23 P 105 R 18 BP 140/89*

I.V. RUNNING? ☒ YES Type of solution (including additives):

MONITORING	OXYGEN %	L/MIN:METHOD
COPIES SENT (check all appropriate boxes):		
<input checked="" type="checkbox"/> Admission* <input checked="" type="checkbox"/> H & P* <input type="checkbox"/> Inpatient Medication Sheet*		Valuables: <input checked="" type="checkbox"/> SENT <input type="checkbox"/> GIVEN TO FAMILY <input type="checkbox"/> RETAINED HERE
<input checked="" type="checkbox"/> E.R. Record <input type="checkbox"/> Flowsheet		Dentures: Upper <input type="checkbox"/> Lower <input checked="" type="checkbox"/>
<input type="checkbox"/> UHCC Trauma Form <input type="checkbox"/> EKG <input type="checkbox"/> Neuro Sheet		Glasses: <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> X-Ray reports and/or films <input type="checkbox"/> Lab results		Clothing: <input checked="" type="checkbox"/>
<input type="checkbox"/> originals <input checked="" type="checkbox"/> copies		

Transferring M.D. *Dr. [Signature]* Receiving Hospital: *Johns Hopkins*

Receiving Hospital Contact: *Johns Hopkins Labor Delivery* Time Contacted: Time Hospital Accepted Transfer:

Receiving M.D.: *Dr. Green* Time Transfer Accepted by M.D.:

Receiving R.T. Notified

Date & Time of Transfer: *8/13/10 1615* Signature of Person Giving Report: *Meg Penn [Signature]*

Post Transport Summary:

Date & Time:

Signature:

UNION HOSPITAL

KEEP ORIGINAL AT UHCC WITH PT. RECORD

SEND COPY TO RECEIVING FACILITY



JOHNS HOPKINS MEDICINE

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

PROGRESS NOTES

for addressograph plate

10/27/1991

B F

906995758

8/13/10

Date	Time	
8/13/10	6:30 pm	<p><u>HPI</u>: 18 yo P0010 @ 21 wks by 21 wk US @ OSH, s/p D & E this AM (@ 11:00) ^{at American Women's Center in Voores, MD}, after receiving lampronia last night. Misoprostol @ 8:30 AM, AM transferred here to JHU after uterine perforation and possible bowel perforation. After the perforation at American Women's Center, she went to Eastern Memorial ED, who sent her here for definitive management. ϕ F/C, ϕ SOB, ϕ CP, ϕ NIV, ϕ abd pain.</p> <p><u>OBHx</u>: ϕ prior pregnancies before current. Was unaware of pregnancy until last wk.</p> <p><u>LMP</u>: unknown</p> <p><u>Gyn Hx</u>: Menarche @ age 13, irregular menses @ monthly, last 5 days. Was on Trimesta for contraception but was late in taking 1 pack. ϕ Abnl PAPS, ϕ w/o STDs.</p> <p><u>PSHx</u>: Appendectomy in 2010</p> <p>Alleged <u>PHHx</u>: Asthma. No attacks in past year.</p> <p>Alleged <u>Alleged</u>: NKDA</p> <p><u>Meds</u>: Advair Q daily, Fconax. Zolpinex PRN (not used frequently)</p> <p><u>Fam Hx</u>: Father E MI; smoke at age 50. ϕ w/o blood disorders.</p> <p><u>SHx</u>: ϕ Smoking, ϕ alcohol, ϕ drug use. Just began her freshman year of college at Rutgers. Parents and boyfriend are aware she had the procedure done and are both supportive. They are on their way to JHU now.</p>

