IN THE SUPREME COURT OF THE STATE OF NEVADA

DAVID GARVEY, M.D., an individual.

Petitioner,

vs.

THE FOURTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA ex rel. THE COUNTY OF ELKO, AND THE HONORABLE KRISTIN N. HILL,

Respondent,

and

DIANE SCHWARTZ, individually and as Special Administrator of the Estate of DOUGLAS R. SCHWARTZ, deceased,

Real Party In Interest.

Supreme Court No.

District Court No. : CV-C-17-439

APPENDIX OF EXHIBITS TO PETITION FOR WRIT OF MANDAMUS – VOLUME 4 OF 13

[VOLUME 1 (PAGES 1-54)]; [VOLUME 2 (PAGES 55-101)]; [VOLUME 3 (PAGES 102-143)]; [VOLUME 4 (PAGES 144-174)]; [VOLUME 5 (PAGES 175-412)]; [VOLUME 6 (PAGES 413-508)]; [VOLUME 7 (PAGES 509-568)]; [VOLUME 8 (PAGES 569-717)]; [VOLUME 9 (PAGES 718-798)]; [VOLUME 10 (PAGES 799-866)]; [VOLUME 11 (PAGES 867-959)]; [VOLUME 12 (PAGES 960-1093)]; [VOLUME 13 (PAGES 1094-1246)]

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CHRONOLOGICAL INDEX

Number	Document	Filing Date	Volume	Page
1	Summons	06/22/2017	1	8
2	Plaintiff's Complaint	06/22/2017	1	10
3	Acceptance of Summons and Complaint	07/13/2017	1	32
4	Plaintiff's Amended Complaint	10/20/2017	1	33
5	Plaintiff's Second Amended Complaint (Medical Malpractice and Wrongful Death)	02/12/2018	2	62
6	Errata to Plaintiffs Complaint Amended Complaint and Second Amended Complaint	09/10/2018	2	84
7	Notice of Entry of Order Denying Plaintiff's Motion for Leave to Amend Complaint (erroneously titled order denying plaintiff's motion to dismiss)	10/28/2019	2	91
8	Defendant David Garvey, M.D.'s Motion for Partial Summary Judgment to Statutorily Limit Damages	07/27/2020	3 4 5	109 151 182
9	Defendant David Garvey MD;s Errata to Motion for Partial Summary Judgment	08/06/2020	6	420
10	Plaintiffs' Opposition to Defendant David Garvey M.D.'s Motion for Partial Summary Judgment to Statutorily Limit Damages, and All Joinders Thereto	08/18/2020	6 7 8	430 516 679
11	Defendant David Garvey, M.D.'s Motion to Strike the Declaration of Shirley Blazich, Esq.	09/08/2020	9	725

Number	Document	Filing Date	Volume	Page
12	Defendant David Garvey, M.D.'s Motion to Strike the Declaration of Seth Womack, M.D.	09/08/2020	9	757
13	Defendant David Garvey, M.D.'s Reply in Support of Motion For Partial Summary Judgment to Statutorily Limit Damages	09/08/2020	9	765
14	Plaintiffs' Opposition to: (1) Defendant David Garvey M.D.'s Motion To Strike The Declaration Of Shirley Blazich, Esq., And (2) Defendant David Garvey M.D.'s; (2) Motion To Strike The Declaration Of Seth Womack, M.D., and Any Joinders Thereto And Plaintiff's Countermotion (3) For Leave to Amend the Complaint	09/11/2020	10 11 12	806 874 1055
15	Defendant David Garvey, M.D.'s Response to Plaintiff's Improper Surreply To Partial Summary Judgment Motion and Request that the Court Disregard Plaintiff's Mislabeled and Untimely Motion For Reconsideration of this Court's October 16, 2019 Order Denying Leave to Amend With Prejudice	09/21/2020	13	1101
16	Defendant David Garvey, M.D.'s Errata to Motion for Partial Summary Judgment	04/19/2021	13	1117
17	Defendant David Garvey, M.D.'s Answer to Plaintiff's Second Amended Complaint	04/23/2021	13	1121
18	Order Granting Plaintiff's Motion for Leave to Amend Complaint	05/06/2021	13	1131

Number	Document	Filing Date	Volume	Page
19	Order Denying: 1. Defendant Phc-Elko, Inc. dba Northeastern Nevada Regional Hospital's Motion that All of Plaintiff's Claims Against Northeastern Nevada Regional Hospital Are Subject to the Requirements And Limitations of NRS 41.503 (The "Trauma" Statute) (Filed July 6,2020); 2. Defendant David Garvey, M.D.'s Motion for Partial Summary Judgment to Statutorily Limit Damages (Filed July 27,2021); 3. Defendant David Garvey, M.D.'s Motion to Strike the Declaration of Seth Womack, M.D.; and 4. Defendant David Garvey, M.D.'s Motion to Strike the Declaration of Shirley Blazich,Esq.	06/03/2021	13	1135
20	Order Denying Plaintiff's Countermotion for Leave to Amend Complaint	06/03/2021	13	1141
21	Third Amended Complaint (Medical Malpractice and Wrongful Death)	06/28/2021	13	1147
22	Defendant David Garvey, M.D.'s Answer To Third Amended Complaint	07/16/2021	13	1231

ALPHABETICAL INDEX

Number	Document	Filing Date	Volume	Page
17	Defendant David Garvey, M.D.'s Answer to Plaintiff's Second Amended Complaint	04/23/2021	13	1121
6	Errata to Plaintiffs Complaint Amended Complaint and Second Amended Complaint	09/10/2018	2	84
7	Notice of Entry of Order Denying Plaintiff's Motion for Leave to Amend Complaint (erroneously titled order denying plaintiff's motion to dismiss)	10/28/2019	2	91
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18	Order Granting Plaintiff's Motion for Leave to Amend Complaint	05/06/2021	13	1131

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2	Plaintiff's Complaint	06/22/2017	1	10
5	Plaintiff's Second Amended Complaint (Medical Malpractice and Wrongful Death)	02/12/2018	2	62
14	Plaintiffs' Opposition to: (4) Defendant David Garvey M.D.'s Motion To Strike The Declaration Of Shirley Blazich, Esq., And (2) Defendant David Garvey M.D.'s; (5) Motion To Strike The Declaration Of Seth Womack, M.D., and Any Joinders Thereto And Plaintiff's Countermotion (6) For Leave to Amend the Complaint	09/11/2020	10 11 12	806 874 1055
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1	Summons	06/22/2017	1	8
21	Third Amended Complaint (Medical Malpractice and Wrongful Death)	06/28/2021	13	1147

EXHIBIT B

Name: Douglas Schwartz
Age: 58 yrs **Sex:** Male **DOB:** 06/02/1958
Arrival Date: 06/22/2016 **Time:** 20:51
Bed 16
ED Physician Garvey, David
MRN: 330967
Account#: 6139781
Private MD:

HPI:

06/22 21:15 This 58 yrs old White Male presents to ED via EMS with complaints of **pedestrian versus auto**. djg/jkp

21:15 The patient was a pedestrian struck by a moving vehicle, and thrown approximately 10 feet. Onset: The symptoms/episode began/occurred just prior to arrival. Associated injuries: The patient sustained injury to the head, abrasion, injury to the chest, specifically the right lateral posterior chest, pain with breathing, pain with movement, right bicep, right elbow and right knee, abrasion. Associated signs and symptoms: Loss of consciousness: the patient experienced loss of consciousness, that was brief. Severity of symptoms: At their worst the symptoms were moderate, in the emergency department the symptoms are unchanged. The patient has not experienced similar symptoms in the past. The patient has not recently seen a physician. djg/jkp

Historical:
- **Allergies:** Lortab;
- **PMHx:** Hypertension
- **PSHx:** None

- **Exposure Risk/Travel Screening::** Patient has not been out of the country in last 30 days. Have you been in contact with anyone who is ill that has traveled outside of the country in the last 30 days? No.
- **Social history::** Tobacco Status: The patient states he/she has never used tobacco. The patient/guardian denies using alcohol, street drugs, IV drugs, The patient lives with family, The patient's primary language is English. The patient's preferred language is English..
- **Tuberculosis screening::** No symptoms or risk factors identified..
- **Family history::** Not pertinent..
- **The history from nurses notes was reviewed:** and I agree with what is documented up to this point..

