

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.

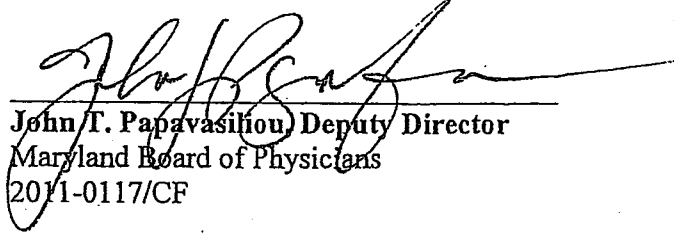
And by virtue of the authority of the said BOARD OF PHYSICIANS, such information is thereby returnable within 10 (ten) business days from receipt of this subpoena to an agent of:

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

200 AUG 19 PM 2:57

MARYLAND BOARD OF
PHYSICIANS
RECEIVED

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

Union Hospital Abstracting **LIVE**
ATTESTATION STATEMENT

PAGE 1

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
F 877.20 2.1

GRP VERS GRP FC
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: [REDACTED], D. [REDACTED]
Phys: Gill, Rhonda A. M.D.
DOB: [REDACTED] 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 nondilated 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: B [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 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 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

Financial Class

Social Security Number

M000011707

COM

Type REG

PATIENT INFORMATION

Name

Address

City/State/Zip

Phone

County

OTHER STATES

PATIENT EMPLOYER

Name

Street

City/State/Zip

Phone

STUDENT

GUARANTOR

Name

Street

City/State/Zip

Phone

Social Sec. No

GUARANTOR EMPLOYER

Name

Street

City/State/Zip

Phone

STUDENT

PATIENT INFORMATION

Date of Birth

Age

Sex

Race

Religion

Marital Status

SINGLE

AFRICAN AMERICAN / B

PERSON TO NOTIFY

Name

Street

City/State/Zip

Phone

Relation: M

NEXT OF KIN/FRIEND

Name

Street

City/State/Zip

Phone

Relationship M

ACCIDENT INFORMATION

Accident Date

Arrival Mode

Physician 1

Physician 2

Time

FV

Gill, Rhonda A. M.D.

Other

SCANNED

INSURANCE

INSURANCE INFORMATION

POLICY NUMBER

GROUP

999999

POLICY HOLDER

BIRTHDATE

Accident

Comment

Reason for Visit

ONSET OF SYMPTOMS

INS & ID N/A COPAY ?

UTERINE RUPTURE

Primary Care Physician
User

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 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

Patient's Agent, Representative or Legal Guardian

Relationship to Patient

Acct# H025395427

CHART COPY

Unit# M000011707



PHYSICIAN'S CERTIFICATION FOR MEDICAL TRANSPORTATION

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

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

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.

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 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
Signature of Certifying Personnel
Sara J. Baker RN
Print Name

8-13-10
Date

443-406-1370
Phone Number

1 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

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

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)

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

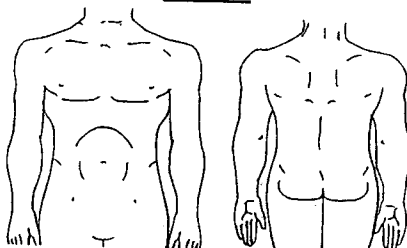
started: Pt is s/p elective abortion
at 10 wks pregnant & suspected
perforation during procedure.
s/p incomplete Ab

time course:
still present constant waxing / waning sudden-onset
better intermittent episodes lasting
gone now
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
procedure

PCP:

Recently seen / treated by doctor

During procedure, practitioner
saw free & mesenteric
fat, likely bowel

H025395427 PRE ER 08/13/10

B. [redacted] D. [redacted]

Unit#: M000011707

Sex F

DOB: [redacted] Age: 18

ROS

GI
constipation
(last BM: [redacted])
black / bloody stools

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
asthma

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

PELVIC EXAM

☐ external exam nml
☐ speculum exam nml
☐ bimanual exam nml

MALE GENITAL

☐ normal inspection

RECTAL

☐ non-tender
☐ heme neg stool

BACK

☐ normal inspection

SKIN

☐ color nml, no rash
☐ warm, dry

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

☐ rigid / distended

☐ tenderness / guarding / rebound

☐ hepatomegaly / splenomegaly / mass

☐ abnormal bowel sounds

☐ increased / decreased / absent / tympanic

☐ prominent aortic pulsations

☐ McBurney's point tenderness

☐ psoas / Rovsing's sign / obturator sign

☐ vaginal bleeding / discharge

☐ cervical motion tenderness

☐ adnexal tenderness / mass (R/L)

☐ enlarged / tender uterus

possible adnexal mass

☐ tenderness / swelling testicular / inguinal

☐ black / bloody / heme pos. stool

☐ tenderness

☐ fecal impaction

☐ CVA tenderness (R/L)

☐ cyanosis / diaphoresis / pallor

☐ skin rash zoster-like

☐ embolic lesions

☐ signs of IVDA

☐ pedal edema

☐ calf tenderness

☐ Homan's sign

☐ 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 & X-RAYS

CBC

☐ normal ☐ except

WBC

Hgb

Hct

Platelets

segs

bands

lymphs

monos

Chemistries

☐ normal ☐ except

Gluc

BUN

Na

K

Cl

CO2

Creat

Ca

Lipase

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

X-RAYS

☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/ radiologist

KUB ☐ Upright abd ☐ 3-view ☒ CXR

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. Aslam, Dr. Lowe (a) 1:46 pm

Repeat exam at discharge: ☐ pain free

☐ Rx written

☐ Consult notified: Dr. _____

☐ Consult arrived at: _____

Time: _____

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 /

calculous

Biliary Colic

Diverticulitis - acute

Ectopic Pregnancy

☐ Work / School excuse written

DISPOSITION- ☐ home ☒ admitted ☐ transferred accepting MD

DISPO TIME

CONDITION- ☐ unchanged ☒ improved ☒ stable

DISCHARGE TIME

PA-C

ATTENDING NOTE:

PA-C's history

Brit

My

Ass

DOB:

I CO:

H025395427 PRE ER 08/13/10

Unit#: M000011707 Sex F

Age: 18

d.

MD

MD

☐ Template Complete

☐ Fax to PMD

☐ See add-on

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

12

UNION HOSPITAL ELKTON, MARYLAND 21921
ISSUE/TRANSFUSION SLIP

H025395427 PRE ER 08/13/10

Unit#: M000011707 Sex F
DOB: Age: 18

PATIENT: B. D.

SPECIMEN DATE: 08/13/10

PATIENT BIRTHDATE:

PATIENT LOCATION: CCU-AV

PATIENT TYPE: OP

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

WRISTBAND # U09064

INIT # W036910236050

PRODUCT: LEUKOREduced RED BLOOD CELLS

INIT 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: gmc

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
mees Pennington, RN

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

TRANSFUSION ENDED - DATE: _____ TIME: _____

PATIENT VITAL SIGNS FOR THIS TRANSFUSION

| RETRANSFUSION | 15 MINS | 60 MINS | 2 HOURS | 3 HOURS | POST |
|--------------------------------|-------------|---------|---------|---------|------|
| ME <u>1400</u> <u>1615</u> | <u>1620</u> | | | | |
| ILSE <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>118</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: _____
back Pain: _____ Other Symptoms: _____

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

UNION HOSPITAL CLINTON, MARYLAND 21581
ISSUE/TRANSFUSION SLIP

PATIENT: [REDACTED]

SPECIMEN DATE: 08/13/10

PATIENT BIRTHDATE: [REDACTED]

PATIENT LOCATION: ICU-AY

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: 09/09/10 TIME: 2355

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

NAME:

VISUAL INSPECTION OK? yes

INIT ISSUED FROM BLOOD BANK yes DATE: 8/13/10 TIME: 1551 TECH: gmc

INIT RECEIVED FROM BLOOD BANK BY: Kathryn M. Mylea, 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 | 15 MINS | 60 MINS | 2 HOURS | 3 HOURS | POST |
|--|---------|---------|---------|---------|------|
| TIME <u>1600</u> <u>1615</u> <u>1620</u> | | | | | |
| JLSE <u>104</u> <u>106</u> | | | | | |
| P. <u>125/76</u> <u>130/85</u> | | | | | |
| EMP. <u>98.4</u> <u>98.7</u> | | | | | |
| R. <u>116</u> <u>118</u> | | | | | |

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

OBSERVED TRANSFUSION REACTION? YES NO

IF SYMPTOMS: Chills Dyspnea Hematuria
Rash Urticaria
Other Symptoms



INFORMED CONSENT FOR BLOOD TRANSFUSION AND/OR BLOOD COMPONENT ADMINISTRATION

H025395427 PRE ER 08/13/10

B [REDACTED]

Unit#: M000011707

Sex F

DOB: [REDACTED] Age: 18

Patient Label

1. I have been informed that I need or may need a blood transfusion or one of its products during my treatment.
2. The risks and benefits of receiving blood and/or blood product transfusion(s) have been explained to me. I also have received, read, and understand the risks and benefits on the reverse side of this consent. The following are some, but not all, of the potential risks that I have been told can occur: transfusion reaction, fever and allergic reactions; transmission of disease, such as hepatitis, AIDS, and cytomegalovirus (CMV); hemolytic reactions; development of antibodies which may make future blood transfusions more difficult; and fluid overload. I understand that the risks of blood transfusions exist despite the fact that the blood has been carefully tested.
3. The alternatives to transfusions, including the risks and consequences of not receiving this therapy, have been explained to me.
4. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

INITIAL ONLY ONE (1) SELECTION

☒ I agree to the transfusion, as ordered by my physician, of blood or blood products that are available to the hospital from persons other than myself.

☐ I agree only to the transfusion, as ordered by my physician, of my blood or blood products that I have donated previously. I do not agree to the transfusion of blood other than my own.