→



JOHNS HOPKINS
MEDICINE

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

PROGRESS NOTES

10/27/1991 B F
B [redacted], D [redacted]
906995758 8/13/10

for addressograph plate

Date	Time	
8/13/10	7pm	Gyn H&P (cont'd) Rt Gyn Addendum
		<p>Pt seen & examined w/ Dr. Patterson. She is an 18 yo G P @ approx 2 weeks gestation who was transferred from an outside hospital where she presented after a failed abortion w/ uterine perforation and suspected bowel injury. She had a CT scan performed at the outside hospital which showed the uterine perforation and fluid in the pelvis, with possible bowel injury. She was given Zosyn IV + one unit of PRBCs and transferred to JHH.</p> <p>On arrival the pt is 4+ pain in the abdomen. She has minimal VB, & nausea/vomiting. She was tachycardic in the ED's, afebrile, nonresponsive. Her abdominal exam was notable for hypoactive bx, moderate tenderness over the fundus, RLQ/RLUQ, + guarding & rebound tenderness. Pelvic examination revealed sponge packing in the vagina w/ minimal VB, substance appearing as membranes, and a cervix that was 3cm dilated.</p> <p>Transabdominal sonogram demonstrated an empty uterus & a thick homogeneous endometrium, and a fetus posterior to the uterus with the breech in the pelvis & the vertex in the right upper quadrant. Blood in the abdomen & pelvis was evident.</p> <p>A/P: 18 yo P @ ~21 wks gestation & intraabdominal fetus, uterine rupture, possible bowel injury.</p> <p>- to OR for exlap, evacuation of products of conception, repair of</p>

artid → M. Miller

10/27/199

CPA

8/13/10

for addressograph plate

Date	Time	Brief Op Note
8/13/10	9:45 am	<p>Preop Dx: Intraabdominal fetus s/p attempted NBE + uterine rupture, suspected bowel injury</p> <p>Postop Dx: Posterior uterine rupture, injury to small bowel + mesentery, intraabdominal products of conception (with incarceration in uterus + vagina)</p> <p>Procedure: clasp, evacuation of fetus + uterus, repair of uterus, evacuation of hemoperitoneum</p> <p>Surgeon: Katz</p> <p>Assts: Khan, Patterson</p> <p>Anesthesia: GATA</p> <p>IVF: 3000 cc crystalloid</p> <p>EBL: 300 cc for our portion of case</p> <p>UO: 600 cc, clear yellow</p> <p>Specimen: partial fetus/ POC</p> <p>Coupled: none</p> <p>See Gensurgery op note for their portion of the procedure.</p> <p>See dictated op note for findings.</p> <p style="text-align: right;">JH - MKhan 7/26/11</p>



THE JOHNS HOPKINS HOSPITAL
Gynecology
DAILY PROGRESS NOTE

B [REDACTED], D [REDACTED]
[REDACTED]

DATE 8/14/10

POD#0

Time: 7:45 am

ID: 18 yo P0010 s/p D&E at outside clinic with uterine perforation, transferred to JHU and now s/p ex lap with uterine repair and bowel resection here at JHU.

PMH: Asthma

Interval History:

pain well controlled on Dilaudid PCA. ϕ Flats,
 ϕ BM. ϕ CP, ϕ SOB, ϕ F/C. ϕ N/V.

Labs: ϕ

VS: Tm: 37.0 BP: 132/144 HR: 90- RR: 27/ SaO2: 18 Wt: I/O: Dexi:

General: NAD

HEENT: Sclera Anicteric MMM OP Clear

Chest: ETAB

Heart: RRR, no MUR

Abd: Soft NT/ND Bowel Sounds Present minimal BS
Appropriately tender to palpation for POD#0

Ext: No cyanosis, clubbing, or edema

Other: ϕ

Studies: ϕ

All: NEDA

Fentanyl
Dilaudid PCA

Cefotetan 1g IV once
Dilaudid PRN

Zofran / Regan / Compazine

Past 24 hr

Since MN

I:
Total:

I:
Total:

O:
since arrived
Total: 386

O:
Total: 475

OK IN:
3000 cc
crystalloid
1 unit PRBC prep
OK OUT
300 EBL
800 UOP

NGT: ϕ

Assessment/ Plan:

ex lap to repair uterine rupture/bowel resection - primary
is general surgery. will follow with their post op
- pt and family were advised that pt abt
t of the surgery and that she should not labor
- future.

Cont. NPO/IVF/NGT.

Good UOP. ϕ issues. Foley in place. Follow
at I/O's.

- well controlled Fentanyl PCA. Continue
to monitor.

- Encourage incentive spirometry. ϕ issues.

