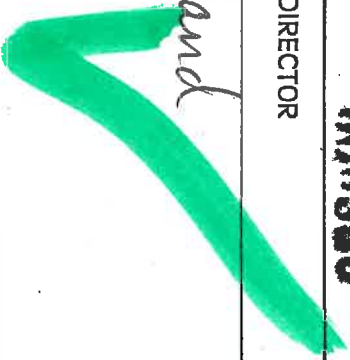


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <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> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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

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

**RECEIVED**

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

MAR 09 2010

Dear Ms. Forkner

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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 24<sup>th</sup> and left Shreveport on Thursday, February 25<sup>th</sup> 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 19<sup>th</sup>. 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 26<sup>th</sup>.

I went to the Emergency room at Greenville Memorial at 7:15 a.m. on the morning of February 27<sup>th</sup>. 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,

BS/

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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7. GMMC Emergency Services Discharge Verification (unsigned)

**Medicines & Allergy List**  
 Broadus J. Smith  
 DOB: 12/31/1940

**Blood Type: AB+**

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  
 Driedol (Vit D2) 50,000 units 1 monthly

PSA: 5/2009  
 H1N1 Flu Shot: 11/2009  
 Flu Shot: 9/2009  
 Pneumonia Vaccine: 2007  
 Colonoscopy: 7/2009  
 Hepatitis B Series completed 1/2010  
 DIALYSIS CENTER INFO:  
 FMC Pierremont Dialysis  
 2240 E. Bert Kouns Ind. Loop  
 Shreveport, LA 71105  
 (318) 524-9906

**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

PATIENT NAME: SMITH, BROADUS MRN: 3000099187

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(s)StandardUpArm-Brachiocephalic-Rx(Active)  
 MACHINE: FRES.2008 K # 2 DFR: 800 BFR: 400 COND: 13.6 pH: 7.2 MACH TEMP: 36.4  
 [X] NVL ENABLED [X] PHT TEST PASSED [X] HIGH FLUX VERIFIED BLEACH: VERIFIED < 0.5 ppm NDLS ART: 15g VEN: 15g  
 [X] AIR DETECTOR ARMED [X] 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: Nexium

SCHEDULED TIME ON TIME OFF INTERRUPT ACTUAL HOURS  
 HRS 06:48 11:05 00:00 04:17  
 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.Branch 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 KECN: 239.0 AVG DFR: 800 Venous Pres: How Meas: Access Flow Reversed Line Test:

LAST TREATMENT DATA FOR: 02/19/2010 SPUN/LL: LL

BP SIT BP STD WEIGHT WT CHG TEMP HCT Hgb HRS HEPARIN REGIMEN: Bolus HEPARIN TYPE: Porcine  
 POST: 180/52 190/77 121.00 -0.40 97.8  
 PRE: 142/58 169/67 121.40 0.80 96.4  
 PRES: ACTUAL DOSE TIME IVPUMP

LAST SPECTRA LAB RESULTS

Date	Hgb	Hct	WBC	Ferritin	Iron	Trans Sat.	Hgb x 3	Date	spkTV	skdTV	ekdTV	enPCR
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	92	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
06:48	154/54	50	450/800	250/150	200/43	0	[X]	[X]	[ ]		Started Patient Alert: watching IV	M.Mahoney CCHT
07:00	148/64	50	400/800	240/150	200/153	0	[X]	[X]	[ ]		eyes closed,ix continue	M.Mahoney CCHT
08:04	141/92	52	400/800	250/150	200/253	0	[X]	[X]	[ ]		UF On: no c/o	M.Mahoney CCHT
08:30	177/63	50	400/800	250/150	200/356		[X]	[X]	[ ]		Resting Comfortably: stable	J.McLeod PCT
08:59	173/70	50	400/800	250/160	200/437	0	[X]	[X]	[ ]		stable,yellow light,drt 400	M.Mahoney CCHT
09:34	177/56	53	400/800	250/160	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

AL11.2

PATIENT NAME: SMITH, BROADUS

MRN: 3000099187

SRC Time	BP	Pulse	BFR / DFR	VP	UFR (cc) / FLD	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
11:30	193 / 71	67	400 / 800	250 / 170	300 / 800	0	[X]	[X]	[ ]	[ ]	234	Patient Alert: Treatment	M. Mahoney, CCHT

Discontinued Without Problem: UF  
Off

11:05 / / / / [ ] [ ] [ ] Completed

Total Fluids: 0

## MEDICATIONS

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	3 X Week	IVP	C	588.81	0.00		E. Lindanger RN
11:16	CERTAZIDIME	2,000.00	MG	3 X Week	IV	C	995.91	0.00	SDV	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

Active and Maturing Access

[ ] Hospitalization/ER Visit since last treatment?  
Discharge Date:

USED  
TODAY Type/Position[New Findings]

[X] AVFistisstandard / UpArm-Brachiocephalic-Rt

STATE  
Active

Other Comments  
a/e/o, breath sounds clear ble htr, pt. denies 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

Active and Maturing Access

Type/Position[Complication Today]

AVFistisstandard / UpArm-Brachiocephalic-Rt

STATE  
ActiveDid pre dialysis complaints improve by end of dialysis?  
na

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 33-36

Occult Blood:

Current LL Hgb:

Signature:

Glucometer:

Time:

Signature:

PATIENT-NAME: SMITH, BROADUS

MRN: 300099187Z

TIME	DESCRIPTION	ICD9	REQ #	SITE	SIGNATURE
NURSING EVALUATIONS					

---

End of Patient Treatment Data -- Total Pages: 3

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HEPATITIS

Date	Accession	Pre	HBsAg	P/N	HBsAb	P/N	HBsAntiB	HBcIgM	HBsAg	HBsAb	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												

<10 Negative

>150

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	m <sup>3</sup> /l/mcl
Hemoglobin	9.4	L	14.0-18.0	g/dL
Hemoglobin x 3	28.2	L	42.0-54.0	%
Hematocrit	29.6	L	42.0-52.0	%
MCV			80-100	fL
MCH			27.0-31.0	pg
MCHC			30.0-36.0	g/dL
Platelet Count			130-400	1000/mcl

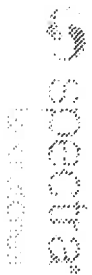
**Chemistry**

PTH Intact, Plasma	no change to 140.5 <sup>1</sup>	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	
Calcium Phos Product, Cor			0-54	
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
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)			20-55	%

↓ Normal by  
50%

<sup>1</sup> 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 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	
<b>Post Chemistry</b>			
BUN, Post		15	6-19 mg/dL
<b>HD Kinetics</b>			
Urea Reduction Ratio		67	65-80 %

**Final Rep**

L: LOW, H: HIGH, EL: EXCEPTION LOW, EH: EXCEPTION HIGH, AL: ALERT LOW, AH: ALERT HIGH, I: ABNORMAL  
Print Date/Time: 02/19/10 06:44 EST Medical Director: M. Kashani, MD



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

### 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 5



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

---

### 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		
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
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Discharge Representative Signature	Date
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Attk