☐ I agree to the transfusion, as ordered by my physician, of my blood or blood products that I have donated previously. In the event that I require additional blood transfusion and my previously donated blood supply has been exhausted, is deemed to be unusable, or is otherwise not available, I agree to the transfusion of blood or blood products other than my own.

☐ I do not agree for blood or blood products to be given until I speak with my physician further.

☐ I do not agree for blood or blood products to be given during the course of any procedure or during my hospitalization. I fully understand that my chances for recovery may be adversely affected and that my health may be placed at serious risk, up to and including death, by my refusal of blood and/or blood products. I fully understand the possible consequences of such refusal on my part and I agree to accept the risks. I hereby release Union Hospital, its personnel, and my physicians from any liability or claims resulting from their respecting my wishes and not giving me blood or blood products.

Patient Signature _____ Date _____

Witness _____ Date _____

Patient's Guardian or Representative [Signature] Date 8/13/10

Witness Meg Penn [Signature] RN Date 8/13/10 1530

RN or Physician Signature [Signature] Date 8/13/10

Form # uhcc-1328

Developed Date 2/23/99

Revised Date 12/2008



INFORMED CONSENT FOR BLOOD TRANSFUSION AND/OR BLOOD COMPONENT ADMINISTRATION

H025395427 PRE ER 08/13/10

BA [REDACTED]

Unit#: M000011707

Sex F

DOB: [REDACTED] Age: 18

Patient Label

1. I have been informed that I need or may need a blood transfusion or one of its products during my treatment.
2. The risks and benefits of receiving blood and/or blood product transfusion(s) have been explained to me. I also have received, read, and understand the risks and benefits on the reverse side of this consent. The following are some, but not all, of the potential risks that I have been told can occur: transfusion reaction, fever and allergic reactions; transmission of disease, such as hepatitis, AIDS, and cytomegalovirus (CMV); hemolytic reactions; development of antibodies which may make future blood transfusions more difficult; and fluid overload. I understand that the risks of blood transfusions exist despite the fact that the blood has been carefully tested.
3. The alternatives to transfusions, including the risks and consequences of not receiving this therapy, have been explained to me.
4. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

INITIAL ONLY ONE (1) SELECTION

- ☒ I agree to the transfusion, as ordered by my physician, of blood or blood products that are available to the hospital from persons other than myself.
- ☐ I agree only to the transfusion, as ordered by my physician, of my blood or blood products that I have donated previously. I do not agree to the transfusion of blood other than my own.
- ☐ I agree to the transfusion, as ordered by my physician, of my blood or blood products that I have donated previously. In the event that I require additional blood transfusion and my previously donated blood supply has been exhausted, is deemed to be unusable, or is otherwise not available, I agree to the transfusion of blood or blood products other than my own.
- ☐ I do not agree for blood or blood products to be given until I speak with my physician further.
- ☐ I do not agree for blood or blood products to be given during the course of any procedure or during my hospitalization. I fully understand that my chances for recovery may be adversely affected and that my health may be placed at serious risk, up to and including death, by my refusal of blood and/or blood products. I fully understand the possible consequences of such refusal on my part and I agree to accept the risks. I hereby release Union Hospital, its personnel, and my physicians from any liability or claims resulting from their respecting my wishes and not giving me blood or blood products.

Patient Signature

Date

Witness

Date

Patient's Guardian or Representative

Date

Witness

Date

RN or Physician Signature

Date

Form # uncc-1328

Developed Date 2/23/99

Revised Date 12/2008

UNION HOSPITAL

A Subsidiary of Affinity Health Alliance
EMERGENCY SERVICES

Arrival

Date/Time: 08/13/10 1339

Name: B [REDACTED]

Birthdate: [REDACTED]

Unit#: M000011707

Phone#:

Account#: H025395427

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 purpose of medical audits, utilization review, quality assurance review or similar audits or review.

Medical 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, 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.

DIRECTORY INFORMATION/DISCLOSURE-NON DISCLOSURE

Patients generally have the right to receive visitors, phone calls, flowers, etc., in accordance with Hospital policies. The staff may receive phone calls inquiring about you, or visitors or delivery personnel may appear at the Hospital and ask to be directed to your room. For patients admitted to the Psychiatric Unit, Hospital personnel will not acknowledge your presence in the Hospital in response to such inquiries unless you request otherwise on this form. For all other patients, Hospital personnel will acknowledge your presence in the Hospital and refer such phone calls and visitors to you.

Please indicate your preference below:

- ☐ I authorize the Hospital to acknowledge my presence in the Hospital and to provide general information about my condition.
- ☐ I authorize the Hospital to provide clergy with my religious affiliation.
- ☐ I direct the Hospital to keep my presence in the Hospital and information concerning my condition confidential. Therefore, I understand that I will not be able to receive phone calls that require operator assistance or receive visitors or deliveries from persons I have not personally told of my presence and location in the Hospital.

ACKNOWLEDGEMENT OF RECEIPT OF AFFINITY HEALTH ALLIANCE, INC. (AFFINITY)

NOTICE OF PRIVACY PRACTICES

☐ I have been provided with a copy of privacy practices, or have previously received a copy and declined a copy for this visit.

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 |
| Unable to explain | UB | 08/13/10 |
| Patient's Agent, Representative or Legal Guardian | Relationship to Patient | |

Acct# H025395427

Unit# M000011707



RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 1

Patient E [REDACTED], D [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 OP TRANS TO ANOTHER OP FACIL
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

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

If Yes, See Note.

If unsure, pregnancy
test obtained?

Immunizations up-to-date:

Date of last tetanus/
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: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 2

Patient **BROWN, D**
Age/Sex 18/F

Account No. H025395427
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/

Isolation 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

Date L.M.P. 3/10

Post menopausal:

Contraception:

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
THIS TIME. PT DENIES PAIN. PT ARRIVES PRE MEDICATED FROM OPERATION PTA. PT
TIRED AT THIS TIME. PT ANSWERING QUESTIONS APPROPRIATELY. PT RESP EVEN

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

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

Disoriented: Lethargic: Unresponsive:

Combative: Depressed:

Anxious: Playful:

Listless: Restless:

ETOH odor: Irritable:

Clings to parent:
SI/HI:

Other:

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/

Does pt have any implantable devices? N Type/

HOME MEDICATION LIST (INCLUDING OVER THE COUNTER AND HERBAL)

| MEDICATION | DOSE | ROUTE | FREQUENCY | LAST DOSE DATE | DOSE 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 | : | / | / | : | : |
| 24 | : | / | / | : | : |
| 25 | : | / | / | : | : |

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

PAGE 4

Patient B [REDACTED] D [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:

Pain 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 risks present? N

Recent History of Unexplained Falls?

3-6 months ago? 1-3 months ago?

Altered Elimination?

Incontinent? Bowel Prep?

Confusion/Disorientation/Poor Judgement?

Dizziness/Vertigo?

Altered Mobility?

Needs Assist?

Uses Assistive Device?

Unable to Ambulate?

Diagnosis Syncope/CVA?

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

Any of the following medications used
currently or within the last 7 days? Y

Anesthetics within 0-6 hours? Y

Anesthetics within 24 hours? N

Antihypertensives? N

Diuretics? N

Hypnotics/Sleeping Pills? N

Laxatives? N

Narcotics? N

Psychotropics? N

Sedatives? Y

Alcohol? N

Skeletal Muscle Relaxants? N

Fall Risk Assessment completed? Y

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

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Patient B [REDACTED] D [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

Resources Given/

Indications of Abuse? N
DV Form Completed/

* LEARNING BARRIERS & SPECIAL NEEDS * N

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

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
EKG purpose explained:
POC Urine Pregnancy Done:
What was taught:
ED PROCESS...EVAL
Cardiac monitor explained:
Diagnostic test explained: Y
POC Urinalysis obtained and sent:
Urine requested/instructions given:

Weight

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

Wt 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: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

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Patient B [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

Comments/Action Taken:

Oxygen device: NC

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

Comments/Action Taken:

Oxygen device: NC

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

Comments/Action Taken:

Oxygen device: NC

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

Comments/Action Taken:

Oxygen device: NC

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

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

Account No. H025395427
Unit No. M000011707

Disposition- TRANSFER

Date 08/13/10 Time 1620 User PENNINGTON, MARGARET

DISPOSITION- PATIENT TRANSFER

Diagnosis: PERFORATION OF UTERINE WALL

Reason for transfer: HIGHER LEVEL OF CARE

Vital Signs: P: 106 RR: 16 B/P: 130/85 Pulse Ox: 100
IV: Y Monitoring: Y Oxygen: Y L/MIN: 2 Method: NC

Current Status of Patient:

PT VSS. PT IN NAD UPON TRANSFER TO JOHNS HOPKINS. PT SPEAKING IN
CLEAR, FULL SENTENCES.

Transferring Physician: DR GILL

Receiving Physician/Facility:

JOHNS HOPKINS LABOR AND DELIVERY

Name of nurse report given to: BARBARA, RN

Transferred by (ex: Hart to Heart): H2H JOHNS HOPKINS AIR TRANSPORT

BLS: ALS: ACLS W/RN: Y

*** COMPLETE THE FOLLOWING FORMS ***

Transfer Form: Y

Medicare/Medicaid Necessity Form: Y

Was pt placed on chemical or physical restraints? N If yes, has order form been completed?