Your Name:

DS, TEDS

Patterson T0332

Gynecology Attending Note:

ID:

Assessment/ Plan:

I saw and examined the patient in conjunction with the resident
housestaff and I concur with the plan of treatment



JOHNS HOPKINS
MEDICINE

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

10/27/1991

B F

8/13/10

PROGRESS NOTES

for addressograph plate

Date	Time	Halsted Surgery Team	
8/14/10	4:30am	S: Pt feels a little worse 2° ETT 15cm, pain controlled on PCA, EN/V/F/C O: AVSS NGT to suction flushed and working well Abd - soft, ND, approx tender, normal bowel sounds, dressing wound CDI	
		A/P: 18 y/o F s/p D+E complicated by uterine rupture and SIS injury w/ 15cm	
		- cont NPO	
		- cont IVF/NGT	
		- start I+O's	
		- cont PCA	
		- OOB w/ assist	
		- F/u labs	
			W. C. C.
8/14	800	Can Blue 37.4 80-90 $\frac{130-140}{60-90}$ 96% RA IV: 4.4/386 UOP: 1.3/475 NGT: 4	
		Pressing, comfortably. Abd soft diffusely tender. NGT S. can	
		- keep up, dismissed	
		- d/c NGT	
		- c/w WF	
		- 15, OOB, Ambulant	
		- Discharge	
8/14/10		alt	
		abn Wt	
		Dh Wt, 0.3M S/S	



THE JOHNS HOPKINS HOSPITAL
Gynecology
DAILY PROGRESS NOTE

B. D.

DATE 8/15/10

POD#1

Time: 7:45 am

ID: 18 yo P0010 s/p D&E at outside clinic with uterine perforation, transferred to JHU and now s/p ex lap with uterine repair and bowel resection here at JHU.

PMH: Asthma

Interval History:

ambulation yet, ϕ Flatus, ϕ BM. Foley in place. pain well controlled c Fentanyl PCA.
 ϕ HR, ϕ SOB, ϕ CP.

Labs:

8.9
6.99 213
26.9
138 106 5
3.8 20 0.7 70

VS: Tm: 36.9 BP: 116/141 HR: 75-95 RR: 18 SaO2: 95% Wt: 120 I/O: Dexi:

General: ~~NAD~~

HEENT: ~~Sclera Anicteric~~ ~~MM~~ ~~OP~~ Clear

Chest: ~~CTAB~~ mild wheezing.

Heart: ~~RRR~~, no MRG

Abd: ~~Soft NT/ND~~ Bowel Sounds Present
appropriate tenderness to palpation for POD #1

Ext: ~~No~~ cyanosis, clubbing, or edema

Other:

Zofran
Reglan
Phenergan compazine
Fentanyl PCA
Dilaudid
Toradol 30mg IV q6hx3d
Tylenol
Benadryl
SIPS/IVF
Albuterol inhaler

Past 24 hr Since MN

I: Total: 1962 I: Total:

O: Total: 770

O: Total: 600

O: Total: 4375

Studies:

Assessment/ Plan:

- ① POD #1: continue Routine post op care. Will discuss BOM prior to discharge. encouraged ambulation.
- ② GI: currently NPO/IVF. Continue to ADAT per gen surg. recs.
- ③ GU: Foley in place. Good UOP. Follow strict I/O's.
- ④ pain- well controlled c Fentanyl PCA.
- ⑤ pulm- Encourage incentive spirometry.
- ⑥ Progn- TEDS, SCDS.

Gynecology Attending Note:

ID: POD #1 SPTX W/ BZ 2
TABC 21 W/ PERF. APP PAIR
MMVB.

Assessment/ Plan:

NAM
NAD GAST APP I/O's inc
cld c shw. eayla

I saw and examined the patient in conjunction with the resident housestaff and I concur with the plan of treatment

ext ect. ESCDS.

AP. advice per surgery
rev.

BOM coming dismnd-
vul APPER RATER OLC.

Your Name:

[Signature]
Patterson T6332

I agree & above & have seen
1. 1 N U. nt. Per gen surgery



JOHNS HOPKINS
MEDICINE

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

10/27/1991 B F
B . D

8/13/10

PROGRESS NOTES

for addressograph plate

Date	Time		
8/15/10	0845	<p>CAMERON Blue Dr. Medicines</p> <p>37⁴ 36⁴ HR 80-90s 120s/60s 96% sat</p> <p>ly IV 1-9 Outy wsp 4.3/600</p> <p>PO 60</p> <p>WCC 6.9 hb 8.9 plt 213</p> <p>Ongoing pain but toradol helped managing w/ chips No flatus</p> <p>OIE Dressing removed wound clean Abdo appropriately tender</p> <p>(P) C/D KVO Ambulate tid D/C Foley</p>	
8/15/10	930p	<p>Rt Gyn PR</p> <p>Pt seen, ingood spirits. Tol C/D. Still r abd pain, controlled E WPCA. voiding Abd - mission abd. i staples Cont wgt per surgery team.</p>	<p>Faltrasi PGX1 76240</p> <p>William T2601</p>



THE JOHNS HOPKINS HOSPITAL
Gynecology
DAILY PROGRESS NOTE

B [redacted], D [redacted]
[redacted]

DATE 8/16/10

POD#2

Time: 5:30 AM

ID: 18 yo P0010 s/p D&E at outside clinic with uterine perforation, transferred to JHU and now s/p ex lap with uterine repair and bowel resection here at JHU.