ROS:

21:18 djg/jkp

Constitutional: Negative for body aches, chills, fatigue, fever.
Eyes: Negative for blurry vision, visual disturbance, the patient's right contact lens was lost during the accident.
ENT: Negative for drainage from ear(s), nasal discharge.
Neck: Negative for stiffness, swelling.
Cardiovascular: Positive for chest pain, of the right lateral posterior chest, Negative for palpitations.
Respiratory: Negative for hemoptysis, shortness of breath.
Abdomen/GI: Negative for nausea, vomiting.
Back: Positive for pain at rest, of the left scapular area and left subscapular area.
MS/extremity: Positive for abrasion.
Skin: Negative for diaphoresis, pallor.
Neuro: Negative for dizziness, gait disturbance, headache.
Psych: Negative for anxiety, depression.

Exam:

21:20 djg/jkp

Constitutional: The patient appears awake, in obvious pain, uncomfortable.
Head/face: Noted is abrasion(s), that are mild, of the forehead.
Eyes: Pupils: equal, round, and reactive to light and accomodation.
ENT: TM's: are normal, no hemotympanum, Nose: is normal, no bleeding, no clotted blood, no drainage.
Neck: External neck: is normal, C-spine: Nexus Criteria: Nexus criteria: no cervical midline tenderness, patient is not intoxicated, mental status is normal, no focal/neurologic deficits, and no painful distracting injuries are present.

Physician Documentation Con't.

Chest/axilla: Inspection: normal, Palpation: tenderness, that is moderate, of the right lateral posterior chest.
Cardiovascular: Rate: normal, Rhythm: regular.
Respiratory: the patient does not display signs of respiratory distress, Respirations: normal, Breath sounds: are normal, clear throughout.
Abdomen/GI: Inspection: abdomen appears normal, Bowel sounds: normal, active, all quadrants, Palpation: abdomen is soft and non-tender, in all quadrants.
Back: pain, that is moderate, of the left scapular area and left subscapular area.
Musculoskeletal/extremity: Extremities: grossly normal except: noted in the right knee and right elbow and right bicep: abrasion, ROM: intact in all extremities, Circulation is intact in all extremities. Sensation intact.
Skin: Appearance: normal except for affected area.
Neuro: Orientation: is normal, to person, place & time. Memory: immediate memory is intact, remote memory is intact. recent memory is impaired.
Psych: Behavior/mood is pleasant, cooperative.

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
20:53	162 / 96	69	20	98.4(T)	94% on 4 lpm NC	92.99 kg	5 ft. 10 in. (177.80 cm)	5/10	dk
20:53	162 / 96 (auto/)	71 MON			83%				dk
20:55		69 MON	18		94%				dk
23:17	116 / 75 (auto/)								dk
23:17		67 MON	16		91%				dk
23:27	115 / 74 (auto/)								dk
23:27		67 MON	17		91%				dk
23:30	120 / 78 (auto/)								dk
23:30		67 MON	18		92%				dk
23:45	114 / 73 (auto/)								dk
23:45		68 MON	18		91%				dk
06/23 00:10		66	17		97% on 15% Non-rebreather mask				dk
00:15		73	19		99% on 15% Non-rebreather mask				dk
00:20		97	22		83%				dk
00:25		108			76%				dk
00:30	225 / 136	127			76%				dk
00:35		36			37%				dk
00:40		111			77%				dk
00:41	249 / 140	125			81%				dk
00:45	221 / 148	119			75%				dk
00:50		126			62%				dk
00:55		128			43%				dk
01:00	207 / 143	124			69%				dk
01:05		120			71%				dk
01:10		126			52%				dk
01:14	202 / 125	124			60%				dk

Physician Documentation Con't.

01:15	126 / 95	119			46%				dk
01:20		36			39%				dk
01:25					64%				dk
01:30					60%				dk
01:32	149 / 55	134			49%				dk

06/22 20:53 Body Mass Index 29.41 (92.99 kg, 177.80 cm) dk

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
06/23 02:29	spontaneous(4)	oriented(5)	obeys commands(6)		15	djg

Procedures:

05:04 Performed Cricothyrotomy performed due to inability to orally intubate patient. Initially the small trach tube that came with kit was placed - it quickly became occluded with gastric contents. The tube became dislodged while attempting to clear the obstruction, and after repositioning it, development of SQ air in the neck was noticed. The trach tube was removed and replaced with a 5-0 ET tube. The pt was very difficult to ventilate thru the crich tube with most of the bagged air expelled from the mouth, but there was chest rise and equal air movement with bagging thru the cric and occluding the mouth and nose. O2 sats however did not improve and the patient went into full cardiac arrest and CPR was restarted. . djg

MDM:

06/22 20:52 MSE Initiated by Provider. djg

06/23 djg

02:05 **ED course:** Discussed with Dr Ray at U of U who excepted pt in transfer. He requested that a chest tube be placed and possibly intubation prior to air medical transport due to flail segment, pulmonary contusions, low O2 sats and a traumatic R pneumothorax. Plan was discussed with pt and his wife. Reach critical care transport team arrived just after the discussion with patient and family. Plan was to sedate the patient with Ketamine. I would place the CT while the Reach crew performed the intubation. The pt was give Rocuronium and Ketamine with appropriate sedation and paralysis. The initial attempt at intubation was unsuccessful. The pt was bagged for a few mins and a 2nd attempt was made. During the 2nd attempt the pt vomited and aspirated a large amount of gastric contents. Suctioning was difficult due to large food particles occluding the suction. I attempted the 3rd attempt at intubation w/o success - mainly due to a very anterior larynx and vomitus in the airway that couldn't be completely cleared. The pt bradied down due to low O2 sats and CPR was begun while the pt was bagged. The O2 sats improved and the pt regained a strong pulse. Several more attempts at intubation were made by myself and the Reach team, and although each time it was felt that the ET tube was properly placed, large amts of gastric contents continued to fill the ET tube and each time the tube was pulled and the patient bagged. At the point when bagging did not achieve adequate oxygenation, a cricothyrotomy was performed. Again there was a significant amt of vomitus plugging the small ET tube used for the cric. Bilateral needle thoracostomies were also done. The patient could not be adequately ventilated, even through the cric tube and again bradyed down to full arrest and CPR was restarted. The patient did not respond to CPR efforts and the code was called and the pt pronounced at 0133. I informed the pt's wife and friends of the occurrences in the ED..
Data reviewed: vital signs, nurses notes, EMS record, lab test result(s), radiologic studies, CT scan.

04:20 I have reviewed and agree with the scribe's documentation on my behalf. djg

05:21 djg

ED course: Note: after the pt's initial regurgitation and aspiration, a patent airway was never secured - multiple oral ET attempts with direct and video fiberoptic laryngoscopes, bougie and King airway. Some of the initial ETT placements may have been in the trachea, but because of the large amt of gastric contents filling the tube with each placement and poor ET CO2 readings, all placed tubes were pulled, and the pt was bagged via BVM until the cric was placed. But, even with the cric the pt could not be adequately ventilated or oxygenated. .

21:55 I have reviewed and agree with the scribe's documentation on my behalf. djg

Physician Documentation Con't.

