IN THE UNITED DISTRICT COURT
FOR THE DISTRICT OF ARIZONA



Arlena Minerva; Willes
Petitioner,

CASE NO:CV-19-00068-PHX-JJT(JFM)

Vs.

Arizona Department of Child Safety ,et al.

Respondents.

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**Notice of innocence of all fabricated, false allegations brought up against me as a loving mother . (Exhibit D. Medical documentation With Pediatric abuse assessment 12-18 yrs : No suspicion of abuse, No deficiencies in Nutritional Risk Assessment : Meaning my son JD;Z (EX. A) was not in imminent Danger when he was unlawfully Stripped from my loving care ). This proves beyond a shadow of any doubt , my son JD;Z should have never been taken in the first place! (See Exhibit E).**

CC: Honorable Judge J Tuchi

CC: (Respondents) Arizona Department of Child Safety : Olivia Douma, Sandra Leslie (Olivia Douma's Supervisor) , Lynn Hart ( Sandra Leslie's Supervisor) , Lisa Burns , Kristina Harrison, Sabren Tawil, Melissa Kevitt, Rosemary Villa , Merlin Romero ( Rosemary Villa's Supervisor) , Tatum Ranaud (Merlin Romero Tatum Ranaud's Supervisor) and Jessica Anthony Head Supervisor.

CC: (Respondent's ) Durango Juvenile "Court" : Diana Theos, Deborah Marie Oelze, Daniel Saint III (terminated council) and Daniel Hernacki (Terminated Council), Jean Elaine West, Brian Matthew Strickman , Jeff Myers , Administrator Nicolas Brian Hoskin's and Administrator Timothy James Ryan. ( All in Collusion to try and sever unlawfully my Parental rights ).

**Exhibit E ( A Loving Mother who has been wrongfully separated from my precious son the past 6 months. Whose only desire is to be reunited with my son which is the Justice that is Respectfully demanded and duly perfected , due and owing by a matter of right,fact , truth and justice.**

my son was Date taken: 9/9/18

# Physician Clinical Report

**Dignity Health Arizona General Hospital - 51st/Olive**
**Emergency Department**
5171 W Olive Ave, Glendale, AZ 85302 (602) 900-4780

10 Days before my son was unlawfully taken from my loving care.

**Patient:**
**MRN: 94605** **Acct#: 0246539**
**Sex: M** **DOB:** **Age: 15y**
**Arrrival:** 08/31/2018 12:45 **Departure:** 08/31/2018 18:08 **Disposition:** Transfer Banner - Direct

**Weight:**31.9 kg (M). **Height/Length:**61 inches (M). **BMI:**13.3. Growth Chart Percentile: **Weight:**0%. **Height/Length:**1.5%

Time Seen: 13:47 08/31/2018.
Arrived- By private vehicle. Historian- patient.

## HISTORY OF PRESENT ILLNESS

Chief Complaint: ABDOMINAL PAIN. This started 2 years, worse the past week. and is still present. It is described as stabbing and cramping and it is described as located in the periumbilical area and in the left chest. At its maximum, severity described as severe. When seen in the E.D., severity described as severe. Modifying factors. Not worsened by anything. Not relieved by anything. The patient has had nausea, loss of appetite and diarrhea.

(Mother has seen a significant decline in her sons health the past 2 yrs since he had his appendix out December 2016. He has been in at PCH as recent as last January. Has seen Peds GI with questionable follow up. He has no current PCP.).

Similar symptoms previously.

Recent medical care: Not recently seen/assessed.

## REVIEW OF SYSTEMS

The patient has had constipation and chest pain (left sided). No difficulty with urination, pain with urination, urinary frequency, fever or headache. No sore throat, blurred vision, difficulty breathing, cough or joint pain. No skin rash, chills or back pain. The patient has had bloody stools (blood with firm BMS, diarrhea often.). + chronic sinus congestion. They moved to the Valley 5 yrs ago. He is home schooled due to his autism.
Mother states he usually eats fine but has not eaten much the past week, has intermittent abd pain, CP, nausea, diarrhea, and constipation. All other systems reviewed and are negative.

## PAST HISTORY

See nurses notes.

**Medications:**
None.
**Allergies:**
No Known Drug Allergy.

## SOCIAL HISTORY

Never smoker. Not exposed to second-hand smoke at home. Cognitive impairment present-



(Ex A and E)

# Physician Clinical Report

**Dignity Health Arizona General Hospital - 51st/Olive**
**Emergency Department**
5171 W Olive Ave, Glendale, AZ 85302 (602) 900-4780

**Patient** JDJ 2 (ex Natal E)
**MRN: 94605** **Acct#: 0246539**
**Sex: M** **Age: 15y**
**Arrrival:** 08/31/2018 12:45 **Departure:** 08/31/2018 18:08 **Disposition:** Transfer Banner - Direct

developmentally delayed. No report of abuse. Resides in a house. No infectious disease exposure.

## FAMILY HISTORY

No significant family medical history.

## ADDITIONAL NOTES

The nursing notes have been reviewed with agreement regarding the chief complaint, HPI, ROS, PMH and patient medications and allergies.