PMH: Asthma

Interval History:

Pain controlled on IV PCA & one time dose delivered at JHU.
Tol CLD, @ nausea, & vomiting. Scant vaginal bleeding, & vaginal discharge.
+ non prod. cough, & sing. iss. & flatulence.

Labs:

139/107/5/81
3.4/23/0.6

S. 8 ^{8.3} 21.7
25.1

ALT/AST 17/38 Ca 8.2 Prot 4.8

VS: Tm: 37.5 BP: 120-127 HR: 84-95 RR: 15-24 SaO2: 98-99% Wt: I/O: Dexi:

General

HEENT: Sclera Anicteric MMM OP Clear

Chest:

Heart:

Abd:

Ext:

Other:

ALL: NKDA
CLD
Toradol 30mg q6h x 3d
Fentanyl PCA
Zofran
Reglan
Phenergan
Benadryl
Albuterol

Past 24 hr Since MN

I: Total: 169

O: Total: 600

Studies:

Assessment/ Plan:

- ① POD #2: Routine post op care. encourage ambulation. Cont IV PCA for pain dr.
- ② Pain encourage ISS
- ③ GI: Tol CLD, plan to advance to soft diet today. Roll liquids today
- ④ Prophylaxis: TEDS, SCD
- ⑤ Wound: Assess BUN before d/c

Gynecology Attending Note:

ID: 18yo P0010 s/p D&E
2. Ref @ DTE cost.

Assessment/ Plan:

1. Discontinue & pain control to PO. ENW-023.
After exam no need to admit.
I saw and examined the patient in conjunction with the resident housestaff and I concur with the plan of treatment

Your Name:

Veena Chubey T6325

Pain - can be managed
@ singly.
wound today.
BUN coming.
[signature]



THE JOHNS HOPKINS HOSPITAL
Gynecology
DAILY PROGRESS NOTE

B [redacted], D [redacted]
[redacted]

DATE 8/17/10

POD#3

Time: 5:30 A

ID: 18 yo P0010 s/p D&E at outside clinic with uterine perforation, transferred to JHU and now s/p ex lap with uterine repair and bowel resection here at JHU.

PMH: Asthma

Interval History:

① Nausea, emesis x 1 yesterday. NPO since yesterday afternoon. Pain controlled on IVPCA. scant vaginal bleeding. voiding. ϕ flatus. ϕ CP, SOB, subj. fever.

Labs:

~~135~~ 144 | 102 | 5 | 89
4.2 | 23 | .7
34 | 64 | 1.4 | 5.6
20 | 1.1 | 2.1
AG 19

~~6.0~~ 9.7
29.2
25.1

VS: Tm: 37.8 BP: 120-139 HR: 65 RR: 18 SaO2: 99% Wt: 170 I/O: Dexi:

General: WAD

HEENT: Sclera Anicteric MMM OP Clear

Chest: CTAB

Heart: RRR, no MMR

Abd: Soft NT/ND Bowel Sounds Present BS decreased

Soft, appropriately tender, midline incision cl'd/iw/staples

Ext: No cyanosis, clubbing, or edema

ϕ calf tenderness, TEDS & SCD'S

Other:

ALL: NKDA
CLD
Toradol 30mg q6h x 3d
Fentanyl PCA
Zofran
Reglan
Phenergan compazine
Benadryl
Albuterol

Past 24 hr Since MN

I: I:
Total: Total:

1034 800

O: O:

Total: Total:

2050 200

Studies:

Assessment/ Plan:

- ① Routine post-op: Asper gen surgery plan
- ② GI: Currently NPO, advance as tolerated per gen surg.
- ③ Pain: controlled on IVPCA
- ④ GYN: Desired BCM; depo provera - to be given before D/L

Your Name: Vale CHOUBEY M.D. F6328

Gynecology Attending Note:

ID: 18 yo s/p D+E ϕ uterine perforation requiring ex lap, hysterotomy repair,

Assessment/ Plan: small bowel resection ϕ SSA. Min vag bleed.

