

Exhibit E

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

SUBPOENA DUCES TECUM

DIRECTED TO: Custodian of Medical Records
Union Hospital
106 Bow Street
Elkton, MD 21921-5596

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 emergency room records, for the period of August 13, 2010 to Present, which materials are in your custody, possession, or control.

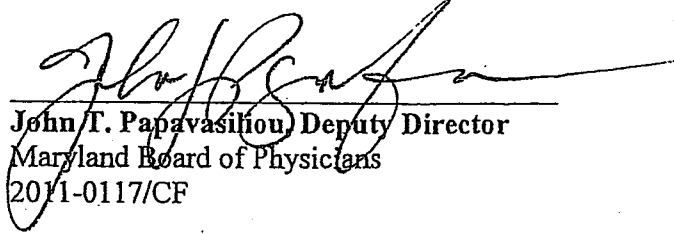
And by virtue of the authority of the said BOARD OF PHYSICIANS, such information is thereby returnable within 10 (ten) business days from receipt of this subpoena to an agent of:

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).

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


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

2010 AUG 19 PM 2:57

MARYLAND BOARD OF
PHYSICIANS
SECRETARY

RUN DATE: 08/16/10
RUN TIME: 1400
RUN USER: MR.MAYER

Union Hospital Abstracting **LIVE**
ATTESTATION STATEMENT

NAME: B [REDACTED], D [REDACTED]

ACCT #: H025395427

ADM DATE: 08/13/10
ATTEND PHYS: Gill, Rhonda A. M.D.
DIS DATE: 08/13/10
DISCH DISP: ACUTE CARE (MED/SURG) FACILITY
LOS: 1
PT CLASS: ER

UNIT #: M000011707
SEX: F
AGE: 18
DOB: [REDACTED]
FIN CLASS: COM
ABS STATUS: FINAL

DIAGNOSES:

ADMIT: 637.21 AB NOS W PELV DAMAG-INC
PRINC: 637.21 AB NOS W PELV DAMAG-INC
SECOND: 493.90 ASTHMA, UNSPECIFIED

POA?

OPERATIONS:

08/13/10 99.04 PACKED CELL TRANSFUSION

B1

DRG: 779 ABORTION W/O D&C

STATUS	\$ REIMB	MIN-LOS	MAX-LOS	STD-LOS	GRP VERS	GRP FC
F	877.20			2.1	27	COM

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

DATE _____

Draft

UNION HOSPITAL
Imaging Services Report
410-392-7025

General Diagnostic Nuclear Medicine
C.T./M.R.I. Scanning Bone Density
Mammography Services PET Scan
Ultrasound Angiography
Special Procedures

Name: ██████████, D██████████
Phys: Gill, Rhonda A. M.D.
DOB: ██████████ Age: 18 Sex: F
Acct: H025395427 Loc: ER
Exam Date: 08/13/10 Status: DEP ER
Unit #: M000011707
TYPE/EXAM 0813-0232 (Report #)

RadCare Radiology

Joffre P. Lewis, M.D.
Chief of Radiology

Karen Giles, M.D.
Tennyson M. Maliro, M.D.
Horatio Yeung, M.D.
Gagan Kaur Singh, M.D.

Anoop Duggal, M.D.
Anne Glaser, M.D.
Ross W. Filice, M.D.

Category/Exam Name: CT/ABD/PELVIS W CONTRAST Order#: 0813-0043
Acc#: 10-0058386

CT ABDOMEN AND PELVIS WITH CONTRAST, 08/13/10

CLINICAL INDICATION: 18 year old female, status post abortion, 08/13/10. Patient presents with severe abdominal pain.

PROCEDURE: Contrast enhanced serial axial images were obtained from the lung bases to the pubic symphysis following intravenous contrast, 80 ml of Optiray 300 with oral contrast provided by H2O. Sagittal and coronal reformations were obtained.

COMPARISON: None.

FINDINGS: The lung bases are clear. The base of the heart measures normal. There is no pericardial effusion. There is no hiatal hernia.

The liver is homogeneous without an enhancing mass. There is no liver lacerations. There is no intrahepatic biliary dilatation. The gallbladder appears normal. Spleen is homogeneous and measures normal. Pancreas and bilateral adrenal glands are normal.

There is good distention of the stomach which demonstrates an air-fluid level. There is no mucosal wall thickening.