Chart Copied: Y XRAYs Copied: Y

** ORIGINAL CHART STAYS UNLESS IT IS A PSYCH TRANSFER **

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

Relative Unit Scale

Date 08/13/10 Time 1638 User PENNINGTON, MARGARET

RVU (RELATIVE UNIT SCALE) CHARGE

Is this a Critical Care Patient? N

ADMIT/DISCHARGE/TRANSFER How Many

Triage: 1

Initial Assessment: 1

Discharge:

Admission:

Transport: #Staff 2 #Times: 1

Transfer process: 1

IV START/BLOOD DRAW How Many

IV Start - Simple

IV Start - Complicated 1

Basic Blood Draw 1

Type and Crossmatch 1

Blood Cultures

IV Removal

TREATMENTS

How Many

Record Vital Signs 7

Cardiac Monitoring (hrs) 3

EKG

NG Tube Insertion

Pelvic Exam/Assist:

Urethral Straight Cath

Knee Immobilization

Bandage/Sling/Strap

Aircast Application

Crutch Measure/Teach

Suturing/Assist

Visual Acuity Assessment

MEDICATION/IV ADMINISTRATION How Many

Oral Medications (per incident):

IM Medications (# ind meds)

IV Medications (# ind meds)

Nebulizer Medications (INC NaCl)

Ophthalmic Medications (# med passes)

Otic Medications (# med passes)

MISCELLANEOUS How Many

DV Packet/Pictures

Surgery Prep

Staff-to-Staff Report

Referrals/Calls Made 1

Consult Outside Agencies

Call Bell/Special Requests

ADDITIONAL MINUTES

Language/Communication

Barrier (mins)

Wound Care (mins)

Tech/Sitter (mins)

Extensive Notes

CIS Evaluation (mins):

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

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Patient B [REDACTED]
Age/Sex 18/F

Account No. H025395427
Unit No. M000011707

Urethral Foley Cath 1
Topical Solution

Eye Irrigation
Post Mortem Care

Other Procedure (mins):

RVU TOTAL: 190
Level of Care: 5

CRITICAL CARE PATIENTS
#Staff #Minutes

If the patient is admitted, they can't have observation hrs.
OBSERVATION (1hr = 1.5 RVUs, Round to nearest Hr) # of RVUs:
Used for pts awaiting transfer to another facility; tertiary
care facility, nursing home
or inpatient psych facility.

Must be ordered by physician. Based on clock time-start of
order and end of order.

Does the patient present with any of the following? N

Respiratory (common cold, pneumonia, sinus infection, flu-like illness)?

Fever/Malaise/Sepsis?

GI (vomiting, diarrhea, abdominal pain, suspected food poisoning)?

Neurologic (headache, meningitis)?

Dermatologic - Infectious (potential smallpox - vesicular rash)?

Dermatologic - Hemorrhagic (bruising, petechia - potential viral hemorrhagic fever)?

Coma/Sudden Death?

Admitted?

Is the patient a health care worker?

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.

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
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Patient B [REDACTED] D [REDACTED]
Age/Sex 18/F

Account No. H025395427
Unit No. M000011707

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

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.

By: PENNINGTON, MARGARET On: 08/13/10 - 1615

JOHNS HOPKINS FLIGHT TEAM AT BEDSIDE. PT VSS.

By: PENNINGTON, MARGARET On: 08/13/10 - 1627

REPORT GIVEN TO BARBARA, RN OF JOHNS HOPKINS LABOR AND DELIVERY.

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 unsuccessful attempts: By whom:

Inserted by: NUR.BESSICKS

Additional Notes:

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

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Patient B [REDACTED]
Age/Sex 18/F

Account No. H025395427
Unit No. M000011707

IV Insertion

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

****IV INSERTION****

Time: 1350 Date: 08/13/10

Gauge: 22 Catheter type: /CATHLON

IVR: Y Was blood work obtained from IV: Y

Placement site: RHAND

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

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. |
| 08/13/10 | 1425 | DICTATE HISTORY & PHYSICAL | Gill, Rhonda A. M.D. |
| 08/13/10 | 1433 | Zosyn 4.5 GM 100 ML | Aslam, Zahid M.D. |
| 08/13/10 | 1508 | LEUKOPOOR RBCS (PACKED CELLS) | Gill, Rhonda A. M.D. |
| 08/13/10 | 1856 | BLOOD TUBING | Gill, Rhonda A. M.D. |
| 08/13/10 | 1856 | IV SOLUTION | Gill, Rhonda A. M.D. |
| 08/13/10 | 1856 | IVR - CONNECTOR LOOP | Gill, Rhonda A. M.D. |
| 08/13/10 | 1856 | PRIMARY IV TUBING | Gill, Rhonda A. M.D. |

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

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

Account No. H025395427
Unit No. M000011707

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 |
| 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 |

RUN DATE: 08/16/10
RUN TIME: 0707
RUN USER: MR.FRICK

Union Hospital EDM **LIVE**
EDM Patient Record

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

Account No. H025395427
Unit No. M000011707

Medication Administration Record

Medication

| Sch Date-Time | Admin Dose | Site |
|--|----------------|------|
| Doc Date-Time | Given - Reason | |
| Sodium Chlor 0.9% 1000 ML BAG BOLUS/IV | | |
| | 1000 ML | |
| 08/13/10-1355 | Y | |
| Piperacil/Tazo 4.5 GM Premix 100 ML NOW/STA/IV | | |
| 08/13/10-1433 | 100 MLS | |
| 08/13/10-1503 | Y | |

User

PENNINGTON, MARGARET

PENNINGTON, MARGARET

Patient Instructions

FOLLOW UP

Exhibit F

In the Matter of:
Board of Physicians

August 19, 2010
Telephonic Interview with George Shepard, Jr., M.D.

Condensed Transcript with Word Index



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MARYLAND BOARD OF
PHYSICIANS
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BOARD OF PHYSICIANS

INTERVIEW WITH GEORGE SHEPARD, JR., M.D.
(VIA TELEPHONE)

HELD ON THURSDAY, AUGUST 19, 2010

CONDUCTED BY CHRISTINE FARRELLY

A. Usually two days a week, Wednesday and Friday.

Q. Okay. Now, do you still actively perform abortions for Dr. Brigham?

A. No, I don't.

Q. Okay. So, you let employees -- or order medicine, is that what you had said?

A. Well, they need medication and they call me or tell me that they need such, then I will order it for them.

Q. Okay. Like what kinds of medication?

A. The medication that they may use for a pregnancy termination. Some (inaudible) whatever (inaudible) don't even remember.

Q. Oh, you can't remember the name?

A. I can't remember, but there's -- there's two or three, but it only happens maybe once every two or three months.

Q. Okay. So, once every two or three months --

A. Right.

Q. -- someone comes to you and tells you they need medication --

A. Right.

Q. -- for abortions. And what do you do, sign off on that or do you place the order?

A. I sign off on that.

PROCEEDINGS

MS. FARRELLY: This is Christine Farrelly, Compliance Analyst with the Board of Physicians. We're on the phone with George Shepard -- Dr. George Shepard through a telephone interview. It's around 2:30 p.m. on August 19th.

Whereupon,

GEORGE SHEPARD, JR., M.D.
a witness, called for examination, was examined and testified as follows:

EXAMINATION

BY MS. FARRELLY:

Q. Dr. Shepard, what work do you do for Dr. Brigham?

A. Well, I see the employees and see what medications they need to order and see that, you know, the physicians that do come in are -- do a good job. And I oversee some of the work that they do, but not all of it.

Q. So, now, you live in Delaware, is that correct?

A. That's correct.

Q. Okay. Do you travel down to, say, Elkton?

A. Yes.

Q. Okay. How often do you travel down there?

Q. Okay. So, you sign off on orders for drugs?

A. Right.

Q. Okay. So, now, what do you do in Elkton when you're there Wednesdays and Fridays?

A. That's all I do. I just -- is to check the -- to see if they're doing -- you know, making -- taking the temperature and keeping a log and whatnot and making sure that the biologicals are refrigerated and that they're not using any expired medications.

Q. Okay. So, you kind of like are like a quality checker?

A. I guess you could call it that, yes.

Q. Okay. So, do you do that for all the locations or just Elkton?

A. I do it for the other locations, like Baltimore and Cheverly.

Q. Okay.

A. Frederick.

Q. Okay. So, essentially, Dr. Brigham is using your Maryland license and your DEA number to kind of order the medications for these clinics?

A. Well, as near as I know, he is not ordering any medication himself.

Q. Well, he's not --

A. If the managers of the clinic need medication,

5

7

1 then they might ask me to send them a prescription for
2 the medication.

3 Q. Okay. So, do you sign prescriptions for
4 patients?

5 A. No.

6 Q. Okay. So, you're just ordering the medications
7 for the clinics?

8 A. Right.

9 Q. Okay. Now, are those medications that you
10 order, are they then dispensed at the clinic?

11 A. As near as I know, there's no way I could tell
12 if somebody's using them for something else.

13 Q. Okay. But I guess my question is, other people
14 at the clinic then use the medication you ordered to give
15 it to patients?

16 A. (Inaudible) for example, they may -- may order
17 some pregnancy tests and, you know, the manager of the
18 clinic will make sure whoever the person is in the lab is
19 performing the test correctly. And at that point, they
20 let me know who the person is that is doing the lab and I
21 find out from them whether or not they're doing it right.

22 Q. Okay. Now, like say, for instance, for the
23 abortion pill, RU-486, do you order those for the
24 clinics?

25 A. 486? What?

1 Q. How old about?

2 A. I would think she -- let's see, she's gone to
3 medical -- because I -- I would think she must be close
4 to 30.

5 Q. So, what does she look like?

6 A. I'm sorry, I don't (inaudible).

7 Q. Have you met her?

8 A. Yes, I've met her.

9 Q. Oh, okay. So, like --

10 A. And I see her every Wednesday and Friday
11 because she's -- she's not doing anything except looking
12 at the -- well, I guess you could call it observing.

13 Q. Oh, okay. What is she observing?

14 A. She's observing what's going on and how the
15 patients are treated. I guess she's getting ready to,
16 you know, open her own office. I'm not sure.

