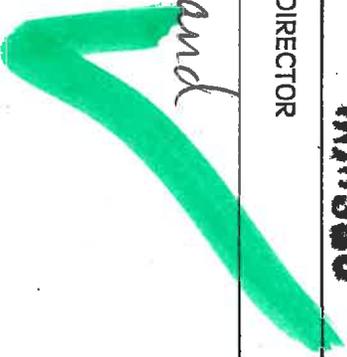


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Myers</i>	<i>3-9-10</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>111-380</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stendland</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-18-10</i> DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

1117 Gilbert Drive
Bossier City, LA 71112-2214
March 5, 2010

RECEIVED

MAR 09 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Department of Health and Human Services
ATTN: Emma Forkner, Director
P.O. Box 8206
Columbia, S.C. 29202-8206

Dear Ms. Forkner

Please find attached a letter with attachment that I sent to Mr. Michael Riordan, Hospital Administrator of Greenville Memorial Hospital.

It is concerning treatment, or should I say lack of that I recently experienced on February 27, 2010 in the emergency department. I am sure you will be interested in what transpired at that visit. I am a Stage 5 ESRD patient.

Thanking you in advance for reading my complaint.

Respectfully yours,



BROADUS J. SMITH

8 Atchs:

1. Letter to Mr. Michael Riordan dated March 5, 2010
2. Medicine & Allergy List, Broadus J. Smith
3. Treatment flow sheet, FMC Pierremont Dialysis Center, Shreveport, LA
4. Lab results from FMC Pierremont Dialysis, 2/19/2010
5. GMMC Medication Reconciliation, 2/27/2010
6. GMMC Lab Results, 2/27/2010
7. GMMC Discharge Instructions, 2/27/2010
8. GMMC Emergency Services Discharge Verification (unsigned)

1117 Gilbert Drive
Bossier City, LA 71112-2214
March 5, 2010

Greenville Memorial Hospital
ATTN: Mr. Michael Riordan
Hospital Administrator
701 Grove Road
Greenville, SC 29605

Dear Mr. Riordan,

I was a patient in your Emergency Department on February 27, 2010. I would like to make you aware of my encounter. I am a Stage 5 ESRD patient.

I was in Greenville for the funeral of my brother, Fred Lewis Smith. I am on dialysis three (3) days a week, Monday, Wednesday and Friday at my home in Bossier City, LA. I had dialysis as scheduled on Wednesday, February 24th and left Shreveport on Thursday, February 25th to attend my brother's funeral. Before I left I got a flow sheet and a copy of labs that were drawn on Friday, February 19th. I was instructed by my dialysis center to take the flow sheet and lab results to the nearest emergency room to have my dialysis on Saturday since we would be attending the funeral on Friday, February 26th.

I went to the Emergency room at Greenville Memorial at 7:15 a.m. on the morning of February 27th. After checking in I was taken to an examination room and started the preliminary process. I was told at that time that I could not have outpatient dialysis that I would have to be admitted and I told the nurse, Jennifer Ray, fine, what ever needed to be done. It had been three (3) days since I had been dialyzed. Dr. Alan Clardy came in and examined me. I gave them the flow sheet that my dialysis center provided along with the most recent lab results. Dr. Clardy said he was glad I had all of the information and that I would be sent upstairs for dialysis shortly. After a length of time, Dr Clardy came in and told me more labs would have to be drawn, then he would contact the nephrologist on call, Dr Ward, for final orders before sending me up stairs to be dialyzed. We were told at this time that Dr. Ward was the only nephrologist in Greenville.

After the lab results came back, Dr Ward came into the room and told me that I would not be dialyzed, that my lab work did not indicate that I needed in house dialysis. I told him that it had been three (3) days since my last dialysis and it would be five (5) days out if I had to wait until I got back to my dialysis center. He said they were not going to do any dialysis at Greenville Memorial. He stated he had called all of the dialysis centers in Greenville and no one would accept me.