Abd: Soft, appropriate tender, inc cl'd ϕ staples

I saw and examined the patient in conjunction with the resident housestaff and I concur with the plan of treatment

ALP: Stable

- Cont routine care per gen surg.
- Depo prior to d/c for contraception.
- pelvic rest x 6 wks.

Ally Koutz...

10/27/1991

1000

011310

PROGRESS NOTES

for addressograph plate

Date	Time
9/18	R
	Cenm Blue
	37° Ws 100/70 95% H _A
	HV:8 POIN wot 800
	@ Kems, OBM
	Abd slfs
	- Cl Dady
	- Low WF



THE JOHNS HOPKINS HOSPITAL
Gynecology
DAILY PROGRESS NOTE

B [redacted], D [redacted]
[redacted]

DATE 8/18/10

POD#4

Time: 6⁰⁰

ID: 18 yo P0010 s/p D&E at outside clinic with uterine perforation, transferred to JHU and now s/p ex lap with uterine repair and bowel resection here at JHU.

PMH: Asthma

Interval History:

Nausea/vomiting. Pain controlled on IV PCA. Ambulating w/o difficulty, scant vaginal spotting. Status \pm BM. Voiding well.

Labs:

141 / 107 / 77 (77) 6.7 8.3
3.9 / 21 / 0.6 24.9 24.5
AST24 ALT59 ALB28 Prot5.0 bili0.4

VS: Tm: 37 BP: 117-125 HR: 72-85 RR: 16 SaO2: 95-98% Wt: I/O: Dexi:

General: ☒ NAD

HEENT: ☐ Sclera Anicteric ☐ MMM OOP Clear

Chest: ☒ CTAB

Heart: ☒ RRR, no MRG

Abd: ☒ Soft NT/ND ☐ Bowel Sounds Present *mita distention.*

Ext: ☐ No cyanosis, clubbing, or edema

Other: *SCD 3 in place*

ALL: NKDA
CLD
Toradol 30mg q6h x 3d
Fentanyl PCA
Zofran
Reglan
Phenergan
Benadryl
Albuterol

Past 24 hr

I: 1840
Total:

O: 850

Total:

Since MN

I: 400 IVF
Total:

O: 900

Total:

Studies:

Assessment/ Plan:

- ① Routine Post-op:
Per gen surg recs
- ② GI: NPO until last night, hypoactive BS. Advance per Gen surg recs.
- ③ GSN: Depo provera for BCM
150mg q 3 months. 1st dose to be given before discharge.

Your Name:

Julia Litabey MD T6328

Gynecology Attending Note:

ID: 18 yo s/p D+E \bar{c} uterine part
requiring ex lap, hysterotomy

Assessment/ Plan: repair, small bowel
res \bar{c} SSA. Scout VS.

Abd: soft, nontender, inc C/D/I
 \bar{c} staples

I saw and examined the patient in conjunction with the resident housestaff and I concur with the plan of treatment

- A/P: Doing well from gyn standpoint
- Cont excellent care per gen surg.
 - Depo prior to d/c for contraception
 - Pelvic rest x 6 wks p surg.

Emergency Dispatch
800-633-7828

STAT MedEvac Transport Summary

Administrative Office
412-460-3000

Mo Day Year

Transport Number

Demographics

Transport Team

Patient Name:

Location:

Destination:

Unit:

Chief Complaint:

Age

Sex

Weight

Patient Belongings:

Allergies

Transport Times

Time of Injury

Arrive w/Patient

Leave w/Patient

Transfer Care

Brief History:

CT REVEAL: UTERINE RUPTURE. UNABLE TO RULE OUT BOWEL

Past Medical Hx:

Current Medications:

Initial Physical Examination

Head

Level of Consciousness

Loss of Consciousness

Pupils (L) (R)

Sensory/Motor Findings

Y/N/Unknown
Reactive

Initial:

Eye

Motor

Verbal =

Last:

Eye

Motor

Verbal =

Cardiovascular

Resp. Effort

Findings

Intubated: Y/N

ETT Size

CM @ Lips/Nares

O₂: L via

Cap Refill:

Vent Settings: Mode

PEEP:

FiO₂

TV

Pacemaker:

Internal / External / Transvenous

ABD

Findings:

Bowel Sounds:

NG Tube:

Foley:

Pelvis: ☐ Not Assessed ☐ Stable ☐ Unstable

Other

Extremities

Findings:

Distal Pulses:

Skin

Findings:

IV Therapy

Gauge

Site

Solution

Rate

Meds Before Assessment

Time

Medication

Dose

Route

Meds During Transport

Time

Medication

Dose

Route

Intake

PTA

During Trans

Crys

Coll

Other

Output

PTA

During Trans

Urine

Blood

Other

Date/Time Labs Drawn:

3/13 1621

LABS																
pH	PO ₂	PCO ₂	HCO ₃	N	K	Cl	CO ₂	BUN	GLU	CR	WBC	Hgb	Hct	Plts	Ca	Mg
				136	4.1	100	22	7	82	0.8	17.1	12	34		9.2	

VITALS TREND							CRITICAL INTERVENTIONS						
TIME	HR	BP	RESP	SPO ₂	ETCO ₂	RHY	TIME	INTERVENTION					
								REPORT					
								AMPHIL AND 97					
								BILCR 184					
								P915555					
								JUN					

Signatures:

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFFE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 9

Patient ID: [REDACTED]
Age/Sex: 18/F

Account No. H025395427
Unit No. M000011707

Foley Insertion

Date 08/13/10 Time 1553 User PENNINGTON, MARGARET

FOLEY INSERTION

Foley Size: 16

Minicath:

Urine Color: CLEAR YELLOW

Amount of Return (cc): 500

Orders

Date	Time	Procedure	Ordering Provider
08/13/10	1345	COMPREHENSIVE METABOLIC PANEL	Gill, Rhonda A. M.D.
08/13/10	1345	HEMATOLOGY PROFILE W/DIFF	Gill, Rhonda A. M.D.
08/13/10	1345	IVR	Gill, Rhonda A. M.D.
08/13/10	1345	NSS FLUSH	Gill, Rhonda A. M.D.
08/13/10	1345	TYPE AND SCREEN	Gill, Rhonda A. M.D.
08/13/10	1349	CHEST-PORTABLE	Gill, Rhonda A. M.D.
08/13/10	1350	ABD/PELVIS W CONTRAST	Gill, Rhonda A. M.D.
08/13/10	1351	NS	Gill, Rhonda A. M.D.
08/13/10	1353	PHYSICIAN CONSULT	Gill, Rhonda A. M.D.
08/13/10	1353	PHYSICIAN CONSULT	Gill, Rhonda A. M.D.

Lab Results

Date	Time	Test	Result	Reference
08/13/10	1344	BASOPHIL	0.28	0.00-2.00 %
08/13/10	1344	DIFF METHOD	AUTO DIFF REPORTED	
08/13/10	1344	EOSINOPHIL	0.16	0.00-8.00 %
08/13/10	1344	HEMATOCRIT	34.0	33.0-46.0 %
08/13/10	1344	HEMOGLOBIN	12.0	11.0-15.4 Gm/dL
08/13/10	1344	LYMPHOCYTE	11.1 L	14-45 %
08/13/10	1344	MEAN CELL VOLUME	89.4	82-100 fL
08/13/10	1344	MEAN CORPUSCULAR HGB CONCEN	35.2	31.0-36.0 g/dL
08/13/10	1344	MEAN CORPUSCULAR HGB	31.5	27.0-33.0 pg
08/13/10	1344	MEAN PLATELET VOLUME	6.3 L	7.0-11.4 fL
08/13/10	1344	MONOCYTE	3.69	0-10 %
08/13/10	1344	NEUTROPHILS	84.7 H	42-76 %
08/13/10	1344	PLATELET COUNT	337	150-450 K/mm3
08/13/10	1344	RED BLOOD CELL COUNT	3.80	3.40-5.20 M/mm3
08/13/10	1344	RED CELL DISTRIBUTION WIDTH	11.3 L	11.9-17.5 %CV
08/13/10	1344	WHITE BLOOD CELL COUNT	17.1 H	4.3-11.0 K/mm3
08/13/10	1345	ALB/GLOB RATIO	0.9 L	1.0-10.0
08/13/10	1345	ALBUMIN	3.6	3.3-4.8 G/DL
08/13/10	1345	ALKALINE PHOSPHATASE	126	50-136 U/L
08/13/10	1345	ALT (SGPT)	32	15-65 U/L
08/13/10	1345	ANION GAP	16.0	5-19 MMOL/L
08/13/10	1345	AST (SGOT)	26	8-42 U/L
08/13/10	1345	BUN	7	7-22 MG/DL
08/13/10	1345	CALCIUM	9.2	8.4-10.3 MG/DL