17 Q. So, is the first name Kimberly? Does that
18 sound familiar?

19 A. I've never heard anybody call her by her first
20 name, so I'm not sure.

21 Q. Okay. So, now, who trained Dr. Riley?

22 A. That's a good question. I don't know. Dr.
23 Riley had done (inaudible) practice in Utah.

24 Q. Oh, okay. So, now, you didn't provide
25 training, though?

6

8

1 Q. RU-486, the medical abortion pill, do you order
2 that for the clinics?

3 A. Not that I know of.

4 Q. Okay. Now, you said that you checked the
5 temp --

6 A. It might be the doctors that are there that
7 might do that, but I don't know about that.

8 Q. Oh, okay. So, what doctors are working in
9 Elkton?

10 A. There's a -- well, do mean that are working
11 regularly?

12 Q. No, just --

13 A. Occasionally?

14 Q. Yeah, occasionally is fine.

15 A. There's Dr. Riley.

16 Q. Okay. When did she start?

17 A. Not too long ago, maybe a month or less.

18 Q. Okay. And Dr. Walker who I think is still
19 waiting on life (inaudible). I'm not sure about that.

20 Q. What's the first name of that Dr. Walker?

21 A. That's a good question.

22 Q. Is it a male or a female?

23 A. Female.

24 Q. Female?

25 A. Right.

1 A. No, none at all.

2 Q. Okay. So, Dr. Riley and Dr. Walker kind of
3 just start with no -- they have no experience?

4 A. I won't say they have no experience. I'm
5 saying that they don't use it, you know, at the Elkton
6 clinic.

7 Q. Oh, okay. So, they may have gotten experience
8 somewhere else or training?

9 A. Right. And I think now they just observe to
10 see if there's -- if what they're doing in their own line
11 is -- can I do this better or is this what they're --
12 what is being done here, whether or not it's the same
13 thing I'm doing or would like to do.

14 Q. So, who are they observing? What doctor are
15 they observing?

16 A. They're observing Dr. Brigham.

17 Q. In Elkton?

18 A. Yeah, in -- well, they may go to a couple of
19 other facilities.

20 Q. Okay. Like where?

21 A. The others that I mentioned. They may go to
22 Baltimore. It's only -- they only go in Maryland now. I
23 don't know whether they've been to Cheverly or not, but I
24 know they've been to Baltimore, and maybe Frederick. I'm
25 not too sure about Frederick.

9

11

1 Q. Okay. So, they're watching Dr. Brigham do
2 abortions and --
3 A. Dr. Brigham's not doing them in these clinics.
4 Q. Okay. But you just said they were observing
5 Dr. Brigham.
6 A. At Elkton.
7 Q. Oh, okay, just in Elkton?
8 A. Right.
9 Q. Okay. So, is that because they're all such
10 late term abortions up in Elkton?
11 A. I think they're just doing it in general
12 because, you know, they'll come in and watch even if he's
13 doing 10, 11, 12, 13, 14 weeks.
14 Q. Okay. So, now, what hours is Dr. Brigham
15 usually in Elkton doing the abortions?
16 A. I guess whenever he can get away from
17 (inaudible) on Wednesday and Friday.
18 Q. Okay.
19 A. So, it's -- we don't have a certain time.
20 Q. Oh, okay.
21 A. It's usually in the morning before noon.
22 Q. Okay. On Wednesdays and Fridays?
23 A. On Wednesday and Friday.
24 Q. Okay. And you're there also on Wednesdays and
25 Fridays?

1 handles the specimen.
2 Q. Okay.
3 A. And she will let him know what the weight is
4 and whatnot and then a recording is made of that.
5 Q. Okay. So, now, is Dr. Brigham considered the
6 medical director at Elkton?
7 A. No, I think that's my title, but I'm
8 actually -- as far as I'm concerned, I'm actually not a
9 director. I can't hire or fire anybody. I can just tell
10 them what I think -- you know, you're doing this right or
11 you're not doing this right.
12 Q. Okay.
13 A. I don't do any hiring or firing or have any
14 suggestions that they need to change whatever they're
15 doing.
16 Q. So, well, Dr. Brigham brings all the staff from
17 Jersey, doesn't he?
18 A. He brings -- yeah, he brings some of it. Some
19 of the people live in Pennsylvania.
20 Q. Oh, okay, okay.
21 A. And they may just travel over to Elkton.
22 Q. Okay. So, now, since I have you on the phone,
23 how -- what does Dr. Brigham -- how does he usually do a
24 late, late term abortion? What is his standard procedure
25 like medically?

10

12

1 A. Yes.
2 Q. Okay. So, now, do you still drive?
3 A. No, they -- I have a disability with my right
4 arm, so, you know, they'll send a driver down to pick me
5 up.
6 Q. Oh, so, they pick you up to go down to Elkton?
7 A. Right.
8 Q. Okay, okay. So, now, you said that you check
9 the temperature on the fetus storage?
10 A. Well, you know, there's a refrigeration for
11 biologicals, there's refrigeration to see if the
12 refrigerator is, you know, kept at a certain temperature.
13 Q. So, how often are the biologicals or the
14 fetuses, how often are those picked up from Elkton?
15 A. That -- I couldn't give you any answer on that
16 one.
17 Q. No hints, okay.
18 A. I don't have a clue.
19 Q. Okay. So, now, who does the weight after the
20 abortion is performed?
21 A. What do you mean "who does the weight"?
22 Q. The weight of the fetus before it's put in the
23 freezer. Who's doing that weight? Does the doctor do it
24 or the staff person?
25 A. Well, there's a staff person that usually

1 A. Well, what I've seen him do?
2 Q. Yeah. Could you tell me what you've seen him
3 do?
4 A. The patient comes in. She intro -- he
5 introduces the patient to all of the physicians that are
6 present and he tells them that -- at that point, exactly
7 how many weeks they may be pregnant and then he --
8 Q. How does he -- I'm sorry to interrupt, but how
9 does he know how many weeks pregnant they are?
10 A. Because they've been seen and they've had
11 ultrasound and they've been recommended by someone, by
12 another doctor.
13 Q. Oh, okay. Okay, I'm sorry. Go ahead and
14 continue.
15 A. Where was I?
16 Q. You were telling us like Dr. Brigham would come
17 in and introduce himself and the other doctors in the
18 room.
19 A. Right, okay. Then he would do an examination
20 and determine whether or not, I guess, what was seen on
21 ultrasound and what is the examination, whether or not
22 they're in agreement or they're less or they may be more
23 than the ultrasound shows. But I haven't seen anywhere
24 there's -- that his examination is more than what the
25 ultrasound said.

3 (Pages 9 to 12)

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|---|--|-----------|
| <p>13</p> <p>1 Q. Okay. And then what happens?</p> <p>2 A. And then, at that point, usually I'm not</p> <p>3 standing over him and looking, so I have a hard time</p> <p>4 trying to tell you what he does then.</p> <p>5 Q. Okay. Well, how many abortions have you seen</p> <p>6 Dr. Brigham do in Elkton?</p> <p>7 A. You mean altogether?</p> <p>8 Q. Yeah.</p> <p>9 A. Oh, maybe he might do two or three on some</p> <p>10 weeks, and some weeks, he may not do any. We just go</p> <p>11 over paperwork. But I would say -- that's a hard one.</p> <p>12 That's tricky (inaudible).</p> <p>13 Q. Well, how long have you guys been working up in</p> <p>14 Elkton?</p> <p>15 A. I think since about September or so maybe.</p> <p>16 Q. Of 2009? Right? Like almost a year?</p> <p>17 A. To 2010, yeah.</p> <p>18 Q. Okay. So, almost a year. And he does two or</p> <p>19 three a day and he comes a couple -- at least two times a</p> <p>20 week?</p> <p>21 A. Yeah, he comes two times a week. And I think</p> <p>22 they're doing some renovation there, so he checks on the</p> <p>23 carpenters and the contractors, if they are doing what he</p> <p>24 wanted them to do.</p> <p>25 Q. Oh, okay.</p> | <p>15</p> <p>1 wanted to see if --</p> <p>2 A. And they have to be (inaudible) -- I think the</p> <p>3 products of conception are placed in another freezer and</p> <p>4 I don't go in that freezer at all.</p> <p>5 Q. Oh, you don't go in that freezer?</p> <p>6 A. No.</p> <p>7 Q. Okay.</p> <p>8 A. This here's the other freezer that might have</p> <p>9 pregnancy tests and that kind of thing in it.</p> <p>10 Q. Oh, okay, okay. So, now, are you the lab</p> <p>11 director there?</p> <p>12 A. I don't know. That would be a great question.</p> <p>13 Because they -- because all the patients that come have</p> <p>14 already had their lab work done. So, I'm not doing that.</p> <p>15 If I'm doing it, I'm not aware -- I'm not aware of it.</p> <p>16 Q. Okay. So, now, where do they have all their</p> <p>17 tests done, up in Jersey?</p> <p>18 A. That's a good question.</p> <p>19 Q. Okay.</p> <p>20 A. I would think that if -- it may be -- they may</p> <p>21 be -- it might be where, you know, where the patient</p> <p>22 lives, (inaudible) to where they might live because he</p> <p>23 has offices in several parts of New Jersey.</p> <p>24 Q. Right.</p> <p>25 A. About three or four in New Jersey and he's got</p> | |
| <p>14</p> <p>1 A. So, the office is being renovated and painted</p> <p>2 and the whole bit. So, there's a lot going on.</p> <p>3 Q. So, why do the patients have to come to Elkton?</p> <p>4 Is it because of the late term abortions?</p> <p>5 A. I think -- I think it must be because they</p> <p>6 can't do them in New Jersey. I forget what -- I don't</p> <p>7 know how far New Jersey goes. It may be no more than 14</p> <p>8 or 15 weeks, but I'm not sure about that.</p> <p>9 Q. So, any -- well, what --</p> <p>10 A. Well, I know he'll do a few that are 16 weeks.</p> <p>11 Q. Up in Jersey?</p> <p>12 A. No, he'll do them in Elkton.</p> <p>13 Q. Oh, okay. So, now, how long are the fetuses</p> <p>14 stored there, do you know?</p> <p>15 A. I don't know. For quite a while.</p> <p>16 Q. Quite a while?</p> <p>17 A. Yeah.</p> <p>18 Q. Do -- have you ever seen any like stickies or</p> <p>19 notes on some of them, not to move them when you checked</p> <p>20 the freezer?</p> <p>21 A. Oh, no, no, I don't -- no, I don't.</p> <p>22 Q. Okay.</p> <p>23 A. I don't have a clue about that.</p> <p>24 Q. Oh, okay. You just were saying -- you had said</p> <p>25 earlier you check the temperature a lot. So, I just</p> | <p>14</p> <p>1 some in Pennsylvania and about three or four in Maryland.</p> <p>2 So, you know, the patients could be seen at any one of</p> <p>3 those, but I'm not sure where.</p> <p>4 Q. So, do you ever talk to --</p> <p>5 A. I know they are seen.</p> <p>6 Q. Okay. Do you ever talk to Brigham on the phone</p> <p>7 or do you just see him there Wednesdays and Fridays?</p> <p>8 A. No, we don't -- I don't ever talk to him much</p> <p>9 other than Wednesday and Friday.</p> <p>10 Q. Okay.</p> <p>11 A. Because he's in different places and he just</p> <p>12 became a dad, so he's home with the baby.</p> <p>13 Q. Oh, okay.</p> <p>14 A. He's got about a six or seven-week baby -- a</p> <p>15 little baby girl, I think.</p> <p>16 Q. Oh, okay.</p> <p>17 A. So, he has to go home and help his wife change</p> <p>18 diapers and feeding and all that stuff. I don't know how</p> <p>19 he gets any work done.</p> <p>20 Q. Right. So, now --</p> <p>21 A. (Inaudible) you know, they're not taking any</p> <p>22 milk or anything.</p> <p>23 Q. Oh, okay.</p> <p>24 A. (Inaudible) I've got two kids and I have a hard</p> <p>25 time trying to fix dinner for all of them. I guess</p> | <p>16</p> |