## PHYSICAL EXAM

**Vital Signs:**
08/31/2018 12:54 BP: 128/74. HR: 121. RR: 17. O2 saturation: 99% on room air. Temp: 99.2 F. FLACC pain scale: 6/10. Have been reviewed.
**Appearance:** Alert. Oriented X3. No acute distress. Anxious. (Gaunt apperance, well dressed and groomed).
**Eyes:** Pupils equal, round and reactive to light. Eyes normal inspection.
**ENT:** Ears normal. Nose normal. Pharynx normal.
**Neck:** Normal inspection. Neck supple.
**CVS:** Normal heart rate and rhythm. Heart sounds normal. Pulses normal.
**Respiratory:** No respiratory distress. Moderate left upper costochondral tenderness. Breath sounds normal.
**Abdomen:** Soft. Tenderness in the periumbilical area with guarding present. No rebound tenderness or Murphy's, obturator or psoas sign present. Bowel sounds normal. No organomegaly. No mass. Femoral pulses equal. (Low BMI).
**Back:** Normal inspection.
**Skin:** Skin warm and dry. Normal skin color. No rash. Normal skin turgor.
**Extremities:** Extremities exhibit normal ROM. No lower extremity edema.
**Neuro:** Oriented X 3. No motor deficit. No sensory deficit. Reflexes normal.

## LABS, X-RAYS, AND EKG

**EKG:** Tachycardia (118). Normal P waves. Short PRI. Normal QRS complex. Normal axis. Normal QT and QTc. Non-specific ST segment / T wave abnormalities. Prior EKG unavailable. The study has been independently viewed by me. The EKG appears to be a good tracing.

**Laboratory Tests:**
CT ABD/PEL w IV Cont: (COLL: 08/31/2018 18:22) ( MsgRcvd 08/31/2018 16:23) Final results

**Exam**
CT ABD/PEL W IV CONT
Study Desc CT ABD/PEL W IV CONT
Clinical History: Periumbilical pain and constipation x 5 days

EXAM: CT of the Abdomen and Pelvis with IV contrast

COMPARISONS: 1/10/18

TECHNIQUE :Helical images of the abdomen and pelvis were obtained

# Physician Clinical Report

**Dignity Health Arizona General Hospital - 51st/Olive**
**Emergency Department**
5171 W Olive Ave, Glendale, AZ 85302 (602) 900-4780

**Patient:** JP; 2
**MRN: 94605 Acct#: 0246539**
**Sex: M DOB: Age: 15y**
**Arrrival:** 08/31/2018 12:45 **Departure:** 08/31/2018 18:08 **Disposition:** Transfer Banner - Direct

70cc of Isovue 300 were administered.
107.94 DLP

FINDINGS:

Included portions of the lung bases demonstrate no acute pathology.

CT ABDOMEN:

ABDOMINAL ORGANS: The liver is notable for mild intrahepatic biliary duct prominence. No radio-opaque stones appreciated, please correlate with LFT's. The pancreas, spleen, adrenal glands and kidneys demonstrate no acute pathology. Subcentimeter hypodensity noted of left kidney.

STOMACH AND ABDOMINAL BOWEL: The stomach demonstrates no acute pathology. There is no evidence of bowel obstruction or free air. Diffuse colitis noted from cecum to rectum.

PERITONEUM AND RETROPERITONEUM: There are mesenteric prominent lymph nodes, likely reactive to underlying colitis, follow up recommended.

VASCULAR STRUCTURES: The abdominal aorta demonstrates no acute pathology.

CT PELVIS:
PELVIC BOWEL: The appendix is not well seen, if concern for appendicits, follow up recommended.

PERITONEUM AND EXTRAPERITONEAL REGIONS: There is no pelvic sidewall lymphadenopathy appreciated. The inguinal regions demonstrate no acute pathology.

BLADDER: The bladder demonstrates no acute pathology.

OSSEOUS STRUCTURES: There are no focal suspicious lesions appreciated.

IMPRESSION:

Diffuse colitis, please correlate.

Prominent lymph nodes in mesentery as above, suspect reactive.

Follow up recommended.

SL: 24 Signed by: Les Benodin, M.D. 2018-08-31 18:22:49 [CDT]

CTA Chest w Recon: (COLL: 08/31/2018 18:12) ( MsgRcvd 08/31/2018 16:13) Final results

**Exam**
CTA CHEST W RECON
CT scan of the chest with contrast/CTA
History: Chest pain. Elevated d-dimer.
Comparison: None.

2.5 mm axial CT images are obtained from the thoracic inlet to the diaphragm following intravenous administration of 70 cc Isovue-300. Sagittal and coronal reformats are acquired. Thick slab MIP vascular reformats are also obtained. Total DLP is 86 mGy-cm.

No pulmonary arterial filling defects are seen. There is no evidence to suggest pulmonary arterial embolic disease.

The thoracic aorta is normal in configuration with no evidence for aneurysm, stenosis or dissection. Great vessel origins appear normal.

Heart size is normal. No coronary arterial calcification is seen. There is no evidence

JP; 2

# Physician Clinical Report

**Dignity Health Arizona General Hospital - 51st/Olive**
**Emergency Department**
5171 W Olive Ave, Glendale, AZ 85302 (602) 900-4780

**Patient.** J D; Z
**MRN: 94605 Acct#: 0246539**
**Sex: M Age: 15y**
**Arrrival:** 08/31/2018 12:45 **Departure:** 08/31/2018 18:08 **Disposition:** Transfer Banner - Direct

for pericardial effusion or right ventricular strain.

There is no axillary, hilar, mediastinal or retrocrural adenopathy.