The kidneys are symmetrical in size. There is homogeneous enhancement without an enhancing renal mass. There is no hydronephrosis. On delayed imaging, there is symmetric excretion to the non dilated collecting system. The bladder is adequately distended without bladder wall thickening or bladder calculi.

The uterus is anteverted and is anteflexed. The uterus is enlarged consistent with a partum uterus. In the lower uterine segment, to the right, there is visualization of myometrial rupture with extravasation of the fetus. There is adjacent fluid which is slightly proteinaceous, most likely a combination of amniotic fluid and hemorrhage. There is free air predominantly seen in the right lower quadrant. There is question of bowel injury. Radiographically, secondary to patient's young age and lack of intra-abdominal fat with close proximity

of the bowel loops and the partum uterus, it is difficult to assess the individual bowel walls to visualize an area of rupture. Grossly, no rupture is seen, but exclusion of rupture cannot be confirmed. Additional imaging with an oral contrast agent to visualize for extravasation of contrast agent such as Gastrovue. There is moderate colonic gas. Formed stool was seen distally in the rectum.

The abdominal aorta is within normal limits with patency of the celiac, SMA, bilateral renal and IMA vessels. Bilateral internal and external iliac vessels appear normal.

Visualized osseous structures are grossly unremarkable.

IMPRESSION: Uterine rupture, lower uterine segment with extravasation of fetus. Free fluid in the pelvis, most likely a combination of amniotic fluid and hemorrhage. Free air, most likely secondary to the rupture and abortion procedure. However, bowel injury cannot be excluded. If there is high clinical suspicion for a bowel injury, additional imaging with a oral contrast agent such as Gastrovue can be used to evaluate for free extravasation of contrast into the abdominal cavity. If injury to the bowel occurred, it is most likely is in the right lower quadrant.

Dictated on 08/13/10 1524 by Giles, Karen M.D.
Transcribed on 08/13/10 1911 by PM
Signed by

CC:

Giles, Karen M.D.

Questions for the Radiologist?

Contact Anita Sherren M-F 8-4:30pm 443-406-1612

After hours and weekends contact the technologist at 410-398-4000 ext.5519

Draft

UNION HOSPITAL
Imaging Services Report
410-392-7025

General Diagnostic Nuclear Medicine
C.T./M.R.I. Scanning Bone Density
Mammography Services PET Scan
Ultrasound Angiography
Special Procedures

Name: E [REDACTED], D [REDACTED]
Phys: Gill, Rhonda A. M.D.
DOB: [REDACTED] Age: 18 Sex: F
Acct: H025395427 Loc: ER IP-ROOM
Exam Date: 08/13/10 Status: ADM IN
Unit #: M000011707
TYPE/EXAM 0813-0222 (Report #)

RadCare Radiology

Joffre P. Lewis, M.D.
Chief of Radiology

Karen Giles, M.D.
Tennyson M. Maliro, M.D.
Horatio Yeung, M.D.
Gagan Kaur Singh, M.D.

Anoop Duggal, M.D.
Anne Glaser, M.D.
Ross W. Filice, M.D.

Category/Exam Name: RAD/CHEST-PORTABLE Order#: 0813-0073 Acc#:10-0058385

PORTABLE CHEST

CLINICAL HISTORY: 18-year-old female possible free air, status post incomplete abortion.

TECHNIQUE: A single frontal view of the chest was obtained.

COMPARISON: There is no prior study available for comparison.

FINDINGS: The cardiac silhouette appears unremarkable. Mediastinum and hila appear unremarkable. The trachea is nondisplaced. The lungs are clear.

In the area of the abdomen, lucency is demonstrated in the left upper quadrant as well as suggestion of some lucency seen under the right hemidiaphragm. If there is concern for free air, CT is recommended.

Dictated on 08/13/10 1412 by Maliro, Tennyson M. M.D.
Transcribed on 08/13/10 1757 by LS
Signed by

CC:

Maliro, Tennyson M. M.D.

Questions for the Radiologist?

Contact Anita Sherren M-F 8-4:30pm 443-406-1612

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

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

MEDICAL RECORDS

EMERGENCY ROOM VISIT NOTES

Primary Care Physician: Other, D

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

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 performed 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 Gill, Rhonda A. M.D.

CC: Other, D

Gill, Rhonda A. M.D.