RUN DATE: 08/13/10
RUN TIME: 1621
RUN USER: NUR.SHAFTE

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 7

atient B [REDACTED]
e/Sex 18/F

Account No. H025395427
Unit No. M000011707

Patient Notes

By: BARR, SHANNON

On: 08/13/10 - 1340

PT ARRIVED ON AMBULANCE RAMP WITH X3 PEOPLE WEARING SCRUB ATTIRE. PT VISUALIZED IN WC. PALE IN COLOR AND SHALLOW RR. PT IMMEDIATELY ESCORTED INTO ROOM 6. AFRICAN AMERICAN FEMALE INTRODUCED HERSELF AS A PHYSICIAN THAT 'WORKS AT SECRET CLINIC THAT PERFORMS 2ND TRIMESTER ABORTIONS IN TOWN'. FEMALE CONTINUES TO EXPLAIN THAT PT IS 21WKS PREGNANT AND WAS BROUGHT TO ER EMERGENTLY BECAUSE 'WHILE PERFORMING THE PROCEDURE EXTRA UTERINE TISSUE WAS REMOVED AND PARTIAL REMOVAL OF FETUS. SHE CONTINUED TO STATE THE PT WAS MEDICATED WITH IV KETAMINE, MIDAZOLAM AND KETAMINE, BUT DID NOT DISCLOSE AMOUNT OR EXACT TIME MEDS WHERE GIVEN. EBL ALSO NOT DISCLOSED. DR GILL IMMEDIATELY AT BEDSIDE PT REMAINS SEMI-UNRESPONSIVE. ANSWERS NAME AND IS MAINTAINING OWN AIRWAY AT THIS TIME. MONITORED IN NSR. PT ALSO ARRIVED WITHOUT IV ACCESS OR MONITORING FUNDUS PALPATED AT UMBILICUS. VS REMAIN STABLE AT THIS TIME. 4L NC APPLIED WILL CONT TO CLOSELY OBSERVE

By: PENNINGTON, MARGARET

On: 08/13/10 - 1410

2ND BAG NS BOLUS INFUSING AS PER DR GILL ORDER. PT AWAKE BUT REMAINS DROWSY. VSS.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1425

PT TO CT ON CARDIAC MONITOR AT THIS TIME. PT ON PORTABLE CARDIAC MONITOR. PT VSS. RESP EVEN, NON LABORED. PT IN NO DISTRESS. THIS NURSE TO CT WITH PT.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1455

PT RESTING ON STRETCHER WITH MOTHER AND SO AT BEDSIDE. VSS. PT NOT DIAPHORETIC. PT C/O SLIGHT ABD PAIN. PT MORE AWAKE. PT ANSWERING QUESTIONS APPROPRIATELY. CALLBELL WITHIN REACH.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1500

DR ASLAM AT BEDSIDE SPEAKING WITH PT AND MOTHER, SO. PT AND FAMILY AWARE OF TRANSFER TO JOHNS HOPKINS VIA AIR. PT IN NAD. PT VSS. CALLBELL WITHIN REACH.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1505

ZOSYN INFUSING IN LEFT ARM IV SITE WITHOUT DIFFICULTY. NS CONTINUES TO INFUSE. FAMILY AT BEDSIDE.

By: SHAFFER, MICHELLE D

On: 08/13/10 - 1515

LAB CALLED AND AWARE OF TYPE AND CROSS AND 2 UNITS OF PACKED RBC'S THAT WERE ORDERED. LAB AWARE OF IMPORTANCE OF HAVING TYPE AND CROSS COMPLETED.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1537

DR GILL AT BEDSIDE. PT AND MOTHER UNDERSTAND RISKS/BENEFITS BLOOD TRANSFUSION AND SIGN PERMISSION. SPOKE WITH TOM FROM JOHNS HOPKINS FLIGHT TEAM. ETA 1550. FAMILY AWARE.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1555

FOLEY INSERTED WITH 500 CC CLEAR YELLOW RETURN. PT TOLERATED WELL. ZOSYN FINISHED INFUSING. PT AWARE OF PLAN OF CARE.

By: PENNINGTON, MARGARET

On: 08/13/10 - 1605