The lungs are clear, with no infiltrate, pleural effusion, pulmonary edema or noncalcified pulmonary nodule.

Visualized portions of upper abdominal viscera are unremarkable, except to note the presence of a 1 cm cyst in the mid zone of the left kidney.

No lytic or blastic osseous lesions are seen.

Impression:

There is no evidence for pulmonary arterial embolic disease or dissection of the thoracic aorta.

Unremarkable CT scan of the chest with contrast.

SL: 24 Signed by: J. Yasmin Alexander, M.D. 2018-08-31 18:12:57 [CDT]

. (VBG: pH 7.503, PCO2 33.4, BEecf 3, HCO3 26.3, TCO2 27).

**Bedside Tests:** Urine dipstick, clean catch sample: Sp Gr 1.010; pH 7; leukocytes negative; nitrite negative; protein negative; glucose normal; ketones negative; urobilinogen normal; bilirubin negative; trace blood.
**CBC:** CBC is normal except as noted. WBC 15.7. Segs 81.4 %. Lymphs 13.6 %. Hgb 8.5. HCT 25.5 %. Platelets 688.
**Chemistries:** Comprehensive Metabolic Panel (Chem 14)- normal except as follows. Cr .0.2. Total protein 8.3. Albumin 2.7. AST 38. Alkaline phosphatase 234. Lactic acid 1.20.
**Cardiac Labs:** Cardiac labs are normal.
**Coagulation Studies:** D-dimer positive- 1650.

## PROGRESS AND PROCEDURES

**Course of Care:** 15:36 08/31/18. Mother requests Banner Children's hospitals, refuses PCH. Phoned Banner Transfer and gave report to RN. She will search for a bed at PICU bed at Thunderbird.

16:48 08/31/18. Dr. Batra accepts to Peds Hospitalist service. Awaiting a bed assignment.

## CLINICAL IMPRESSION

Acute colitis.
Occult GI bleed.
Anemia.

(Electronically signed by Hale, Micah, DO 08/31/2018 18:01)

**Addenda for** J D; Z **MRN: 94605 VisitID: 0246539 Date: 08/31/2018**

J D; Z



(Exhibit A)

# Physician Clinical Report

**Dignity Health Arizona General Hospital - 51st/Olive**
**Emergency Department**
5171 W Olive Ave, Glendale, AZ 85302 (602) 900-4780

**Patient:** JD;2
**MRN: 94605 Acct#: 0246539**
**Sex: M DOB: 12/30/2002 Age: 15y**
**Arrrival:** 08/31/2018 12:45 **Departure:** 08/31/2018 18:08 **Disposition:** Transfer Banner - Direct

**9/1/2018 17:23**
Stool: WBC occasional, no other microbiology detected
(Electronically signed Hollon, Martha R.N. - 9/1/2018 17:23)

**9/6/2018 12:20**
Lab results reviewed.
RESULTS: FINAL no growth 5 days blood cultures
(Electronically signed Hollon, Martha R.N. - 9/6/2018 12:20)

JD;2

# Clinical Report - Nurses

**Dignity Health Arizona General Hospital - 51st/Olive**
**Emergency Department**
5171 W Olive Ave, Glendale, AZ 85302 (602) 900-4780

**Patient.** JDJ2
**MRN: 94605 Acct#: 0246539**
**Sex: M DOB: Age: 15y**
**Arrrival:** 08/31/2018 12:45 **Departure:** 08/31/2018 18:08 **Disposition:** Transfer Banner - Direct

**Weight:**31.9 kg (M). **Height/Length:**61 inches (M). **BMI:**13.3. Growth Chart Percentile: **Weight:**0%. **Height/Length:**1.5%

## TRIAGE

Arrived by private vehicle. Historian: mother.
Triage time: 12:54 08/31/2018. Acuity: LEVEL 3.
Chief Complaint: DIARRHEA and ABDOMINAL PAIN and NAUSEA and BLOODY STOOLS.
12:54 08/31/18.
Onset. (intermittently for the last 2 years).

Treatment PTA:
(per mother patient has been seen at phoenix childrens and has been to a GI specialist). --13:27 8/31/18 Hollon, Martha, R.N.

12:54 08/31/18. BP: 128/74. HR: 121. RR: 17 (regular and unlabored). O2 saturation: 99% on room air. Temp: 99.2 F (temporal). FLACC pain scale: 6/10. --13:27 8/31/18 Hollon, Martha, R.N.
Weight: 31.9 kg measured. Height/Length: 61 inches Measured. BMI: 13.3. Growth Chart Percentile: Weight: 0%. Height/Length: 1.5%. --12:53 8/31/18 Hollon, Martha, R.N.

**Medications**
None. --13:25 8/31/18 Hollon, Martha, R.N.

**Allergies**
No Known Drug Allergy. --13:25 8/31/18 Hollon, Martha, R.N.

**PROBLEMS:**
Biliary Colic.
Appendicitis.
ADHD - Attention Deficit Hyperactivity Disorder.
Autism. --13:25 8/31/18 Hollon, Martha, R.N.

ADDITIONAL SURGERIES:
Appendectomy.
Previous Abdominal Surgery. --13:25 8/31/18 Hollon, Martha, R.N.

