



**COUNTY OF BERGEN**  
**DEPARTMENT OF PUBLIC SAFETY**  
**MEDICAL EXAMINER**

351 E. Ridgewood Avenue • Paramus, New Jersey 07652  
201-634-2940 • FAX 201-634-2950

**James J. Tedesco, III**  
*County Forester*

**Frederick J. DiCarlo, M.D., Ph.D.**  
*Medical Examiner*  
**Jennifer L. Swartz, D.O.**  
*Assistant Medical Examiner*

**KENWORTHY, Shayling**  
**02-16-1232**

**August 18, 2016**

I hereby certify that I, Stephen de Roux, M.D., Assistant Medical Examiner, have performed an autopsy on the body of Shayling Kenworthy on August 18, 2016 commencing at 11:15 am and ending at 12:15 am. This autopsy was done with the assistance of Ms. Tanisha Malone.

**IDENTIFICATION:**

The decedent is identified by hospital toe tag.

**EXTERNAL EXAMINATION:**

The body is that of an at least 5'6" in height fair-skinned female whose appearance is consistent with the stated age of 38 years. The body weights 80 lbs. The long, multi-toned, brown scalp hair has a normal distribution. The corneas have been removed postmortem. Plastic eye shields are in situ. There are no conjunctival petechiae. The teeth are in good repair. The chest and abdomen are symmetrical. There is a horizontally-oriented, 4½" scar above the symphysis pubis. The external genitalia are those of a normal adult female. The anus and perineum are unremarkable. The back is unremarkable. Tattooed over the upper back is a butterfly with some Asian type characters. There is a crudely sutured, 13" incision extending from the top of the right shoulder to the proximal right forearm. There is a crudely sutured, 14" incision extending from the left shoulder to the proximal left forearm. Extending from above the right iliac crest area to the medial aspect of the right foot is a crudely sutured, 46" incision. Extending from the left iliac crest area to the medial aspect of the left foot is a crudely sutured, 46" incision.

**THERAPEUTIC INTERVENTION:**

An endotracheal tube is in situ. An intravenous catheter is present in the right neck.

**POSTMORTEM CHANGES:**

Rigor mortis is symmetrical. There is unfixed posterior lividity. The body is cold.

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**INTERNAL EXAMINATION:**

**BODY CAVITIES:**

There are no abnormal fluid collections in either hemithorax, the pericardial sac or the peritoneal cavity.

**HEAD:**

The scalp and skull are unremarkable. The dura, falx and the dural sinuses are intact. There is no epidural, subdural or subarachnoid hemorrhage. The cranial nerves are unremarkable. The blood vessels at the base of the brain have a normal architecture. The brain weighs 1,216 grams. The cerebral hemispheres have a normal gyral pattern. Coronal sections of the cerebral hemispheres show normal relations between gray and white matter. There are no focal abnormalities. Transverse sections of the cerebellar hemispheres, brain stem and medulla oblongata are unremarkable.

**NECK:**

The hyoid bone, the rest of the larynx and the trachea are unremarkable. The sternocleidomastoid muscles and strap muscles are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The aorta and its major branches have a normal architecture. There is no intimal atherosclerosis. The heart weighs 231 grams. There is a right dominant epicardial coronary artery supply with patent ostia. There is no coronary artery stenosis. The atria and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is brown. There are no focal abnormalities. The left ventricular wall measures 1.2 cm in thickness midway between the mitral valve annulus and the apex.

**RESPIRATORY SYSTEM:**

The right and left lungs weight 505 grams and 434 grams respectively. The pulmonary arteries are unremarkable. There are no thrombi or emboli. The bronchi and bronchioles contain abundant, yellow-brown mucoid material. The lungs are well-inflated and spongy. The cut surfaces exude abundant, white, frothy fluid.

**LIVER AND BILIARY SYSTEM:**

The liver weighs 1,419 grams. The capsule is smooth. The parenchyma is congested and red-brown. The gallbladder contains 10 cc of bile. No stone are present.

**DIGESTIVE SYSTEM:**

The esophagus is unremarkable. The unremarkable stomach contains 160 grams of food. It is predominantly unrecognizable. The small intestines, large intestines and appendix are unremarkable. The pancreas has a normal external architecture. The parenchyma is brown.

**GENITOURINARY SYSTEM:**

The right and left kidneys weight 96 grams and 125 grams respectively. The cortical surfaces are smooth. The calyces, pelvis and ureters are unremarkable. The unremarkable bladder is empty. The ovaries and fallopian tubes are unremarkable. There are no adhesions in the adnexal areas. There is no evidence of inflammation. The uterus is mildly enlarged. Throughout the myometrium there are numerous, well-circumscribed, whirled nodules. The largest is 1.3 cm. No hard nodules are present. The endometrial cavity, cervix and vagina are unremarkable.

**ENDOCRINE SYSTEM:**

The pituitary, thyroid and adrenal glands are normal, externally and on sectioning.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen weighs 131 grams. The capsule is smooth. The parenchyma is firm and dark red. There is no lymphadenopathy.

**MUSCULOSKELETAL SYSTEM:**

The clavicles, sternum, ribs, and vertebral column are unremarkable. Portions of the pelvic bone have been removed postmortem. The skeletal muscles are brown. They have a normal architecture.

**TOXICOLOGY:**

Cardiac blood and blood received from the Sharing Network are submitted for toxicological evaluation. A separate report will be issued.

**ADDITIONAL SAMPLES:**

A DNA blood spot card is prepared and retained by the Medical Examiner's Office. Samples of cardiac blood, bile, liver and brain are also temporarily retained.

**HISTOLOGY:**

Sections of heart, lung, liver and kidney submitted.

**PHOTOGRAPHY:**

Autopsy photographs are taken by the Forensic Technician.

**FINDINGS AND ANOTOMIC DIAGNOSES:**

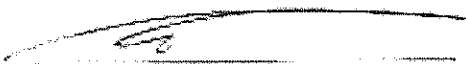
- I.     Bronchial asthma with:
  - A.   Acute exacerbation with mucous in airways.
- II.    Leiomyomas, uterus.
- III.   Status post postmortem organ donation.

**CAUSE OF DEATH:**

Pending.

**MANNER OF DEATH:**

Pending.



Stephen de Roux, M.D.  
Designated Forensic Pathologist

SD/dat

DATE DICTATED: 08/18/2016

DATE TRANSCRIBED: 08/24/2016

DATE FINALIZED: 10/12/2016

MICROSCOPIC EXAMINATION

Heart (1): Histologically unremarkable.

Lungs (2-5): There is black pigmentation of the parenchyma. There is an eosinophilic alveolar exudates. There are abundant pigment (brown) laden alveolar macrophages. There is thickening of the bronchial and bronchiolar basement membrane. Many of the bronchi and bronchioles have a mixed inflammatory infiltrate, including abundant eosinophils in the submucosal areas. The bronchi and bronchioles contain abundant mucous with some inflammatory cells including eosinophils. The bronchi and bronchioles also contain foreign material (vegetable matter and skeletal muscle). The GMS stains of lung are negative for organisms. The Brown & Brenn stains of lungs show abundant gram positive cocci, many in chains in the lumen of the bronchi and bronchioles.

