*Office of Information Governance and Privacy*

**U.S. Department of Homeland Security**
500 12th St., SW
Washington, D.C. 20536

U.S. Immigration and Customs Enforcement

November 24, 2020

Nicolette Glazer, Esq.
Law Offices of Larry R. Glazer
1875 Century Park East #700
Century City, CA 90067

**RE: Stevens v. ICE 20-cv-2725**
**ICE FOIA Case Number 2020-ICLI-00042**

Dear Ms. Glazer:

This letter is a second interim response to your client's Freedom of Information Act (FOIA) requests to U.S. Immigration and Customs Enforcement (ICE). Your client seeks records relating to the following Freedom of Information Act requests: 2018-ICFO-56530, 2020-ICFO-18634, 2019-ICFO-33429, 2019-ICFO-29171, 2018-ICFO-59138, and 2019-ICFO-24680. ICE has considered your request under the FOIA, 5 U.S.C. § 552. This interim response provides documents responsive to your FOIA requests 2019-ICFO-24680 and 2019-ICFO-33429.

FOIA request 2019-ICFO-24680 seeks for the timeframe January 1, 2015 to present:

All the following items maintained, received, or required to be produced by ICE related to health care services at the Hudson County jail for individuals held under immigration laws:

1. All contracts and associated attachments, memorandums of understanding, e-mail, and all other items associated with the submission; acceptance, and review of the CFG Health Systems, LLC contracts with Hudson County for health care provided to people held under immigration laws.
2. All logs of grievances (oral and written) submitted by people detained at the Hudson County facility.
3. All medical expense reports submitted to ICE, including via Hudson County.
4. All reviews and reports on health care services provided to people held under immigration laws at the Hudson County facility, including regular reports, ad hoc reports, and those based on specific grievances or complaints generated by any source.
5. All reports of hunger strikes.
6. All reports of hospitalization outside of the Hudson County facility for people held under immigration laws by Hudson County.

FOIA request 2019-ICFO-33429 seeks for the timeframe April 11, 2014 to present:

1. All documents ICE has referencing the Butler County Jail work program for detainees, including but not limited to documents with the language about porters Chief Dwyer stated he had personally read in an IGSA, as well as all other correspondence about the Butler County's use of people held under immigration law to perform work in and around the facility.

2. All formal and informal compliance reports and follow-up correspondence, including but not limited to email, attachments, grievances or complaints, and contract addenda for Butler County, in particular associated with the deficiencies noted in the reports.

3. All data tracking the length of time people are held in the Butler County facility; if there is a db (sic) with the number of days/alien (sic)..and the output from that db (sic) with the individually identifying information redacted but including the date of arrival and transfer from the facility, as well as the status of the case at the time of transfer, i.e., VD, removal, termination, transfer to another ICE facility.

ICE has considered your request under the FOIA, 5 U.S.C. § 552.

ICE reviewed 510 pages of potentially responsive documents. ICE determined that 234 pages will be released in full. Upon review, ICE has determined that portions of 276 pages will be withheld pursuant to FOIA Exemptions 6, 7(C), and 7(E) of the FOIA as described below:

ICE has applied FOIA Exemptions 6 and 7(C) to protect from disclosure the personally identifiable information of DHS employees and third parties contained within the records.

**FOIA Exemption 6** exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public's right to disclosure against the individual's right to privacy. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.

**FOIA Exemption 7(C)** protects records or information compiled for law enforcement purposes that could reasonably be expected to constitute an unwarranted invasion of personal privacy. This exemption takes particular note of the strong interests of individuals, whether they are suspects, witnesses, or investigators, in not being unwarrantably associated with alleged criminal activity. That interest extends to persons who are not only the subjects of the investigation, but those who may have their privacy invaded by having their identities and information about them revealed in connection with an investigation. Based upon the traditional recognition of strong privacy interest in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate. As such, I have determined that the privacy interest in the identities of individuals in the records you have requested clearly outweigh any minimal public interest in disclosure of the information. Please note that any private interest you may have in that information does not factor into this determination.

ICE has applied FOIA Exemption 7(E) to protect from disclosure internal agency law enforcement sensitive investigative techniques and internal agency URLs, agency case numbers, or database codes contained within the records.

**FOIA Exemption 7(E)** protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. I have determined that disclosure of certain law enforcement sensitive information contained within the responsive records could reasonably be expected to risk circumvention of the law. Additionally, the techniques and procedures at issue are not well known to the public.

If you have any questions about this letter, please contact Assistant United States Attorney Alex Hartzler at Alex.Hartzler@usdoj.gov.

Sincerely,

Fernando Pineiro Jr.
(A)FOIA Officer

Enclosure: 510 pages

**From:** (b)(6); (b)(7)(C)
**Sent:** 23 Aug 2018 13:07:04 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Ice Update for 8-23-18
**Attachments:** Ice Update- 8-23-18.docx

**Have a Fabulous Day,**


***Ms.*** (b)(6); (b)(7)(C) R.N. M.S.N.
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone (b)(6); (b)(7)(C)
Fax: (b)
e-ma



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# Ice-Updates: 8-23-2018

**Date: 8-23-18 Status:** Remains in the Infirmary for FX of his 2nd Right hand

1. **Detainee:** (b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) SBI#: SHEMOI 28 Years Old DOB: 06/03/1990

Race: Black or African American Gender: Male LOC: I INF 112 10 Inmate Type: ICE HLCN: HCCC) A#: (b)(6); (b)(7)(C)

**Vital Signs:** Standing BP: 122 / 80
**Temperature**: 97.8 Temperature site: Oral
**Pulse rate**: 62 Pulse rhythms: Regular
**Respirations**: 18 Respiration Type: Unlabored
**Pulse Ox%:** 99 Room Air: Yes

2. **Detainee:** (b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: 46 Years Old DOB: 01/18/1972

Race: Hispanic Gender: Male LOC: D 3W 307 01 Inmate Type: ICE HLCN: HCCC) A#:
**Issue:** New admit with a Diagnosis of Pneumonia, placed in the Infirmary on 8-22-2018 7:56 PM

**Nurse Practitioner Comments:** Assessment Comments: 46 year old male seen and examined in NAD, Patient reports history of Pneumonia 1 month ago and was hospitalized for 4 days, stated he was sent home with antibiotics for 7 days. Patient stated he still has occasional productive cough with dark yellow phlegm, he denies fever and chills. He c/o headache denies dizziness, vision changes, sob, cp, palpitations. Patient also report been diagnosed with lymphoma 5 years ago and is on oral medication but is unable to recall the name, he stated that he sees his doctor every 3 months. He denies any mental health disorder or suicidal ideation.

Plan Comments: Hx of PNA - rales to RLL - CXR; Augmentin 875/125mg tab by mouth Q12. Admit to infirmary; droplet precaution.
Hx of lymphoma - nsg to f/u with PMD on medication management.
Headache - Ibuprofen as ordered.
RTC routine and PRN

**Current Vital Signs**
Previous Height: 69 (08/22/2018 5:31:04 PM) Previous Weight: 175 (08/22/2018 5:31:04 PM)
Standing BP: 118 / 80
Temperature: 98.4 Temperature site: Temporal
Pulse rate: 72 Pulse rhythm: Regular
Respirations: 16 Respiration Type: Unlabored
Pulse Ox% 99 Room Air: Yes

**From:** (b)(6); (b)(7)(C)
**Sent:** 17 Aug 2018 14:04:17 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Ice Updates on Two Patient's

-

## Ice-Updates: 8-17-2018

(b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#: 27 Years Old DOB: 03/27/1991**
**Race: Black or African Am**

**Date: 8-16-18 at 7:48pm-Nurse Sick Call**: Male Ice inmate referred by nursing for c/o neck pain and restricted movement of neck x 2 days, getting worst today. Patient was seen by the NP and order was given to transfer to JCMC**. Vital Signs**: T=97.6, P=100, R=17, B/P 120/90. O2sat 99%.

**Reason for Referral**
Patient was seen in medical with twisted neck - torticolitis. patient reported he was bitten up at Bronx court and his neck twisted. Patient also stated that now he cannot move his neck. On exam, he has restricted neck movement, neck tenderness and unequal shoulders. Patient is screaming on top of his lungs. Patient is in mild acute distress with Hr of 100. Flexeril 10mg by mouth stat ordered and given. Patient will be transferred to JCMC ED via van for CT scan neck r/o neck injury.

**Date: 8-17-18-Returned at 4:13AM—from JCMC-** with diagnosis of neck and back strain. As per hospital discharge paperwork, CT cervical spine and thoracic spine was done and result shows neck and back strain. No medication ordered. Patient reports pain 5/10 to lower back and neck. Patient able to flex and rotate neck with some discomfort, able to ambulate with steady gait. Patient appears clinically stable for GP on bottom bunk.