JD;Z (Exh A and E)



**History**
12:54 08/31/18.

PAST MEDICAL HX: Immunizations: (mother states she will not have child immunized).
SOCIAL HX: Never smoker. Not exposed to second-hand smoke at home. No recent travel. Caregiver-mother. He has not traveled outside the U.S. No infectious disease exposure. No known contact with a sick individual. Does not attend daycare or school.

SELF HARM ASSESSMENT: a self harm assessment was performed. The patient answered "no" to the question(s) "Have you recently felt down, depressed, or hopeless?", "Have you noticed less interest or pleasure in doing things?", "Do you have thoughts of harming or killing yourself?", "Are you here because you tried to hurt yourself?", "Have you ever tried to hurt yourself before today?", "Have you recently had thoughts about harming or killing others?" and "Do you have any dangerous items in your possession?".

ABUSE ASSESSMENT: No report of abuse.

NUTRITIONAL RISK ASSESSMENT: The nutritional risk assessment revealed no deficiencies.

FUNCTIONAL ASSESSMENT: Functional assessment: no impairments noted.

LEARNING NEEDS ASSESSMENT: The learning needs assessment revealed no barriers.

FALL RISK ASSESSMENT: Fall risk assessment completed per protocol. No risk factors identified. Fall interventions initiated. Call light in reach of parent. Instructions given to parent.

SKIN INTEGRITY ASSESSMENT: Skin integrity risk assessment completed. No skin integrity risk identified.

PEDIATRIC ABUSE ASSESSMENT 12-18 YRS: No suspicion of abuse.

MORSE FALL SCALE: 30 (25 - 44 = Moderate Risk). The patient has a secondary diagnosis, forgets limitations. --13:27 8/31/18 Hollon, Martha, R.N.

**Interventions**
12:54 08/31/18. Identification band on patient. --13:27 8/31/18 Hollon, Martha, R.N.

**PHYSICAL ASSESSMENT**
Ambulatory to room.
GENERAL / NEURO / PSYCH: Alert. Active. Appears "sick". Anterior fontanel sunken.
RESPIRATORY: Respirations not labored. Breath sounds within normal limits.
GI / GU: The patient has had nausea. Abdominal tenderness in the periumbilical area. Bowel sounds within normal limits. Blood present in the stool. per mother.
SKIN: Skin is pale. Skin is warm. No skin rash. --13:28 8/31/18 Hollon, Martha, R.N.

**NURSING PROGRESS NOTES**
Reassurance given to the patient and parent(s). Three patient identifiers checked. Call light placed in reach. Side rails up x 2. Patient placed in chair. Brakes of chair on. Patient ready for evaluation- ED physician notified. --13:28 8/31/18 Hollon, Martha, R.N.

Warming measures: blanket applied. --13:28 8/31/18 Hollon, Martha, R.N.

JD;Z



CEX A)

JD; 2 (Ex A and E)



14:08 08/31/2018 Site #1 started via IV in the left antecubital space with an 20g angiocath, with aseptic technique and good blood return; one attempt. Blood drawn: green and purple tube(s). Labeled in the presence of the patient. Saline lock flushed with 10 mL saline. --14:08 8/31/18 Aukett, Brandon

14:23 08/31/2018 Started bag #1 1000 mL IV Fluids IV NS w/ bolus; bolus of 1000 mL wide open then at 1000 mL/hr over 1 hour(s) via site #1. Allergies verified and confirmed 5 rights. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. Information reviewed with patient including reason for taking this medication, signs of allergic reaction and precautions. Verbalizes understanding. --14:23 8/31/18 Hollon, Martha, R.N.

14:37 08/31/2018 NORFLEX (Orphenadrine Citrate) IVP 30 mg given over 2 minute(s) via site #1. Allergies verified and confirmed 5 rights. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. IVP given by RN. Information reviewed with parent including reason for taking this medication, signs of allergic reaction, precautions and sedative warning. Verbalizes understanding. --14:37 8/31/18 Hollon, Martha, R.N.

Reassessment after medication and fluids administered. He has had no adverse reaction. Overall patient status is improved- he states feels better. ( Patient states pain is better and is resting with mother at the bedside). --15:13 8/31/18 Hollon, Martha, R.N.

Patient walked to radiology and CT with tech. (1535). Patient walked back from radiology and CT with tech. (1555). --15:56 8/31/18 Robert Pigg

15:52 08/31/2018 ISOVUE 300 (Iopamidol) IVP 100 mL given over 35 second(s) via site #1. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. --15:57 8/31/18 Robert Pigg

15:58 08/31/18. BP: 114/66. HR: 119. RR: 17 (regular and unlabored). O2 saturation: 96% on room air. Pain level now: 0/10. --15:59 8/31/18 Hollon, Martha, R.N.

( Patient had a bowel movement that was red liquid. Patient c/o severe pain with bowel movement. Dr Hale aware, patient to be transferred to childrens hospital). --16:00 8/31/18 Hollon, Martha, R.N.

17:01 08/31/2018 Morphine IVP 2 mg given diluted in NS 10mL over 2 minute(s) via site #1. Allergies verified and confirmed 5 rights. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. IVP given by RN. Information reviewed with patient including reason for taking this medication, signs of allergic reaction, precautions and sedative warning. Verbalizes understanding. --17:01 8/31/18 Hollon, Martha, R.N.