17

1 that's because I'm sort of handicapped with one of my
2 arms. I just have a little difficulty moving.
3 Q. So, now, what time does the car pick you up
4 tomorrow?
5 A. It should be -- usually it's between 8:00 and
6 8:30 because it takes about maybe two hours or two and a
7 half depending on traffic before I can get to Elkton.
8 And I usually have to be back in time to pick up my kids
9 by 3:00, which means I can't get back to Seaford no later
10 than about 2:15, 2:30 because it takes me from Seaford to
11 the school that they are in, it takes me another 30, 35
12 minutes from Seaford to get them.
13 Q. Oh, okay.
14 A. And then there's a little waiting time for them
15 to get out of class and get to the car.
16 Q. Right. So, you're not there very many hours a
17 week then?
18 A. No, no, not -- I would think that they're not
19 there more than four or five hours as near as I can
20 figure.
21 Q. Okay. So, how does Dr. Brigham pay you?
22 A. What do you mean "how"?
23 Q. Well, like do you get paid every week or is it
24 like --
25 A. Oh, once a month.

18

1 Q. Oh, once a month, okay.
2 A. Right.
3 Q. And it's just for those hours that you work?
4 It's not pay patient or anything like that, right?
5 A. Oh, no, no, no, no.
6 Q. Okay. So, now --
7 A. I just get a regular pay.
8 Q. Okay. Now, how does it work like with the
9 ordering of supplies and everything? Does Dr. Brigham
10 take care of all that?
11 A. He -- the manager of the office (inaudible)
12 normally what they need.
13 Q. Uh-huh.
14 A. And, you know, if they need it on a Monday or a
15 Tuesday, they will wait until I get there on Wednesday to
16 sign off on it.
17 Q. Okay. And what do they call the Elkton
18 Facility? Is it Grace something?
19 A. I've heard the word "grace," but I'm not sure
20 that they call it that. All I know is Elkton.
21 Q. Right, right. Okay.
22 A. I've heard the word "grace," but I'm not sure
23 what that means.
24 Q. Okay.
25 A. Is that an abbreviation or the name of

19

1 something?
2 Q. Well, I don't know. We were -- we have some
3 paperwork that has your name all over it. That's why I
4 actually was calling you today.
5 A. Okay. Well, yeah, I don't look at where they
6 came from; I just look and make sure that they're doing
7 what they're supposed to do.
8 Q. Okay.
9 A. And, you know, if I feel that that's what
10 they're doing and they're doing it right, then I sign off
11 on it.
12 Q. So, now, do you have a contract with Dr.
13 Brigham?
14 A. No, it's just some -- sometimes maybe some
15 Wednesdays or Fridays, if they don't have any patients
16 those days, then they'll call me and tell me they won't
17 be coming for me.
18 Q. Oh, okay.
19 A. So, I never know when I'm going. Like I'm due
20 to go tomorrow, but here it is almost 2:30 and they
21 haven't called me. So, I guess nothing's going on
22 tomorrow.
23 Q. Oh, okay. So, they call you the day before to
24 go?
25 A. They call me the day before and say, someone's

20

1 going to pick you up at 8:00 or 8:30.
2 Q. Okay, okay.
3 A. So I can get there at 10:30 and leave by 12:30
4 or 1:00 so I can make sure to get back home --
5 Q. Okay.
6 A. -- to pick up my kids.
7 Q. Right. So, now, when was the last time you
8 were there?
9 A. Last Wednesday, I think.
10 Q. Last Wednesday, which was --
11 A. Last Wednesday or last Friday. I'm not quite
12 sure at this point.
13 Q. Oh, okay. So, August 11th or the 13th?
14 A. Right.
15 Q. Well, if you went August 11th or the 13th --
16 you're not sure what day -- but it would have been the
17 same hours you would have --
18 A. It would have been a Wednesday or Friday.
19 Q. Okay.
20 A. Because I don't go any other days.
21 Q. Now, were there any problems when you were
22 there, any problem patients?
23 A. No, not that I know of, and I usually, you
24 know, wait and see all the patients and make sure that
25 they left in good shape.

21

1 Q. Oh, okay, okay.
 2 A. But I would have some questions about it.
 3 Q. Right, right. So, now, do you have a
 4 dispensing permit with the Board?
 5 A. By dispensing you mean am I giving out any
 6 medication?
 7 Q. Correct, yes.
 8 A. No, I'm not.
 9 Q. But the clinic is, correct?
 10 A. I think the only thing that the clinic might
 11 give them as far as medication to take out would be some
 12 aspirin or Tylenol.
 13 Q. Okay. Can we just go back to the late term
 14 abortions? How do you do those? Like what's the medical
 15 way to do it? Do you know it with the -- what is it
 16 called, the Laminaria? Do you start it the day before,
 17 like dilating the cervix?
 18 A. I think most of that is done somewhere else
 19 before they get there, yeah.
 20 Q. Oh, okay. So, the procedure's like started
 21 like in Jersey?
 22 A. Right.
 23 Q. Okay.
 24 A. And it may be at one of the other clinics.
 25 Q. Okay. Now, what is -- is that the term? Did I

22

1 pronounce it correctly or not?
 2 A. It's Laminaria --
 3 Q. Oh, okay.
 4 A. -- that they're talking about.
 5 Q. Oh, okay. So, Dr. Brigham would put that
 6 inside the woman to dilate the cervix?
 7 A. Or some (inaudible) or somebody that works in
 8 his facility.
 9 Q. Oh, a doctor doesn't have to do that?
 10 A. A doctor does, that's what I'm saying. You
 11 know, he has several doctors in Voorhees and Toms River
 12 and Elizabeth and God knows where.
 13 Q. Oh, okay. Up in Jersey?
 14 A. Right.
 15 Q. Okay. So, then, when the patient came down to
 16 Elkton the next day to finish the abortion, what happens
 17 on the second day? What medically happens?
 18 A. Well, I know they take -- I think there's some
 19 gauze that keeps the Laminaria in place. So, they take
 20 out the gauze and then the Laminaria, they dilate the
 21 cervix and I think they put some (inaudible) or Pitocin
 22 in the cervix and use forceps to extract any fetal tissue
 23 that needs to come out.
 24 Q. Okay. Yeah, I mean, I'm just trying to
 25 understand, you know, kind of how it works because I'm

23

1 not a doctor. So, I mean, does the -- when does the
 2 fetus die? How does that work out?
 3 A. Now you got me. I have no clue to any of that.
 4 All I know is when they get there, there's no fetal
 5 monitor or anything. If you're talking about, you know,
 6 after when does the heartbeat start.
 7 Q. Oh, no, no, I'm sorry. I'm not -- I'm just
 8 trying to figure out like does the -- I forget the --
 9 does the Laminaria, does that opening of the cervix cause
 10 the fetal heart rate to stop?
 11 A. That's a good question. I haven't done that,
 12 so I'm not quite sure how that works.
 13 Q. Oh, okay.
 14 A. I do know that they all have the -- you know,
 15 if they're 15 or 16 weeks, they have Laminaria.
 16 Q. Okay, okay. So, then Dr. Brigham does a
 17 dilation and evacuation? Is that what it's called?
 18 A. Right.
 19 Q. Okay. And that's the general procedure for
 20 anything over how many weeks?
 21 A. As near as I know, for anything over 15 or 16
 22 weeks.
 23 Q. Okay, gotcha. So, now, do you provide any
 24 training up there?
 25 A. No, I do not.

24

1 Q. Okay, okay. Are you practicing medicine
 2 anywhere else right now?
 3 A. No, I'm not.
 4 Q. No? Okay.
 5 A. Like I said, I'm sort of handicapped, so it
 6 makes it difficult for me to do that. I get tired just
 7 using my arm sometimes to write. So, you know, I'm not
 8 doing very much.
 9 Q. Oh, okay. But, now, you have a DEA number for
 10 each of Dr. Brigham's clinics, right?
 11 A. Correct.
 12 Q. Okay. Now, does he pay you a good salary to do
 13 this consulting?
 14 A. I think when -- when I'm working and I'm doing
 15 pretty good, it's about -- about \$400 a week.
 16 Q. Okay, okay. And the car ride, right?
 17 A. If it's a busy day, I might get a bonus like
 18 \$500 a week, but that doesn't happen that much.
 19 Q. Okay, gotcha, gotcha. So, now, you've seen Dr.
 20 Brigham do abortions in Baltimore, too?
 21 A. No.
 22 Q. Okay. So, he can really just do it in Elkton,
 23 right?
 24 A. Are you asking me what he does? I really don't
 25 know, but that's the only time I've seen him.