**Vitals Signs**: temp 97.2, P=57, R=16, B/P=102/68, O2sat=99%

**Treatment Plan**: A/P: Neck strain, Back sprain, Ibuprofen 600mg 1 tab by mouth BID PRN

Analgesic balm topically BID, Bottom bunk-

(b)(6); (b)(7)(C) **-Commitment#:** (b)(6); **SBI#: 41 Years Old DOB: 09/04/1976**
**Race: Black or African American Gender: Male LOC: D 3W 404 01 Inmate Type: ICE HLCN: HCCC A#:**

**Patient admitted on 8-17-2018 1:04AM- was interviewed by the nurse and stated that he has a psychiatric history.**

41 y.o male denies any substance abuse, denies any PMHx, reports hx of depression x 6yrs with psyche hospitalization 6yrs ago in Brazil. Patient states he takes lexaprol 20mg daily, last dose 2 days ago. Patient appears calm and cooperative but states " I feel depressed being in jail but, I don't have any suicide thoughts right now". Patient speaks Portuguese, interpreter utilized Voiance # 660352. Patient

medication was verified and confirmed from Walgreens pharmacy as lexapro 20mg daily, last refill July, 2018. Will place patient on level 2 close watch pending mental health evaluation and clearance for GP.

Patient was seen by the provider and placed on level 2 observation in the Infirmary until MH clear him for GP.
Plan Comments: Follow-up clinically as needed
Lexapro 20mg daily x 7 days
Mental health referral
Will place on level 2 close watch pending mental health evaluation and clearance for GP
.

**Mental Health**: Clinician used the portugal language line to communicate with pt. Pt is here for DUI charges. Pt denied current suicidal and homicidal ideations. Pt denied current auditory and visual hallucinations. Pt has no hx of MH illness, MH meds, or psychiatric hospitalization. Pt does not appear to be a danger to self or others at this time. Pt denied aggressive/violent behavior. Pt denied any depressive/anxiety symptoms. This is Pt first time incarcerated. Pt denied any suicidal ideation/attempts in the past. Pt was very cooperative and pleasant during session. Pt does not meet any safety risks for close watch.

**Have a Fabulous Day,**

***Ms*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

CFG HEALTH NETWORK | CFG HEALTH SYSTEMS, LLC | ACCREDITED NCCHC QUALITY IN HEALTH CARE

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
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**From:** (b)(6); (b)(7)(C)
**Sent:** 29 Aug 2018 16:55:57 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** Ice Updates
**Attachments:** Ice Updates 8-29-2018.docx


**Have a Fabulous Day,**
***Ms.*** (b)(6); (b)(7)(C) ***R.N. M.S.N.***
**Acting Health Service Administrator**

**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phon** (b)(6); (b)(7)(C)
**Fax:**
e-mai



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## 8-29-2018 Update

**Date: 08/28/2018 at 10:29 PM**

(b)(3):Unspecified Statute

(b)(3):Unspecified Statute

**Date: 08/28/2018 at 12:27 PM**

**Name** (b)(6); (b)(7)(C) Commitmen (b)(6); (b)(7)(C) SBI#: (b)(6); (b)(7)(C) 46 Years Old
DOB: 12/26/1971
Race: Hispanic Gender: Male LOC: B 1E 213 01 Inmate Type: CTY HLCN:
HCCC A#:
Chief Complaint: (Reason for ER Run) HX OF LIVER CIRRHOSIS 2/2 ETOH / PUD /
C/O BRB PER RECTUM SINCE YESTERDAY.
ON EXAM BRB SEEN ON ANAL MARGIN.
R/O GI BLEED

**Hospital Return**

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital RTN

S: Pt seen today in the medical clinic for hospital rtn from JCMC ED. Inmate Dx with possible GI bleed with Hgb of 9.1 - 9.3 and placed on Nexium. ED Dr, Dr (b)(6); (b)(7)(C) indicated that Inmate refused medical treatment in the ED. Explained to inmate the need to receive med screening and treatment, inmate responded, "I am fine, nothing is wrong with me." via a Spanish interpreter. Will refer to GI for eval.

**From:** (b)(6); (b)(7)(C)
**Sent:** 12 Apr 2018 21:14:01 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Ice-Transfer to Hospital
**Attachments:** Ice-Hospital Trip- 4-12-2018.docx

**Have a Fabulous Day,**


***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

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# Ice-Hospital Trip- 4-12-2018

**1.** (b)(6); (b)(7)(C) **Commitment#** (b)(6); (b)(7)(C) **SBI#: 41 Years Old DOB: 11/18/1976**
**Race: Hispanic Gender: Male LOC: D 3W 407 01 Inmate Type: ICE HLCN: HCCC A#: -**

### Encounter Context
**Facility at time of evaluation:** Co of Hudson Dept of Corrections & Rehabilitation
**Age at Time:** 41 Years Old

### Nurse Infirmary Admission
**Reason for Transfer / Admission:** Change in Clinical Condition
**Referral Source:** Medical Staff
**Chief Complaint:** patient BS is high; claims that his BS is labile; easily goes down and he collapse
**Active Medications: :** METFORMIN HCL 500 MG ORAL TABLET take one tab by mouth daily, IBUPROFEN 600 MG ORAL TABLET take one tab by mouth BID, NOVOLIN R 100 UNIT/ML INJECTION SOLUTION finger stick BID with low dose insulin coverage according to his sliding scale.
**Active Problems:** Fracture, left proximal index finger (ICD-815.00) (ICD10-S62.91), Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9).
**Open Orders:** X-Ray, Chest, PA & Lateral [X-Ray], RPR [0142-0], CC - Initial [CCI], Lipid Profile [0009-1], Diabetic Panel [3484-3].

### Current Vital Signs
**Previous Height:** 64 (04/12/2018 3:08:52 PM) **Previous Weight:** 214 (04/12/2018 3:08:52 PM)
**Sitting BP:** 110 / 70
**Temperature:** 97.8 **Temperature site:** Oral
**Pulse rate:** 83 **Pulse rhythm:** Regular
**Finger Stick (Blood Sugar):** 410
**Respirations:** 16 **Respiration Type:** Unlabored
**Pulse Ox%** 97

### Objective Findings

### Head, Eyes, ENT
**Vision Disturbance:** No
**Hearing Difficulty:** No
**Difficulty Swallowing:** No
**Bleeding Gums:** No

### Neuro / Musculoskeletal
**Conscious:** Yes
**Oriented x 3:** Yes
**Pupils, PERLA:** Yes
**Weakness of Extremities:** No

### Peripheral Circulation
**Cyanosis:** No
**Mottling:** No
**Tingling in Hands:** No
**Tingling in Feet:** No

## Genital / Urinary
**Urination Frequency:** No
**Incontinence:** No
**Difficulty Urinating:** No
**Urinary Catheter:** No

## Skin
**Color:** Normal

## Cardiovascular
**Rhythm** Regular
**Hear Sounds:** Normal
**Edema:** No
**Pitting:** No

## Respiratory
**Lung Sounds** Normal
**Cough:** No

## Gastrointestinal
**Appetite:** Fair
**Vomiting:** No
**Nausea:** No
**Bowel Movements:** Regular
**Bowel Sounds:** Normal
**Abdomen:** Soft

## Infirmary Assessment
ALTERATION IN COMFORT DUE TO:
Other
**Explain:** increased blood sugar

## Nurse Infirmary Plan
**Plan:** Administer Medication as Ordered, Administer Treatment as Ordered, Administer Diet as Ordered, Labs as Ordered
**Patient Education Provided:** Test Results
**Disposition:** Infirmary
**Notes:** Patient was admitted in the infirmary due to increase blood sugar; claims that BS is very labile easily go down and up; claims that he collapse when sugar is very low

METFORMIN HCL 500 MG ORAL TABLET (METFORMIN HCL) take one tab by mouth daily
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) take one tab by mouth BID
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION (INSULIN REGULAR HUMAN) finger stick BID with low dose insulin coverage according to his sliding scale

Fracture, left proximal index finger (ICD-815.00) (ICD10-S62.91)
Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)

**2.** (b)(6); (b)(7)(C) **Commitment#** (b)(6); (b)(7)(C) **SBI#** (b)(6); (b)(7)(C) **49 Years Old DOB: 03/31/1969 Race: Unspecified Gender: Female LOC: E 3S 01 30 Inmate Type: ICE HLCN: HCCC A#:** (b)(6); (b)(7)(C)

**General Note Type:** Medical ALP
**Brief Subject (20 Characters Max):** Code White

49 yrs old female is here post code white for c/o persistent headache, falling and hitting her right head, right arm and right leg, pt reports 8/10 arm, head and leg pain; Pt is A A O x 3; swelling, tenderness, black bruising noted in right leg, right arm, and right head, limited ROM noted in right extremities; chest wall is non-tender, heart rate is regular and normal; pt appear weak and in pain; pt will be referred to ER for further evaluation, and to R/O fracture