17:01 08/31/2018 Zofran (Ondansetron HCl) IVP 4 mg given over 2 minute(s) via site #1. Allergies verified and confirmed 5 rights. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. IVP given by RN. Information reviewed with parent including reason for taking this medication, signs of allergic reaction and precautions. Verbalizes understanding. --17:01 8/31/18 Hollon, Martha, R.N.

17:02 08/31/2018 IV Fluids IV NS w/ bolus Discontinued: bag #1 completed. Total amount infused: 1000 mL. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly. --17:02 8/31/18 Hollon, Martha, R.N.

17:02 08/31/18. BP: 100/57. HR: 111. RR: 17 (regular and unlabored). O2 saturation: 98% on room air.

JD; 2



(Ex A and E)

JD;Z



Pain level now: 7/10. Additional comments: intermittent. --17:03 8/31/18 Hollon, Martha, R.N.

17:41 08/31/2018 Started bag #1 1000 mL IV Fluids IV NS; at 75 mL/hr over 10 hour(s) via site #1 via dial-a-flow. Allergies verified and confirmed 5 rights. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly pre- and post-medication administration. Information reviewed with parent including reason for taking this medication, signs of allergic reaction and precautions. Verbalizes understanding. --17:41 8/31/18 Hollon, Martha, R.N.

17:58 08/31/2018 IV Fluids IV NS Discontinued: bag #2 upon transfer. Total amount infused: 1000 mL. IV patency established. IV site checked: no pain, redness, or swelling. IV flushed thoroughly. --18:06 8/31/18 Hollon, Martha, R.N.

**DISPOSITION / DISCHARGE**

Report was given to a nurse via a phone call. Report included patient's care, treatment, medications, reviewed medication reconcilliation, and condition (including any recent changes or anticipated changes). All questions were answered. Report was acknowledged and care was transferred. (to Ashley Rn at 1718). Bed requested, pending (at 1536). Bed obtained and ready (at 1702). ( AMR called at 1726 with a 10 min ETA
Attempted to call report the first time at 1708 waiting 10 mins on hold. returned call at 1718 and was able to give report). --17:49 8/31/18 Hollon, Martha, R.N.

Departure time: 17:58 08/31/2018. Admitted to Telemetry. Transferred to Banner Thunderbird Medical Center. Transported via ambulance by transport team with monitor and IV. Patient's personal items include: shirt, pants, undergarments, socks and shoes; items were placed in belongings bag, given to the mother and transported with the patient. --18:05 8/31/18 Hollon, Martha, R.N.

17:58 08/31/18. BP: 96/62. HR: 98. RR: 17 (regular and unlabored). O2 saturation: 100% on room air. Temp: 98.6 F (temporal). Pain level now: 0/10. --18:05 8/31/18 Hollon, Martha, R.N.

Locked/Released at 08/31/2018 18:07 by Hollon, Martha, R.N.

JD;Z

**Addenda for** [redacted] **MRN: 94605 VisitID: 0246539 Date: 08/31/2018**

**9/1/2018 17:23**
Stool: WBC occasional, no other microbiology detected
(Electronically signed Hollon, Martha R.N. - 9/1/2018 17:23)

**9/6/2018 12:20**
Lab results reviewed.
RESULTS: FINAL no growth 5 days blood cultures
(Electronically signed Hollon, Martha R.N. - 9/6/2018 12:20)

JD;Z



(Exh A and E)