I then left and went to my brother's home. I called my family in Louisiana and told them what had happened. My daughter called our dialysis center and spoke with our nephrologist on call, Dr. Robert McCoy and told him what had transpired. She called me back and gave me Dr. McCoy's cell phone number and told me he wanted me to call him. He instructed me to go back to the emergency room, see the nephrologist, (Dr. Ward) get him (Dr. McCoy) on the phone and he would speak with him that I had to be dialyzed. I told him I was too upset to go back over to the hospital again. He made me promise that if I started having any problems that I would go back to the hospital and also call him so he could talk to Dr. Ward. I promised I would. Per instructions before I left for the trip, I was told to watch the fluid intake as well as my intake of sodium, potassium and phosphorus. I did that for my whole trip.

There were several discrepancies that I feel you need to be made aware of. They are as follows:

- a. First of all why was I turned away for treatment? No facility is supposed to turn away a patient. It was not an insurance issue. I am on Medicare and Tricare for Life which would cover every cent of my stay.
- b. According to the American Kidney Foundation guidelines no patient should go without dialysis for more than three (3) days or in a natural disaster six (6) days unless they are on the emergency dialysis diet protocol. Just because I was being compliant with my doctors' instructions I was being punished and put in a dangerous situation.
- c. Also, on my sheet that I gave the nurse that listed all of my medications, allergies, etc. it stated in bold letters that I was allergic to Penicillin and Nexium. On my discharge sheet it stated that I had no known allergies. I am highly allergic to penicillin to the point that I can not come in contact with anyone receiving penicillin or I break out.

I spent 22 years in the United States Air Force as a medical technician and I also worked for 21 years at Willis-Knighton Medical Center in Shreveport, LA. I am aware of the guidelines set up for hospitals concerning care and treatment of emergency room patients.

My brother worked at your facility in the data processing department before his retirement this February. We also have several family members that work there in various departments. I was appalled at the treatment I received. I told Dr. Ward that I could see why my brother passed away from the same kidney disease that I have at your facility. He was a patient there for the last seven (7) months of his life.

Respectfully yours,

RS/

BROADUS J. SMITH

cc: Greenville Times

South Carolina Department of Health and Hospitals

7 Atchs:

1. Medicines & Allergy List, Broadus J. Smith
2. Treatment flow sheet, FMC Pierremont Dialysis Center, Shreveport, LA
3. Lab results from FMC Pierremont Dialysis, 2/19/2010
4. GMMC Medication Reconciliation, 2/27/2010
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Medicines & Allergy List
 Broadus J. Smith
 DOB: 12/31/1940

Blood Type: AB+

Nephrologist: Dr. Sylvia Noble
 (318) 631-1584
Internist: Dr. Attila Babogh
 (318) 212-7820
Orthopedist: Dr. John Mays
 (318)425-8701
Physical Therapist: Robb Bruce
 (318) 212-7720
Cardiologist: Dr. Wm. Britton Eaves
 (318) 752-2328
Pulmonary: Dr. Gerry San Pedro
 (318) 747-2277

Medicines: Name	Dosage	Time
Cardura	8 mg	1/day
Adalat	90 mg	1/day
Protonix	40 mg	1/day
Renagel	800 mg	1 before meals
Appressoline	50 mg	1 tablet/3 times day
Zocor	20 mg	1/day
Lopressor	25 mg	2/day
Lasix	40 mg	2/day
Atacand	32 mg	1/day
Clonidine	0.1 mg	1 tablet/2 times day
Zofran	4 mg	q 8 hrs, nausea/vomiting
Vitamin E	400 mg	1/day
Ecotrin	325 mg	1/day
Flovent	110 mcg	1 puff/2 times a day
Combivent	14.7g/200 act.	2 puffs/4 times day

MEDS TAKEN AT DIALYSIS:
 Venofer 100 mg after HD
 Procrit 2,000 units subq after HD
 Dristol (Vit D2) 50,000 units 1 monthly

INSURANCE INFO:
 Medicare-Primary
 Tricare for Life-Secondary

Allergies:
PENICILLIN, NEXIUM

Medical History:
 Present Illnesses:

Surgeries:
 Tonsillectomy Childhood
 Appendectomy 1960
 Vasectomy 1970
 Angioplasty 1990
 V-LAP (Prostate) 1997
 Cholecystectomy (Gall Bladder) 1997
 Kidney Surgery 1998
 TURP (Prostate Surgery) 1999
 Sebaceous Cyst on back removed 1999
 Back Surgery 2005
 Fistula Placement right arm 2008
 Rotator Cuff Surgery (R shoulder) 2010

End Stage Renal Disease—Stage 5/DIALYSIS—FSGS
 CENTER HEMODIALYSIS
 Benign Hypertension Renal Disease
 Nephrotic Syndrome
 Unspecified Acute Renal Failure
 Type II Diabetes Mellitus
 Hyperlipidemia
 COPD
 Enlarged Prostate
 Chronic Bronchitis
 Temporal Arteritis
 Chronic Pneumon
Past Illnesses:
 Myocardial Infarction

Due to Fistula Placement in RIGHT arm there will be NO BLOOD PRESSURES, IV'S or LABS STARTED in this arm. FOR DIALYSIS USE ONLY!!!!!!!!!!!!!!

IN CASE OF EMERGENCY ALTERNATE CONTACT:

Tina M. Smith Daughter
 318-455-8633 Cell
 318-752-9920 Home
 318-212-7308 Work

PRIMARY CONTACT: Sharon A. Smith
 318-752-3880 Home
 318-349-6648 Cell

Adm 1 ~

PATIENT NAME: SMITH, BROADUS SSN: xxx-xx-5989 DOB: 12/31/1940 MODALITY: Hemodialysis
 SHIFT: 1 ROOM: STATION: 15 ORDERED BY: Dr. RAJA ZABANEH ATTENDING DR: Dr. SYLVIA NOBLE

Treatment Status: Completed Resuscitation Order: Full Resuscitation

DIALYZER: FRES. OPTIFLUX 180NB DIALYSATE: BICARB FORMULA: 4325 [Na: 137.0 Ca: 2.50 K: 3.0] FINAL: Na: 137.0 Ca: 2.50 K: 3.0
 ACCESS: AVF(ultrastrand)UpArm-Brachiocephalic-R(LActive)
 MACHINE: FRES.2008 K # : 2 DFR: 800 BFR: 400 COND: 13.6 pH: 7.2 MACH TEMP: 36.4
 NVL ENABLED PHT TEST PASSED HIGH FLUX VERIFIED BLEACH: VERIFIED < 0.5 ppm NDL'S ART: 15g VEN: 15g
 AIR DETECTOR ARMED ALARMS VERIFIED HEP PUMP: Off PUMP OFF TIME: SIGNATURE 2: J.McLeod PCT
 SIGNATURE 1: M.Mahoney CCHT

WEIGHT (kg) HEIGHT (cm): 180 PRE POST SPECIAL ATTENTION
 LAST: 121.00 EDW: 120.50 AW: 0.30 SIT BP: 121/73 192/70 08/07/2009: 2009-08-07: QB 400-500
 P: 120.80 POST: 119.60 TW: 0.80 STAND BP: 163/61 201/72 07/16/2009: 2009-07-16: ALLERGIES: PCN, NEXIUM
 GAIN: -0.20 CHNG: -1.20 TEMP: 97.7 97.6
 PULSE: 75 B 60 B
 RESPS: 18 17
 ALLERGIES: penicillin
 ALLERGIES: Ixium

SCHEDULED TIME ON TIME OFF INTERRUPT ACTUAL HOURS
 HRS 04:00 06:48 11:05 00:00 04:17
 Sodium Modeling: N
 Sodium High Value:
 Sodium Low Value:

TBV: SIGNATURE (pre vitals) M.Mahoney CCHT
 SIGNATURE (post vitals) J.Branagh RN
 Date Time (pre vitals) 02/22/2010 06:26
 Date Time (post vitals) 02/22/2010 11:06