25

27

1 Q. Is up in Elkton?
 2 A. Right.
 3 Q. Now, did you -- where did you work for Dr.
 4 Brigham before Elkton?
 5 A. I used to work in Baltimore.
 6 Q. Oh, okay. But you never saw him do any
 7 abortions when --
 8 A. No, no, he was never there.
 9 Q. Oh, okay, okay. So, really, this Elkton thing
 10 just started because the abortions aren't legal in New
 11 Jersey, so he needed somewhere to go to --
 12 A. Now you got me. What do you -- you mean -- are
 13 you telling me that abortions are illegal in New Jersey?
 14 Q. No, no, no, I'm sorry.
 15 A. (Inaudible).
 16 Q. No, I -- you're misinterpreting what I'm
 17 saying.
 18 A. Okay.
 19 Q. Or perhaps I misstated it. I was saying that
 20 Dr. Brigham needed a place to do the late term abortions
 21 and you're the one who told me you thought that he
 22 couldn't do them after 16 weeks up in New Jersey.
 23 A. That's what I think. But I don't know.
 24 Q. Okay, gotcha.
 25 A. Because I don't know what the limit is in New

26

1 Jersey.
 2 Q. Okay, gotcha. Now, do you have a cell phone,
 3 Dr. Shepard?
 4 A. Yeah, but it doesn't work half the time because
 5 I forget to put it in the charger.
 6 Q. Okay.
 7 A. Then I'll get -- my wife will look at it and
 8 tell me what's going on.
 9 MS. FARRELLY: Okay. Well, I'm going to stop
 10 the recording now, but...
 11 (Whereupon, the interview was concluded.)
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CERTIFICATE OF TRANSCRIPTIONIST

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ELIZABETH M. FARRELL

7 (Pages 25 to 27)

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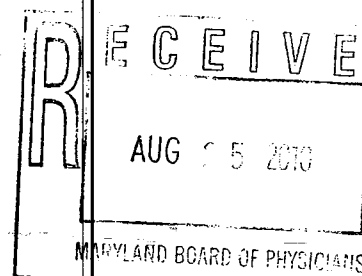
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Exhibit G

In the Matter of:
Board of Physicians



August 23, 2010
Interview with Kimberly Walker

Condensed Transcript with Word Index



For The Record, Inc.
(301) 870-8025 - www.ftrinc.net - (800) 921-5555

INTERVIEW CONDUCTED BY CHRISTINE FARRELLY

Q. Okay.

Q. I'm sorry, Supplies. Are you still currently

A. I've been probably what you are interested in, I have been going with American Woman Services, Dr.

5

1 Steven Brigham. I met him in August or September of last
2 year, shortly after I submitted my application. And I
3 was just trying to find employment at the time. He
4 basically said that, you know, he'd be willing to train
5 me and he could work with me with the level of skills
6 that I had once I had a license.

7 I didn't realize the licensing process would
8 take so long. After my medical evaluation in December,
9 in January, I thought it would be fairly soon after that.
10 So, in January, I started going to watch him do cases.
11 And the extent of my involvement there was just watching.
12 I just observed him do cases to see if I was interested
13 in working with them.

14 I would do that about two days a week. Usually
15 it averaged out to be maybe three or four times over a
16 month. I wouldn't be there every single week, but I
17 would go about three to four times a month and watch him
18 do cases.

19 Q. Where were you going?

20 A. The place I would go to was in Elkton,
21 Maryland.

22 Q. Okay.

23 A. Mm-hmm.

24 Q. So, now, you started last -- I'm sorry --

25 A. Mm-hmm.

7

1 Q. Okay. Now, how did you kind of meet Dr.
2 Brigham? Was -- did you see an ad?

3 A. I did. It was a website. I went to his
4 website and he put under employment, it says, you know,
5 will -- any licensed physician willing to train, that
6 sort of thing. Yeah, it was an ad on his website.

7 Q. Okay. Now, could you just take us back to like
8 when you -- when you called him how it worked out. Did
9 you go and meet with him and --

10 A. What I did is I submitted my CV online, and I
11 received a call from someone in his human resources
12 department, and he called me up for an interview. I went
13 to see him in New Jersey in Voorhees in that office. And
14 I met with him, and, you know, I told him a little bit
15 about my background, and he thought that he could, you
16 know, potentially employ me once I had a license.

17 Q. Okay.

18 A. Mm-hmm.

19 Q. And then what other physicians have you met at
20 the Elkton location?

21 A. Let's see, I met Dr. Shepard, because he's
22 usually -- at the Elkton location?

23 Q. Yeah.

24 A. Just Dr. Shepard, and I met a Dr. Riley. I met
25 her one time.

6

1 Q. -- let's just clarify it.

2 A. Mm-hmm.

3 Q. Okay. Last August or September, which was 2009

4 --
5 A. Mm-hmm.

6 Q. -- so almost a year ago --

7 A. No, I didn't start going out there until
8 January.

9 Q. Oh, okay.

10 A. But I met him in August or September, and --

11 Q. Okay.

12 A. -- he kind of, you know, was waiting around for
13 me to get my license, and then he said, oh, well, maybe
14 it might be a good idea if you come watch cases with us
15 and so I did.

16 Q. Okay.

17 A. Yeah.

18 Q. So, since January of --

19 A. Since January.

20 Q. -- 2010.

21 A. Mm-hmm.

22 Q. You go three or four times a month --

23 A. Mm-hmm.

24 Q. -- to the Elkton location.

25 A. Mm-hmm.

8

1 Q. Okay.

2 A. Mm-hmm.

3 Q. Was that recent that you met --

4 A. It was. It was about -- maybe about three
5 weeks ago or so.

6 Q. Dr. Riley?

7 A. Dr. Riley, yeah, three or four weeks ago. And
8 Dr. Shepard is usually at the Elkton location when we go
9 and do cases.

10 Q. How many hours does Dr. Shepard spend?

11 A. I mean, the whole -- there are not a lot of
12 patients there. So, some days it's one patient; some
13 days it's like four or five patients. So, the total time
14 that, you know, that it takes us about two hours or so
15 that, you know, they're even in the facility. So, Dr.
16 Shepard is there usually, you know, the entire time that,
17 you know, the two hours that, you know, Dr. Brigham and
18 the rest of the staff is there.

19 Q. Okay.

20 A. Mm-hmm.

21 Q. So, now, who is performing the abortions that
22 you're observing?

23 A. Dr. Brigham.

24 Q. Dr. Brigham.

25 A. Mm-hmm.

9

11

1 Q. Okay. So, I guess -- how many abortions have
 2 you seen Dr. Brigham do in Elkton?
 3 A. I would -- I don't know, maybe 50 or so.
 4 Q. About 50?
 5 A. Yeah. I -- that's a rough estimate. I could
 6 take a piece of paper and calculate it out, but I'm
 7 guessing like maybe two to three cases each time I've
 8 gone, and I've probabiy, you know, if I've gone three
 9 times over the last five or six months, that would
 10 probably be about 50 or so.
 11 Q. Okay.
 12 A. Yeah.
 13 Q. Now, have you ever done anything with Dr.
 14 Brigham there?
 15 A. No.
 16 Q. Okay.
 17 A. No.
 18 Q. So, your role is --
 19 A. I just stand there and watch.
 20 Q. Okay.
 21 A. Yes.
 22 Q. So, Dr. Brigham is effectively training you by
 23 performing abortions and --
 24 A. Well, I don't know -- I don't even know if he
 25 considers that training, per se.

10

1 Q. Okay.
 2 A. He -- you know, I do watch him do cases, and it
 3 helps me. I just like to be in a medical environment
 4 really.
 5 Q. Okay.
 6 A. But, you know, I don't think that would -- he
 7 would call that the extent of my training, you know.
 8 Q. Okay.
 9 A. Yeah.
 10 Q. So, you're more there just to observe Dr.
 11 Brigham --
 12 A. Mm-hmm.
 13 Q. -- do the abortions and it's not really a
 14 training that you're thinking it's a training.
 15 A. I mean, it wouldn't be -- sorry --
 16 MS. SAMMONS: Oh, no, I'm sorry. I just felt
 17 like this vibration. Sorry.
 18 THE WITNESS: I'm sorry.
 19 BY MS. FARRELLY:
 20 Q. I'm sorry, no, we can go back. You don't
 21 really feel it -- it's training right now?
 22 A. I mean, it's training in a way. I'm learning.
 23 I can't say that, you know, not watching would be more
 24 beneficial, so I'm sure I'm learning something by
 25 watching.