Time	Order name	Complete Time	Staff
06/22 21:02	Cbc W/ Auto Diff	23:42	djg
06/22 21:02	CMP	23:42	djg
06/22 21:02	Amylase	23:42	djg
06/22 21:02	Lipase	23:42	djg
06/22 21:02	Urinalysis	23:42	djg
06/22 21:02	Urine, Obtain	23:19	djg
06/22 21:02	NS saline lock	21:33	djg
06/22 21:02	Ct Brain Head Wo	03:18	djg
06/22 21:02	CT C Spine Wo	23:42	djg
06/22 21:02	CT T Spine W/O	03:18	djg
06/22 21:02	Ct Chest W	03:18	djg
06/22 21:02	CT Abd/Pelvis IV Only	23:42	djg
06/22 21:02	Dilaudid 1 mg IVP once	22:33	djg
06/22 21:02	Zofran - Ondansetron 4 mg IVP once; over 2 minutes	22:33	djg
06/22 23:18	Zofran - Ondansetron 4 mg IVP once; over 2 minutes	23:19	dk
06/23 04:29	Ativan 2 mg PO once; 2 mg Ativan given to wife at 0225h	02:25	djg

Dispensed Medications:

Time	Drug & Dose *Dispensable & Quantity*	Volume	Route	Rate	Infused Over	Site	Delivery	Staff
06/22 22:33	Dilaudid 1 mg		IVP			left hand		dk
23:17	Follow up: Response: No adverse reaction; Pain is decreased							dk
22:33	Zofran - Ondansetron 4 mg		IVP			left hand		dk
23:18	Follow up: Response: No adverse reaction; Nausea is decreased							dk
23:19	Zofran - Ondansetron 4 mg		IVP			left hand		dk
23:53	Follow up: Response: No adverse reaction; Nausea is decreased							dk
06/23 02:25	Ativan 2 mg		PO					dk
03:20	Follow up: Response: No adverse reaction							dk

Disposition:

Name: Douglas Schwartz
Age: 58 yrs **Sex:** Male **DOB:** 06/02/1958 **MRN:** 330967
Arrival Date: 06/22/2016 **Time:** 20:51 **Account#:** 6139781
Bed 16 **Private MD:**
Diagnosis: Multiple Trauma - Multiple R Rib Fractures (4-7) with Flail Segment, R Pulmonary Contusions, Closed Head Injury with LOC, R Pneumothorax, Hemoperitoneum; Cardiac arrest - Due to Asphyxiation

Presentation:

06/22 20:53 Presenting complaint: EMS states: right sided rib pain, right knee pain, right shoulder. Hit by car going approx 35-40 mph. Possible loss of consciousness. Alert/oriented at time EMS arrive. VSS during transfer. A/O at this time. EMS administered 100 mcg Fentanyl and 4 mg Zofran in the field. Airway is patent with good air movement. The patient is breathing without difficulty. The patient is pink,warm and dry. Heart rate is within normal limits. Pain: Complains of pain in right supraclavicular area, diaphragm and right breast. Influenza risk: Fever: The patient has no complaints of fever. Suicide Screening: Have you recently had thoughts about hurting yourself or others? No. dk

20:53 Acuity: Emergent (2). dk

20:53 Care prior to arrival: Medication(s) given: See presentation complaint for treatment and medications given prior to arrival. dk

20:53 Compressions began at 00:35. dk

Historical:
- **Allergies:** Lortab;
- **PMHx:** Hypertension
- **PSHx:** None

- **Exposure Risk/Travel Screening::** Patient has not been out of the country in last 30 days. Have you been in contact with anyone who is ill that has traveled outside of the country in the last 30 days? No.
- **Social history::** Tobacco Status: The patient states he/she has never used tobacco. The patient/guardian denies using alcohol, street drugs, IV drugs, The patient lives with family, The patient's primary language is English. The patient's preferred language is English..
- **Tuberculosis screening::** No symptoms or risk factors identified..
- **Family history::** Not pertinent..

Screening:

21:05 **Fall Risk:** dk
History of Falls: No (0 points): The patient does not have a history of falls. Secondary Diagnosis: No (0 points): The patient has no chronic conditions. Ambulatory Aids: None (0 Points): The patient uses no ambulatory aids. IV or IV Access: Yes (20 points): The patient has IV access or infusion therapy. Gait: Impaired (20 points): The patient has difficulty rising from a chair, head is down, or watches the ground, grabs walking aids or others for support, or cannot walk without assistance. Mental Status: Oriented (0 pts): The patient can recall their ability to ambulate and acknowledges limitations per medical order. Sedated or Mind altering medications: No Total Points: Med. Risk (25-44); Implement universal fall prevention interventions.
Abuse Screen:
Patient verbally denies physical, verbal and emotional abuse/neglect.
Cultural/Spirit Needs:
There are no cultural/spiritual considerations for care needed for this patient.

21:05 **Nutritional Screening:** dk
No deficits noted.

Assessment:

20:52 visited this patient and evaluated for pain, information needs and comfort. djg

21:02 dk
Mechanism of Injury: Auto vs Ped Vehicle was traveling approximately 35 mph. hit approx 35-40 mph. Thrown up and over vehicle. The level of pain that is acceptable is 0 out of 10 on a pain scale. **General:** Appears well developed, well nourished, well groomed, uncomfortable, Behavior is appropriate for age, cooperative, pleasant. **Neuro:** No deficits noted. **EENT:** No deficits noted. **Cardiovascular:** No deficits noted. Heart tones present. **Respiratory:** Breath sounds are diminished in right posterior middle lobe and

Nurse's Notes Con't

right posterior lower lobe. **GI:** No deficits noted. Bowel sounds present X 4 quads. **GU:** No deficits noted. **Sepsis Screening:** Sepsis screening negative at this time.

21:02 Method Of Arrival: EMS: Elko EMS. dk

21:13 **Neuro:** Level of Consciousness is awake, alert, unknown LOC at time of injury. A/O at this time. . Oriented to person, place, time, Grips are equal bilaterally Moves all extremities. Speech is normal, Facial symmetry appears normal. dk

21:21 **Derm:** Abrasions noted to Right scalp area, outer right arm, right elbow and right knee. **Injury Description:** Abrasion Auto vs. Ped. Vehicle traveling approx 35-40 on impact. Pt hit right drivers door and was thrown up over vehicle. Unknown LOC at scene. EMS reported pt A/O on their arrival. Pt is alert and oriented at time of arrival to NNRH. dk

21:31 visited this patient and evaluated for pain, information needs and comfort. dk

23:17 visited this patient and evaluated for pain, information needs and comfort. dk

23:27 visited this patient and evaluated for pain, information needs and comfort. dk

23:31 visited this patient and evaluated for pain, information needs and comfort. dk

23:36 **Injury Description:** dk

06/23 00:35 **CPR assessment:** unresponsive, no respiratory effort, mechanical ventilation, Ambu ventilation, cyanotic, pulses absent w/ compressions. dk

00:35 Cardiac rhythm is asystole. dk

06/24 00:37 visited this patient and evaluated for pain, information needs and comfort. kp

Vital Signs:

Time	B/P	Pulse	Resp	Temp	Pulse Ox	Weight	Height	Pain	Staff
06/22 20:53	162 / 96	69	20	98.4(T)	94% on 4 lpm NC	92.99 kg	5 ft. 10 in. (177.80 cm)	5/10	dk
20:53	162 / 96 (auto/)	71 MON			83%				dk
20:55		69 MON	18		94%				dk
23:17	116 / 75 (auto/)								dk
23:17		67 MON	16		91%				dk
23:27	115 / 74 (auto/)								dk
23:27		67 MON	17		91%				dk
23:30	120 / 78 (auto/)								dk
23:30		67 MON	18		92%				dk
23:45	114 / 73 (auto/)								dk
23:45		68 MON	18		91%				dk
06/23 00:10		66	17		97% on 15% Non-rebreather mask				dk
00:15		73	19		99% on 15% Non-rebreather mask				dk
00:20		97	22		83%				dk
00:25		108			76%				dk
00:30	225 / 136	127			76%				dk
00:35		36			37%				dk
00:40		111			77%				dk
00:41	249 / 140	125			81%				dk