Liver: (6): There is vascular congestion.

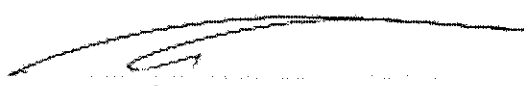
Kidney (6): There are occasional sclerotic glomeruli.

**FINAL REPORT**

THE REPORT WAS AMENDED AS FOLLOWS:

**CAUSE OF DEATH:** Acute exacerbation of bronchial asthma.

**MANNER OF DEATH:** Natural.



Stephen de Roux, M.D.  
Designated Forensic Pathologist  
October 12, 2016

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# NMS Labs

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

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Robert A. Modlberg, PhD, F-ADFT, DABCO-TC Laboratory Director

(Sdr) 02-16-12  
CONFIDENTIAL

## Toxicology Report

Report Issued 09/09/2016 09:02

To: 10203

Bergen County Medical Examiner  
Attn: Dr. DiCarlo, MD, Ph.D.  
351 Ridgewood Avenue  
Paramus, NJ 07652

Patient Name KENWORTHY, SHAYLING

Patient ID 02-16-1232

Chain 11993446

Age 38 Y DOB 08/07/1978

Gender Female

Workorder 11212034

Page 1 of 3

## Positive Findings:

Compound	Result	Units	Matrix Source
Naloxone	Positive	ng/mL	001 - Peripheral Blood
Tramadol	1700	ng/mL	001 - Peripheral Blood
O-Desmethyiltramadol	220	ng/mL	001 - Peripheral Blood

See Detailed Findings section for additional information

## Testing Requested:

Analysis Code	Description
8096B	Alcohol Screen, Blood (Forensic)
8052B	Postmortem, Expanded, Blood (Forensic)

## Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Red Vial	7 mL	08/18/2016 11:30	Peripheral Blood	
002	Gray Top Tube	6 mL	08/18/2016 11:30	Cardiac Blood	

All sample volumes/weights are approximations.

Specimens received on 08/26/2016.

SEP 12 2016

R. J. J.

**Detailed Findings:**

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Naloxone	Positive	ng/mL	1.0	001 - Peripheral Blood	LC/TOF-MS
Tramadol	1700	ng/mL	20	001 - Peripheral Blood	LC-MS/MS
O-Desmethyltramadol	220	ng/mL	20	001 - Peripheral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

**Reference Comments:**
**1. Naloxone (Narcan®) - Peripheral Blood:**

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdose. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

**2. O-Desmethyltramadol (Tramadol Metabolite) - Peripheral Blood:**

Tramadol is a synthetic opioid receptor agonist used for the management of moderate to moderately severe pain. O-Desmethyltramadol is a tramadol metabolite. It has been reported as being present in some 'Legal High' or 'Bath Salts' products, often in combination with mirtazapine.

Peak plasma concentration for O-Desmethyltramadol following a single 100 mg oral dose: 35 - 75 ng/mL. Steady-state plasma concentration following a 100 mg 4 times daily regimen: 60 - 140 ng/mL.

Blood O-desmethyltramadol concentrations, in deaths related to designer drug use ranged from 0.4 - 4.3 mcg/g (420 - 4500 ng/mL). The presence of O-desmethyltramadol in the absence of tramadol should be interpreted with caution. O-desmethyl tramadol is currently not scheduled in the United States.

The ratio of whole blood concentration to serum or plasma concentration is unknown for this analyte.

**3. Tramadol (Ultram®; Ultrax®) - Peripheral Blood:**

Tramadol is a synthetic opioid receptor agonist used for the management of moderate to moderately severe pain. Peak plasma levels of tramadol following a single 100 mg oral dose range from 230 - 380 ng/mL and peak levels of the active metabolite, O-desmethyltramadol, range from 35 - 75 ng/mL. Steady-state plasma levels following an oral dosage regimen of 100 mg of tramadol administered 4 times a day range from 420 - 770 ng/mL. The elimination half-lives of tramadol and O-desmethyltramadol are 5 to 8 hrs and 6 to 9 hrs, respectively.

Common adverse reactions to tramadol include sedation, dizziness, headache, and constipation. Higher doses may elicit agitation, tachycardia, hypertension and seizures. The mean postmortem femoral blood concentration of tramadol in 5 individuals who died due to tramadol overdose was reported as 6100 ng/mL.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.





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Workorder 16262034  
Chain 11993448  
Patient ID 02-16-1232

Page 3 of 3

Workorder 16262034 was electronically  
signed on 09/09/2016 08:44 by:

Paul Miller,  
Certifying Scientist

### Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

#### Acocde 52125B - Tramadol and Metabolite Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/  
Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
O-Dimethyltramadol	20 ng/mL	Tramadol	20 ng/mL

#### Acocde 8052B - Postmortem, Expanded, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by High Performance Liquid Chromatography/  
Time of Flight-Mass Spectrometry (LC/TOF-MS) for:

The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included.

For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticoagulants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

#### Acocde 9096B - Alcohol Screen, Blood (Forensic) - Cardiac Blood

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

**FINAL REPORT**

THE REPORT WAS AMENDED AS FOLLOWS:

**CAUSE OF DEATH:** Acute exacerbation of bronchial asthma.

**MANNER OF DEATH:** Natural.



Stephen de Roux, M.D.  
Designated Forensic Pathologist  
October 12, 2016

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MEDICAL RECORD  
STATUS: COMPLETED  
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Progress Notes

NOTE DATED: 08/17/2016 02:55  
LOCAL TITLE: HP:HISTORY AND PHYSICAL  
VISIT: 08/17/2016 02:40 EMERGENCY DEPT  
CHIEF COMPLAINT: Cardiac arrest  
\*\*\*\*\*

HISTORY OF PRESENT ILLNESS

-----  
38 year old FEMALE brought to ED by paramedics in full cardiac arrest. She apparently was at home, using her inhaler about 1 1/2 hours ago when police officers arrived. Became pulseless, CPR was initiated but remained pulseless when the paramedics arrived at the scene 35 minutes ago. She was intubated in the field, mechanical cardiac thumper was applied and was connected to mechanical respirator. Seven doses of epinephrine and a dose of sodium bicarbonate were administered.

Patient information was obtained from paramedics  
History/Exam limitations: none.  
Patient presented to the Emergency Department by private vehicle.

PAST MEDICAL HISTORY:

As noted in Nursing triage notes -

PAST SURGICAL HISTORY

As noted in Nursing triage notes -

FAMILY HISTORY: Noncontributory

MEDICATIONS

As noted in Nursing triage notes -

ALLERGIES:

As noted in Nursing triage notes -

SOCIAL HISTORY: (-)tobacco (-)ETOH (-)illicit Drug use.