UNION HOSPITAL

A Subsidiary of Affinity Health Alliance

106 Bow St

Elkton, MD 21921

Name: B [REDACTED], D [REDACTED]

Unit #: M000011707

DOB: [REDACTED] Age: 18 Sex: F

Acct#: H025395427

MEDICAL RECORDS**HISTORY PHYSICAL EXAMINATION**

Admit Date: Status: DEP ER

Attending Physician: Gill, Rhonda A. M.D.

Loc: ER Room/Bed:

Report#: 0813-0166

HISTORY OF PRESENT ILLNESS:

She is an 18-year-old gravida 1, para 0 brought to the emergency room by a car because she was bleeding and she had an incomplete abortion done at a clinic in Elkton. History was obtained mostly through her boyfriend and very limited from the patient because of the sedation. As per boyfriend, they went to this clinic in Landenberg; they do not have the address of the clinic. As per the patient and patient's boyfriend, they put some medication yesterday and today they brought her to a clinic in Elkton in a car and they followed the car. They do not have the address. In that clinic, as per family, they performed the procedure for 2 hours and came back after 2 hours and told the family that it is not complete and she was bleeding and there may be complications. They sent her to Union Hospital. I talked to Dr. Riley. She is the doctor who performed the procedure. As per the patient, they put laminaria in the patient yesterday. She is roughly 21 weeks pregnant. They put laminaria yesterday in the clinic and today she came to this clinic for the surgical evacuation. As per the doctor, she removed the laminaria and she started the evacuation process. During the evacuation process, she removed two body parts and was about to do the decompression of the fetal skull. It was about 20 minutes into the procedure. When she did the sharp curet, at that time she noted some intraabdominal tissue which was possibly mesenteric or bowel and at that time she stopped the procedure and she immediately sent the patient to the Emergency Room at Union Hospital. Most of the history was obtained through the boyfriend because the patient was sedated.

PAST MEDICAL HISTORY:

The patient denies any medical problems.

PAST SURGICAL HISTORY:

The patient denies surgeries.

REVIEW OF SYSTEMS:

Within normal limits.

PHYSICAL EXAMINATION:

VITAL SIGNS: Stable. She is afebrile. Temperature is 97.3. Pulse is 103. Oxygen saturation is 100%. Her blood pressure is 131/82. Respirations are 14.

ABDOMEN: Soft. Tenderness. No guarding. No rebound noted.

PELVIC: Light bleeding. She has soaked only one pad since she was here. The patient had vaginal packing done by Dr. Riley.

ASSESSMENT:

An 18-year-old patient, G1 P0, at 21 weeks with incomplete abortion done at a clinic by a doctor named Dr. Nicole Riley and there is a possibility of uterine perforation and bowel perforation or damage to intraabdominal structures.

PLAN:

Evaluate the patient. Start the patient on IV fluids. Start the patient on IV Zosyn. Send patient for STAT CT scan of the abdomen and pelvis. Ultrasound to evaluate the damage and to look for retained products.

Chest x-ray for any air in the abdomen. After doing that, I called Hopkins and discussed with Isabel Green, MD, at Hopkins to transfer the care of patient to Hopkins because of the complexity of the situation. The patient's vital signs are stable. Hemoglobin is stable. I talked to the mother, talked to the boyfriend, talked to the patient briefly and they agreed with the plan. Awaiting for Dr. Green from Hopkins to call me and to accept the transfer. We will get the results of the CT scan and pelvic ultrasound and once the patient is accepted by Dr. Green, we will transfer the patient to Hopkins. Meanwhile, we will keep the patient in stable condition, IV fluids and IV antibiotics. The ICU bed is ready in case the patient becomes unstable or have to take the patient to the OR. Everything was explained to the patient in detail and her family in detail, the patient's doctor and her nurse.

Dictated on 08/13/10 1459 by Aslam, Zahid M.D.

Transcribed on 08/13/10 1537 by SDS

E-Signed by Aslam, Zahid M.D.