Vital signs: BP 132/100  HR 92  RR 20  Temp 97.8 F

**Transport Type:** Emergency
**Chief Complaint: (Reason for ER Run)** Pt c/o persistent headache, falling and hitting her right head, right arm and right leg, pt reports 8/10 arm, head and leg pain, limited ROM noted in extremities

**Allergies, Medications and Problems**
**Allergies:**
* PENICILLIN.
**Active Meds:**

LISINOPRIL 2.5 MG ORAL TABLET (LISINOPRIL) Take 1 tablet by mouth daily
VITAMIN D-3 1000 UNIT ORAL CAPSULE (CHOLECALCIFEROL) Take 1 cap by mouth daily
MULTIVITAMIN ADULT ORAL TABLET (MULTIPLE VITAMINS-MINERALS) 1 tablet orally once daily
* GLUCOPHAGE 1000 MG ORAL TABLET (METFORMIN HCL) 1 tablet orally BID

* PENICILLIN (Critical)

Diarrhea NOS (ICD-787.91) (ICD10-R19.7)
Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)
Allergic rhinitis (ICD-477.9) (ICD10-J30.9)
Hx of depression (ICD-V11.8) (ICD10-Z86.59)

**From:** (b)(6); (b)(7)(C)
**Sent:** 13 Apr 2019 15:50:48 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** Re: [EXT] RE: here you go!

No. I sent you everything I received.

Sent from my iPhone

On Apr 13, 2019, at 11:30 AM, (b)(6); (b)(7)(C) wrote:

> The last attachment I received was Thursday afternoon, he was to have surgery yesterday morning, nothing since then.
>
> Sent with BlackBerry Work
> (www.blackberry.com)
>
> **From:** (b)(6); (b)(7)(C)
> **Date:** Saturday, Apr 13, 2019, 11:23 AM
> **T** (b)(6); (b)(7)(C)
> **Subject:** Fwd: [EXT] RE: here you go!
>
> This is the last update. On page 10 it says for a cholecystectomy today.
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** "(b)(6); (b)(7)(C)
> **Date:** April 13, 2019 at 11:11:31 AM EDT
> (b)(6); (b)(7)(C)
> **Subject: RE: [EXT] RE: here you go!**
>
> I did not receive anything for Friday, please send that to me
>
> Sent with BlackBerry Work
> (www.blackberry.com)
>
> **From:** (b)(6); (b)(7)(C)
> **Date:** Saturday, Apr 13, 2019, 11:09 AM
> **To:** (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

**Subject:** Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) wrote:

> Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.
>
> CDR (b)(6); (b)(7)(C) RN FMC NYC
> Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
> Fax(secure): (b)(6); (b)(7)(C)
> Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid 'need-to-know' without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.
>
> **From** (b)(6); (b)(7)(C)
> **Sent:** Friday, April 12, 2019 3:50 PM
> **To** (b)(6); (b)(7)(C)
> **Subject:** Fwd: [EXT] RE: here you go!
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From** (b)(6); (b)(7)(C)
> (b)(6); (b)(7)(C)
> **Date:** April 12, 2019 at 3:23:14 PM EDT
> **To:** (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

**Subject: [EXT] RE: here you go!**

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC

(b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C)

**Sent:** Friday, April 12, 2019 12:40 PM

(b)(6); (b)(7)(C)

**Subject:** RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

**Thank you in advance;**

(b)(6); (b)(7)(C)

Hudson County Scheduler

(b)(6); (b)(7)(C)

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=

**From:** (b)(6); (b)(7)(C)
**Sent:** 13 Apr 2019 15:09:32 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM, (b)(6); (b)(7)(C) > wrote:

> Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.
>
> CDR (b)(6); (b)(7)(C)
> Ofc:
> Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid 'need-to-know' without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.
>
> **From** (b)(6); (b)(7)(C)
> **Sent:** Friday, April 12, 2019 3:50 PM
> **To** (b)(6); (b)(7)(C)
> **Subject:** Fwd: [EXT] RE: here you go!
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b)(6); (b)(7)(C)
> **Date:** April 12, 2019 at 3:23:14 PM EDT
> **To:** (b)(6); (b)(7)(C)
> **Cc:**
> **Subject: [EXT] RE: here you go!**
>
> Thanks, just a reminder, would like to get one before the end of their workday
>
> CDR (b)(6); (b)(7)(C) RN FMC NYC

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, April 12, 2019 12:40 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

# Thank you in advance;

(b)(6); (b)(7)(C)

Hudson County Scheduler

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** 13 Apr 2019 21:18:37 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** Re: [EXT] RE: here you go!

Thank you.

Sent from my iPhone

On Apr 13, 2019, at 2:29 PM (b)(6); (b)(7)(C) wrote:

> I called and spoke to his nurse on the floor- he did have surgery and in recovering well so far, stable.
>
> CDR (b)(6); (b)(7)(C) RN FMC NYC
> Ofc: (b)(6); (b)(7)(C)
> Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid 'need-to-know' without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

**From:** (b)(6); (b)(7)(C)
**Sent:** Saturday, April 13, 2019 11:10 AM
**To** (b)(6); (b)(7)(C)
**Cc**
**Subject:** Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM (b)(6); (b)(7)(C) wrote:

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>
> CDR (b)(6); (b)(7)(C) RN FMC NYC
> (b)(6); (b)(7)(C)
> Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid 'need-to-know' without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, April 12, 2019 3:50 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

**From:** (b)(6); (b)(7)(C)
**Date:** April 12, 2019 at 3:23:14 PM EDT
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject: [EXT] RE: here you go!**

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, April 12, 2019 12:40 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

# Thank you in advance;

(b)(6); (b)(7)(C)
Hudson County Scheduler

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** 12 Oct 2019 19:13:29 +0000
(b)(6); (b)(7)(C)
**Subject:** Re: [EXT] RE (b)(6); (b)(7)(C)

Good afternoon,
The above patient has returned back from the hospital. Her diagnosis is CVA - right side weakness, TIA. She returned around 2:50pm.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

---

**From** (b)(6); (b)(7)(C)
**Sent:** Saturday, October 12, 2019 10:59:20 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Re: [EXT] RE: (b)(6); (b)(7)(C)

Good morning,
She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.
(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Saturday, October 12, 2019 10:25:01 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can someone send an update today on this detainee, if she is still at the hospital and any changes?

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Date:** Friday, Oct 11, 2019, 9:14 AM
**To** (b)(6); (b)(7)(C)
**Cc**
**Subject:** Re: [EXT] RE: Kobeissi, Iman

Good morning,
I'm glad you were able to get what you needed. (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.
Thanks,
Tina

(b)(6); (b)(7)(C)
Regional Director, Northeast

Wellpath
1283 Murfreesboro Road, S. 500
Nashville, TN 37217
**CELL** (b)(6); (b)(7)(C)
**EMAI**
**WellpathCare.com**

> On Oct 11, 2019, at 9:00 AM (b)(6); (b)(7)(C) wrote:

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**From:** (b)(6); (b)(7)(C)
**Sent:** 12 Oct 2019 14:59:20 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Re: [EXT] RE (b)(6); (b)(7)(C)

Good morning,
She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Saturday, October 12, 2019 10:25:01 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: [EXT] RE: (b)(6); (b)(7)(C)

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CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Date:** Friday, Oct 11, 2019, 9:14 AM
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**Cc**
**Subject:** Re: [EXT] RE: Kobeissi, Iman

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I'm glad you were able to get what you needed. (b)(6); will update you on her status from our case management department later in the day.
Thanks,
Tina

(b)(6); (b)(7)(C)

Regional Director, Northeast

Wellpath
1283 Murfreesboro Road, S. 500
Nashville, TN 37217
**CELL** (b)(6); (b)(7)(C)
**EMAIL** (b)(6); (b)(7)(C)
**WellpathCare.com**

On Oct 11, 2019, at 9:00 AM, (b)(6); (b)(7)(C) > wrote:

---

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**From:** (b)(6); (b)(7)(C)
**Sent:** 15 Oct 2019 13:54:33 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** Re: [EXT] RE: (b)(6); (b)(7)(C)

Discharged from hospital, now back in GP without complaints. Started on: ASA, Plavix, Omeprazole, Atorvastatin.

(b)(6); (b)(7)(C) MD
Wellpath - Hudson County, NJ

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 15, 2019 9:47 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can I get an update on her status?