OLC (Prev) spk/v: 1.46 OLC-V: 45.06 AVG BFR: 480 Access Flow: How Meas: Access Flow Regular Line Test:
 (Del) spk/v: 1.32 MeanRX KECCN: 239.0 AVG DFR: 800 Venous Pres: How Meas: Access Flow Reversed Line Test:

LAST TREATMENT DATA FOR: 02/19/2010 SPU/LL: LL
 BP SIT BP STND WEIGHT WJ CHG TEMP HCT Hgb HRS HEPARIN REGIMEN: Bolus HEPARIN TYPE: Porcine
 POST: 180/52 190/77 121.00 -0.40 97.8 3:58
 PRE: 142/58 169/67 121.40 0.80 96.4
 LAST SPECTRA LAB RESULTS

Date	Hgb	Hct	WBC	Ferritin	Iron	Trans Sat.	Hgb x 3	Date	spkTV	skdTV	ekdTV	enfCR	
02/17/2010	9.4	29.6	7.8	699	60	22	28.2	02/04/2010	1.37	1.17	1.89	0.82	
MAINTENANCE HGB: HGB11-12HCT 32-36 URR Results: 02/17/2010 67.00													
Date	K	NA	Cl	CO2	Date	Ca	Phos	I-PTH	Alk P	Date	Glucose	Date	Albumin
02/17/2010	4.3	141	106	20	02/17/2010	8.8	3.5	140.5	74	02/17/2010	99	02/17/2010	4.0

TREATMENT DATA

SRC Time	BP	Pulse	BFR / DFR	VP	FLD RMVD	ADM	CHKS	CHKS	ON	KECN	COMMENTS	SIGNATURE
06:48	138/62	55	450/800	250/150	200/0	0	[X]	[X]	[]		Patient Alert: Treatment Initiated Without Problem: UF On	M.Mahoney CCHT
07:00	154/54	50	450/800	250/150	200/43	0	[X]	[X]	[]		Patient Alert: watching lv eyes closed;ix continue	M.Mahoney CCHT
07:34	148/64	50	400/800	240/150	200/153	0	[X]	[X]	[]		UF On: no c/o	M.Mahoney CCHT
08:04	141/92	52	400/800	250/150	200/252	0	[X]	[X]	[]		Resting Comfortably: stable	M.Mahoney CCHT
08:30	177/63	50	400/800	250/150	200/356	0	[X]	[X]	[]		Resting Comfortably: stable	M.Mahoney CCHT
08:59	173/70	50	400/800	250/150	200/437	0	[X]	[X]	[]		Resting Comfortably: eyes closed	M.Mahoney CCHT
09:34	177/56	53	400/800	250/150	200/554	0	[X]	[X]	[]		Resting Comfortably: eyes closed	M.Mahoney CCHT
10:02	168/75	53	400/800	250/170	220/610	0	[X]	[X]	[]		stable;lines ok	M.Mahoney CCHT

ALAN 2

PATIENT NAME: SMITH, BROADUS

MRN: 3000099187

SRC Time	BP	Pulse	BFR / DFR	VP	FLD RMVD	ADM	CHKS	CHKS	ON	KECN	COMMENTS	SIGNATURE
10:30	191/56	54	400/800	250/160	220/753	0	[X]	[X]	[]	235	no c/o, tx continue	M.Mahoney CCHT
11:00	193/71	57	400/800	250/170	300/800	0	[X]	[X]	[]	234	Patient Alert: Treatment	M.Mahoney CCHT
11:05	7	7	7	7	7	[]	[]	[]	[]		Discontinued Without Problem: UF OH Completed	

Total Fluids: 0

TIME	DESCRIPTION	DOSE	MSMT	FREQUENCY	ROUTE	SUPP BY	ICD9	WASTE REASON	SIGNATURE
09:11	EPOGEN	12,000.00	UNIT	3 X Week	IVP	C	280.9	0.00	E.Lindanger RN
09:11	ZEMPLAR	2.00	MG/G	3 X Week	IVP	C	588.81	0.00	E.Lindanger RN
11:16	CEFTAZIDIME	2,000.00	MG	3 X Week	IV	C	995.91	0.00	J.Branch RN