Nurse's Notes Con't

00:45	221 / 148	119			75%				dk
00:50		126			62%				dk
00:55		128			43%				dk
01:00	207 / 143	124			69%				dk
01:05		120			71%				dk
01:10		126			52%				dk
01:14	202 / 125	124			60%				dk
01:15	126 / 95	119			46%				dk
01:20		36			39%				dk
01:25					64%				dk
01:30					60%				dk
01:32	149 / 55	134			49%				dk

06/22 20:53 Body Mass Index 29.41 (92.99 kg, 177.80 cm) dk

Glasgow Coma Score:

Time	Eye Response	Verbal Response	Motor Response	Modifying Factors	Total	Staff
06/23 02:29	spontaneous(4)	oriented(5)	obeys commands(6)		15	djg

ED Course:

06/22 20:51	Patient arrived in ED.	dk
20:51	Patient moved to Waiting.	dk
20:51	Patient moved to 12.	dk
20:52	Garvey, David, MD is Attending Physician.	djg
20:58	Triage completed.	dk
21:08	Kevitt, Donna is Primary Nurse.	dk
21:20	Maintain field IV. Dressing intact. Good blood return noted. Site clean & dry. Gauge & site: 20g left wrist. Oxygen administration via nasal cannula @ 4L/min.	dk
21:20	Cardiac monitor on. Pulse ox on. NIBP on. Warm blanket given.	dk
21:25	Patient has correct armband on for positive identification. Placed in gown. Bed in low position. Call light in reach. Side rails up X2. Adult w/ patient.	dk
21:29	Awaiting Per MD- hold medication administration at this time due to meds given by EMS. OK to wait on urine at this time until after CT completed.	dk
21:32	Inserted peripheral IV: 20 gauge left hand blood drawn and sent to lab per order.	dk
21:33	Patient moved to CT.	hr
21:33	Patient moved to CT Scan.	hr
21:33	Lipase Sent.	dk
21:33	Amylase Sent.	dk
21:33	CMP Sent.	dk
21:33	Cbc W/ Auto Diff Sent.	dk
21:40	Patient moved to CT.	dk
23:00	Patient moved back from CT.	hr
23:00	Patient moved to 12.	hr
23:37	Pt placed on 40% Venti mask per respiratory. Pt sats: 92-93%.	dk
23:51	Oxygen administration via non-rebreather mask @ 15L/min.	dk
06/23 01:45	Wife notified of patient's death by Dr. Garvey. Dr. John Patton, friend of family at wife's side. Wife moved to Triage room. Assisted Dr. Patton in calling family members. Sons DJ, Taylor, and Mitchell notified. Called	dk

Encounter Summary

Name: Douglas Schwartz
Age: 58 yrs **DOB:** 06/02/1958
Sex: Male
Race: White
Martial Status: Married

SSN: 518-86-4393
MRN: 330967
Account#: 6139781
Home phone: (702)373-2436
Work phone:

Chief Complaint: Auto vs Pedestrian
MOA: EMS
Acuity: Emergent (2)

Arrival: 06/22/2016 20:51

Care Complete Date 06/23/2016
Care Complete Time 02:33
Departure Date 06/23/2016
Departure Time 06:05

Responsible Dept: Trauma

Special Handling:
Family Waiting: No
Bed 16

Assigned staff & roles

Name	Role	Specialty
Garvey, David	Attending Physician	Emergency Medicine
Kevitt, Donna	Primary Nurse	
Garvey, David	Pronouncing Provider	Emergency Medicine

Outcome: Expired
Time of death: 06/23/16 01:33
Location:
Condition:
Chief Complaint: Auto vs Pedestrian
Diagnosis: - Multiple Trauma - Multiple R Rib Fractures (4-7) with Flail Segment, R Pulmonary Contusions, Closed Head Injury with LOC, R Pneumothorax, Hemoperitoneum, Cardiac arrest - Due to Asphyxiation
Prescriptions:
Follow up:
Special Notes:
Attending Physician: Garvey
Mid Level Provider:
Orders: Cbc W/ Auto Diff, CMP, Amylase, Lipase, Urinalysis, Urine, Obtain, NS saline lock, NS saline lock, Ct Brain Head Wo, CT C Spine Wo, CT T Spine W/O, Ct Chest W, CT Abd/Pelvis IV Only, Dilaudid, Ondansetron, Ondansetron, Ativan
Discharge Instruction:

Event Log

Name: Douglas Schwartz
58 yrs / White / Male
Chief Complaint: Auto vs Pedestrian

MRN: 330967
Arrival: 06/22/2016 20:51
Departure Date 06/23/2016
Departure Time 06:05

Encounter Events

Date/Time	Event	Event Info	Logged by
06/22/16 20:51	Encounter Creation		Kevitt, Donna
06/22/16 20:51	Responsible Dept Assignment	Automatic : Unassigned	Kevitt, Donna
06/22/16 20:51	**Patient Arrival**		**Kevitt, Donna**
06/22/16 20:51	Patient Move	Waiting	Kevitt, Donna
06/22/16 20:51	**Bed Assignment**	**12**	**Kevitt, Donna**
06/22/16 20:51	Patient Move	12	Kevitt, Donna
06/22/16 20:51	Responsible Dept Assignment	Automatic : Unassigned	Kevitt, Donna
06/22/16 20:52	Medical Exam		Garvey, David, MD
06/22/16 20:52	Patient Visited	12	Garvey, David, MD
06/22/16 20:58	Triage Complete		Kevitt, Donna
06/22/16 20:58	Acuity Assignment	Emergent (2)	Kevitt, Donna
06/22/16 20:58	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 21:00	Allergies Modified		Kevitt, Donna
06/22/16 21:00	Past Medical History Modified		Kevitt, Donna
06/22/16 21:00	Past Surgical History Modified		Kevitt, Donna
06/22/16 21:02	Drug Alert Override	(Ordered) Dilaudid 1 mg IVP once / MD discretion	Garvey, David, MD
06/22/16 21:05	Method of Arrival Changed	EMS:Elko EMS	Kevitt, Donna
06/22/16 21:11	HIS Merge Complete		MedHost
06/22/16 21:11	Marital Status Modified	Single	MedHost
06/22/16 21:11	Home Phone Modified	(702)435-3600	MedHost
06/22/16 21:11	Address Modified	Suite 101^3213 W. Charleston Blvd	MedHost
06/22/16 21:11	City/State/Zip Modified	Las Vegas^NV^89102	MedHost
06/22/16 21:13	Scribing For Provider	Garvey, David, MD	Price, Julia for Garvey, David, MD
06/22/16 21:31	Patient Visited	12	Kevitt, Donna
06/22/16 21:33	Patient Move	CT Scan	Rangel, Hannah
06/22/16 21:48	Chief Complaint Modified	Auto vs Pedestrian	Gonzales, Carmen, Reg
06/22/16 23:00	**Bed Assignment**	**12**	**Rangel, Hannah**
06/22/16 23:00	Patient Move	12	Rangel, Hannah
06/22/16 23:00	Responsible Dept Assignment	Automatic : Unassigned	Rangel, Hannah
06/22/16 23:13	Financial Reg Completed		Gonzales, Carmen, Reg
06/22/16 23:17	Patient Visited	12	Kevitt, Donna
06/22/16 23:27	Results Viewed	Cbc W/ Auto Diff	Abrams, Nancy, PCA
06/22/16 23:27	Results Viewed	CMP	Abrams, Nancy, PCA
06/22/16 23:27	Results Viewed	Lipase	Abrams, Nancy, PCA
06/22/16 23:27	Results Viewed	Amylase	Abrams, Nancy, PCA
06/22/16 23:27	Results Viewed	CT T Spine W/O	Abrams, Nancy, PCA
06/22/16 23:27	Results Viewed	Ct Chest W	Abrams, Nancy, PCA
06/22/16 23:27	Results Viewed	CT Abd/Pelvis IV Only	Abrams, Nancy, PCA