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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---

**From** (b)(6); (b)(7)(C)
**Sent:** Saturday, October 12, 2019 3:13 PM
(b)(6); (b)(7)(C)
**Subject:** Re: [EXT] RE: (b)(6); (b)(7)(C)

Good afternoon,
The above patient has returned back from the hospital. Her diagnosis is CVA - right side weakness, TIA. She returned around 2:50pm.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator

Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Saturday, October 12, 2019 10:59:20 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Re: [EXT] RE: (b)(6); (b)(7)(C)

Good morning,
She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

**From** (b)(6); (b)(7)(C)
**Sent:** Saturday, October 12, 2019 10:25:01 AM
**To** (b)(6); (b)(7)(C)
**Cc**
**Subject:** RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can someone send an update today on this detainee, if she is still at the hospital and any changes?

CD (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Date:** Friday, Oct 11, 2019, 9:14 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Re: [EXT] RE: Kobeissi, Iman

Good morning,
I'm glad you were able to get what you needed. (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.
Thanks,
Tina

(b)(6); (b)(7)(C)
Regional Director, Northeast

Wellpath
1283 Murfreesboro Road, S. 500
Nashville, TN 37217
**CELL** (b)(6); (b)(7)(C)
**EMA**
**WellpathCare.com**

On Oct 11, 2019, at 9:00 AM, (b)(6); (b)(7)(C) wrote:

---

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**From:** (b)(6); (b)(7)(C)
**Sent:** 22 May 2019 14:53:52 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: [EXT] RE: (b)(6); (b)(7)(C)

He is back in Hudson in the infirmary. He needs Physical therapy and is on Tramadol and Gabapentin. A repeat MRI was done and no significant changes were noted. I will have Dr (b)(6); (b)(7)(C) reach out to you for more details. Also, I will have (b)(6); retrieve medical records from JCMC, the discharge summary and if possible any MRI reports. Thanks, (b)(6);

(b)(6); (b)(7)(C) RN, BSN.
Health Services Administrator
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, May 22, 2019 7:47 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, do you have an update on this detainee in the hospital? Have they sent the case manager report?

CDR (b)(6); (b)(7)(C) RN FMC NYC
(b)(6); (b)(7)(C)

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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, May 21, 2019 8:00 AM
(b)(6); (b)(7)(C)
**Subject:** Re: [EXT] RE: (b)(6); (b)(7)(C)

Patient (b)(6); (b)(7)(C) was admitted to 7 west in JCMC. He is on pain medicine and is to see orthopedic doctor today. Will probably run further testing . Will keep you updated.

Sent from my iPhone

On May 21, 2019, at 6:35 AM, (b)(6); (b)(7)(C) wrote:

Good morning, do you have an update on this?

Sent with BlackBerry Work
(www.blackberry.com)

**From:** (b)(6); (b)(7)(C)
**Date:** Monday, May 20, 2019, 4:16 PM
(b)(6); (b)(7)(C)
**Subject:** (b)(6); (b)(7)(C)

Detainee (b)(6); (b)(7)(C) DOB 1/12/75 Has a hx of chronic low back pain, degenerative disc disease lumbar spine and anxiety. States he was at Kiosk today and his back just gave out. Pt was unable to ambulate so taken to medical via stretcher. Able to move upper extremities but no weight bearing of lower. MRI (done 2/5/19) shows multiple disc herniation's
He was sent to JCMC to r/o Cauda Equina Syndrome.
Meds include: Tylenol 325mg 2 tabs po bid prn
Vistaril 50mg po hs
Gabapentine 300mg one cap po bid
Omeprazole 20mg 2 tabs po QD
Motrin 600mg po bid prn
Clariton 10mg po daily
Prozac 20mg 2 caps po daily

Thank you, (b)(6); (b)(7)(C

(b)(6); (b)(7)(C) RN, BSN.
Health Services Administrator
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

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**From:** (b)(6); (b)(7)(C)
**Sent:** 16 Apr 2019 17:56:37 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: CM

Good afternoon Commander (b)(6);

**Mr (b)(6); eturned at 3:30 am this morning. Seen by our provider then.**
P: K-dur 20 meq by mouth daily for 7 days
Mag oxide 500 mg tablet by mouth daily for 7 days
CMP in 1 week

**Mr (b)(6); also returned from JCMC at 9:30 PM last night. Seen by provider. Note attached.**
**History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc.:** Pt seen today in the medical clinic for hospital return from JCMC. D/c Dx as above - b/l kidney stones, pancreatitis, liver enzyes are elevated and platelet level is low- 101.
Will admit to infirmary on fall precaution. Obtained consent from patient for release of liver U/S and Abdominal MRI report. Noted few superficial abdominal incisions to patient's abdomen, patient states his gall bladder was removed but not indicated on medical record

(b)(6); (b)(7)(C) RN
Director of Nursing
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, April 16, 2019 9:50 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: CM

Good morning, yesterday afternoon the nurse told me M (b)(6); would be returning in the evening, did he return or do you know if he will return today?

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, April 15, 2019 5:25 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** Fwd: CM

Update on (b)(6); (b)(7)(

Sent from my iPhone

Begin forwarded message:

**From:** (b)(6); (b)(7)(C)
**Date:** April 15, 2019 at 4:57:28 PM EDT
(b)(6); (b)(7)(C)
**Subject: RE: CM**

Patient (b)(6 update attached.

(b)(6); (b)(7)(C) RN

Regional Care Manager
**Phon** (b)(6); (b)(7)(C)
**Fax:**

wellpath

1283 Murfreesboro Road, S. 500 Nashville, TN 37217
**Ph** (b)(6); (b)(7)(C) **FAX** (b)(6); (b)(7)(C)
LinkedIn // Facebook // Twitter
**WellpathCare.com**

**From** (b)(6); (b)(7)(C)
**Sent:** Monday, April 15, 2019 4:10 PM
(b)(6); (b)(7)(C)
**Subject:** RE: CM

Patient (b)(6); update attached; re-requested the last update o (b)(6);

(b)(6); (b)(7)(C) RN

Regional Care Manager
**Phon** (b)(6); (b)(7)(C)
**Fax:**

wellpath

1283 Murfreesboro Road, S. 500 Nashville, TN 37217
**PH** (b)(6); (b)(7)(C) / **FAX** (b)(6); (b)(7)(C)
LinkedIn // Facebook // Twitter
**WellpathCare.com**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, April 15, 2019 2:20 PM
(b)(6); (b)(7)(C)
**Subject:** CM

Updates should be on the way any minute I just got a call back from JCMC will forward

(b)(6); (b)(7)(C) RN
Regional Care Manager
**Pho** (b)(6); (b)(7)(C)
**Fax**

wellpath

1283 Murfreesboro Road, S. 500 Nashville, TN 37217
**PH** (b)(6); (b)(7)(C) // **FAX** (b)(6); (b)(7)(C)
LinkedIn // Facebook // Twitter
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**From:** (b)(6); (b)(7)(C)
**Sent:** 12 Sep 2019 18:39:51 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Re: detainee lawyer

M(b)(6); (b)(7)(C) as sent to the hospital on August 22, 2019 after he stated he slipped on some water. He was examined by an emergency room team and returned to the facility with no acute injury noted. We can certainly see him again and continue his pain medication but he has made no request to medical.

(b)(6); (b)(7)(C) MD
Wellpath - Hudson County, NJ

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, September 12, 2019 2:25 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** [EXT] detainee lawyer

(b)(6); (b)(7)(C) dob 3/30/1961, A(b)(6); (b)(7)(C)

Good afternoon, I received the following complaint, please review and let me know his status:

Mr(b)(6); (b)(7)(C) s a 58-year-old man who has resided in the U.S. for most of his life. M(b)(6); (b)(7)(C) as metal plate in his left leg that he received after surgery after an accident. He is experiencing immense pain in his leg and reports that while he used to receive pain medication, he stopped receiving this out of the blue. Mr.(b)(6); additionally was diagnosed with diabetes and reports having bouts of losing his vision. When I visited with Mr.(b)(6); (b)(7)(C) t Hudson the other day he appeared unable to see properly and in pain. When I spoke to him yesterday via video he expressed deep pain and was unable to communicate with me about anything except his pain. He says he has made requests to see medical but they have gone unanswered.

I am deeply concerned about Mr.(b)(6); (b)(7)(C) health and will take appropriate action if it is not resolved soon. Please let me know how you intend to proceed.