Lives with family

REVIEW OS SYSTEMS

-----  
No information available

PHYSICAL EXAM

-----  
Nursing notes and vitals reviewed.

CONSTITUTIONAL

Unresponsive and without spontaneous respiration or pulse.

HENT

HEAD

-----  
Normocephalic and atraumatic.

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\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

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KENWORTHY, SHAYLING  
1100112092 DOB:08/07/1978

MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed:06/15/2017 17:08  
Vice SF 509

MEDICAL RECORD  
STATUS: COMPLETED

Progress Notes

08/17/2016 02:55 \*\* CONTINUED FROM PREVIOUS PAGE \*\*

MOUTH/THROAT

(+) endotracheal tube

EYES

Pupils fixed and fully dilated.

NECK

No step-off; (+) IV access right external jugular

CARDIOVASCULAR

No heart sounds

PULMONARY/CHEST

No spontaneous breath sounds

ABDOMINAL

Distended

MUSCULOSKELETAL

Musculoskeletal: No extremity deformity or swelling

NEUROLOGICAL

Unresponsive

SKIN

Skin is warm, dry and intact.

CLINICAL IMPRESSION

DEAD ON ARRIVAL

DIAGNOSTICS

Cardiac monitor: asystole

EMERGENCY DEPARTMENT COURSE

The patient pronounced dead by me at 2:40 AM

FINAL DIAGNOSIS

DEAD ON ARRIVAL

DISPOSITION

EXPIRED.

Medical Examiner notified. Awaiting his disposition.

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

KENWORTHY, SHAYLING  
1100112092 DOB:08/07/1978

MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed:06/15/2017 17:08  
Vice SF 509

MEDICAL RECORD  
STATUS: COMPLETED

Progress Notes

08/17/2016 02:55      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

Signed by: /es/ SANTIAGO M ENRIQUEZ  
PHYSICIAN  
08/17/2016 05:38

KENWORTHY, SHAYLING  
1100112092 DOB:08/07/1978

MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed:06/15/2017 17:08  
Vice SF 509

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MEDICAL RECORD  
STATUS: COMPLETED  
-----

Progress Notes

NOTE DATED: 08/17/2016 03:23  
LOCAL TITLE: EDRCRD:ER TRIAGE RECORD  
VISIT: 08/17/2016 02:40 EMERGENCY DEPT  
EMERGENCY SERVICE TRIAGE RECORD

Date/Time: 17-Aug-2016 03:23  
PCP: UNKNOWN

-----  
MODE OF ARRIVAL:

[ ] Ambulatory [ ] Stretcher [X] ACLS  
[X] BLS [ ] Police [ ] Wheelchair

Police/Squad:  
-----

PATIENT C/O AND ASSESSMENT:

PATIENT TO THE ED IN CARDIO RESPIRATORY , CPR IN PROGRESS . PATIENT  
INTUBATED WITH SIZE 7 ET . PATIENT UNRESPONSIVE . NO SPONTANEOUS RESP  
NOTED .

-----  
Did you have any recent travel out of country in the past 3 months?  
-----

VITAL SIGNS

Ht: 62 in [157.5 cm] (08/17/2016 03:20)  
Wt: 120 lb [54.5 kg] (08/17/2016 03:20)  
Temp: 0 (08/17/2016 03:20)  
P: 0 (08/17/2016 03:20)  
R: 0 (08/17/2016 03:20)  
BP:  
Pain:  
No PO2 value

-----  
TRIAGE CATEGORY: [X] Immediate 1 [ ] Emergent 2 [ ] Urgent 3  
(ESI Level) [ ] Semi-Urgent 4 [ ] Non-Urgent 5  
-----

ALLERGIES

No Allergy Assessment  
-----

Comment:  
-----

MEDICAL HISTORY:

Asthma  
-----

SURGICAL HISTORY:

UNKNOWN

Consciousness: non-responsive

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\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*  
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KENWORTHY, SHAYLING

MEADOWLANDS HOSPITAL

Printed: 06/15/2017 17:08

1100112092 DOB: 08/07/1978

Pt Loc: OUTPATIENT

Vice SF 509  
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MEDICAL RECORD  
STATUS: COMPLETED  
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Progress Notes

08/17/2016 03:23      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

Orientation:    not testable

Sepsis screening:

Does the patient have two or more of the following? No

AMS (altered mental status) [ ]

HR>90 [ ]

RR>20 [ ]

Temp> 101F [ ]

Temp< 96.8F [ ]

Does patient have a suspected infection? No

If the answer is "Yes" to both of the above questions alert ED MD for possible sepsis and screening protocol.

-----  
Suicide Assessment

1. Have you ever thought about death or dying:
2. Have you ever thought that life was not worth living:
3. Have you ever thought about ending your life:
4. Are you currently thinking about ending your life:
5. What are your reasons for wanting to die and your reasons for wanting to live:

IF YES, FOR ANY OF THE QUESTIONS ABOVE ANSWER THE FOLLOWING:

What are your reasons for wanting to die and your reasons for wanting to live:

Signed by: /es/ YVONNE U KING  
REGISTERED NURSE  
08/17/2016 03:27

08/17/2016 05:50      ADDENDUM      STATUS: COMPLETED  
08/17/16- 0235 .PATIENT TRANSPORTED TO THE ED BY CLARA MASS ALS AND LYN DHURST  
Signed by: /es/ YVONNE U KING  
REGISTERED NURSE  
08/17/2016 05:52

-----  
KENWORTHY, SHAYLING  
1100112092 DOB:08/07/1978  
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MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed:06/15/2017 17:08  
Vice SF 509  
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-----  
MEDICAL RECORD  
STATUS: COMPLETED  
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Progress Notes

NOTE DATED: 08/17/2016 03:28  
LOCAL TITLE: EDRCRD:ER ASSESSMENT-INITIAL  
VISIT: 08/17/2016 02:40 EMERGENCY DEPT  
ER Nursing Assessment  
Neuro/Psychosocial:  
=====

\* \* \* FINDINGS \* \* \*

NARRATIVE: CARDIAC ARREST

GLASGOW COMA SCALE

EYES OPEN RESPONSE: 1

Spontaneously 4

To Speech 3

To Pain 2

None 1

BEST VERBAL RESPONSE: 1

Oriented 5

Confused 4

Inappropriate Words 3

Incomprehensible Words 2

None 1

BEST MOTOR RESPONSE: 1

Obeys Command 6

Localize to Pain 5

Withdraws 4

Flexion to Pain 3

Extension to Pain 2

None 1

Glasgow Coma Scale Score: 0

PUPILS:

Right: 2mm REACTION: Non-reactive

Left: 2mm REACTION: Non-reactive

Respiratory:  
=====

\* \* \* FINDINGS \* \* \*

NARRATIVE: APNOIC . INTUBATED WITH SIZE 7 ET

BREATH SOUNDS:

Right Upper Lobes:

Right Lower Lobes:

Left Upper Lobes:

Left Lower Lobes:

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

-----  
KENWORTHY, SHAYLING  
1100112092 DOB: 08/07/1978  
-----

MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed: 06/15/2017 17:08  
Vice SF 509  
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-----  
MEDICAL RECORD  
STATUS: COMPLETED  
-----

Progress Notes

08/17/2016 03:28      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

RESPIRATORY EFFORT: Even

CHEST EXPANSION:

OXYGEN DELIVERY METHOD: @ 100%

Eyes Ears Nose & Throat:  
=====

\* \* \* FINDINGS \* \* \*

NARRATIVE:

EYES

Pupils

Right: 3mm Reaction: Non-reactive

Left: 3mm Reaction: Non-reactive

Complains of:

Cardiovascular:  
=====

\* \* \* FINDINGS \* \* \*

NARRATIVE: ASYSTOLE

CAPILLARY REFILL:

NAIL BED COLOR: Dusky

RHYTHM: , Asystole,

G A S T R O I N T E S T I N A L :  
=====

\* \* \* FINDINGS \* \* \*

ABDOMINAL DESCRIPTION: Distended

BOWEL SOUNDS:

RUQ: Absent

LUQ: Absent

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

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KENWORTHY, SHAYLING  
1100112092 DOB: 08/07/1978  
-----

MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed: 06/15/2017 17:08  
Vice SF 509  
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-----  
MEDICAL RECORD  
STATUS: COMPLETED  
-----

Progress Notes

08/17/2016 03:28      \*\* CONTINUED FROM PREVIOUS PAGE \*\*

RLQ: Absent  
LLQ: Absent

FLATUS:

GASTRIC SYMPTOMS:

Comments:

Genitourinary:

=====

Musculoskeletal :

=====

Skin:

=====

NORMAL BASELINE

Warm, dry, turgor elastic, pink undertone to skin or mucosa, no lesions, skin smooth and intact, moist mucous membranes.

SKIN: Intact

Comments:

COLOR: Pale

Signed by: /es/ YVONNE U KING  
REGISTERED NURSE  
08/17/2016 03:36

-----  
KENWORTHY, SHAYLING  
1100112092 DOB: 08/07/1978  
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MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed: 06/15/2017 17:08  
Vice SF 509  
-----

-----  
MEDICAL RECORD  
STATUS: COMPLETED  
-----

Progress Notes

NOTE DATED: 08/17/2016 03:38  
LOCAL TITLE: EDRCRD:ER TREATMENT-INITIAL  
VISIT: 08/17/2016 02:40 EMERGENCY DEPT  
ER Treatment Record  
IV #1: Gauge: 22 Location:  
Other Location: EXT JUGULAR

Solution:  
N/S 250  
Rate:

Start Time: 17-Aug-2016 0235 Initials:

Stopped at: 17-Aug-2016 03:38 Initials:  
Condition of Site:  
IV LINE INITIATED BY ALS  
Condition of Catheter:

-----  
--  
Ongoing Assessment  
Date/Time:17-Aug-2016  
Ongoing Assessment:08/17/16- 0235AM PATIENT TO THE ED IN CARDIOPULMONARY  
ARREST  
.DR ENRIQUEZ IN  
ATTENDANCE. CLARA MASS ALS AND LYNTHURST BLS IN ATTENDANCE , PATIENT  
INTUBATED WITH SIZE 7 ET BY ALS AMBU BAG SUPPLYING 100% OXYGEN ATTACHED TO  
OXYGEN SUPPLY . NURSING SUPERVISOR AND ADAMS RESP THERAPIST IN ATTENDANCE .  
SIZE 22 ANGOCATH INSERTED RT EXT JUGULAR BY ALS.PATIENT RECEIVED 7 1MG  
EPINEPHRINE ,1 AMP . BICABONATE, AND NARCAN 2 MG INTRANASALLY BY LYNTHURST  
POLICE OFFICER .  
NO RESPONSE TO ALS PROTOCOL .PUPILS ARE FIXED AND DILATED . NO SPONTANEOUS  
RESPIRATION NOTED  
PATIENT PRONOUNCED DEAD AT 0240AM . SHARING NETWORK AND THE ME NOTIFIED .  
SHARING NETWORK HAS BODY ON HOLD . NURSING SUPERVISOR NOTIFIED ,  
OFFICER REINA BATCH NO 107 IS ON THE SCENE . ACCORDING TO OFFICER REINA  
LIEUTENANT SPOKE TO FAMILY DO NOT KNOW TO WHAT EXTENT . HX OF HPV VIRUS . WAS  
ON TRAMADOL,  
08/17/16- 0400 JOHN SANG . BROTHER IS IN ATTENDANCE.  
08/17/16- 0430 HUSBAND AND MOTHER IN LAW ARE IN ATTENDANCE.BODY IS TO BE SENT  
TO THE MORGUE AS PER THE MEDICAL EXAMINER UNTIL further notice..

Signed by: /es/ YVONNE U KING  
REGISTERED NURSE  
08/17/2016 05:35

-----  
KENWORTHY, SHAYLING  
1100112092 DOB:08/07/1978

MEADOWLANDS HOSPITAL  
Pt Loc: OUTPATIENT

Printed:06/15/2017 17:08  
Vice SF 509  
-----

Vitals Cumulative

KENWORTHY, SHAYLING 1100112092

8/7/1978 (38.)

\*\*\* WORK COPY ONLY \*\*\*

JUN 15, 2017 (17:09)

Cumulative Vitals/Measurements Report

Printed: 15-Jun-2017 17:09

Page 1

-----  
08/17/16

03:20

T: 0

P: 0\*

R: 0\*

Ht: 62.00 in (157.48 cm)

Wt: 120.00 lb (54.43 kg)

Body Mass Index: 22

\*\*\* (E) - Error entry

## Vitals Cumulative

KENWORTHY, SHAYLING 1100112092

8/7/1978 (38.)

\*\*\* WORK COPY ONLY \*\*\*

KENWORTHY, SHAYL

AUG 7, 1978

38 YRS

FEMALE

Printed: 15-Jun-2017 17:09

VAF 10-7987j

Unit:

Room:

Division:

KENWORTHY, SHAYLING 1100112092

Order Details - 2335633;1

8/7/1978 (38.)

Printed: 15-Jun-2017 17:09

\*\*\* WORK COPY ONLY \*\*\*

>> DISPOSITION PATIENT

Start Date/Time: NOW

Stop Date: TOMORROW Verify that all documentation has been completed before entering order. SIGNING ORDER WILL REMOVE PATIENT FROM DASHBOARD.

Activity:

08/17/2016 05:52 New Order entered by KING, YVONNE U (REGISTERED NURS)

Order Text: DISPOSITION PATIENT

Start Date/Time: NOW

Stop Date: TOMORROW Verify that all documentation has been completed before entering order. SIGNING ORDER WILL REMOVE PATIENT FROM DASHBOARD.