CC: Aslam, Zahid M.D.; Other, D

<Electronically signed by Zahid Aslam, M.D.>

UNION HOSPITAL

A Subsidiary of Affinity Health Alliance

EMERGENCY REGISTRATION

Priv Notice Signed: 08/13/10
 Account Number: H025395427

VETERAN (ER) LW: DPA: PATHOGENS:

Admission Date: 08/13/10
 Admission Time: 1339
 Location/Service: ER

Unit Number: M000011707
 Financial Class: COM
 Social Security Number: [REDACTED]

Type: REG

PATIENT INFORMATION

Name: [REDACTED]
 Address: [REDACTED]
 City/State/Zip: [REDACTED] NJ [REDACTED]
 Phone: 609-[REDACTED]
 County: OTHER STATES

PATIENT INFORMATION

Date of Birth: [REDACTED]
 Age: 18
 Sex: F
 Race: AFRICAN AMERICAN / B
 Religion:
 Marital Status: SINGLE

PATIENT EMPLOYER

Name: STUDENT
 Street:
 City/State/Zip:
 Phone:

PERSON TO NOTIFY

Name: [REDACTED]
 Street: [REDACTED]
 City/State/Zip: [REDACTED] NJ [REDACTED]
 Phone: 609-[REDACTED]
 Relation: M

GUARANTOR

Name: [REDACTED]
 Street: [REDACTED]
 City/State/Zip: [REDACTED] NJ [REDACTED]
 Phone: 609-[REDACTED]
 Social Sec. No: [REDACTED]

NEXT OF KIN/FRIEND

Name: [REDACTED]
 Street: [REDACTED]
 City/State/Zip: [REDACTED] NJ [REDACTED]
 Phone: 609-[REDACTED]
 Relationship: M

GUARANTOR EMPLOYER

Name: STUDENT
 Street:
 City/State/Zip:
 Phone:

ACCIDENT INFORMATION

Accident Date: [REDACTED] Time:
 Arrival Mode: FV
 Physician 1: Gill, Rhonda A. M.D.
 Physician 2: Other

SCANNED

INSURANCE

INSURANCE INFORMATION: [REDACTED] POLICY NUMBER: [REDACTED] GROUP: 999999 POLICY HOLDER: [REDACTED] BIRTHDATE: [REDACTED]

Accident: ONSET OF SYMPTOMS
 Comment: INS & ID N/A COPAY ?
 Reason for Visit: UTERINE RUPTURE

Primary Care Physician: [REDACTED]
 Other: D 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 to 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	Witness	Date
[REDACTED]	[REDACTED]	8/13/10
Patient's Agent, Representative or Legal Guardian	Relationship to Patient	
[REDACTED]	[REDACTED]	

Acct# H025395427

CHART COPY

Unit# M000011707



PHYSICIAN'S CERTIFICATION FOR MEDICAL TRANSPORTATION

MA #	AUTH #	SS #	DATE OF TRANSPORT
PATIENT NAME	[REDACTED]		TIME
ADDRESS	[REDACTED]		O2 LPM
DIAGNOSIS	[REDACTED]		WEIGHT

INCOMPLETE AB / POSSIBLE UTERINE PERFORATION

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

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. Brewer - 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

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, _____ (Patient's Name)

Yes _____ No _____ **Bed-Confined as defined by Medicare/Health Care Finance Administration Regulations. (HCFA defines "bed confined" as he 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.

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

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

Harford County Health Department Medical Assistance Transportation
 PO 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.

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

Facility must contact local health department prior to transport. **This form must be signed...

36 Union Hospital of Cecil County
EMERGENCY PHYSICIAN RECORD
Abdominal Pain / Flank Pain (5)

H025395427 PRE ER 04/13/10
 B. [redacted] D. [redacted]
 Unit#: M000011707 Sex F
 DOB: [redacted] Age: 18

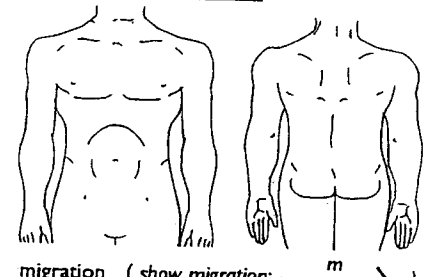
TIME SEEN: on arrival ROOM: 60 EMS Arrival
 HISTORIAN: patient spouse paramedics family
 REFERRED BY PMD EMERGENCY - prudent layperson def.
 HX / EXAM LIMITED BY: pt sedated post-op