Event Log

06/22/16 23:27	Patient Visited	12	Kevitt, Donna
06/22/16 23:31	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:31	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:31	Vital Signs Modified	Very Abnormal Values present	Kevitt, Donna
06/22/16 23:31	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:31	Patient Visited	12	Kevitt, Donna
06/22/16 23:39	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:39	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:42	Results Viewed	Cbc W/ Auto Diff	Garvey, David, MD
06/22/16 23:42	Results Viewed	CMP	Garvey, David, MD
06/22/16 23:42	Results Viewed	Lipase	Garvey, David, MD
06/22/16 23:42	Results Viewed	Amylase	Garvey, David, MD
06/22/16 23:42	Results Viewed	Urinalysis	Garvey, David, MD
06/22/16 23:42	Results Viewed	Ct Brain Head Wo	Garvey, David, MD
06/22/16 23:42	Results Viewed	CT C Spine Wo	Garvey, David, MD
06/22/16 23:42	Results Viewed	CT T Spine W/O	Garvey, David, MD
06/22/16 23:42	Results Viewed	Ct Chest W	Garvey, David, MD
06/22/16 23:42	Results Viewed	CT Abd/Pelvis IV Only	Garvey, David, MD
06/22/16 23:52	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:52	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:52	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/22/16 23:52	Vital Signs Modified	Abnormal Values present	Kevitt, Donna
06/23/16 02:14	**Bed Assignment**	**16**	**Olson, Sue**
06/23/16 02:14	Patient Move	16	Olson, Sue
06/23/16 02:14	Responsible Dept Assignment	Automatic : Unassigned	Olson, Sue
06/23/16 02:33	Expired		Garvey, David, MD
06/23/16 02:33	**ER Care Complete**		**Garvey, David, MD**
06/23/16 02:33	Pronouncing Provider Entered	Garvey, David	Garvey, David, MD
06/23/16 02:33	Diagnosis Modified	Multiple Trauma - Multiple R Rib Fractures (4-7) with Flail Segment, R Pulmonary Contusions, Closed Head Injury with LOC, R Pneumothorax, Hemoperitoneum; Cardiac arrest	Garvey, David, MD
06/23/16 02:34	Outbound Msg Sent	ER Care Complete: DDI Outbound ADT	MedHost
06/23/16 03:01	Diagnosis Modified	Multiple Trauma - Multiple R Rib Fractures (4-7) with Flail Segment, R Pulmonary Contusions, Closed Head Injury with LOC, R Pneumothorax, Hemoperitoneum; Cardiac	Garvey, David, MD

CARDIAC ARREST RECORD

Northeastern Nevada Regional Hospital
2001 Errecart Blvd. • Elko, Nevada 89801

PATIENT NAME: Douglas R. Schwartz

PAGE _____ OF _____

DATE: 06-23-16 | TIME OF ARREST: 0035 | CPR INITIATED BY: _____ | LOCATION OF ARREST: NNRH ER-Bed 12 | DIAGNOSIS: Cardiac Arrest due to Asphyxiation

ED ARRIVAL TIME: 6-22-16 2353 | ATTD PHYS NOTIFIED TIME _____ BY _____ | FAMILY NOTIFIED TIME 0145 BY Dr. Garvey

WHITE - CHART COPY
YELLOW - CHARGE COPY
PINK - COURIER COPY

TEAM MEMBERS (Name and Title)

1) David Garvey, MD 2) Donna Kevitt, RN 3) Sue Olson, RN 4) Cyndy Fuss RN
5) Nancy Abrahms, Sitter 6) Bonnie, RN-REACH Air 8) Barry RN-REACH 9) Tom R.T. Paul EMS Ward

TYPE OF ARREST (CHECK ALL APPROPRIATE)

- ☐ RESPIRATORY
- ☐ CARDIAC
- ☐ WITNESSED
- ☐ UNWITNESSED
- ☐ ECG MONITORED
- ☐ V/TACH. _____
- ☐ V-FIB
- ☐ ASYSTOLE
- ☐ EMD
- ☐ OTHER

INITIAL ASSESSMENT

RESPIRATIONS ☐ PRESENT ☐ ABSENT ☐ AGONAL

CAROTID PULSE ☐ PRESENT ☐ ABSENT

INTUBATION

SIZE: _____ FIO_2 _____

TIME: _____

BY WHOM: _____

BILAT BS: ☐ PRESENT ☐ ABSENT

☒ IV PRESENT - Site 20g (R) hand

☒ IV STARTED - Site 20g (R) wrist

NEEDLE SIZE: _____

SOLUTION: NS

BY WHOM: EMS (1) / Paramedic Student (1) (Kristina)

TIME	RESPIRATION S= Spontaneous A=Assisted	PULSE S= Spontaneous A=Assisted	RHYTHM	BP	JOULES	EXTERNAL PACING	SINGLE DOSES: EPI IV or ETT	SINGLE DOSES: ATROPINE IV or ETT	SINGLE DOSES: LIDOCAINE	SINGLE DOSES	DRIP MEDS: DOPAMINE (mg/min)	DRIP MEDS	DRIP MEDS	ABG: PH	ABG: PO_2	ABG: PCO_2	ABG	COMMENTS/LAB
0018	Ketamine 180 mg IVP, Rocuronium by Reach Air nurse Ronnie RN																	
0020	ET tube attempted / unsuccessful																Started bagging	7.5 tube by Barry RN
0033	〃		〃		〃		/ unsuccessful								〃		〃	7.5 tube / 9 tube by Barry RN
0035	CPR in progress				HR 36										O2 sat 37%		while bagging Brady.	
0036	King airway placed				225/36										O2 sat to 79%		King placed by Barry RN	
0040	HR 120				O2 sat 82%		249/40											
0044	ET tube attempted by Dr. Garvey / unsuccessful / started bagging																	
0047	〃		〃		〃				〃						〃		〃	/ started bagging
0050	O2 sat 65%				CPR continues												asystole	
0052	ET tube insertion attempted by Barry (Reach) unsuccessful 55-60% O2 sat / Bagging																	
0053	O2 sat 50% unsuccessful c ET tube insertion CPR continues																	
0054	HR 147 42% O2 while bagging														22/148			
0057	NPA placed by Dr. Garvey																	
0058	O2 sat 69% c NPA				CPR continues												asystole	
0102	75% O2 sat HR 122																	
0104	65% O2 sat 203/43 121 HR																	
0108	Code attempted by Dr. Garvey.																	
0113	O2 sat 60% asystole continuing CPR																	

Anatomic Diagram

OUTCOME

☐ SUCCESSFUL DISPOSITION

☒ UNSUCCESSFUL Code Terminated At 0133 (time)

BY WHOM: Garvey MD

SIGNATURE OF RECORDER X Silvia Wines EMT

SIGNATURE OF MED NURSE X Donna Kevitt RN

SIGNATURE OF MD IN CHARGE X _____

SCHWARTZ DOUGLAS R. HSV: ED
DOB: 06/02/1958 AGE: 58 SEX: M
ADMIT: 06/22/16 RM/BED: /
ATT: GARVEY DAVID J MD #: 2818
R 000330967 PT #: 6139781