1 Q. Okay.
 2 A. But, you know, it definitely wouldn't qualify
 3 as, you know, making me qualified to actually do the
 4 procedures once I am licensed.
 5 Q. Okay.
 6 A. I wouldn't consider it --
 7 Q. Right.
 8 A. -- yeah.
 9 Q. You'd have to kind of -- once you are licensed,
 10 you'd have to start formal training.
 11 A. Exactly, exactly.
 12 Q. In order to feel like you are competent in
 13 those procedures.
 14 A. Mm-hmm, exactly.
 15 Q. Okay. Now, I guess I would just ask why -- if
 16 you know --
 17 A. Mm-hmm.
 18 Q. -- why does Dr. Brigham come down to Elkton?
 19 MR. COHEN: Only if you know.
 20 THE WITNESS: Yeah, I don't know.
 21 BY MS. FARRELLY:
 22 Q. Okay.
 23 A. Yeah.
 24 Q. Okay, so, when you talked with him about, you
 25 know, come to Elkton to observe --

12

1 A. Mm-hmm.
 2 Q. -- he didn't say why he has an Elkton location
 3 compared to some other location?
 4 A. No. I mean, I know he has a lot of locations,
 5 so I just -- I don't know. Yeah.
 6 Q. Okay, so he didn't say this would be the best
 7 place for you to observe or anything along those lines?
 8 A. No.
 9 Q. Okay.
 10 A. No.
 11 Q. Now, what days does Dr. Brigham generally do
 12 abortions in Elkton?
 13 A. Wednesday and Friday.
 14 Q. Okay.
 15 A. Mm-hmm.
 16 Q. And then what time does -- do you arrive or Dr.
 17 Brigham?
 18 A. Usually like 10:00 in the morning.
 19 Q. Okay.
 20 A. Mm-hmm.
 21 Q. Okay. It's the Board's understanding that the
 22 abortions performed in Elkton are late-term abortions.
 23 A. Mm-hmm.
 24 Q. Is that what you've generally observed?
 25 A. Sometimes there -- there are late cases;

13

1 sometimes they're not. Sometimes they're like second
2 trimester. I'm not sure what's late. Is that beyond 20
3 weeks?

4 Q. Yes.

5 A. Okay.

6 Q. I guess that would be -- let's just use that as
7 a parameter.

8 A. Okay, yeah, so it varies. He -- he basically
9 calls the later cases -- he calls them grace patients. I
10 don't know if it's a -- I don't know what grace means,
11 but he calls them grace patients. And I'll say about
12 maybe 30 percent of the patients I've seen him do have
13 been those late cases. The majority of them are actually
14 second trimester cases.

15 Q. Okay. Now, what is Dr. Shepard doing there
16 when you're there?

17 A. Usually he, you know, he meets and greets the
18 patients. He fills out paperwork. He observes the
19 cases, he sits in the room actually while Dr. Brigham
20 does the procedures. And he's -- I don't know -- it's my
21 understanding he's the medical director or something and
22 that that's his role. I don't know.

23 Q. Okay.

24 A. Yeah.

25 Q. It's our understanding that Dr. Shepard is kind

14

1 of an older gentleman. Is that --

2 A. That's correct.

3 Q. Okay.

4 A. Mm-hmm.

5 Q. Does he seem totally with it to you?

6 A. Yeah, he is.

7 Q. Okay.

8 A. Yeah.

9 Q. Now, it's also our understanding that he has a
10 disability, a physical disability.

11 A. He's -- I don't think it's a physical
12 disability. I would -- I don't know, but I would guess
13 that he probably has osteoporosis.

14 Q. Okay.

15 A. He's a little bit -- yeah, hunched over, but I
16 don't think he has a physical disability.

17 Q. Okay.

18 A. Yeah.

19 Q. Because it was our understanding that he had
20 one arm that kind of didn't work.

21 A. I never noticed that.

22 Q. Okay.

23 A. If that's the case.

24 Q. Oh, that's -- yeah, that's fine.

25 A. Yeah.

15

1 Q. I just --

2 A. Okay.

3 Q. -- am curious. Now, you've never seen Dr.
4 Shepard do abortions there?

5 A. I have not.

6 Q. Okay. And now you met Dr. Riley you said about
7 three weeks ago in Elkton?

8 A. Yeah, about three or four weeks ago, mm-hmm.

9 Q. Okay. Have you heard any kind of scuttlebutt
10 about anything that happened up in Elkton?

11 A. I actually did.

12 Q. Okay.

13 A. Yeah.

14 Q. What did you hear and --

15 A. I just -- I heard that she had a complication
16 with one of the patients and that they essentially had to
17 take the patient to the hospital and the patient had to
18 have an abdominal procedure, bowel repair. So, I did
19 hear that.

20 Q. Okay.

21 A. Yeah.

22 Q. Who did you hear that from?

23 A. I heard that from Dr. Brigham.

24 Q. Oh, okay.

25 A. Mm-hmm.

16

1 Q. Do you talk to Dr. Brigham frequently?

2 A. He actually called to inform me, but I wasn't
3 there the date that happened. So, he called to let me
4 know that that had happened. And, you know, just, I
5 guess, to let me know that they wouldn't be there the
6 following week because it was his anniversary or
7 something. And, you know, basically to give me the
8 option of coming back to resume, you know, watching them
9 or not.

10 Q. Oh, okay.

11 A. You know, because he said that there was an
12 investigation as a result of it.

13 Q. Oh, okay.

14 A. Yeah.

15 Q. Okay, so, he knew. When did he call you?

16 A. Hmm, probably -- I know the incident happened
17 like a couple of -- on a Friday. And I think I probably
18 heard from him on Tuesday, because I was supposed to come
19 out there on Wednesday.

20 Q. Okay.

21 A. Yeah.

22 Q. So, the Tuesday following the incident?

23 A. Mm-hmm.

24 Q. Okay. And now what's your understanding of the
25 facility's emergency procedures?

4 (Pages 13 to 16)

17

19

1 A. You know, I hadn't really thought about it.

2 Q. Okay.

3 A. You know, to be honest with you, I kind of
4 assumed that they were at the location close to the
5 hospital, you know, because they had some kind of
6 relationship with the hospital or, you know, I -- I
7 didn't -- I never inquired about that. And, yeah, I just
8 don't know.

9 Q. Okay.

10 A. I don't know. Yeah.

11 Q. Okay. Do you know Dr. Brigham's licensure
12 status?

13 A. No, I don't.

14 Q. Okay. Did he tell you he was a licensed
15 physician?

16 A. I mean, I assumed he was. He has offices in
17 quite a few locations. So, I just assumed that he was.
18 I don't know if we ever discussed -- we -- he did tell me
19 that -- he talked about some things that he -- that had
20 happened to him in the past and that in New Jersey he
21 couldn't do certain cases or something, but that's the
22 extent of -- yeah, that's the extent of it.

23 Q. Did he ever tell you what the law regarding
24 abortions was up in New Jersey? Did he ever mention
25 like, oh, I can't do abortions after this many weeks up

1 them a twilight sedation which is a combination of
2 bursette (phonetic) and ketamine, and I feel like
3 fentanyl as well.

4 Q. Fentanyl?

5 A. Mm-hmm. So, he gives them an IV sedation.

6 Q. Okay. Now, the -- forgive me for my
7 mispronunciation.

8 A. Mm-hmm.

9 Q. The first medication you mentioned?

10 A. Mm-hmm. Bursette?

11 Q. No, mis --

12 A. Oh, misoprostol.

13 Q. Uh-huh. Yeah.

14 A. It's Cytotec. I'm not sure if you're familiar
15 with that term.

16 Q. Okay.

17 A. It's basically a medication that was FDA-
18 approved for GI uses, but it's commonly used in
19 obstetrics to dilate the cervix.

20 Q. Okay.

21 A. Yeah.

22 Q. Now, is that medication administered at Elkton
23 or some -- or at the other location?

24 A. I've seen it given at Elkton.

25 Q. Okay.

18

20

1 here?

2 A. He said something about inserting laminaria,
3 but I'm not sure, I don't recall what exactly the rule
4 was, but he did mention something about laminaria
5 insertion and the laws in New Jersey.

6 Q. Oh, okay. Now, the patients who you witnessed
7 Dr. Brigham do the abortions on --

8 A. Mm-hmm.

9 Q. -- in Elkton --

10 A. Mm-hmm.

11 Q. -- were the patients -- was that laminaria
12 inserted in Elkton, Maryland?

13 A. No.

14 Q. Okay, so it was inserted at another location?

15 A. Obviously. Yeah, when they arrived, well, the
16 first process of the procedure is he removes the
17 laminaria, so they're already inserted.

18 Q. Okay.

19 A. Mm-hmm.

20 Q. Now, does he administer medication there in
21 Elkton when he's doing abortions?

22 A. Mm-hmm.

23 Q. Okay, what medications would that be?

24 A. He gives the patients misoprostol sometimes, I
25 guess to prepare them, you know, for the case. He gives

1 A. Yeah. I don't know, they probably give it
2 there as well. It's not uncommon for patients to receive
3 it over a course of days to help soften and get the
4 cervix prepared for a procedure like that.

5 Q. Oh, okay.

6 A. Mm-hmm.

7 Q. Yeah, I guess that was my question, because I
8 thought that the way that it went or protocol --

9 A. Mm-hmm.

10 Q. -- is they insert the laminaria and then, like,
11 the following day they give the medication to start
12 contractions.

13 A. Mm-hmm, mm-hmm.

14 Q. And then they would perform a dilation and
15 evacuation.

16 A. Mm-hmm. Essentially I -- it's also useful to
17 help contract the uterus.

18 Q. Okay.

19 A. So, and -- and to help make sure the placenta
20 doesn't adhere to the uterine wall.

21 Q. Oh, okay.

22 A. So, it can be given during the procedure, as
23 well.

24 Q. Okay.

25 A. Yeah, the purpose is for that.

21

1 Q. Okay.

2 A. Yeah.

3 Q. Okay. So, now, did Dr. Brigham ever go over

4 any, like, say for instance policies and procedures about

5 the office?

6 A. No.

7 Q. Okay.

8 A. No.

9 Q. What about the staff who were with him?

10 A. Mm-hmm.

11 Q. Are they nurses, medical assistants?

12 A. I'm not sure what their credentials are. I

13 know a few of them were foreign medical graduate

14 positions, doctors.

15 Q. Okay.

16 A. Just because, yeah, I met a few that trained in

17 other places and there is -- there are a few nurses that

18 are consistently there. And then there have been kind of

19 a flux of different nurses that work in and out of that

20 office.

21 Q. Now, do the foreign medical graduates, do they

22 assist Dr. Brigham?

23 A. No one -- I mean, he -- he pretty much is able

24 to do everything on his own. I mean, the nursing staff

25 that he has essentially hands him equipment or hands him,

22

1 you know, what he asks for, gauze and that sort of thing.