HPI

chief complaint: abdominal pain vomiting
 flank pain (R/L) diarrhea

started: Pt is s/p elective abortion
at 10 wks pregnant & suspected
perforation during procedure.
s/p incomplete Ab

time course:
 still present _____ constant waxing/waning sudden-onset
 better _____
 gone now _____ intermittent episodes lasting _____
 lasted: _____ worse/persistent since _____

quality: pain aching dull burning cramping sharp stabbing fullness	location:  migration (show migration: _____ m _____)
---	---

associated with:
 loss of appetite _____ vomiting _____
 nausea _____ bloody blood-streaks coffee-grounds
 syncope _____ diarrhea _____
 trauma _____ blood streaks grossly bloody mucous

severity: maximum (1-10) _____ mild moderate severe when seen in ED (1-10) _____ none almost-gone mild moderate severe	exacerbated by: supine _____ upright position _____ movements/walking _____ cough/deep breaths _____ food _____ nothing _____	relieved by: supine _____ upright position _____ remaining still _____ antacids _____ food _____ nothing _____
---	--	---

Similar symptoms previously at still
sedated p
procedure

PCP: _____
 Recently seen / treated by doctor _____

During procedure, practitioner
saw tumor in mesenteric
fast, likely bowel

ROS

GI
 constipation _____
 (last BM: _____)
 black / bloody stools _____
 bloody / dark urine _____
 frequent / painful urination _____
 testicular pain _____

GU
 bloody / dark urine _____
 frequent / painful urination _____
 testicular pain _____

FEMALE REPRODUCTIVE
 LNMP _____
 irregular / missed period(s) _____
 pregnant confirmed w/home test _____
 abnml vag bleeding _____
 vaginal discharge _____

CONST
 fever _____
 chills _____
 dizzy _____
NEURO / EENT
 syncope _____
 headache _____
 sore throat _____
 blurred vision _____
CYS / PULMONARY
 cough _____
 trouble breathing _____
 chest pain _____
MS / SKIN
 rash _____
 joint pain(s) shoulder _____
 back pain _____
 All systems neg except as marked

PAST HX _____ negative obtained from pt family old records
 peptic ulcer _____ documented? yes no
 gall stones _____
 kidney stone(s) _____
 bladder / kidney infection _____
 heart disease _____
 high cholesterol _____
 high blood pressure _____
 CVA _____
 diabetes Type 1 Type 2 _____
 diet / oral / insulin athome

Surgeries / Procedures _____ none
 cholecystectomy _____
 appendectomy _____
 endoscopy upper lower _____
 hernia repair (R/L) _____

tonsillectomy _____
 hysterectomy _____
 c-section _____
 bilat tubal ligation _____
 cardiac bypass / stent _____

Medications _____ none
 nursing med list reviewed _____
 ASA NSAID acetaminophen
 BCP's _____
 Medicines included but not limited to: _____

Allergies _____ NKDA
see nurses note

SOCIAL HX smoker _____ packs / day drug use / abuse _____
 recent ETOH _____ nursing home resident _____
 lives alone _____

FAMILY HX gall stones _____ ovarian cysts _____ CAD ulcer _____
 kidney stones _____ aortic aneurysm _____
N/A

Nursing Assessment Reviewed Vital signs reviewed Posturals

PHYSICAL EXAM

General Appearance

no acute distress
 alert

EENT

eyes inspection nml
 ENT inspection nml
 pharynx nml

NECK

nml inspection

RESPIRATORY

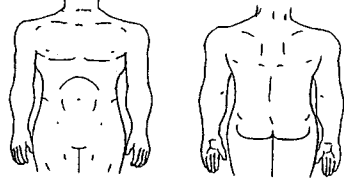
no resp. distress
 breath sounds nml

CVS

regular rate, rhythm
 heart sounds normal
 full / equal pulses

mild / moderate / severe distress
 anxious / lethargic
Sedated post procedure
 scleral icterus / pale conjunctivae
 EOM palsy / anisocoria
 pharyngeal erythema
 abnml TM / hearing deficit
 thyromegaly
 lymphadenopathy
 wheezes / rales / rhonchi

irregularly irregular rhythm
 tachycardia / bradycardia
 JVD present
 gallop (S3 / S4)
 murmur grade ___ / 6 sys / dias
 decreased pulse(s)
R carotd ___ fem ___ dors ped ___
L carotd ___ fem ___ dors ped ___



T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe
Example:
Tsv = sev. tenderness