CARDIAC ARREST RECORD

Northeastern Nevada Regional Hospital
2001 Errecart Blvd. • Elko, Nevada 89801

PATIENT NAME Douglas R. Schwartz PAGE ____ OF ____

DATE 06-23-16 TIME OF ARREST: ____ CPR INITIATED BY: ____ LOCATION OF ARREST: ____ DIAGNOSIS: ____

ED ARRIVAL TIME: ____ ATTD PHYS NOTIFIED TIME ____ BY ____ FAMILY NOTIFIED TIME ____ BY ____

WHITE - CHART COPY
YELLOW - CHARGE COPY
PINK - CQI/RM COPY

TEAM MEMBERS (Name and Title)

1) ____ 2) ____ 3) ____ 4) ____

5) ____ 6) ____ &) ____ *) ____

TYPE OF ARREST (CHECK ALL APPROPRIATE)

- ☐ RESPIRATORY
- ☐ CARDIAC
- ☐ WITNESSED
- ☐ UNWITNESSED
- ☐ ECG MONITORED
- ☐ V/TACH. ____
- ☐ V-FIB
- ☐ ASYSTOLE
- ☐ EMD
- ☐ OTHER

INITIAL ASSESSMENT

RESPIRATIONS ☐ PRESENT ☐ ABSENT ☐ AGONAL

CAROTID PULSE ☐ PRESENT ☐ ABSENT

INTUBATION

SIZE: ____ FIO_2 ____

TIME: ____

BY WHOM: ____

BILAT BS: ☐ PRESENT ☐ ABSENT

- ☐ IV PRESENT - Site ____
- ☐ IV STARTED - Site ____
- NEEDLE SIZE: ____
- SOLUTION: ____
- BY WHOM: ____

TIME	RESPIRATION (S = Spontaneous, A = Assisted)	PULSE (S = Spontaneous, A = Assisted)	RHYTHM	BP	JOULES	EXTERNAL PACING	SINGLE DOSES: EPI IV or ETT	SINGLE DOSES: ATROPINE IV or ETT	SINGLE DOSES: LIDOCAINE	SINGLE DOSES	DRIP MEDS: DOPAMINE (mg/min)	DRIP MEDS	DRIP MEDS	ABG: PH	ABG: PO_2	ABG: POC_2	COMMENTS/LAB
0116																	O_2 sat 37% HR 81 BP 126/95
0117																	CPR started. No pulse O_2 44% HR 33
0119																	O_2 sat 36%
0120																	Asystole. No O_2 cyanotic
0122																	52% O_2 sat. CPR still in progress.
0124																	61% O_2 sat. CPR still in progress. Gastric expansion.
0125																	49% O_2 sat. CPR continues.
0128																	64% O_2 sat. CPR continues.
0129																	Needle decompression - Right
0131																	Needle decompression - Left/Right chest
0133																	Stop compressions. Time of death 0133
																	During procedure - suctioning performed. Copious amounts of vomitus from posterior pharynx.

OUTCOME:

☐ SUCCESSFUL DISPOSITION

☒ UNSUCCESSFUL Code Terminated At 0133 (time)

BY WHOM: ____ MD

SIGNATURE OF RECORDER X Silvia Wines, EMT

SIGNATURE OF MED NURSE X ____

SIGNATURE OF MD IN CHARGE X ____

SCHWARTZ DOUGLAS R HSV: ED
DOB: 06/02/1958 AGE: 58 SEX: M
ADMIT: 06/22/16 RM/BED: /
ATT: GARVEY DAVID J MD #: 2818
MR #: 000330967 PT #: 6139781

163

NORTHEASTERN NEVADA REGIONAL HOSPITAL

PATIENT TRANSFER

Name: SCHWARTZ DOUGLAS R Patient Number: 6139781

Age: 58 Date of Birth: 06/02/1958 Sex: M MR No.: 000330967

Date: 6·22.16

Section: Patient Consent (This section must be signed by the patient and / or responsible party.)

I acknowledge the patient will be transferred to: University of Utah
The risks and benefits involved in the transfer have been explained to me, as well as the risks and benefits of foregoing this transfer, and I accept full responsibility for such transfer. I acknowledge that I have received a medical screening for my condition. I give consent to this hospital to release all of my medical records and x-ray films, including information related to HIV, drug / alcohol abuse, or psychiatric treatment.

Transported Via: ☐ ALS ☐ BLS ☐ POV Against Medical Advice
☑ ~~Air~~ Evacuation ☐ POV Reach Air

I elect to provide my own transportation and decline medical transportation for the transfer. I am aware of the risks and release the physician, this hospital, and its agents from any liability related to transportation to the receiving facility.

Patient / Responsible Party's Signature	Relationship	Date
n/a	n/a	

Summary of Risks and Benefits:

Risk of Transfer:

☒ Worsening of medical condition including risk to unborn/ newborn in the case of pregnancy. Disease specific risks: death

☒ Transportation Risks plane crash

☐ Other: _____

Benefits of Transfer:

☒ Immediate access to specialized practitioner / equipment / monitoring, specifically: Trauma

☐ Bed capacity that is not currently available at this facility.

☒ Continuity of care

☐ Other: _____

I release the physician, this hospital and its agents from any liability as a result of this transfer.

	Relationship	Date
X Diane Schwartz (Signature of Responsible Party)	Spouse	6·22·16
[illegible], RN (Signature of Witness)	Nurse	6·22·16

Section II: Patient Refusal for Transfer

This risk and benefits involved in the transfer have been explained to me, as well as the risks and benefits of foregoing this transfer, and I have decided to decline the transfer. I accept full responsibility for this decision. I release the physician, this hospital, and its agents from any liability as a result of **NOT** being transferred.

	Relationship	Date
Signature of Responsible Party n/a	n/a	
Signature of Witness		

SCHWARTZ DOUGLAS R HSV: ED
DOB: 06/02/1958 AGE: 58 SEX: M
ADMIT: 06/22/16 ROOM/BED /
ATT: GARVEY DAVID J MD #: 2818
MR #: 000330967 PAT #: 6139781

PHYSICIAN/QUALIFIED MEDICAL PERSONNEL STATEMENT
MEDICAL NECESSITY AND REASONABLENESS FOR AIR MEDICAL TRANSPORT

As the medical professional involved in the air ambulance transport provided by _____
(Air ambulance supplier)

Please complete this form in its entirety in order to justify why air transportation was required instead of ground transport.
(This information will be provided to third party payers.)

Patient Data

Please Complete Each Sec

SCHWARTZ DOUGLAS R HSV: ED
DOB: 06/02/1958 AGE: 58 SEX: M
ADMIT: 06/22/16 RM/BED: /
ATT: GARVEY DAVID J MD #: 2818
MR #: 000330967 PT #: 6139781

Call # _____ Patient Name _____

Date of Service _____ Date of Birth _____

Diagnosis or Potential Diagnosis of Patient _____

Requesting Source

Requested By (full name and title) DR David Garvey

Requesting Entity (name and contact) NNRtt

Accepting-Receiving Hospital University of Utah

Requesting Air Transport General Criteria

- ☐ The Patient's condition is too critical to allow for longer transport time by ground
- ☐ Patient requires higher level of care ☐ Facility on Divert
- ☐ Weather / road conditions prohibit ground transport
- ☑ The patient's condition is too unstable for a ground unit and requires critical care abilities of the air ambulance transport team.