JD/L

Addenda for [redacted] MRN: 94605 VisitID: 0246539 Date: 08/31/2018

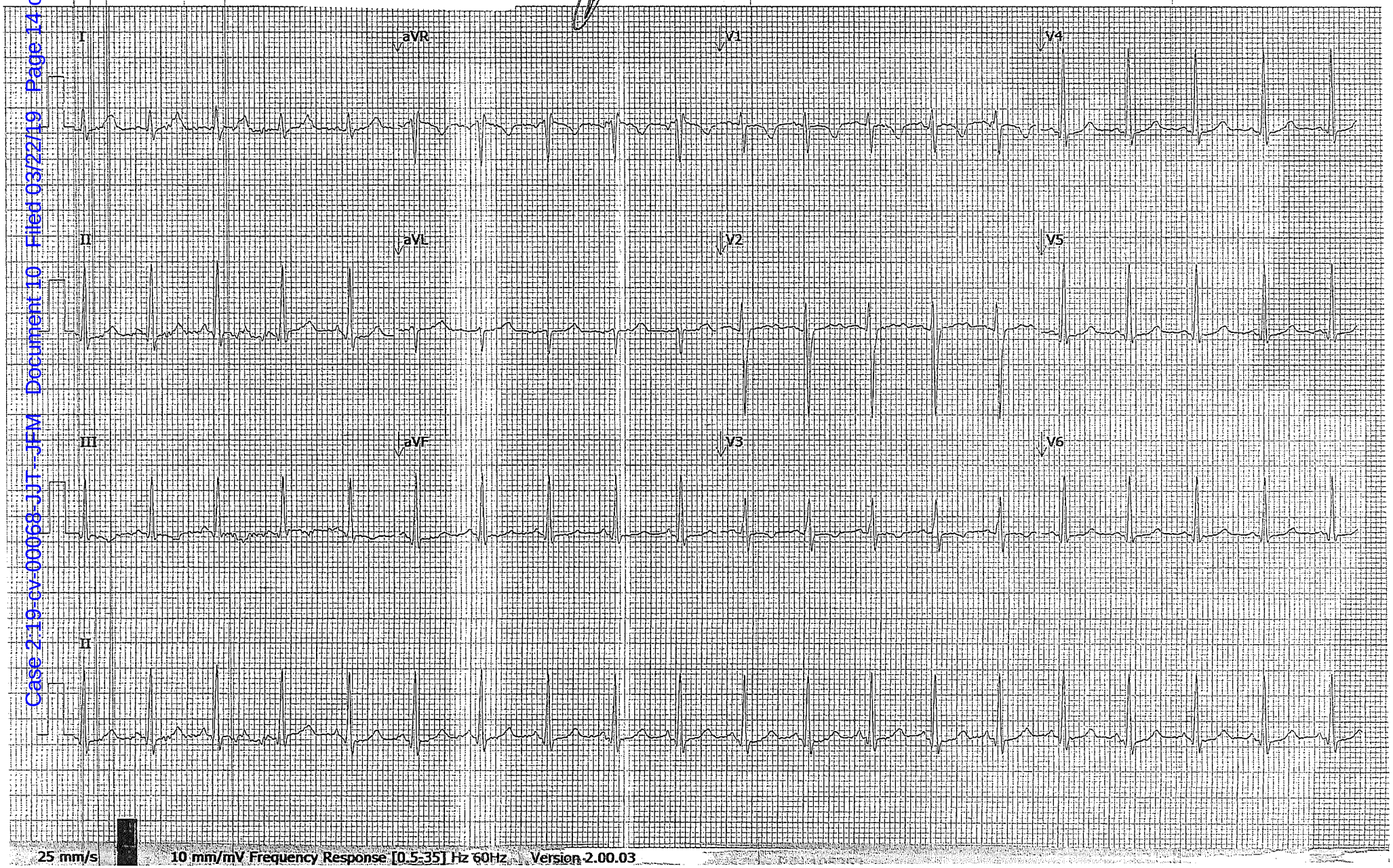
**9/1/2018 17:23**
Stool: WBC occasional, no other microbiology detected
(Electronically signed by Hollon, Martha R.N. - 9/1/2018 17:23)

**9/6/2018 12:20**
Lab results reviewed.
RESULTS: FINAL no growth 5 days blood cultures
(Electronically signed by Hollon, Martha R.N. - 9/6/2018 12:20)

| | | | | | |
|---|---|---|---|---|---|
| ID: | STAT_e88650ff | Gender: | Unknown | 08/31/2018 02:20:49PM | warning: age not available, assumed 35 years |
| Name: | | | | PR: 80/98 ms | warning: sex not available, assumed male |
| Age: | | | | QRS: 86 ms | sinus tachycardia |
| | | | | QT/QTc: 322/423 ms | short PR interval |
| | | | | P/QRS/T axis: 68/80/7 deg | ECG without significant abnormalities |
| | | | | Heart rate: 118 bpm | Unconfirmed Report |

0246539 RM- 94605 P/T-HOPD
ZEEK JONATHON M 15

DR HALE MICAH DR
DR 08/31/18 B/D 12/30/02



ARIZONA GENERAL HOSPITAL
7171 S 51ST AVE.
LAVEEN VILLAGE, AZ 85339
DR JESSICA DANIELS, M.D. CLIA#03D2085266

| ----PATIENT NAME---- | SEX | AGE | BIRTH | ADMIT | M/R# | PATIENT# | RM/LOC | TYPE |
|---|---|---|---|---|---|---|---|---|
| ZEEK JONATHON | M | 15 | 123002 | 083118 | 94605 | 0246539 | GLEN/OL | HOPD |

ORD: HALE MICAH ATT: SEC: PRI:
PAT PHONE: (623)232-2190

---PROCEDURE--- LIPASE ORDER # 60000

| --ORDERED-- | --COLLECTED-- | --REC'D-- | --RESULTED-- | --VERIFIED--- |
|---|---|---|---|---|
| 8/31/18 1529 | 8/31/18 1405 | 8/31/18 1530 | 8/31/18 1548 | 8/31/18 1548 |
| GA | RN | GA | DE | DE |

| | | | | | | |
|---|---|---|---|---|---|---|
| [LP] | LIPASE | 24 | IU/L | (L=12 | H=53 | )] |

0246539 RM- 94605 P/T-HOPD
ZEEK JONATHON M 15

DR HALE MICAH DR
DR 08/31/18 B/D 12/30/02

# Urinalysis Results

Dignity Health.
Arizona General Hospital
Glendale HOPD #306
5171 W Olive Ave
Glendale, AZ 85302
(602) 900-4780

Specimen Source: Urine

I have reviewed all results attached to this report.