Nature of Order:

POLICY

Elec Signature:

KING, YVONNE U (REGISTERED NURS) on 08/17/2016 05:53  
ENRIQUEZ, SANTIAGO M (PHYSICIAN ER)

Ordered by:

Current Data:

Treating Specialty:

EMERGENCY DEPT

Ordering Location:

08/17/2016 05:53

Start Date/Time:

Stop Date/Time:

ACTIVE

Current Status:

Orders that are active or have been accepted by the service for processing. e.g., Dietetic orders are active upon being ordered, Pharmacy orders are active when the order is verified, Lab orders are active when the sample has been collected, Radiology orders are active upon registration.

Order #2335633

ACCOUNT NUMBER: V16000190997

Order:

DISPOSITION PATIENT

Order:

NOW

Start Date/Time:

TOMORROW

Stop Date:

Comments:

Verify that all documentation has been completed before entering order. SIGNING ORDER WILL REMOVE PATIENT FROM DASHBOARD.

Order Checks:

LOW: Duplicate order: >> DISPOSITION PATIENT 8/17/16 5:44 am [ACTIVE]

\*\*\* WORK COPY ONLY \*\*\*

&gt;&gt; DISPOSITION PATIENT

Start Date/Time: NOW

Stop Date: TOMORROW Verify that all documentation has been completed before entering order. SIGNING ORDER WILL REMOVE PATIENT FROM DASHBOARD.

Activity:

08/17/2016 05:43 New Order entered by KING, YVONNE U (REGISTERED NURS)

Order Text: DISPOSITION PATIENT

Start Date/Time: NOW

Stop Date: TOMORROW Verify that all documentation has been completed before entering order. SIGNING ORDER WILL REMOVE PATIENT FROM DASHBOARD.

Nature of Order:

POLICY

Elec Signature:

KING, YVONNE U (REGISTERED NURS) on 08/17/2016 05:44

Nurse Verified:

KING, YVONNE U (REGISTERED NURS) on 08/17/2016 06:01

Current Data:

Treating Specialty:

Ordering Location:

EMERGENCY DEPT

Start Date/Time:

08/17/2016 05:44

Stop Date/Time:

Current Status:

ACTIVE

Orders that are active or have been accepted by the service for processing. e.g., Dietetic orders are active upon being ordered, Pharmacy orders are active when the order is verified, Lab orders are active when the sample has been collected, Radiology orders are active upon registration.

Order #2335627

ACCOUNT NUMBER: V16000190997

Order:

Order:

DISPOSITION PATIENT

Start Date/Time:

NOW

Stop Date:

TOMORROW

Comments:

Verify that all documentation has been completed before entering order. SIGNING ORDER WILL REMOVE PATIENT FROM DASHBOARD.

\*\*\* WORK COPY ONLY \*\*\*  
HOME MEDICATIONS UNKNOWN MED MISCELLANEOUS

Printed: 15-Jun-2017 17:10

## Activity:

08/17/2016 03:22 Change entered by KING, YVONNE U (REGISTERED NURS)

Changed to: HOME MEDICATIONS UNKNOWN MED MISCELLANEOUS

Nature of Order: ELECTRONICALLY ENTERED

Documented by: ENRIQUEZ, SANTIAGO M (PHYSICIAN ER)

Signature: NOT REQUIRED

## Current Data:

Treating Specialty:

EMERGENCY DEPT

Ordering Location:

Start Date/Time:

Stop Date/Time:

Current Status:

ACTIVE

Orders that are active or have been accepted by the service for processing.  
e.g., Dietetic orders are active upon being ordered, Pharmacy orders are  
active when the order is verified, Lab orders are active when the sample  
has been collected, Radiology orders are active upon registration.

Order #2335602

ACCOUNT NUMBER: VL6000190997

## Order:

Herbal/OTC/Non VA Medication: UNKNOWN MED MISCELLANEOUS

Sig:

## Comments:

Statement/Explanation

## Order Checks:

LOW: Order Checks could not be done for Drug: UNKNOWN MED MISCELLANEOUS  
, please complete a manual check for Drug Interactions and  
Duplicate Therapy.

LOW: Order Checks could not be done for Drug: UNKNOWN MED, please  
complete a manual check for Drug Interactions and Duplicate  
Therapy.



PATIENT REGISTRATION FORM  
**MEADOWLANDS HOSPITAL MEDICAL CENTER**  
55 Meadowlands Parkway, Secaucus, NJ 07094

MED REC#: **M100112092** NAME: **KENWORTHY, SHAYLING** VIP: CONF:  
ACCOUNT#: **V16000190997** ADMIT DATE: **08/17/16** TIME: **0240** DISCHG DATE:  
BIRTHDATE: **08/07/1978** SERV/LOC: **ED** SOC SEC#: **128-66-8989**  
AGE: **38** ROOM/BED: PAT STATUS: **REG ER**  
SEX: **F** ACCOM: ADM CLERK: **CMARRERO**  
FIN CLASS: **SP** ADMIT SOURCE: **EMERGENCY ROOM** ADVANCE DIRECTIVES:  
PHYS DIAG: REASON: **OVERDOSE**

\*\*\* PATIENT INFORMATION \*\*\*

PATIENT: **KENWORTHY, SHAYLING** MARITAL ST: **MARRIED**  
ADDRESS: **287 CASTLE TERR** RELIGION: **NONE**  
  
**LYNDHURST, NJ 07071**  
PHONE HM#: **646-676-1092** PHONE WK#:

\*\*\* PHYSICIAN INFORMATION \*\*\*

PRIMARY CARE PHYS: **NO, PCP OPTION** FAMILY PHYS:  
ADMIT PHYSICIAN: OTHER PHYS:  
ATTENDING/ER PHYS: **ENRIQUEZ, SANTIAGO M** REFER PHYS:

\*\*\* DIAGNOSIS \*\*\*

ADM. DIAGN: SEC. DX. CODE: **08/17/16** DOB: **08/07/78** FC: **U**  
PR. DX CODE: SEC. DX. CODE: **DR. ENRIQUEZ, SANTIAGO** 38Y **F**  
SEC. DX. CODE: SEC. DX. CODE: **ED** 7095

\*\*\* INSURANCE INFORMATION \*\*\*

INSURANCE	POLICY #	GROUP #	SUBSCRIBER
1 SELF PAY			KENWORTHY, SHAYLING
2			
3			

\*\*\* CONTACT INFORMATION \*\*\*

NEXT OF KIN: <b>KENWORTHY, LEE</b>	PERSON TO NOTIFY: <b>KENWORTHY, LEE</b>
NOK ADDRESS: <b>287 CASTLE TERR</b>	PERSON NOTIFY ADD: <b>287 CASTLE TERR</b>
<b>LYNDHURST, NJ 07071</b>	<b>LYNDHURST, NJ 07071</b>
NOK PHONE #: <b>917-804-9698</b>	PERSON NOTIFY PH#: <b>917-804-9698</b>
NOK WK PH #:	PERSON NOF WK PH#:

\*\*\* EMPLOYMENT INFORMATION \*\*\*

EMPLOYER: **Unemployed** OCCUPATION:  
ADDRESS: EMP PHONE #:

\*\*\* GUARANTOR INFORMATION \*\*\*

GUARANTOR NAME: <b>KENWORTHY, SHAYLING</b>	GUAR EMPLOYER: <b>Unemployed</b>
GUAR ADDRESS: <b>287 CASTLE TERR</b>	GUAR EMP PH #:
<b>LYNDHURST, NJ 07071</b>	RELATIONSHIP: <b>SELF / SAME AS PATIENT</b>
GUAR PHONE NO: <b>646-676-1092</b>	GUARANTOR SS#: <b>128-66-8989</b>

\*\*\* DISCHARGE INFORMATION \*\*\*

DISCHARGE DISPOSITION:  
DISCHARGE COMMENT:



# CODE BLUE DATA SHEET

**DO NOT WRITE  
IN THIS AREA**

## NURSE'S PROGRESS NOTE

08/17/16 - 2:33pm Patient  
to the ED in Cardo Respiratory  
Arrest - Transported by  
ALS Paramedics and KLS  
Lyndhurst. CPR is in  
progress - PATIENT INTUBATED @  
SIZE 7 ET @ Ambu 100% O2.  
No spontaneous resp. noted - NO IR or  
pulse palpable - pupils are dilated & fixed.  
240 Patient pronounced dead by Dr. Enriquez.  
See Nurse's notes for additional notes. *Ullrich*

V16000190997 M100112092 FC:U  
KENWORTHY, SHAYLING  
08/17/16 DOB: 08/07/78 38Y F  
DR. ENRIQUEZ, SANTIAGO 7095  
ED

*D. Enriquez*  
Physician Signature

*Ullrich*  
RN Signature

*Adams*  
Respiratory Therapist

### Pre-Hospital Treatment: ED Use

☒ CPR  
☒ Intubation  
Oxygen: Mode: \_\_\_\_\_ Amt: \_\_\_\_\_  
Epinephrine \_\_\_\_\_ mg  
Atropine \_\_\_\_\_ mg  
Bretyllium \_\_\_\_\_ mg  
Lidocaine \_\_\_\_\_ mg

\_\_\_\_ NaHCO<sup>3</sup>MEq  
\_\_\_\_ Dopamine gtt started  
\_\_\_\_ Lidocaine gtt started  
\_\_\_\_ Bretyllium gtt started  
\_\_\_\_ Isuprel gtt started  
\_\_\_\_ Defib.: \_\_\_\_\_ number of times

Response to treatments prior to arrival: *NOXIE*

Paramedic Reporting: *Ullrich*

RN Receiving Information: *Ullrich*



New Jersey Department of Banking and Insurance  
**CONSENT TO REPRESENTATION IN APPEALS OF UTILIZATION  
MANAGEMENT DETERMINATIONS AND AUTHORIZATION FOR  
RELEASE OF MEDICAL RECORDS IN UM APPEALS AND  
INDEPENDENT ARBITRATION OF CLAIMS**

PAGE 1 OF 2

V16000190997 M100112092 FC:U  
KENWORTHY, SHAYLING  
08/17/16 DOB: 08/07/78 38Y F  
DR. ENRIQUEZ, SANTIAGO 7095  
ED

**APPEALS OF UTILIZATION MANAGEMENT DETERMINATIONS**

You have the right to ask your insurer, HMO or other company providing your health benefits (carrier) to change its utilization management (UM) decision if the carrier determines that a service or treatment covered under your health benefits plan is or was not medically necessary. This is called a UM appeal. You also have the right to allow a doctor, hospital or other health care provider to make a UM appeal for you.

There are three appeal stages if you are covered under a health benefits plan in New Jersey. Stage 1: the carrier reviews your case using a different health care professional from the one who first reviewed your case. Stage 2: the carrier reviews your case using a panel that includes medical professionals trained in cases like yours. Stage 3: your case will be reviewed through the Independent Health Care Appeals Program of the New Jersey Department of Banking and Insurance (DOBI) using an Independent Utilization Review Organization (IURO) that contracts with medical professionals whose practices include cases like yours. The health care provider is required to attempt to send you a letter telling you it intends to file an appeal before filing at each stage.

At Stage 3, the health care provider will share your personal and medical information with DOBI, the IURO, and the IURO's contracted medical professionals. Everyone is required by law to keep your information confidential. DOBI must report data about IURO decisions, but no personal information is ever included in these reports.

You have the right to cancel (revoke) your consent at any time. Your consent to representation and release of information for appeal of a UM determination will end 24 months after the date you sign the consent.

**INDEPENDENT ARBITRATION OF CLAIMS**

I irrevocably assign to Meadowlands Hospital Medical Center, my medical provider, all the rights and benefits under my insurance contract for payments and services rendered to me.

I irrevocably authorize all information regarding my benefits under any insurance policy relating to any claims by Meadowlands Hospital Medical Center to be released to Meadowlands Hospital Medical Center.

I irrevocably authorize Meadowlands Hospital Medical Center to file insurance claims on my behalf for services rendered to me as a result of this automobile accident and this specifically includes filing arbitration/litigation in your name on my behalf against the PIP/health care carrier. I irrevocably direct that all such payments go directly to Meadowlands Hospital Medical Center.

I irrevocably authorize Meadowlands Hospital Medical Center to act on my behalf. I consent to your acting on my behalf in this regard and in regard to my general health insurance coverage pursuant to the benefit denial process set forth in the NJ Administrative Code and report any suspected violations of proper claims practices to the proper regulatory authorities.

In the event the Hospital deems it necessary to appeal or enter into arbitration, I execute this limited power of attorney and appoint the Hospital's collection attorney as my agent to collect payment for medical services rendered.

The above has been explained to my full satisfaction, I have had the opportunity to ask questions, and I understand its nature and effect.

PATIENT'S SIGNATURE: [Signature] DATE: 8/17/16

**CONSENT TO REPRESENTATION IN UM APPEALS AND AUTHORIZATION TO RELEASE OF  
INFORMATION IN UM APPEALS AND ARBITRATION OF CLAIMS**

☒ by marking ☒ (or ☐) and signing below, agree to:

- ☐ representation by Meadowlands Hospital Medical Center in an appeal of an adverse UM determination as allowed by N.J.S.A. 26:28-11, and release of personal health information to DOBI, its contractors for the Independent Health Care Appeals Program, and independent contractors reviewing the appeal. My consent to representation and authorization of release of information expires in 24 months, but I may revoke both sooner.
- ☐ release of personal health information to DOBI, its contractors for the Independent Claims Arbitration Program, and any independent contractors that may be required to perform the arbitration process. My authorization of release of information for purposes of claims arbitration will expire in 24 months.

Signature: [Signature] Ins. ID#: \_\_\_\_\_ Date: 8/17/16  
Relationship to Patient: ☒ I am the Patient ☐ I am the Personal Representative (provide contact information on back)

If the patient is a minor, or unable to read and complete this form due to mental or physical incapacity, a personal representative of the patient may complete the form.