ABDOMEN

soft
 non-tender
 no organomegaly
 nml bowel sounds
 no pulsatile mass
 no abdominal bruit

rigid / distended
 tenderness / guarding / rebound
 hepatomegaly / splenomegaly / mass
 abnormal bowel sounds
 increased / decreased / absent / tympanic
 prominent aortic pulsations
 McBurney's point tenderness
 psos / Rovsing's sign / obturator sign
 vaginal bleeding / discharge

PELVIC EXAM

external exam nml
 speculum exam nml
 bimanual exam nml

cervical motion tenderness
 adnexal tenderness / mass (R/L)
 enlarged / tender uterus
possible adnexal tenderness
 tenderness / swelling testicular / inguinal

MALE GENITAL

normal inspection

RECTAL

non-tender
 heme neg stool

black / bloody / heme pos. stool
 tenderness
 fecal impaction
 CVA tenderness (R/L)

BACK

normal inspection

SKIN

color nml, no rash
 warm, dry

cyanosis / diaphoresis / pallor
 skin rash zoster-like
 embolic lesions
 signs of IVDA
 pedal edema
 calf tenderness
 Homan's sign

EXTREMITIES

non-tender
 normal ROM
 no pedal edema
 distal pulses intact

NEURO / PSYCH

oriented x3
 mood / affect nml
 CN's nml as tested
 no motor / snry deficit

disoriented to person / place / time
 depressed affect
 facial droop
 weakness / sensory loss
 speech / cognition abnormalities

EKG MONITOR STRIP NSR Rate

EKG NML Interp. by me Reviewed by me Rate ___
 NSR nml intervals nml axis nml QRS nml ST/T

not / changed from:
Pulse Ox % on RA / ___ L / ___ % at (time)

EKG, LABS & XRAYS

CBC normal except
WBC *12*
Hgb *12*
Hct
Platelets
segs
bands
lymphs
monos

Chemistries normal except
Gluc
BUN
Na
K
Cl
CO2
Creat
Ca

Urease
Amylase
Alk Phos
AST
ALT
serum /
urine preg
POS NEG
Quantitative
SHCG

UA / dip
normal except
RBC
WBC
epith
bacteria
nit
LE
contaminated
culture
pending

XRAYS - Interp. by me Reviewed by me Discsd w/ radiologist
KUB Upright abd 3-view CXR *pa lat ap*
 nml / NAD nml bowel gas no free air no mass
 no infiltrates nml heart size nml mediastinum

not / changed from:
Abdominal CT
CT Scan nml

Ultrasound nml GB stones / pericolic fluid / thick GB wall
 dilated common duct abnml pancreas / aorta / pelvic / appendix

PROGRESS

Time ___ unchanged ___ improved ___ re-examined ___
Dr. Dr. Ashman, Dr. Lowe (a) 1:46 pm

Repeat exam at discharge: pain free
Rx written
Consult notified: Dr. ___ Time: ___
Consult arrived at: ___

Discussed with Dr. ___
will see patient in: ED / hospital / office
Counseled patient / family regarding: ___
lab / rad. results = diagnosis need for follow-up
CRIT CARE TIME (excluding separately billable procedures)
30-74 min 75-104 min ___ min

Additional history from:
 family caretaker / paramedics
 prior records ordered
 and reviewed

CLINICAL IMPRESSION

Abdominal Pain - acute
Vomiting
Ureterolithiasis / Renal Colic R/L
UTI / Pyelonephritis - acute
Gastroenteritis / Gastritis - acute
Peptic Ulcer Disease
Pelvic Inflammatory Disease
Ovarian Cyst - ruptured torsed
GERD
Appendicitis - acute

Aortic Aneurysm - ruptured
MI / Angina
Mesenteric Ischemia
Bowel Perforation / Obstruction
Pancreatitis - acute
Cholecystitis - w/ cholelithiasis / acalculous
Biliary Colic
Diverticulitis - acute
Ectopic Pregnancy

possible lateral perforation

Work / School excuse written
DISPOSITION - home admitted transferred accepting MD
DISPO TIME _____ **DISCHARGE TIME** _____
CONDITION - unchanged improved stable

ATTENDING NOTE:
PA-C's history
Brit H025395427 PRE ER 08/13/10
My B. D.
Ass Unit#: M000011707 Sex F
DOB: Age: 18
I CO:

[Signature] MD
 Template Complete Fax to PMD See add-on MD

Dr. Nicola Riley
801-913-2079

H025395427 PRE ER 08/13/10
B [redacted] D [redacted]
Unit#: M000011707 Sex F
DOB: [redacted] Age: 18