ANCILLARIES

TIME	DESCRIPTION	ICD9	N/A	SIGNATURE
			[]	

BLOOD PRODUCTS

TIME	DESCRIPTION	ICD9	COMPLICATIONS	REACTION	BAG NUMBER	SIGNATURE
			[]	[]		

PRE DIALYSIS

New complaints or new observations since last treatment No
 Admission Date: _____
 Discharge Date: _____
 [] Hospitalization/ER Visit since last treatment?
 Other Comments
 a/s/o, breath sounds clear ble htr, pt. denie s.c.p. sob. n/v/d. bleeding. no edema
 Nursing Approval to Start Treatment
 SIGNATURE (pre eval) J.Branch RN
 Date Time (pre eval) 02/22/2010 07:29

POST DIALYSIS

New complaints or observations which developed during dialysis
 none
 Did pre dialysis complaints improve by end of dialysis?
 na
 Other Comments
 discharged in stable condition
 Active and Maturing Access
 Type/Position[Complication Today]
 AVF[st]standar / UpArm-Brachiocephalic-Rt
 Discharged to: Home
 Patient Post Weight: Below Estimated Dry Weight
 SIGNATURE (post eval) J.Branch RN
 Date Time (post eval) 02/22/2010 11:22

MULTIDISCIPLINARY NOTES

DATE / TIME	USER	NOTE
-------------	------	------

LABS

Current Spun/LL Hct Time: _____ Current Spun/LL Hct: _____ Maintenance Hgb: HGB 11-12/HCT 38-36
 Occult Blood: _____ Current LL Hgb: _____ Signature: _____

Glucometer:
 Time:
 Signature:

PATIENT-NAME: SMITH, BROADUS

MRN: 300099918Z

TIME DESCRIPTION

ICD9

REQ #

SITE

SIGNATURE

NURSING EVALUATIONS

End of Patient Treatment Data -- Total Pages: 3

HEPATITIS

Date	Accession	Pre	HBsAg	P/N	HBsAb	P/N	HBsAntiB	HBcIgM	HBsAg	Delta	HBcIgG	HCV	HAA	HAV Ab(IgM)
01/20/2010	61411DZ	PRE												
12/16/2009	252662Z	PRE												
08/26/2009	62164TZ	PRE												
07/17/2009	A9082310	PRE	Negative											

>150
<10 Negative
Negative
Negative





8 King Road
Rockleigh, NJ 07647
1-800-522-4662

FMC Pierremont 4167
2240 E Burt Kouns
Industrial Loop
SHREVEPORT, LA 71105

Patient Name
SMITH, BROADUS J
ID: 3000099187
Age: 69Y Gender: M
Lab ID: 8000326982

Physician: NOBLE, SYLVIA, MD
Account #: A101167
Requisition #: 9804HEZ

Collect Date: 02/17/10
Collect Time: 00:00
Received Date: 02/18/10
Reported Date: 02/19/10

FREQUENCY: MONTHLY

TEST NAME	RESULTS		REFERENCE RANGE
	OUT OF RANGE	IN RANGE	

Hematology

White Blood Cell Count		7.84	4.80-10.80	1000/mcL
Red Blood Cell Count			4.70-6.10	mt111/mcL
Hemoglobin	12.00DL IVP	9.4	14.0-18.0	g/dL
Hemoglobin x 3	3X1wk	28.2	42.0-54.0	%
Hematocrit		29.6	42.0-52.0	%
MCV		86	80-100	fL
MCH		27.3	27.0-31.0	pg
MCHC		31.7	30.0-36.0	g/dL
Platelet Count		381	130-400	1000/mcL