Thank you,
(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12th rm (b)(6); (b)(7)(C) O-7
New York, NY, 10014
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** 27 Sep 2019 13:14:24 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Re: Detainee (b)(6); (b)(7)(C)

I just spoke with an ICU resident Dr. (b)(6); (b)(7)(C) He will be faxing me copies of Lab work, diagnostic testing and medication lists
Here is what I have learned thus far:

Above Patient is now hospitalized at JCMC after he became febrile yesterday evening and collapsed.
ICU- ROOM H-1 Nurses' Station: (b)(6); (b)(7)(C) Nurse: (b)(6); (b)(7)(C)
Attending Physician: Dr. (b)(6); (b)(7)(C) Pulmonary Critical Care
Resident Physician: Dr. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) -pager
Current Diagnosis: Code Sepsis- Septic Shock source possibly enterocolitis
CT of ABD: Enterocolitis
Negative for HIV, HEP B and HEP C
Urine toxicology screen was negative for all illicit drugs.
Current Status: Awake and Alert not oriented to place.
Plan: Currently on IV antibiotcs- awaiting evaluation by Dr (b)(6); (b)(7)(C) Attending Physician

Resident Physician will inform his Attending Physician of Jail contact numbers for this provider both infirmary and private cell and infirmary nurses' station.

Resident Physician will fax above records from Patient's chart to (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Medical Administration Fax. Medical Records Supervisor to bring records to this provider as soon as received. Updates will be provided as soon as they are known throughout the weekend.

Thank you for your attention to this important matter.

Dr. (b)(6); (b)(7)(C)
Staff Physician-Infirmary Care
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Avenue
Kearny, New Jersey 07032
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, September 27, 2019 8:17 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** [EXT] FW: Detainee (b)(6); (b)(7)(C)

Good morning, please send a clinical update in the following format daily, include labs/xrays/plans/vitals etc:

**Hospital Admission : JCMC- (room number)**
**Day 1**
**Detainee Name:** (b)(6); (b)(7)(C)
**Alien #:** (b)(6); (b)(7)(C)
**Date of Birth**: 05/10/1975
**Country of Citizenship: El Sal**
**Date of Arrival: 9/21/2019**
**Relevant Medical History:**
**Date of Admission: 09/26/2019**
**Current Diagnosis:**
**Attending physician: Dr.**
**Current Status:**
**Discharge Plan:**
**Facility**: Hudson County Jail
**Information provided by:**

CDR (b)(6); (b)(7)(C) RN FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, September 26, 2019 10:01 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Fw: Detainee (b)(6); (b)(7)(C)

FYI- please see below.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, September 26, 2019 9:33:47 PM

(b)(6); (b)(7)(C)

**Subject:** Detainee (b)(6); (b)(7)(C)

Good evening everyone

Detainee was transported to JCMC by ambulance and admitted. Thank you

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**From:** (b)(6); (b)(7)(C)
**Sent:** 30 Oct 2018 18:42:23 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: Detainee with recent broken wrists medical update needed

Thanks.

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247
(b)(6); (b)(7)(C)

**From** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 30, 2018 1:36 PM
(b)(6); (b)(7)(C)
**Subject:** RE: Detainee with recent broken wrists medical update needed

The medpart are not the issue, according to them their financial people have not agree whether or not are going to work with ICE. I will process the pending medpart.

# Thank you in advance;

(b)(6); (b)(7)(C)
Hudson County Scheduler
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 30, 2018 2:31 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: Detainee with recent broken wrists medical update needed

According to the notes you had sent—
This detainee was seen at the clinic on 8/9/18 and 9/13/18 in addition to the xray taken on the 18th.
The only medpar submitted for authorization is for the CT.

I would venture to guess that they are not willing to see the detainee due to having claims denied. Prior to detention he had insurance and I am sure they tried to bill them and when they were denied they stopped seeing the detainee.
Please submit medpars for all office visits and for the xray.
I would then send all of the authorizations to the facility so they can submit claims.
There are instructions on the authorizations on how to submit the claims. I would expect they are already in the VA system (which is who pays ICE claims) so they should get paid.

Given there is a referral in his medical record and it has not be completed timely, I would ask the provider to make a note in the chart that this referral is not urgent and if needed the provider may need to see the patient again to ensure it is not an urgent referral.

Once you have sent the authorizations to the offices (ortho and radiology) then I would ask to reschedule. If they say no, then I would schedule with the other ortho office that you use. If that appointment is 2 months out, then you might see if there is another ortho provider that will see the patient.

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247

(b)(6); (b)(7)(C)

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 30, 2018 12:34 PM
(b)(6); (b)(7)(C)
**Subject:** RE: Detainee with recent broken wrists medical update needed

Thanks for all your help today. I am still on hold and getting the giant hospital run around.

They did say he had an xray on the 18th, but I don't see an authorization for it. Do you know if they were given an authorization or medpar for this DOS?

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247
(b)(6); (b)(7)(C)

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 30, 2018 8:21 AM
(b)(6); (b)(7)(C)
**Subject:** RE: Detainee with recent broken wrists medical update needed

Brookdale medical center is Ortho as well, all outpatient clinics are in the same facility.

# Thank you in advance;

(b)(6); (b)(7)(C)

Hudson County Scheduler

(b)(6); (b)(7)(C)

Hudson County Department of Corrections

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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 30, 2018 9:11 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: Detainee with recent broken wrists medical update needed

Can you send him to ortho? Sometimes they can do radiology studies there? Can you send me a number to call for the radiology department?

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247
(b)(6); (b)(7)(C)

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 30, 2018 8:01 AM
(b)(6); (b)(7)(C)
**Subject:** Re: Detainee with recent broken wrists medical update needed

Good morning,

(b)(6); (b)(7)(C) ttempted to schedule the CT scan appointment yesterday , after notifying the Radiology department that procedure was approved by ICE.

She was once again referred to the supervisor.

Until they understand the process, this patient will not be seen.

Your help in this matter is appreciated. Thank you.

(b)(6); (b)(7)(C) M.D.

HCC Medical Director.

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, October 30, 2018 8:11 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: Detainee with recent broken wrists medical update needed

(b)(6); (b)(7)(C)

Sorry I had your email wrong and hope this now gets to you. See below.

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, ICE Suites 2nd Floor (b)(6); (b)(7)(C) Office (b)(6); (b)(7)(C)
Conroe, TX 77301

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Sunday, October 28, 2018 9:50 AM
(b)(6); (b)(7)(C)

**Subject:** RE: Detainee with recent broken wrists medical update needed

All,

I did contact this facility and spoke with (b)(6); I sent her all the needed forms to get enrolled in the ICE insurance program. They had no paperwork or authorization sent with this CT request and that is why it was not completed. However, they did complete x-rays so please call and get those sent to you. Meanwhile you can do the referral for a CT now, enter it into MedPAR for approval first, then once you get an authorization, send it with the detainee for a CT. Also if he needs referred to an orthopedist, then follow the same process if he is already enrolled. If not already enrolled then let us know so we can get them the needed forms to get enrolled and be paid. Let me know if you have any questions.

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, ICE Suites 2nd Floor (b)(6); ffice (b)(6);
Conroe, TX 77301

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, October 25, 2018 3:23 PM
**To:** (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

**Subject:** Re: Detainee with recent broken wrists medical update needed

As explained by (b)(6); he facility is declining to perform CT , based on patient's insurance inegilibility ( Brookdale is talking about his private insurance)

(b)(6); alled the facility twice, referred to radiology supervisor . She has already explained he is an ICE detainee.

As of now , I cannot provide a definitive answer regarding when the test will be done and further follow up scheduled either.

I believe ICE should contact the facility and confirm that all procedures/ tests/ follow up visits will be paid by ICE.

(b)(6); (b)(7)(C) M.D

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, October 25, 2018 3:46 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: Detainee with recent broken wrists medical update needed

DR Sterlin please respond to this email below in regard to detainee with broken wrists (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) . Thanks, Tess

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, October 25, 2018 3:22 PM
**To** (b)(6); (b)(7)(C)
**Subject:** RE: Detainee with recent broken wrists medical update needed

Good afternoon;

I have contacted the office several times spoke to Mr (b)(6); (b)(7)(C) and explained how the medpar is their insurance card, however she said they did not understand and passed the call to (b)(6); (b)(7)(C) office supervisor (b)(6); (b)(7)(C) left a vm, no answer as of yet. Called this afternoon all I got was the supervisor will call you back.

# Thank you in advance;

(b)(6); (b)(7)(C)

Hudson County Scheduler

(b)(6); (b)(7)(C)

Hudson County Department of Corrections

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, October 25, 2018 2:58 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** FW: Detainee with recent broken wrists medical update needed

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, October 24, 2018 10:10 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Detainee with recent broken wrists medical update needed

All,

I received the below email from DO (b)(6); and ask that you provide me with his medical record and with a medical update to answer the below questions:

- Is this detainee being followed by the medical clinic for his recent wrist fractures?
- What is his plan of care? Has he been referred and seen an orthopedic specialist?
- According to notes in EARM he was taken to an appointment at One Brookdale Plaza CHC BLDG, 2nd floor, Station L on 10/11 only to be rescheduled on 10/18 and then turned away without being seen due to insurance questions (see below), can someone explain what that means…did he have a MedPAR created? I do not see a referral in the system on my side.

Thanks in advance for your assistance.