Health Care Provider: The Patient or his or her Personal Representative MUST receive a copy of both pages of this document AFTER PAGE 1 has been completed, signed and dated.



3240CONS

# GENERAL CONSENT/AUTHORIZATION

**DO NOT WRITE  
IN THIS AREA**

## 1. CONSENT TO TREATMENT/ADMISSION

I assign and hereby consent to treatment at Meadowlands Hospital Medical Center and authorize each of its physicians, practitioners, health care professionals, employees and members of its Medical and Dental Staff to render medical care. I understand that the medical care that I receive at this facility may include, but may not be limited to, laboratory tests, diagnostic procedures, therapy, examinations and administration of medications, etc. I understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risks of injury, or even death. I understand and acknowledge that no guarantees have been made to me about the outcome of my care.

I further grant Meadowlands Hospital Medical Center or other designated institution permission for the use of such; blood, urine, or other bodily fluids, tissue and other specimens, as necessary for removal during an operation, diagnostic or therapeutic procedure. The purpose is pathological diagnosis, advancement of medical science and education, and specimen disposal in accordance with routine hospital practice and governmental regulation(s).

V16000190997 M100112092 FC:U  
KENWORTHY, SHAYLING  
08/17/16 DOB: 08/07/78 38Y F  
DR. ENRIQUEZ, SANTIAGO 7095  
ED

## 2. RELEASE OF INFORMATION

I hereby authorize Meadowlands Hospital Medical Center to release part or all of my medical record (as necessary to either determine eligibility for health benefits or verify, collect or pursue my account) to any person, corporation, agency or entity that is either responsible for payment of the cost of care provided to me, or involved in the collection, processing, verification, or payment of my account, regardless of whether I am eligible for reimbursement by a third-party payor. My consent to the release of this information is subject to revocation at any time, except to the extent that the party which is to make the disclosure has already relied upon my consent. I authorize Meadowlands Hospital Medical Center to release information to outside healthcare institutions, agencies, or physicians as necessary to maintain continuity of care post discharge. I acknowledge I have been provided Meadowlands Hospital Medical Center's "Notice of Privacy Practices" to read, and any questions I had were answered to my satisfaction.

Patient or Person Signing on Patient's Behalf / Firma del paciente o persona a nombre del paciente

Relationship to Patient / Relacion

Date / Fecha

☐ I have previously signed this Acknowledgement of Privacy Practices on or after April 14, 2003.  
(Check above - If Applicable)

## 3. ASSIGNMENT OF BENEFITS

I authorize payment directly to Meadowlands Hospital Medical Center for hospital/medical insurance benefits (from Medicare, Medicaid, commercial insurance, worker's compensation, auto insurance, etc.) that I might be entitled to for the charges of the care/treatment provided to me.

## 4. FINANCIAL AGREEMENT

For and in consideration of care and treatment provided, I hereby guarantee payment of all charges not covered or paid by my insurance benefits including Medicare, Medicaid, workers compensation and no-fault insurance. I hereby agree to all precertification requirements as stated in my health insurance policy.

## 5. PERSONAL VALUABLES

I understand that Meadowlands Hospital Medical Center is not responsible for the loss of, or damage to, any valuables such as money or personal articles unless they are deposited in the facility's safe. These items should be sent home with family or friends and I will accept full responsibility for any items I retain in my possession.

## 6. AUTHORIZATION TO PAY PHYSICIAN AND/OR SURGEON

In addition to your hospital bill, you may also receive separate bills from physicians for their professional services (i.e.: Anesthesia, Emergency Services, Pathology, Radiology, etc.) I hereby authorize payment directly to any and all of my treating physicians and/or surgeons for benefits otherwise payable to me. I understand that I am financially responsible for any charges not covered by my health insurance benefits.

7. The information and statements contained herein and on any attached forms are true and correct. I acknowledge that any false statements or deliberate omissions including but not limited to my name, address, social security number, and date of birth may subject me to penalties of perjury and may be grounds for immediate legal and prosecutorial actions.

## ACKNOWLEDGEMENT

I hereby acknowledge that I have read or had it read to me and I understand this form and any questions I had were answered to my satisfaction. I hereby agree and accept the terms on this form.

PATIENT OR PERSON SIGNING ON PATIENT'S BEHALF / PACIENTE O PERSONA FIRMANDO EN NOMBRE DEL PACIENTE

RELATIONSHIP / RELACION

DATE / FECHA

TIME/TIEMPO

WITNESS TO BOTH ACKNOWLEDGEMENT SIGNATURES ABOVE, AS APPLICABLE / TESTIGO PARA EL RECONOCIMIENTO DE AMBAS FIRMAS, SI APLICA

DATE / FECHA

Patient is unable to sign because / Este paciente es incapaz de firmar porque:

**DO NOT WRITE IN THIS AREA**

**DO NOT WRITE IN THIS AREA**

**NJ SHARING NETWORK  
AND ME REFERRAL**

**DO NOT WRITE  
IN THIS AREA**

The Sharing Network must be notified under the following situations:

1. Within 2 hours of pronouncement of any death.
2. At the first indication of brain death and prior to the cessation of mechanical ventilation.

Call: 1-800-541-0075

Name of Deceased: Kenworthy Shayling

Family Member Phone Number: 846-676-1092

The Sharing Network Notified:

Date of Notification: 8/17/16 Time of Notification: 3 am pm

Name of Sharing Network Representative responding to Your Phone Call: Gina Restano

Medical Suitability: ☒ Yes ☐ No

If medically suitable, the Option of Donation was offered to family by:

Consent Obtained? ☐ Yes ☐ No

Consent Given By:

Relationship to Decedent:

For Completed By: Will Robinson

Title: Dr

Date: 8/17/16

**Medical Examiner Cases (Circle Indication)**

- The Medical Examiner office is to be notified by the staff physician when any of the following pertains:
- a. Violent death or death related to violence, whether homicidal, suicidal or accidental (includes deaths that occur after an extended hospitalization, where the precipitating factor was traumatic, violent and or non-natural). This includes stab wounds, blunt force trauma, MVA's, other accidents and drug related incidents.
  - b. Death resulting from criminal abortion, whether or not self-induced
  - c. Death occurs in the Operating Room or Delivery Room
  - d. Patient is dead on arrival at hospital (DOA)
  - e. Death within 24 hours after admission to a hospital or institution. Patients who sustain a fall during their hospitalization and expire subsequently even after extended hospitalization.
  - f. Death not caused by readily recognizable disease, disability or infirmity
  - g. Death under suspicious or unusual circumstances
  - h. Death of an inmate from prison
  - i. Death of an inmate from an institution maintained in whole or in part at the expense of the State or County, where inmate was not hospitalized therein from organic disease or psychiatric disease.
  - j. Death from a cause which might constitute a threat to public health
  - k. Death related to disease resulting from employment or to accident while employed
  - l. Death due to noninvasive procedure (i.e., angiogram, IVP, GI series, etc.)
  - m. Fetal deaths occurring without medical attendance
  - n. Deaths - sudden and unexpected of infants and children under 3 years of age
  - o. There is doubt as to whether the case may be within the jurisdiction of the Medical Examiner
- If any of the above cases are released by the Medical Examiner, the Pathologist is to be notified immediately, by the attending physician and Nursing Supervision. The Medical Examiner's rationale for releasing the case, is to be conveyed to the Pathologist.