Chemistry

PTH Intact, Plasma	no change to 140.5 ¹	H	14.0-72.0	pg/mL
BUN	45	H	6-19	mg/dL
Creatinine	3.8	H	0.5-1.2	mg/dL
BUN Creatinine Ratio				
Sodium			136-145	meq/L
Potassium			3.5-5.1	meq/L
Chloride			96-108	meq/L
Bicarbonate	20	L	22-29	meq/L
Calcium			8.4-10.2	mg/dL
Calcium, Corrected			8.4-10.2	mg/dL
Phosphorus			2.6-4.5	mg/dL
Calcium Phos Product			0-54	mg/dL
Calcium Phos Product, Cor			0-54	mg/dL
Alkaline Phosphatase			40-129	U/L
AST (SGOT)			13-39	U/L
Bilirubin, Total			0.1-1.2	mg/dL
Albumin (BCG)			3.5-5.2	g/dL
Albumin (BCG)			70-105	mg/dL
Glucose			70-105	mg/dL
Ferritin	699	H	22-322	ng/mL
Iron			45-160	mcg/dL
UIBC			155-355	mcg/dL
TIBC (Calc)			228-428	mcg/dL
Transferrin Sat (Calc)	56%		20-55	%

1 Patient samples containing high levels of biotin may artificially depress iPTH results. This may occur when multi-vitamins or other medications containing high doses of biotin are taken orally.
Corrected Calcium is not equivalent to measured Ionized Calcium.

Final Rep



8 King Road
 Rockleigh, NJ 07647
 1-800-522-4662

FMC Pierrmont 4167
 2240 E Burt Kouns
 Industrial Loop
 SHREVEPORT, LA 71105

Patient Name
SMITH, BROADUS J
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FREQUENCY: MONTHLY

TEST NAME	RESULTS		REFERENCE RANGE
	OUT OF RANGE	IN RANGE	

Post Chemistry
 BUN, Post

15 6-19 mg/dL

HD Kinetics

Urea Reduction Ratio 67 65-80 %

Handwritten mark



Name: Smith, Broadus
Age: 69Y DOB: Dec 31, 1940
Gender: M
MedRec: 970871342
AccNum: 08010845380
Attending: ARC
Primary RN: JFR1
Bed: ED CC 07

GMMC

MEDICATION RECONCILIATION

GREENVILLE MEMORIAL HOSPITAL
Department of Emergency Medicine
701 Grove Road
Greenville, SC 29605
Telephone 864-455-7157

You were seen in the Emergency Department on: Sat Feb 27, 2010

KNOWN ALLERGIES

Nka

HOME MEDICATIONS

CONTINUE AS PREVIOUSLY PRESCRIBED

- Adalat CC
 - Continue as previously prescribed
- Atacand
 - Continue as previously prescribed
- Cardura
 - Continue as previously prescribed
- Clonidine Hydrochloride
 - Continue as previously prescribed
- Combivent
 - Continue as previously prescribed
- Ecotin
 - Continue as previously prescribed
- Flovent HFA
 - Continue as previously prescribed
- HydrALAZINE Hydrochloride
 - Continue as previously prescribed
- Lasix
 - Continue as previously prescribed
- Lopressor
 - Continue as previously prescribed
- Protonix
 - Continue as previously prescribed
- Renagel
 - Continue as previously prescribed
- Vitamin E
 - Continue as previously prescribed
- Zocor
 - Continue as previously prescribed
- Zofran ODT
 - Continue as previously prescribed

Arch E



Name: Smith, Broadus
Age: 69Y DOB: Dec 31, 1940
Gender: M
MedRec: 970871342
AccntNum: 08010845380
Attending: ARC
Primary RN: JFR1
Bed: ED CC 07

GMMC

MEDICATION RECONCILIATION

ADDITIONAL NOTES

Reviewed with patient
Reviewed with family

**GMMC
RESULTS**

Smith, Broadius
 DOB: 12/31/1940 M69
 W/Ht:
 MedRec: 970871342
 AcctNum: 08010845380

Patient Data

Complaint: Dialysis — here for hemodialysis
 Triage Time: Sat Feb 27, 2010 07:21
 Urgency: 4-Non-urgent
 Bed: ED CC 07
 Initial Vital Signs: 2/27/2010 07:19
 BP:127/74
 P:70