Specify care:

☐ Intubated ☐ ETCO2 Monitoring ☐ TPA Infusion ☐ EKG ☐ IABP ☐ Fetal Monitoring ☐ Neonatal Isolette ☐ Glidescope Intubation

☐ Other _____ ☐ IV Medications, titrated drips (specify medications) _____

Mechanism of Injury

☑ Patient requires immediate and rapid transport due to the nature and or severity of the illness / injury
(Please check the Mechanism(s) of Injury)

- ☐ Vehicle rollover / ejection / high speed collision
- ☑ Vehicle striking pedestrian > 10 mph
- ☐ Falls from > 15 feet
- ☐ Motorcycle victim ejected at > 20 mph
- ☐ Near drowning injuries
- ☐ Major crush injuries
- ☐ AMI / Chest pain
- ☐ Other (specify) _____
- ☐ Symptomatic hypotension
- ☐ High-risk obstetrical conditions
- ☐ Penetrating trauma
- ☐ Spinal Cord / spinal column injury
- ☐ Partial or total amputation
- ☐ 2 or more long bone fx. Pelvic fx,
- ☐ Altered level of consciousness
- ☐ Patient experiencing neurological impairment (CVA, Stroke, Seizures)
- ☐ Symptomatic hypertension
- ☐ Major burns of the body surface area; burns involving the face, hands, feet, perineum; burns with significant respiratory involvement; major electrical or chemical burn
- ☐ Same vehicle fatality

Specialty Care Required

☐ Specialty Care likely required for this patient's immediate care. **(Please check the appropriate physician consultation or skill likely required)**

- ☐ Cardiologist
- ☐ Cardiothoracic Surgeon
- ☐ Vascular Surgeon
- ☐ Neurologist
- ☐ Neurosurgeon
- ☐ Neuroradiologist
- ☐ Pulmonologist
- ☐ Gastroenterologist
- ☐ Neonatologist
- ☐ Pediatric Intensive Care Specialist
- ☐ Burn Specialist
- ☐ Trauma Surgeon
- ☐ ICU Not Available at referring
- ☐ Other (specify) _____

I order/certify that this patient's condition requires Air Ambulance Transportation due to the time or geographical factors. Such certification is to the best of my professional ability. By so certifying, I am NOT assuming any financial responsibility for the transportation services provided by: _____ .
The ambulance supplier agrees that it will bill only the patient or any applicable third party payor for any transportation cost. (Air ambulance supplier)

Signature/Date X _____ Name (print) Donna Kevitt, RN

☐ EMT ☐ Paramedic ☐ Trained First Responder ☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner ☑ R.N. _____ per VO/TO of Dr. _____

Do you (requesting source) have a financial/employment relationship with the ambulance supplier transporting patient?
Please Indicate ☐ Yes ☑ No

Revision Date 1/1/2013

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Leading Teleradiology

Northeastern Nevada Regional Hospital

Patient:	**SCHWARTZ, DOUGLAS (Male)**	DOB:	06/02/58
MR #:	**330967**	Status:	ER
Date:	06/22/16 22:37	Slices:	0
History:	Study: CT BRAIN HEAD WO Reason: Swelling with Trauma/Injury		
Priors:			
Tech:	Exam request generated by HL7 interface		
Exams:	CT HEAD Without Contrast		
Contrast:			

Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000

Final Report

EXAM: CT head without contrast.

CLINICAL INDICATION: Auto versus pedestrian with blunt force trauma to the head.

TECHNIQUE: Multiple contiguous axial images were obtained from skull base to vertex without the use of intravenous contrast.

COMPARISON: None.

FINDINGS: The ventricular system is normal in size and configuration without midline shift or ventriculomegaly. Symmetrical hyperdensity along the bilateral tentorium may represent hemoconcentration. Trace subdural blood products would be considered much less likely but not entirely excluded. There is no CT evidence of acute cortical infarction. The bilateral orbital contents are grossly unremarkable. Scattered paranasal sinus mucosal thickening is present with possible trace right maxillary sinus fluid level. Evaluation for facial fracture is limited with the provided technique. There is no significant mastoid or tympanic cavity fluid. There is no depressed calvarial fracture.

IMPRESSION:

1. Symmetrical hyperdensity along the bilateral tentorium likely reflects hemoconcentration/dehydration. Trace subdural blood products would be considered much less likely. If indicated, followup head CT could be performed to assess for stability.

2. No midline shift or depressed calvarial fracture.

3. Mild scattered paranasal sinus mucosal thickening and possible low-density fluid level in the right maxillary sinus most suggestive of inflammatory sinus fluid rather than acute hemorrhage.

Radiologist: Max Pollock, M.D. Phone: 858-626-8106

Study ready at 22:40 and initial results transmitted at 23:29

Critical Value Communications

Clear Time	Type	Notes
06/22/16 23:48	**Verify Receipt**	**Verified receipt with Dr. Garvey on 06/22 23:47 (-07:00)**

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Northeastern Nevada Regional Hospital

Patient:	**SCHWARTZ, DOUGLAS (Male)**	DOB:	06/02/58
MR #:	**330967**	Status:	ER
Date:	06/22/16 22:22	Slices:	0
History:	Study: CT THORACIC WO Reason: Pain with Trauma/Injury		
Priors:			
Tech:	Exam request generated by HL7 interface		
Exams:	CT T SPINE		

Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000

Final Report

EXAM: CT thoracic spine

CLINICAL INDICATION: Auto versus pedestrian, blunt force trauma to the chest and back, back pain.

TECHNIQUE: Helical CT was performed through the thoracic spine with two-dimensional coronal and sagittal reformatted images generated for review.

COMPARISON: None.

FINDINGS: Thoracic alignment is anatomic without spondylolisthesis and the thoracic vertebral body heights are generally well preserved with the exception of mild ventral wedging at T12. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformities. Acute nondisplaced pedicle fractures not excluded. Consider MRI for further evaluation as indicated. The thoracic facets articulate normally. Multilevel mild loss of intervertebral disc space height with small central disc protrusions are noted without significant bony spinal canal stenosis. Prominent ventral osteophytosis is present at T9/T10 on the right. Heterotopic ossification is seen within the interspinous ligament in the mid/lower thoracic spine.

Please see CT chest report for further detail regarding intrathoracic findings.

IMPRESSION:

1. Irregularity of the right T10 and T11 pedicles may reflect chronic fracture deformity. Acute nondisplaced pedicle fractures not entirely excluded. Correlate for tenderness to palpation at this level. MRI could further evaluate as indicated.

2. Mild thoracic spondylosis without significant spinal canal stenosis.

3. Mild ventral wedging of T12 is likely chronic/physiologic.

4. Please see CT chest report for further detail.

Radiologist: Max Pollock, M.D. Phone: 858-626-8106

Study ready at 22:27 and initial results transmitted at 23:16

Critical Value Communications

Clear Time	Type	Notes
06/22/16 23:48	Verify Receipt	Verified receipt with Dr. Garvey on 06/22 23:47 (-07:00)

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Leading Teleradiology

Northeastern Nevada Regional Hospital

Patient:	**SCHWARTZ, DOUGLAS (Male)**	DOB:	
MR #:	**330967**	Status:	ER
Date:	06/22/16 22:19	Slices:	0
History:	Study: CT ABD PELVIS IV ONLY		
Priors:			
Tech:	Exam request generated by HL7 interface		
Exams:	CT ABDOMEN & PELVIS With Contrast		
Contrast:			

Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000

Final Report

EXAM: CT abdomen and pelvis with contrast.

CLINICAL INDICATION: Auto versus pedestrian, blunt force trauma to the abdomen/pelvis, abdominal pain.

TECHNIQUE: Contrast-enhanced helical CT was performed through the abdomen and pelvis following the administration of 125 cc Isovue-370 iodinated intravenous contrast. Two-dimensional coronal and sagittal reformatted images were generated for review.

COMPARISON: None.

FINDINGS:

Please see separate CT chest report for further detail regarding intrathoracic findings.