ME Case: ☐ Yes ☐ No

ME Notified: Will Robinson Date: 8/17/16 Time: 3:10

Medical Examiner's Name

Attending Physician Notified: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Medical Examiner Responded: Will Robinson Date: 8/17/16 Time: 3:25

Conclusion: ME Accepted Case ☐ Yes ME Release Case ☐ Yes

Why?

Pathologist Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Autopsy: ☐ Yes ☐ No

Signature

RN

Endorsed To:

Administrative/Clinical Manager

Signature

Administrative/Clinical Manager

**DO NOT WRITE IN THIS AREA**



3285DEA

Patient Name: \_\_\_\_\_  
Patient ID Number: \_\_\_\_\_  
Physician: \_\_\_\_\_  
V16000190997 M100112092 FC:U  
KENWORTHY, SHAYLING  
08/17/16 DOB: 08/07/78 38Y F  
DR. ENRIQUEZ, SANTIAGO 7095  
ED

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
OMB Approval No. 0938-0692

**AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS**

**AS A HOSPITAL INPATIENT YOU HAVE THE RIGHT TO:**

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO LIVANTA  
Telephone Number of QIO 866-815-5440

**YOUR MEDICARE DISCHARGE RIGHTS**

**Planning For Your Discharge:** During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

**If you think you are being discharged too soon:**

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.
  - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call \_\_\_\_\_.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative [Signature] Date 8/17/16

**ADVANCE DIRECTIVE LIVING WILL/  
DURABLE POWER OF ATTORNEY**

**DO NOT WRITE  
IN THIS AREA**

**PATIENT ATTESTATION**

All patients have the right to have a written "Advance Directive" explaining any wishes regarding healthcare should he/she become terminally ill or incapacitated.

AN ADVANCE DIRECTIVE CANNOT BE FOLLOWED UNLESS A COPY IS PROVIDED UPON EACH ADMISSION.

- Each discipline to CIRCLE AND SIGN appropriate response
- \*PHYSICIAN MUST COMPLETE ON ALL PATIENTS

V16000190997 M100112092 FC:U  
KENWORTHY, SHAYLING  
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DR. ENRIQUEZ, SANTIAGO 7095  
ED

SIGN/DATE	AS INDICATED				
	Registrar	RN	MD	Resource Mgt	Patient Rep
1. Do you have an Advance Directive?	Yes No	Yes <u>No</u>	Yes No	Yes No	Yes No
2. Do you have it with you?	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, copy attached.	Yes No	Yes No	Yes No	Yes No	Yes No
*I am aware of its contents.			Yes No		
If no, request made for copy.	Yes No	Yes No	Yes No	Yes No	Yes No
3. Do you want any information about Advance Directives?	Yes No	Yes No			
4. Information has been provided to me.	Yes No	Yes No		Yes No	Yes No

Fill in date info provided: \_\_\_\_\_

5. Special circumstances: Patient's condition/lack of a representative prevents obtaining or giving information: Yes No  
IF YES, REFER TO RESOURCE MANAGEMENT

REVISIONS		
DATE	NATURE OF REVISION	SIGNATURE/TITLE

Comments: \_\_\_\_\_

IF YOU NEED ASSISTANCE IN COMPLETING AN ADVANCE DIRECTIVE OR WISH FURTHER INFORMATION WHILE YOU ARE A PATIENT IN MEADOWLANDS HOSPITAL MEDICAL CENTER, PLEASE CONTACT THE RESOURCE MANAGEMENT DEPARTMENT AT EXTENSION 3145 OR PATIENT REPRESENTATIVE AT EXTENSION 3510.

PATIENT/REPRESENTATIVE SIGNATURE: [Signature]

DATE: 8/17/16 TIME: 508

REGISTRAR SIGNATURE: [Signature]

DATE: 8/17/16 TIME: 508

The Patient's Information Handbook has been given to the Patient AM (Registrar Initials)

**DO NOT WRITE IN THIS AREA**



1000ADV

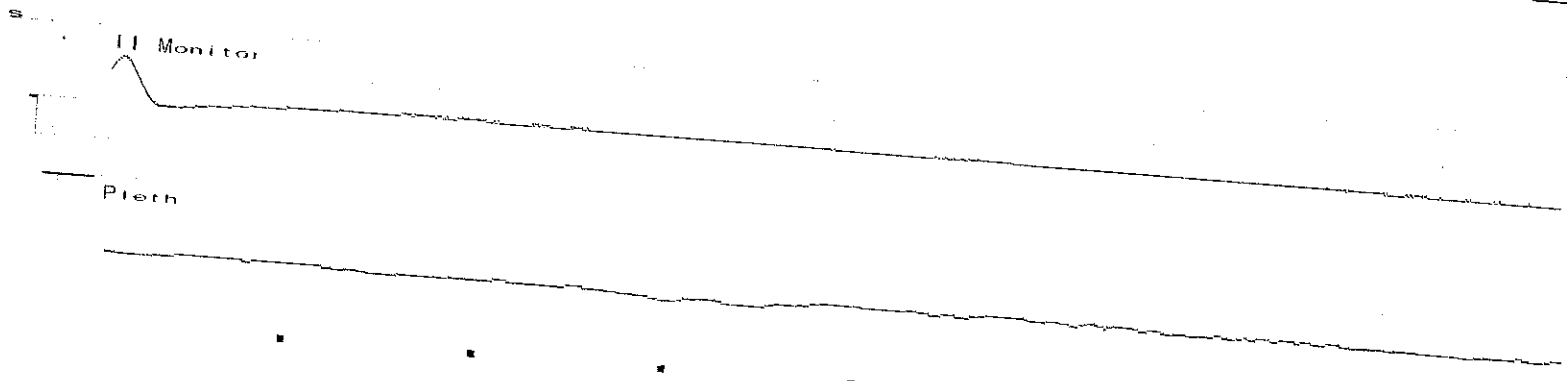


# REALTIME SEGMENT WAVE RECORDING

PATIENT NAME:  
 GENDER:  
 MRN:  
 BED NO.:  
 HEIGHT:  
 WEIGHT:  
 DOB:

5

HR	- - -	bpm	25
PVC%	- - -	/min	
SpO2	- - -	%	
NIBP	- - - / - - - ( - - - )	mmHg	10m
RR	15	/min	
PR	- - -	mmHg	
T1	75.9	°F	
CO2 (Et / Fi)	- - - / - - -	mmHg	



V16000190997 M100112092 FC:U  
 KENWORTHY, SHAYLING  
 DR. ENRIQUEZ, SANTIAGO 7095  
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