Provider Signature: _____

Date/Time: 8/31/18

0246539 RM- 94605 P/T-HOPD
ZEEK JONATHON M 15

DR HALE MICAH DR
DR 08/31/18 B/D 12/30/02

| ONLY COMPLETE THIS SECTION IF A Urine HCG IS ORDERED | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Specimen Type | Date of Collection | Result Time | Test | Result | RT / RN Initials | Reference Range | ERP Initials | Time of ERP Review |
| Urine | | | UHCG | + / - | | negative | | |

Test Result Printouts Attached Below. Physicians should initial and time each set of results when the results are reviewed.

| Urine Result Printout | |
|---|---|
| Date/Time of Collection | 8-31-18 |

Siemens
Clinitek Status®

Serial Number: 258774

Patient ID: 94605

Multistix® 10 SG
Test date 08-31-2018
Time 16:31
Operator
Test number 5139
Color Yellow
Clarity Clear

GLU Negative
BIL Negative
KET Negative
SG 1.010
*BLO Trace-intact*
pH 7.5
PRO Negative
URO 0.2 E.U./dl
NIT Negative
LEU Negative

| Urinalysis Reference Range | |
|---|---|
| Glucose | negative |
| Bilirubin | negative |
| Ketones | negative |
| SpecGrav | 1.001-1.035 |
| Blood | negative |
| pH | 4.6-8.0 |
| Protein | negative |
| Urobilinogen | 0.0-1.9EU/dL |
| Nitrite | negative |
| Leukocytes | negative |

Space left blank intentionally

Nurse/Tech _____

# Lab Results

Dignity Health.
Arizona General Hospital
Glendale HOPD #306
5171 W Olive Ave
Glendale, AZ 85302
(602) 900-4780

Specimen Source: Green Tube (Lithium Heparin) - Whole Blood

I have reviewed all results attached to this report.

Provider Signature: _____

Date/Time: 8/31/18

0246539 RM- 94605 P/T-HOPD
ZEEK JONATHON M 15

DR HALE MICAH DR
DR 08/31/18 B/D 12/30/02

Test Result Printouts Attached Below. Physicians should initial and time each set of results when the results are reviewed.

**CMP (Chemi...** 8-31-18

piccolo xpress
Comprehensive Metabolic
31 Aug 2018 14:17
Sample Type: Patient
Patient ID: 94605
Disc Lot Number: 8201GC0
Serial Number: 0000P21898

| | | | |
|---|---|---|---|
| NA+ | 138 | 128-145 | mmol/L |
| K+ | 4.0 | 3.6-5.1 | mmol/L |
| tCO2 | 26 | 18-33 | mmol/L |
| CL- | 102 | 98-108 | mmol/L |
| GLU | 108 | 73-118 | mg/dL |
| CA | 8.7 | 8.0-10.3 | mg/dL |
| BUN | 9 | 7-22 | mg/dL |
| CRE | 0.2 * | 0.6-1.2 | mg/dL |
| ALP | 234 * | 42-141 | U/L |
| ALT | 23 | 10-47 | U/L |
| AST | 36 | 11-38 | U/L |
| TBIL | 0.4 | 0.2-1.6 | mg/dL |
| ALB | 2.7 * | 3.3-5.5 | g/dL |
| TP | 8.3 * | 6.4-8.1 | g/dL |

QC OK
HEM 0 LIP 0 ICT 0

Nurse/Tech_____

**Metlyte 8 Panel Results**

| Date/Time of Collection | |
|---|---|

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Nurse/Tech_____

**LFT (Liver Panel Plus) Results**

| Date/Time of Coll...on | 8-31-18 |
|---|---|

piccolo xpress
Liver Panel Plus
31 Aug 2018 14:31
Sample Type: Patient
Patient ID: 94605
Disc Lot Number: 8151BA5
Serial Number: 0000P21898

| | | | |
|---|---|---|---|
| ALB | 2.8 * | 3.3-5.5 | g/dL |
| ALP | 226 * | 42-141 | U/L |
| ALT | 9 * | 10-47 | U/L |
| AMY | 20 | 14-97 | U/L |
| AST | 38 * | 11-38 | U/L |
| TBIL | 0.5 | 0.2-1.6 | mg/dL |
| GGT | 31 | 5-65 | U/L |
| TP | 8.6 * | 6.4-8.1 | g/dL |

QC OK
HEM 0 LIP 0 ICT 0

Nurse/Tech_____

# CBC Results

**Specimen Source:** Lavender Tube (K2 EDTA) - Whole Blood

Dignity Health.
Arizona General Hospital
Glendale HOPD #306
5171 W Olive Ave
Glendale, AZ 85302
(602) 900-4780

I have reviewed all results attached to this report.