**From:** (b)(6); (b)(7)(C)
**Date:** Wednesday, Oct 24, 2018, 8:16 AM
(b)(6); (b)(7)(C)

**Subject:** FW (b)(6); (b)(7)(C) ppointment on 10/11/2018 @ 10am at One Brookdale Plaza CHC BLDG 2nd floor Station L Brooklyn NY

Good morning all,

I am not sure that this subject is on anyone's radar. I don't believe he is on the list of NYC significant medical cases. The subject entered custody with both wrists having been recently fractured.

We encountered him at the facility and he appears to have still have significant issues with his wrists.

He went to the below appointment and claims that he wasn't seen because his "private insurance wasn't accepted."

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, ICE Suites 2nd Floor (b)(6); (b)(7)(C) Office (b)(6); (b)(7)(C
Conroe, TX 77301

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** 17 Mar 2018 14:24:46 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** Re: EXTERNAL: (b)(6); (b)(7)(C)

At the time incident occurred he had no loc was aao x3. He was monitored for 3 days neuro checks in infirmary, all wnl.

(b)(6); (b)(7)(C)

Sent from my iPhone

On Mar 17, 2018, at 6:00 AM, (b)(6); (b)(7)(C) wrote:

> Thanks, was there any evaluation regarding the head injury or testing related to that?

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Date:** [redacted]
**To:** (b)(6); (b)(7)(C)
**Cc:** [redacted]
**Subject:** Re: EXTERNAL (b)(6); (b)(7)(C)

Good morning,

Patient returned from ER, negative findings at this time.
If anything should change in official report will update you

(b)(6); (b)(7)(C)

Sent from my iPhone

On Mar 16, 2018, at 5:14 PM, (b)(6); (b)(7)(C) wrote:

CDR (b)(6); (b)(7)(C)

Patient went to ER for lumbar X-rays. Since last email regarding patient, there has been no changes.
Will update upon return from hospital.

(b)(6); (b)(7)(C)

Sent from my iPhone

On Mar 16, 2018, at 1:10 PM, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) wrote:

Good afternoon, I received the following concerning this detainee, can you let me know his status regarding the head injury complaints?

I am writing regarding our client, (b)(6); (b)(7)(C) I met with Mr. (b)(6); today at the Hudson County Correctional Facility (HCCF) and am extremely concerned about his medical condition. As you all know, Mr. (b)(6); suffered a fall in the facility and hit his head. My understanding is that this fall took place in or about a couple of weeks ago. Our client is not able to read and write and suffers from cognitive limitations so I was not able to ascertain the exact date of the fall.

Our client reported to me today that he has had persistent headaches since the fall in both the front and back of his head. Due to his cognitive limitations, I asked our client to point to where his head is hurting and he pointed to the forehead, both sides of the head and the back of his head. He advised that he has only received one pill but that has not alleviated the pain. Our client also is only Spanish speaking and therefore I am also concerned about whether the medical staff at the HCCF has been able to effectively communicate with him in order to ensure that his medical needs are properly attended to following a fall that has impacted his head.

As I know you all understand, head injuries must be attended to in a manner that fully explores and addresses any and all pain and symptoms. Therefore, Mr. (b)(6); should be immediately sent for an MRI and/or a MRI should be conducted by the HCCF. If it is not possible to arrange for a MRI at the HCCF and/or an outside provider, Mr (b)(6); should be released so that we can assist him with accessing the necessary medical care that is required following a fall and impact to an individual's head.

CDR (b)(6); (b)(7)(C) RN, FMC, NYC
(b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C)

**Sent:** Thursday, March 15, 2018 8:00 AM
(b)(6); (b)(7)(C)

**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

**Respectfully,**
(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**
**Regional Manager**
**CFG Health Systems**

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, March 15, 2018 7:56 AM
(b)(6); (b)(7)(C)

**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you, the A# the lawyer gave us was not correct, do you have his A# and date of birth or alias name?

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Date:** Thursday, Mar 15, 2018, 7:52 AM
(b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

Good Morning,

On date of incident, patient was evaluated, exam showed no abnormalities, he was monitored in medical housing for 3 days for complaint of hitting head. During that time neuro checks were within norn=mal limits.

Patient was evaluated on last evening by NP. Language line was used for interpretation, during the call the interpreter asked the patient to speak a little louder, patient got angry, left the room.

From the assessment and evaluation the NP was able to perform patient was complaining of elbow and back pain. Previous record from 8/22/17 shows that patient was diagnosed with epicondylitis (degeneration of tendon around the elbow). Patient was ambulating with steady gait.
X-ray of lumbar spine and analgesic was ordered.

Please let me know if you have any further questions.

**Respectfully,**
(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**
**Regional Manager**
**CFG Health Systems**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, March 14, 2018 6:03 PM
(b)(6); (b)(7)(C)
**Subject:** EXTERNAL (b)(6); (b)(7)(C)

Good afternoon, we recieved the following, can you check on him and let me know his status ?

Today, our office was informed of an incredibly disturbing series of incidents that my client, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) suffered while in ICE custody at Hudson County Jail. Last week, my client — who was granted asylum on 1/11/18 and has yet to be released from ICE custody — fell while cleaning the facility. As a result of his fall, several parts of his body are now injured. However, when he asked to see a doctor, he was punished and put in solitary confinement/isolation for three days.

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** 19 Mar 2018 12:56:05 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:Cesario Perez Lopez
**Attachments:** (b)(6); (b)(7)(C) -Spine and abdomen.pdf (b)(6); (b)(7)(C) Headache 3-2018.docx

**Have a Fabulous Day,**
***Ms*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**




Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, March 16, 2018 2:09 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

Good afternoon, I received the following concerning this detainee, can you let me know his status regarding the head injury complaints?

I am writing regarding our client (b)(6); (b)(7)(C). I met with Mr. (b)(6); (b)(7)(C) today at the Hudson County Correctional Facility (HCCF) and am extremely concerned about his medical condition. As you all know,

Mr. (b)(6); suffered a fall in the facility and hit his head. My understanding is that this fall took place in or about a couple of weeks ago. Our client is not able to read and write and suffers from cognitive limitations so I was not able to ascertain the exact date of the fall.

Our client reported to me today that he has had persistent headaches since the fall in both the front and back of his head. Due to his cognitive limitations, I asked our client to point to where his head is hurting and he pointed to the forehead, both sides of the head and the back of his head. He advised that he has only received one pill but that has not alleviated the pain. Our client also is only Spanish speaking and therefore I am also concerned about whether the medical staff at the HCCF has been able to effectively communicate with him in order to ensure that his medical needs are properly attended to following a fall that has impacted his head.

As I know you all understand, head injuries must be attended to in a manner that fully explores and addresses any and all pain and symptoms. Therefore, Mr. (b)(6); should be immediately sent for an MRI and/or a MRI should be conducted by the HCCF. If it is not possible to arrange for a MRI at the HCCF and/or an outside provider, Mr. Perez should be released so that we can assist him with accessing the necessary medical care that is required following a fall and impact to an individual's head.

CDR (b)(6); (b)(7)(C) RN FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, March 15, 2018 8:00 AM
(b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

**Respectfully,**
(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**
**Regional Manager**
**CFG Health Systems**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, March 15, 2018 7:56 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you, the A# the lawyer gave us was not correct, do you have his A# and date of birth or alias name?

(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Date:** Thursday, Mar 15, 2018, 7:52 AM
(b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

Good Morning,

On date of incident, patient was evaluated, exam showed no abnormalities, he was monitored in medical housing for 3 days for complaint of hitting head. During that time neuro checks were within norn=mal limits.

Patient was evaluated on last evening by NP. Language line was used for interpretation, during the call the interpreter asked the patient to speak a little louder, patient got angry, left the room.

From the assessment and evaluation the NP was able to perform patient was complaining of elbow and back pain. Previous record from 8/22/17 shows that patient was diagnosed with epicondylitis (degeneration of tendon around the elbow). Patient was ambulating with steady gait.
X-ray of lumbar spine and analgesic was ordered.

Please let me know if you have any further questions.

**Respectfully,**
(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**
**Regional Manager**
**CFG Health Systems**

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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, March 14, 2018 6:03 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL: (b)(6); (b)(7)(C)

Good afternoon, we recieved the following, can you check on him and let me know his status ?

Today, our office was informed of an incredibly disturbing series of incidents that my client, Cesario Perez Lopez, suffered while in ICE custody at Hudson County Jail. Last week, my client — who was granted asylum on 1/11/18 and has yet to be released from ICE custody — fell while cleaning the facility. As a result of his fall, several parts of his body are now injured. However, when he asked to see a doctor, he was punished and put in solitary confinement/isolation for three days.