ED Attending: Clardy, MD, Alan
 Primary RN: Ray, RN, Jennifer
 O2 sat:99 on ra
 Pain:0

RESULTS (09:49 ARC)

LABORATORY:

Measurement	Result	Units	Range
BASIC METABOLIC PNL Sat Feb 27, 2010 09:02			
SODIUM	140	mMol/L	136-144
POTASSIUM	4.0	mMol/L	3.5-5.1
CHLORIDE	106	mMol/L	101-111
CARBON DIOXIDE	27	mMol/L	22-32
ANION GAP	7	mMol/L	7-16
GLUCOSE	107	mg/dl	74-99
UREA NIT. BLOOD	42	mg/dl	8-26
CREATININE (SERUM)	3.8	mg/dl	0.9-1.2
EST GFR-CAUCASIAN	16	mL/min/1.73m2	
ES GFR-NON CAUCASIAN	19	mL/min/1.73m2	
ES GFR-NON CAUCASIAN	National Kidney Foundation Stages of CKD		
ES GFR-NON CAUCASIAN		
ES GFR-NON CAUCASIAN	Stage 1 CKD = GFR >89		
ES GFR-NON CAUCASIAN	Stage 2 CKD = GFR 60-89		
ES GFR-NON CAUCASIAN	Stage 3 CKD = GFR 30-59		
ES GFR-NON CAUCASIAN	Stage 4 CKD = GFR 15-29		
ES GFR-NON CAUCASIAN	Stage 5 CKD = GFR <15		
CALCIUM	8.7	mg/dl	8.9-10.3

Key:
 ARC=Clardy, MD, Alan

Atch 1.



Name: Smith, Broadus
Age: 69Y DOB: Dec 31, 1940
Gender: M
MedRec: 970871342
AcctNum: 08010845380
Attending: ARC
Primary RN: JFR1
Bed: ED CC 07

GMMC

DISCHARGE INSTRUCTIONS

GREENVILLE MEMORIAL HOSPITAL
Department of Emergency Medicine
701 Grove Road
Greenville, SC 29605

**** If the patient has been given instructions to contact a physician or clinic for follow-up care, it is the responsibility of the patient and/or family to contact physician(s) for post-emergency department care.**

FINAL DIAGNOSIS

ESRD on HD, stable

FOLLOWUP CONTACTS

SPECIAL INSTRUCTIONS

Advance activity as tolerated
Limit fluid intake
Limit salt and potassium intake
Follow up with primary care physician
Return if worse, or if new problems develop
Take medication as prescribed

Patient/Representative Signature: _____

I have received all patient belongings/valuables.

Patient/Representative Signature: _____

As always, you are the most important factor in your recovery. Please follow these instructions carefully. If you have problems that we have not discussed, **CALL OR VISIT YOUR DOCTOR RIGHT AWAY**. If you can't reach your doctor, return to the emergency department.

GREENVILLE MEMORIAL HOSPITAL
Department of Emergency Medicine
701 Grove Road
Greenville, SC 29605
Telephone 864-455-7157

We are striving to meet and exceed your expectations. After your visit, you may receive a patient satisfaction survey in the mail. The highest rating that we can receive on the survey is a "5" or "Very Good". If you were satisfied with your care, please let us know by marking a "5/Very Good" on the survey.



**GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER**

EMERGENCY SERVICES DISCHARGE VERIFICATION

Thank you for choosing Greenville Hospital System Emergency Services for your healthcare needs. To complete your visit, it is necessary that you check-out with the Discharge Representative before leaving the Emergency Department. Final check-out will include a review of your registration and insurance information to make sure that your account is processed correctly.

A one hundred fifty dollar (\$150.00) deposit or the co-pay amount required by your insurance plan will be due upon check-out.

Thank you,

Emergency Services Staff
Greenville Hospital System

Patient or Patient Representative Signature

Relationship

Date

Discharge Representative Signature

Date

Attk