Provider Signature: _____

Date/Time: 8/31/18

0246539 RM-
ZEEK JONATHON 94605 M P/T-HOPD 15
DR HALE MICAH DR
DR 08/31/18 B/D 12/30/02

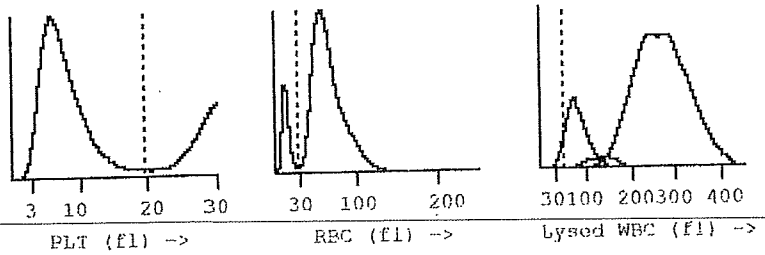
**CBC (Complete Blood Count) Results**

| Date/Time of Collection | |
|---|---|

ID = 94605
ID2 =
SEQ = 4785
DATE= 08/31/2018
TIME= 14:15:12

BLOOD CP

| | | | Normal ranges | | |
|---|---|---|---|---|---|
| WBC | H | 15.7 | $10^9$/l | 3.5 : | 10.0 |
| LYM% | L | 13.6 | % | 15.0 : | 50.0 |
| MID% | | 5.0 | % | 2.0 : | 15.0 |
| GRA% | H | 81.4 | % | 35.0 : | 80.0 |
| LYM | | 2.1 | $10^9$/l | 0.5 : | 5.0 |
| MID | | 0.8 | $10^9$/l | 0.1 : | 1.5 |
| GRAN | H | 12.8 | $10^9$/l | 1.2 : | 8.0 |
| RBC | | 4.08 | $10^{12}$/l | 3.50 : | 5.50 |
| HGB | L | 8.5 | g/dl | 11.5 : | 16.5 |
| HCT | L | 25.5 | % | 35.0 : | 55.0 |
| MCV | L | 62.6 | fl | 75.0 : | 100.0 |
| MCH | L | 20.8 | pg | 25.0 : | 35.0 |
| MCHC | | 33.3 | g/dl | 31.0 : | 38.0 |
| RDW% | | 15.8 | % | 11.0 : | 16.0 |
| PLT | H | 688 | $10^9$/l | 100 : | 400 |
| MPV | L | 7.2 | fl | 8.0 : | 11.0 |

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Nurse/Tech_____

Tech: _____

# Lab Results

Dignity Health.
Arizona General Hospital
Glendale HOPD #306
5171 W Olive Ave
Glendale, AZ 85302
(602) 900-4780

**Specimen Source:** Green Tube (Lithium Heparin) - Whole Blood
except **Prothrombin Time Source:** Whole Blood

**I have reviewed all results attached to this report.**

Provider Signature: _____

Date/Time: 8/31/18

0246539 RM- 94605 P/T-HOPD
ZEEK JONATHON M 15
DR HALE MICAH DR
DR 08/31/18 B/D 12/30/02

Test Result Printouts Attached Below. Physicians should initial and time each set of results when the results are reviewed.

| Prothrombin Time (PT) Reference Range | |
|---|---|
| Seconds | 9.2 - 11.5 |
| INR | 0.9 - 1.2 |
| **Prothrombin Time (PT) Results** | |
| Date/Time of Collection | |

Space intentionally left blank

Nurse/Tech_____

| b-HCG Reference Range | |
|---|---|
| IU / L | ≤5 = Negative<br>6 - >2000 = Positive |
| **b-HCG Results** | |
| Date/Time of Collection | |

Space intentionally left blank

| CG4+ (Venous Gas) Reference Range | |
|---|---|
| pH | 7.310 - 7.410 |
| pCO2 (mmHg) | 41.0 - 51.0 |
| pO2 (mmHg) | 30 - 45 |
| BEecf (mmol/L) | -2 to +3 |
| HCO3 (mmol/L) | 23.0 - 28.0 |
| TCO2 (mmol/L) | 24 - 29 |
| sO2 (%) | 60 - 80% |
| Lactate (mmol/L) | 0.90 - 1.70 |
| **CG4+ (Venous Gas) Results** | |
| Date/Time of Collection | |

i-STAT CG4+

Pt:94605
Pt Name:_____

37.0°C

| | |
|---|---|
| pH | 7.503 |
| PCO2 | 33.4 mmHg |
| PO2 | 44 mmHg |
| BEecf | 3 mmol/L |
| HCO3 | 26.3 mmol/L |
| TCO2 | 27 mmol/L |
| sO2 | 85 % |
| Lac | 1.20 mmol/L |

14:21 31AUG18

Operator ID:
Physician:_____

Lot Number: 210D181422243
Serial: 382071
Version: JAMS145A
CLEW: A36
Custom: 00000000

# Lab Results

**Specimen Source:** Lavender Tube (K2 EDTA) - Whole Blood

Dignity Health.
Arizona General Hospital
Glendale HOPD #306
5171 W Olive Ave
Glendale, AZ 85302
(602) 900-4780

**I have reviewed all results attached to this report.**

Provider Signature: _____

Date/Time: 8/31/18

0246539 RM- 94605 P/T-HOPD
ZEEK JONATHON M 15

DR HALE MICAH DR
DR 08/31/18 B/D 12/30/02

Test Result Printouts Attached Below. Physicians should initial and time each set of results when the results are reviewed.

| Cardiac Results | |
|---|---|
| Date/Time of Collection | 8-31-18 |

TEST TIME
USER ID 9999995999

REF. RANGES: CARDIAC

| | NORMAL | ABNORMAL |
|---|---|---|
| CKMB | 0.0- 4.9 | > 4.9 |
| TNI | 0.00- 0.40 | > 0.40 |

CARDIAC QLN 64576
PAT.ID 94605

CKMB < 1.0 ng/mL
TNI <0.05 ng/mL

INT. QC: PASS

Nurse/Tech_____

| BNP Results | |
|---|---|
| Date/Time of Collection | |

Space intentionally left blank

Nurse/Tech_____

| Cardiac Results | |
|---|---|
| Date/Time of Collection | |

Space intentionally left blank

| D-Dimer Results | |
|---|---|
| Date/Time of Collection | 8-31-18 |

TEST TIME P 31?? 08 31 18
USER ID 9999998?99

REF. RANGES: D-DIMER

| | NORMAL | ABNORMAL |
|---|---|---|
| DDIM | 0 0- 450 | > 450 |

D-DIMER QLN 64238
PAT.ID 94605

DDIM 1650 ng/mL

INT. QC: PASS
PAT. RESULT ABNORMAL