17

17

UNION HOSPITAL ELKTON, MARYLAND 21921
ISSUE/TRANSFUSION SLIP

H025395427 PRE ER 08/13/10
B [REDACTED], D [REDACTED]
Unit#: M000011707 Sex F
DOB: [REDACTED] Age: 18

PATIENT: B [REDACTED], D [REDACTED] SPECIMEN DATE: 08/13/10
PATIENT BIRTHDATE: [REDACTED] PATIENT LOCATION: CCU-AV
PATIENT TYPE: OP REQUESTING PHYSICIAN: Gill, Rhonda A. M.D.

WRISTBAND # U09064
UNIT # W036910236050 PRODUCT: LEUKOREduced RED BLOOD CELLS

UNIT TYPE: OP UNIT EXPIRATION DATE: 09/09/10 TIME: 2359
COMPATIBLE? Y 08/13/10 1520 (LAB.FELLER) MARKER:

USUAL INSPECTION OK? yes
UNIT ISSUED FROM BLOOD BANK yes DATE: 8/13/10 TIME: 7551 TECH: JM
UNIT RECEIVED FROM BLOOD BANK BY: Kathryn McGehee, CNA

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

Joanne Silver
meeg Pennington, RN

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

PATIENT VITAL SIGNS FOR THIS TRANSFUSION

RETTRANSFUSION	15 MINS	60 MINS	2 HOURS	3 HOURS	POST
TEMP <u>100</u> <u>101.5</u>	<u>102.0</u>	_____	_____	_____	_____
PULSE <u>104</u> <u>106</u>	_____	_____	_____	_____	_____
P. <u>135/76</u> <u>130/85</u>	_____	_____	_____	_____	_____
MP. <u>98.4</u> <u>98.7</u>	_____	_____	_____	_____	_____
R. <u>116</u> <u>18</u>	_____	_____	_____	_____	_____

OR SURGERY USE ONLY) PATIENT VITAL SIGNS FOR THIS TRANSFUSION SEE
ANESTHESIA _____ PACU RECORD _____

SUSPECTED TRANSFUSION REACTION? YES ___ NO ___

CLINICAL SYMPTOMS: _____ Chills _____ Dyspnea _____ Hematuria
Fever: _____ Rash: _____ Nausea: _____ Dizziness: _____
Chest Pain: _____ Other Symptoms: _____

Return this form with donor bag and administration set to lab if suspected transfusion reaction: _____ RN.

UNION HOSPITAL CLYTON, MARYLAND 21551
ISSUE/TRANSFUSION SLIP

PATIENT: [REDACTED]

SPECIMEN DATE: 08/13/10

PATIENT BIRTHDATE: [REDACTED]

PATIENT LOCATION: 000-00

PATIENT TYPE: OP

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

WRISTBAND # U09054

UNIT # U036910236050

PRODUCT: LEUKOREduced RLD BLOOD CELLS

UNIT TYPE: OP

UNIT EXPIRATION DATE: 08/09/10 TIME: 2359

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

NAME:

①
②
③

VISUAL INSPECTION OK? yes

INIT ISSUED FROM BLOOD BANK yes DATE: 8/13/10 TIME: 7551 TECH: gmc

INIT RECEIVED FROM BLOOD BANK BY: Kathryn M. Gylea, CNA

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

Joanne Silver
Meg Pennington, RN

TRANSFUSION STARTED - DATE: 8/13/10 TIME: 1605

TRANSFUSION ENDED - DATE: _____ TIME: _____

PATIENT VITAL SIGNS FOR THIS TRANSFUSION

RETRANSFUSION TIME	15 MINS	60 MINS	2 HOURS	3 HOURS	POST
TEMP <u>100.0</u> <u>1615</u>	<u>1620</u>				
JLSE <u>104</u> <u>106</u>					
P. <u>135/76</u> <u>130/85</u>					
EMP. <u>98.4</u> <u>98.4</u>					
R. <u>116</u> <u>118</u>					

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

EXPECTED TRANSFUSION REACTION? YES _____ NO _____

IF SYMPTOMS: Chills _____ Dyspnea _____ Hematuria _____
Rash _____ Fever _____ Diarrhea _____
Other Symptoms _____

DATE: 8/13/10 TIME: 1715