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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**MobilexUSA**

# RADIOLOGY REPORT

**THIS REPORT IS BASED SOLELY UPON THE RADIOGRAPHIC EXAMINATION. CORRELATION WITH THE CLINICAL EXAMINATION IS ESSENTIAL.**

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Facility: HUDSON COUNTY JAIL ICE - 29383
35 HACKENSACK AVE
KEARNEY, NJ 07032-4635

DOS: 03/15/2018
Case: 26481554

Patient Numbe: (b)(6); (b)(7)(C)

DOB: 06/20/1983 Age: 34
Room: ()

Examination:

XRAY ABDOMEN 1 VIEW

Results: There is scattered amount of air in the large and small bowel without evidence of bowel obstruction or ileus. No kidney stones are seen. No masses are seen. No significant fecal retention is noted.

Conclusion: No significant abnormality is seen in the abdomen.

Electronically signed by (b)(6); (b)(7)(C) M.D. 3/15/2018 11:40:54 AM EDT.

LUMBAR SPINE AP and LAT

Results: There are 4 lumbar type vertebral bodies. There is a spina bifida occulta at the L4 level. No fracture or bone destruction are seen. Disc spaces appear intact.

Conclusion: 4 lumbar type vertebral bodies.
Spina bifida occulta L4 level.
No other abnormalities seen in the lumbar spine.

**(Continued on Next Page)**

(b)(6); (b)(7)(C)

3/16/18

Physician (b)(6); (b)(7)(C) MD

Please ca (b)(6); (b)(7)(C) option 2, with any questions regarding this report.

(b)(6); (b)(7)(C)

Mid-Atlantic Region
101 Rock Road
Horsham, PA 19044

(b)(6); (b)(7)(C)

# Headache 3-2018-C-O

## 3-3-18-12:48PM—Sick Call S/P Fall

### Encounter Context

**Facility at time of evaluation:** Co of Hudson Dept of Corrections & Rehabilitation
**Age at Time:** 34 Years Old

### Current Vital Signs

**Previous Height:** 65 (07/09/2017 6:28:14 PM) **Previous Weight:** 180 (02/01/2018 4:07:24 PM)
**Sitting BP:** 125 / 76
**Temperature:** 98.0 **Temperature site:** Oral
**Pulse rate:** 70 **Pulse rhythm:** Regular
**Respirations:** 14 **Respiration Type:** Unlabored
**Pulse Ox%** 98 **Room Air:** Yes

### Pain Assessment

**Are you currently experiencing any pain?** Yes

#### Location #1

**Location of pain:** Upper back
**Describe character of pain:** sharp
**Duration of pain:** Since he fell
**What relieves pain or makes it worse?** I do not know what relieves the pain
**Level of Pain:**6 Severe Pain

#### Location #2

**Location of pain:** Neck pain
**Describe character of pain:** sharp
**Duration of pain:** since I fell
**What relieves pain or makes it worse?** I do not what relieves the pain

**Level of Pain:**6 Severe Pain

#### Location #3

**Location of pain:** Lt Knee
**Describe character of pain:** sharp
**Duration of pain:** Since I fell
**What relieves pain or makes it worse?** I do not know what relieves the pain
**Level of Pain:**6 Severe Pain

### Review of Systems

GENERAL SYSTEM: Denies Fevers, Chills, Sweats, Anorexia, Fatigue, Malaise, Weight Loss, Any Sx Related to System.
EYES: Denies Blurring, Diplopia, Irritation, Discharge, Vision Loss, Eye Pain, Photophobia, Any Sx Related to System.
E/N/T: Denies Earache, Ear Discharge, Tinnitus, Decreased Hearing, Nasal Congestion, Nosebleeds, Sore Throat, Hoarseness, Dysphagia, Any Sx Related to System.

CARDIAC: Denies Chest Pains, Palpitations, Syncope, Dyspnea on Exertion, Orthopnea, PND, Peripheral Edema, Any Sx Related to System.
PULMONARY: Denies Cough, Dyspnea, Excessive Sputum, Hemoptysis, Wheezing, Any Sx Related to System.
GASTROINTESTINAL: Denies Nausea, Vomiting, Diarrhea, Constipation, Change in Bowel Habits, Abdominal Pain, Melena, Hematochezia, Jaundice, Any Sx Related to System.
GENITOURINARY: Denies Dysuria, Hematuria, Discharge, Urinary Frequency, Urinary Hesitancy, Nocturia, Incontinence, Genital Sores, Impotence, Decreased Libido, Any Sx Related to System.
MUSCULOSKELETAL: Complains of Back Pain. Denies Joint Pain, Joint Swelling, Muscle Cramps, Muscle Weakness, Stiffness, and Arthritis. I fell an hour ago and my back and my neck and my Lt knee is aching
SKIN: Denies Rash, Itching, Dryness, Open Sores/Wounds, Suspicious Lesions, Any Sx Related to System.
NEUROLOGIC: Denies Transient Paralysis, Dizziness, Headache, Weakness, Parenthesis, Seizures, Syncope, Tremors, Vertigo, Any Sx Related to System.
PSYCHIATRIC: Denies Depression, Anxiety, Memory Loss, Mental Disturbance, Suicidal Ideation, Hallucinations, Paranoia, Any Sx Related to System.
ENDOCRINE: Denies Cold Intolerance, Heat Intolerance, Polydipsia, Polyphagia, Polyuria, Weight Change, Any Sx Related to System.
HEME/LYMPHATIC: Denies Abnormal Bruising, Bleeding, Enlarged Lymph Nodes, Any Sx Related to System.
ALLERGIC/IMMUNOLOGIC: Denies Urticaria, Hay Fever, Persistent Infections, HIV Exposure, Any Sx Related to System.

**Dental:** **Oral hygiene status?** Fair
**Large asymmetrical facial swelling?** No
**Inability to close teeth evenly?** No
**Suspicious oral lesions (raised borders)?** No
**Oral hemorrhage?** No
**Large cavities?** Yes
**Patient informed on how to access dental care?** Yes
**Oral hygiene and patient education given?** Yes
**Urgent referral to Dental Department needed?** No

### Nurse Sick Call Plan
**Current Medications: :** SENNA 8.6 MG ORAL TABLET take 2 tabs by mouth at HS, COLACE 100 MG ORAL CAPSULE take one tab by mouth BID.

## 3-3-2018-1:29PM—Provider Sick Call S/P Fall

### Encounter Context
**Facility at time of evaluation:** Co of Hudson Dept of Corrections & Rehabilitation
**Age at Time:** 34 Years Old

**Referral Source:** Medical Staff
**Problem List**
Hyperlipidemia (ICD-272.4) (ICD10-E78.5)
Constipation unsp. (ICD-564.00) (ICD10-K59.00)
Viral URI (ICD-465.9) (ICD10-J06.9)
Elbow pain, right (ICD-719.42) (ICD10-M25.521)
Shoulder pain (ICD-719.41) (ICD10-M25.519)
Well adult exam (ICD-V70.0) (ICD10-Z00.00)
Ethanol abuse (ICD-305.00) (ICD10-F10.10)

**Medication List**
SENNA 8.6 MG ORAL TABLET (SENNOSIDES) take 2 tabs by mouth at HS
COLACE 100 MG ORAL CAPSULE (DOCUSATE SODIUM) take one tab by mouth BID

**Allergies List**
* NKDA (Critical)

**Orders List**
Lipid Profile [0009-1]
CC - Initial [CCI]
Oral Surgeon Referral [OSR]
Provider Sick Call - Priority [provider clinical]
**Additional Subjective Complaints:** complaints of falling
**History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc.** This is a 34y.o male that presents for s/p fall. He reports he slipped and fell today. Now reports back pain, right wrist pain, and right knee pain. He also claims he hit his head on the floor but no LOC.