2 But it's -- it's pretty much a one-person show.

3 Q. Okay.

4 A. Yeah.

5 Q. And that show is the Dr. Steven Brigham show?

6 A. Pretty much, yeah.

7 Q. Okay. Now, you mentioned these IV medications.

8 Does Dr. Brigham start the IV line?

9 A. He gives them -- it's not an IV line.

10 Q. Okay.

11 A. He just gives them intravenously. It's like a

12 one-time dosage.

13 Q. Oh, okay.

14 A. But if they need more, he'll give them more

15 during the procedure.

16 Q. Oh, okay. So, you personally witnessed Dr.

17 Brigham inject patients with this medication?

18 A. Yes.

19 Q. Okay.

20 A. Mm-hmm.

21 Q. And would that be the same amount of times that

22 you've seen Dr. Brigham perform abortions in Elkton?

23 A. Yes, mm-hmm.

24 Q. Okay. Hang on one sec.

25 A. Mm-hmm.

21

23

1 Q. I'm just making sure.

2 Did he require you to sign any sort of like

3 letter of intent or give you a tentative offer of

4 employment or anything like that?

5 A. Nothing.

6 Q. Okay.

7 A. No.

8 Q. Do you get paid for your observations?

9 A. He does give me gas and toll money, so it's

10 like \$50 a session that he gives me. He doesn't --

11 Q. Okay, right.

12 A. -- yeah.

13 Q. Okay. Okay. But you're not touching patients

14 or equipment?

15 A. Nothing. I -- nothing.

16 Q. Okay, okay. Just to ask one more time on the

17 record --

18 A. Mm-hmm. Mm-hmm.

19 Q. You have personally witnessed Dr. Brigham not

20 only perform abortions but also inject medications into

21 patients about 50 times since January?

22 A. That's correct.

23 Q. Okay, all right.

24 MS. FARRELLY: I don't have anything else. Do

25 you, Maureen?

24

1 MS. SAMMONS: Neither do I.

2 MS. FARRELLY: Okay. We're going to just stop

3 the recording.

4 (Whereupon, there was a brief pause.)

5 MS. FARRELLY: Okay, this is Christine

6 Farrelly. I just wanted to actually thank Mr. Cohen for

7 reminding me of something, so we're going to go back on

8 the record. It's 20 of 12:00, and we're with Dr. Walker.

9 FURTHER EXAMINATION

10 BY MS. FARRELLY:

11 Q. There were some documents obtained from the

12 Elkton location by the police department, and they do

13 identify your name on a recovery room log.

14 A. Okay.

15 Q. Do you recognize these three patient names at

16 all?

17 A. Probably not, no.

18 Q. Is there -- the date on it was August 4th of

19 2010.

20 A. Mm-hmm.

21 Q. So, it would have been maybe a couple weeks

22 ago.

23 A. Okay.

24 Q. Dr. Shepard does not perform abortions,

25 correct?

6 (Pages 21 to 24)

25

1 A. Right.

2 Q. Okay, so Dr. Shepard's name is on it, and then
3 I'm guessing this is you --

4 A. Mm-hmm.

5 Q. -- Dr. Wolker, even though it's spelled
6 incorrectly.

7 A. Okay.

8 Q. But it's your testimony that you did not touch
9 those --

10 A. No, absolutely not.

11 Q. -- those patients?

12 A. No.

13 Q. Okay. So, these abortions would have been
14 completed by Dr. Brigham?

15 A. That would be correct.

16 Q. Okay.

17 A. Mm-hmm.

18 Q. Okay. Thank you. We're just going to stop the
19 recording.

20 (Whereupon, the interview was
21 concluded.)
22
23
24
25

26

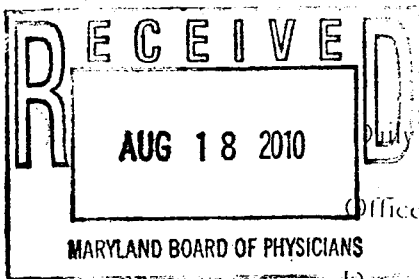
1

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17 Transcriber
18
19
20
21
22
23
24
25

Exhibit H



Only Tissue and Regulated medical Waste Log for NJ offices

Office name: Elkton Dr's name: Sheppard

Date: _____

S - W - J = B

| Pt's name | Pt's ID | Wks of preg | Total sample weight | Tissue weight | Jar weight | Blood weight | Patho sent out |
|------------------------|---------|-------------|---------------------|---------------|------------|--------------|----------------|
| ✓ Wagon J R | 7-13-10 | 24.1 | 1261 | | | | |
| ✓ JC | 7-13-10 | 24 | 774 | | | | |
| ✓ KH | 7-16-10 | 23.1 | 687 | | | | |
| ✓ DS | 7-16-10 | 15.2 | 213 | | | | |
| ✓ VO | 7-16-10 | 17.2 | 433 | | | | |
| ✓ TW | 7-16-10 | 15.5 | 172 | | | | |
| ✓ CF | 7-16-10 | 21.6 | 1020 | | | | |
| • GV | 7-21-10 | 28.3 | 1655 | | | | |
| ✓ JH | 7-21-10 | 20.2 | 712 | | | | |
| ✓ MPerez | 7-21-10 | 19 | 623 | | | | |
| ✓ MPatel | 7-21-10 | 15 | 172 | | | | |
| ✓ MG | 7-21-10 | 18 | 403 | | | | |
| ✓ LC | 7-21-10 | 18 | 267 | | | | |
| ✓ JBrown | 7-21-10 | 16.1 | 282 | | | | |
| ✓ KC | 7-23-10 | 31.4 | 2413 | | | | |
| ✓ EC | 7-23-10 | 15 | 211 | | | | |
| ✓ VH | 7-23-10 | 22.1 | 701 | | | | |
| ✓ VS | 7-28-10 | 29 | 2143 | | | | |
| ✓ SF | 7-28-10 | 33 | 2046 | | | | |
| ✓ ML | 8-4-10 | 33 | 2491 | | | | |
| ✓ CS | 8-4-10 | 17.2 | 348 | | | | |
| ✓ WB | 8-4-10 | 18.4 | 252 | | | | |
| ✓ MR | 8-6-10 | 15.4 | 152 | | | | |
| ✓ NM | 8-6-10 | 19.4 | 345 | | | | |

Only calculate Total blood weight =

Office name: Elton Dr's name: Sheppard

Date: _____

$$S - W = 13$$
[illegible]

Only calculate Total blood weight =

Office Name:

Doctor:

Date:

PATIENT NAME

| # of Weeks |
|------------|
|------------|

| |
|-----------|
| PROCEDURE |
| TOP/ LAM |

LCL/TWIL

| Payment Type | Amount | Due Date |
|--------------|------------|------------|
| Monthly | \$100.00 | 10/15/2023 |
| Quarterly | \$300.00 | 12/15/2023 |
| Annual | \$1,200.00 | 12/15/2023 |

| <u>Payment Amount</u> |
|-----------------------|
|-----------------------|

Grace

S. F

53

700

Two

Grall

Recovery Room Staff Initials

Office Name: Edison

Date: 7/28/10

[illegible]

Office Name:

Doctor:

! Dates:

7/23/10

[illegible]

RECOVERY ROOM LOG

Office Name:

Doctor:

Date:

Belkan
Sheppard

7-21-10

CHART #

PATIENT NAME

of Weeks

PROCEDURE
TOP/ LAM

LCL/TWIL

Payment Type

Payment Amount

G. V.

27.3

Tap

Tuul

Self

Arac

M. P.

15.0

Tap

Tuul

Self

795

M. B.

18.0

Tap

Tuul

Self

M. D.

19.0

Tap

Tuul

Self

1195

~~JT. B.~~

16.1

Tap

Tuul

Self

825

J. H.

28.2

Tap

Tuul

Self

L. C.

18.0

Tap

Tuul

Self

Recovery Room Staff Initials

Office Name:

Doctor:

Date:

CHART #

PATIENT NAME

of Weeks

PROCEDURE
TOP/LAM

LCL/TWIL

| | |
|--------------|--|
| Payment Type | |
|--------------|--|

| Payment Amount |
|----------------|
|----------------|

K ~~REDACTED~~ H

23. /

top

THZ

self

2595

D [REDACTED] S

15.2

TV

TWL

Self

795

| Year | Percentage of Population Aged 65 and Over |
|------|---|
| 1950 | 7% |
| 1960 | 8% |
| 1970 | 9% |
| 1980 | 10% |
| 1990 | 11% |
| 2000 | 12% |
| 2010 | 13% |
| 2020 | 14% |
| 2030 | 15% |
| 2040 | 16% |
| 2050 | 16% |

V. [REDACTED]. 0

17.2

TD

THL

self

1995

C-~~_____~~.F

21.6

TP

TWL

self

1 W

15.5

W

TWL

self

745

Recovery Room Staff Initials

Office Name:

Doctor:

Date:

CHART #

PATIENT NAME

[illegible]

| |
|-----------|
| PROCEDURE |
| TOP/ LAM |

LCL/TWII

| Payment Type | Amount | Due Date |
|--------------|------------|------------|
| Monthly | \$100.00 | 10/15/2023 |
| Quarterly | \$300.00 | 12/15/2023 |
| Annual | \$1,200.00 | 12/15/2023 |

| Payment Amount |
|----------------|
|----------------|

J. R.

24.1

top

72

Self

Grac

T. C.

24.c

TR

75

Self

Grace

Recovery Room Staff Initials

Office Name:

Doctor:

Date:

7/9/10

[illegible]

Office Name:

Doctor:

Sheppard

Date:

$$7/2/10$$
[illegible]

Office Name:

Doctor:

Date:

6/30/10

[illegible]

Office Name:

Doctor:

Date:

6/24/10

[illegible]

Office Name:

Doctor:

Date: _____

June 23, 2010

[illegible]