The liver is enlarged with the right hepatic lobe measuring 19.9 cm. No hypoenhancement is present to suggest hepatic contusion or laceration. A small amount of hyperdense free fluid is seen adjacent to the inferior portion of the right hepatic lobe. The gallbladder is nondistended and the common bile duct is normal in caliber. The pancreas enhances uniformly without evidence for laceration. Small calcifications are seen within the spleen and there is no definite splenic laceration allowing for limitations of streak artifact related to arms down scanning technique. The bilateral adrenal glands are normal. The bilateral kidneys enhance uniformly without evidence for contusion or laceration and there is no hydroureteronephrosis. The small bowel loops are nondilated and there is no mesenteric hematoma. No free air is present within the abdomen. Atherosclerotic plaquing is seen within the infrarenal abdominal aorta and mild ectasia is present without aneurysmal dilatation or dissection. There are no pathologically enlarged mesenteric or retroperitoneal lymph nodes.

Small hyperdense fluid is seen within the mid and inferior portion of the left paracolic gutter. There is a 7.6 mm focus of hyperenhancement within the periphery of the prostate on the right. No significant free fluid is seen collecting within the rectovesical pouch. The urinary bladder is grossly unremarkable. No colonic wall thickening is evident. A small fat-containing umbilical hernia is present.

Soft tissue stranding and induration is seen overlying the left gluteal region compatible with contusion. There is no definite proximal left femoral fracture. Degenerative change in the bilateral hips is noted with marginal osteophytosis and joint space narrowing. No acute displaced pelvic fracture is clearly evident. Multilevel lumbar degenerative disc disease is present most pronounced at L2-3 and L5-S1. Lower lumbar facet arthropathy is also noted. A hypoplastic rib is present on the right at L1. Evaluation for nondisplaced transverse process fracture is limited with the provided technique. There is no clear CT evidence of acute lumbar fracture allowing for limitations of routine CT abdomen/pelvis technique.

IMPRESSION:

1. Trace hyperdense free fluid adjacent to the inferior right hepatic lobe as well as within the mid and caudal left paracolic gutter. No clear CT evidence for splenic or hepatic contusion/laceration, however, finding should be considered to reflect trace hemoperitoneum in the setting of significant trauma. Low-grade solid organ injury is not excluded. Surgical consultation, close clinical, and as needed imaging followup recommended.

2. Soft tissue contusion overlying the left hip as described. No definite CT evidence of acute proximal left femoral or left hemipelvis fracture allowing for limitations of routine CT abdomen/pelvis technique. If there is clinical suspicion for pelvic or femoral fracture, dedicated CT could be performed for further evaluation.

3. No free air to suggest visceral perforation.

4. Lumbar spondylosis without clear CT evidence of acute lumbar fracture. As above, if there is concern for lumbar spine fracture, dedicated lumbar spine CT could enter evaluate.

5. Also noted: Atherosclerosis without aneurysm/dissection, hepatomegaly, fat-containing umbilical hernia, splenic calcification, degenerative change of the bilateral hips, and 7.6 mm hyperenhancing right prostate lesion. Followup recommended.

6. Please see CT chest report for further detail regarding intrathoracic findings.

Radiologist: Max Pollock, M.D. Phone: 858-626-8106

Study ready at 22:24 and initial results transmitted at 22:54

Critical Value Communications

Clear Time	Type	Notes
06/22/16 23:07	Verify Receipt	Verified receipt with Cheryl in the ER for Dr. Garvey on 06/2 23:07 (-07:00)

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Northeastern Nevada Regional Hospital

Patient:	**SCHWARTZ, DOUGLAS (Male)**	DOB:	06/02/58
MR #:	**330967**	Status:	ER
Date:	06/22/16 22:20	Slices:	0
History:	Study: CT CHEST W Reason: Chest Pain with Trauma/Injury		
Priors:			
Tech:	Exam request generated by HL7 interface		
Exams:	CT CHEST With Contrast		
Contrast:			

Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000

Final Report

EXAM: CT chest with contrast.

CLINICAL INDICATION: Auto versus pedestrian, one force trauma to the chest, chest pain, increased difficulty breathing.

TECHNIQUE: Contrast-enhanced helical CT was performed through the chest following the ministration of 125 cc Isovue-370 iodinated intravenous contrast. Two-dimensional coronal and sagittal reformatted images were generated for review.

COMPARISON: None.

FINDINGS:

The heart is normal in size and there is no pericardial effusion. Trace atherosclerosis is present without thoracic aortic aneurysm or dissection. The origins of the great vessels are unremarkable with the exception of mild atherosclerotic plaquing in the left subclavian artery. Trace gas within the main pulmonary artery is likely related to peripheral IV access. No mediastinal hematoma is present. The visualized aerodigestive tract is unremarkable.

There is a small, less than 10%, right pneumothorax. Prominent pleural fat is present without definite pleural effusion. Bibasilar opacities and right perihilar opacity may reflect atelectasis, contusion, or the sequela of aspiration. There is no left-sided pneumothorax or pleural effusion. Prominent left pleural fat is also present. There is a 4.9 mm noncalcified left upper lobe subpleural pulmonary nodule.

There are acute anterolateral fractures of the right fourth through seventh ribs with the fourth and sixth ribs fractured in 2 places (nondisplaced posterior fractures also noted). Comminution and displacement of the seventh rib fracture is present. No acute displaced sternal fracture. Please see separate CT thoracic spine report for further detail.

IMPRESSION:

1. Small right anterior pneumothorax (less than 10%). Surgical consultation and followup

recommended.

2. Prominent right pleural fat without definite pleural effusion.

3. Acute fractures of the right fourth through seventh ribs as described above. Please note that the fourth and sixth ribs are fractured in 2 places.

4. Dependent bibasilar opacities and right perihilar opacity may reflect atelectasis, pulmonary contusion, and/or the sequela of aspiration.

5. Mild atherosclerosis without evidence for traumatic aortic injury.

6. Please see CT thoracic spine report for further detail.

7. 4.9 mm left upper lobe pulmonary nodule. Followup per Fleischner Society criteria recommended.

Radiologist: Max Pollock, M.D. Phone: 858-626-8106

Study ready at 22:24 and initial results transmitted at 23:08

Critical Value Communications

Clear Time	Type	Notes
	Verify Receipt	

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Northeastern Nevada Regional Hospital

Patient:	**SCHWARTZ, DOUGLAS (Male)**	DOB:	06/02/58
MR #:	**330967**	Status:	ER
Date:	06/22/16 22:38	Slices:	0
History:	Study: CT C SPINE WITHOUT Reason: Pain with Trauma/Injury		
Priors:			
Tech:	Exam request generated by HL7 interface		
Exams:	CT C SPINE		
Contrast:			

Accession Numbers: 61397810000600, 61397810000700, 61397810000800, 61397810000900, 61397810001000

Final Report

EXAM: CT cervical spine.

CLINICAL INDICATION: Auto versus pedestrian, trauma to the neck and cervical spine, upper back pain.

TECHNIQUE: Helical CT is performed through the cervical spine with two-dimensional coronal and sagittal reformatted images generated for review.

COMPARISON: None.

FINDINGS:

Cervical alignment is anatomic without spondylolisthesis and there is preservation of the cervical lordosis. The visualized vertebral body heights are preserved without evidence for compression deformity. No acute cervical fracture is evident by CT. The atlantooccipital and atlantoaxial articulations are intact. The odontoid process is normal. The cervical facets articulate normally bilaterally without dislocation or subluxation. There is no prevertebral soft tissue thickening.

The intervertebral disc spaces are generally well preserved. Small ventral osteophytes are present at C4, C5, and C6. A partially calcified right paracentral disc protrusion is present at T1/T2. Right greater than left facet arthropathy is present most pronounced at C4-5. There is no significant bony spinal canal stenosis. Minimal foraminal stenosis is present on the left at C4-5.

Please see CT chest for further detail regarding intrathoracic findings.

IMPRESSION:

1. No CT evidence of acute cervical fracture or traumatic subluxation.

2. Very mild cervical and upper thoracic spondylosis as described above.

3. Please see CT chest report for further detail.