## Current Vital Signs
**Previous Height:** 65 (07/09/2017 6:28:14 PM) **Previous Weight:** 180 (02/01/2018 4:07:24 PM)

## Pain Assessment
**Are you currently experiencing any pain?** Yes

### Location #1
**Location of pain:** back head right wrist right knee
**Describe character of pain:** unable to describe
**Duration of pain:** recent he just fell
**What relieves pain or makes it worse?** Nothing makes it worse and he has not taken anything yet.
**Level of Pain:**6 Severe Pain

## Physical Examination

***General***
The patient is well nourished, well developed, alert and oriented and in no acute distress.
**General Appearance:** Other
- no obvious injuries noted

***Integumentary***
Skin without obvious rashes or lesions; hair and nails without obvious abnormalities.

***MS - Extremities***
Full range of motion of all four extremities without obvious weakness.
**Lung Sounds: LUL:** Normal
**LLL:** Normal
**RUL:** Normal
**RLL:** Normal
**RML:** Normal
**Respiratory Effort:** WNL

**Auscultation:** WNL

(b)(6); (b)(7)(C) **Headache 3-2018-C-O**

### Scrotum
Other
**Gait & Station:** WNL

***Mental Status***
Alert and oriented. No acute distress.

### Practitioner Assessment & Plan
**Assessment Comments:** S/p Fall
**Disposition:** Infirmary

**Plan Comments:** Toradol 30mg IM now
Analgesic Balm to affected area
Motrin 400mg by mouth twice daily as needed
Pepcid 20mg by mouth daily
Patient has multiple c/o due to fall. Will place in infirmary for observation

**Translation occurred by** (b)(6); (b)(7)(C) **R.N**.

### Education Provided:
**The individual has been educated regarding the individual's diagnosis and diagnostic results. The individual verbalizes understanding of current health status and expresses verbal consent to current management** Yes
**Individual Education Provided** Other

**This patient reports he fell on water. He is admitted to the infirmary for observation. See sick call note**
**Plan Comments:**

### Interpretation:
**Does the individual need an interpreter?** No

## 3-3-2018-2:30PM

### Nurse Infirmary Plan
**Plan:** Administer Medication as Ordered
**Disposition:** Infirmary
**Notes:** PT ADMITTED TO INFIRMARY S/P FALL HURT RIGHT WRIST RIGHT ELBOW HURT BACK HIT HEAD NO ABNORMALITIES NOTED PT DENIES BLURRY VISION/ DIZZINESS PT ADMITTED FOR OBSERVATION.

## 3-5-2018-1:29PM—Provider-Infirmary Note

### Practitioner Assessment & Plan

**Assessment Comments:** This 34 y/o, male admitted to infirmary 2 days ago due to fall but found pt ambulatory, walking around the common area in Infirmary with no complaints and claimed he wanted to go back to GP

**Plan Comments:** Pt is medically stable
Will discharge pt back to general population today
Continue current medications

## 3-5-2018-5:04PM—Provider-Infirmary Note

**Objective:**

Patient AAOX3, ambulatory with steady gait. No SOB, no acute distress, no complaint verbalized during rounds.

**Plan:**
Received discharged instruction: for patient to GP. Faxed order to classification, awaiting further instructions from custody for transfer to GP.

## 03/10/2018 at 9:29 AM—Sick Call

**C/O worsening vision-(BLURRY VISION).**

**Medications Added Per Protocol:** Added new Test order of Optometrist Referral (Eye) – Signed

### Vision Acuity Exam

**Acuity in Left Eye: OS 20/** 40
**Acuity in Right Eye: OD 20/** 40
**Acuity in Both Eyes: OU 20/** 40

## 03/14/2018 at 6:58 AM—Provider Sick Call

**Chief Complaint:** complaint of low back pain
**Additional Subjective Complaints:** also complained for neck pain, elbow and wrist
**History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc.** This is a thirty four year old male referred for complaint of back pain.
As per the patient he slipped and fell in water approximately one week ago. he was housed in the infirmary for a few days and was treated with tylenol and NSAIDs.
Today he is complaining for neck, right elbow and low back pain.
review of the patient's chart shows that he was previously seen on 8.22.17 by Dr. (b)(6); (b)(7)(C) for Epicondylitis.

**Assessment Comments:** patient is here for evaluation of back pain.

**Language line used for interpretation**, during the interaction the interpreter tried to advise the patient that he was unable to hear what he was saying and to speak louder. The patient then got off the chair in anger and started to exit the room.
noted ambulating with a normal gait.
has some mild effusion to right elbow but has a hx of epicondylitis as per Dr. (b)(6); notes.
Will order x-ray of the lumbar spine and refer the patient to Dr. (b)(6); for additional evaluation.
Will also order Tylenol 500mg by mouth BID as needed x 10 days

## 03/16/2018 at 4:18 PM—PROVIDER

### General Note

**General Note Type:** Medical ALP
**Brief Subject (20 Characters Max):** MEDICAL FOLLOW UP
PATIENT BEING RE-EVALUATED.
S/P FALL 2 WEEKS AGO, WHILE IN THE BATHROOM. STATES THAT HE SLIPPED, FELL ON HIS BACK WITH HEAD HITTING THE FLOOR.
DENIED LOC, STATES THAT HE STOOD UP IMMEDIATELY ON HIS OWN.
WAS SEEN BY PROVIDER THE SAME DAY , C/O RT WRIST PAIN / LOWER BACK PAIN AT THAT TIME . WAS PLACED IN INFIRMARY ON OBSERVATION WHERE HE REMAINED FOR 2 DAYS.
HE HAD **XRAY OF LS SPINE DONE TODAY , REPORT NEGATIVE FOR FX.**

WALKED FROM THE TIER TO THE MEDICAL DEPARTMENT TODAY . NOT LIMPING.
ON EXAM HE C/O MILD PAIN 4-5/10 OF LUMBAR SPINE AT L4 -L5 LEVEL.
WHEN ASKED IF HE HAD BLURRED VISION, HE STATED THAT HE WEARS GLASSES. SNELLEN TEST PERFORMED 20/25 RT , 20/20 LEFT.
HE DENIES PAIN OF THE RT WRIST TODAY.

HE C/O INTERMITTENT HEADACHE GRADED 4-5/10 RELIEVED BY TYLENOL GIVEN PRN , ALSO C/O DIZZINESS WHEN STANDING UP FROM SITTING POSITION , UNCHANGED SINCE FALL AS PER PATIENT . DENIES NAUSEA/VOMITING/ LOC.
VSS : 130/80 70

XRAY SPINE REPORT REVIEWED WITH PATIENT, VERBALIZED UNDERSTANDING RESULT IS NEGATIVE FOR FX.
SPINE : FULL ROM ,ABLE TO BEND FORWARD WITHOUT PAIN.
MILD PAIN ON PALPATION LUMBAR SPINE AT L4-5 LEVEL.
RT WRIST ; FULL ROM / NO TEND. ON PALPATION.

A/P : S/P FALL W/ C/O HEADACHE , DIZZINESS.
**REFER TO ER JCMC FOR FURTHER EVAL.**
PATIENT UNDERSTANDS PLAN OF RX.

(b)(6); (b)(7)(C)

# C-O Headache 3-2018-C-O

## 03/16/2018 at 10:25 PM—PROVIDER

**Brief Subject (20 Characters Max):** hospital return**.** This 34 y/o male returned from JCMC c/o pain in his back. Denies any headache or dizziness at this time.

. PT observed ambulates with steady gait in no acute distress
CT scan of head w/o contrast result showed no acute intracranial hemorrhage, no acute infarction or mass.
Xray of L-spine result showed spinal bifida occulta at the L4 level. No fx or bone destruction are seen. Disc spaces are intact.

**From:** (b)(6); (b)(7)(C)
**Sent:** 20 Jun 2018 12:09:41 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:ER visit by detainee
**Attachments:** ICE 6-20-18 (b)(6); (b)(7)(C) ocx

Ms (b)(6); (b)(7)(C) can we get the consent form sign?

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, June 19, 2018 2:16 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:ER visit by detainee

Good afternoon, I was just made aware of the following ER visit by a detainee at Hudson- this occurred on a morning this detainee went to court (June 8, 2018)- apparently none of us were informed of it, please request the records from the hospital so your providers can be aware and I can review-

Approximately at 0607 (b)(6); (b)(7)(C) (dob9/26/1996) was unconscious inside the vehicle in bay 5. Approximately at 0613 hrs EMS was called via 911. NYFD arrived approximately at 0618 hrs. EMS arrived approximately at 0620. Approximately at 0640 deportee was transported to Lenox Health Greenwich Village Hospital, 30 7th ave. N.Y., N.Y. by EMS personnel on unit O1W.

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12th rm (b)(6); (b)(7)(C)
New York, NY, 10014
(b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C) **Commitment:** (b)(6); (b)(7)(C) **SBI#: 21 Years Old DOB: 09/26/1996**
**Race: Black or African American Gender: Male LOC: D 5E 609 01 Inmate Type: ICE HLCN: HCCC**
**A#:**

**Chief Complaint:** Pt complaining of tightness pain underneath his umbilicus for 3 months. Pt stated he moves his bowels 2x a week
**Additional Subjective Complaints:** Pt also with weird tingling feeling pain to his head for 3 months, denies dizziness but claimed his constantly blinking

## Practitioner Assessment & Plan

**Assessment Comments:** This 21 y/o, male, seen for abdominal pain, presents with hypoactive bowel sound s and irregular bowel movement. Also his complaining of weird tingling headache and makes him constantly blink his eyes, with no visual deficit. He denies head injury, altercation or trauma to his head

**Plan Comments:** Start on stool softener and mild laxative at HS
Pt is on Ramadan so he can take his meds only at night
Encourage increase oral fluids and frequent handwashing
X-ray of abdomen in am to R/O obstruction
Re assured pt that his tingling headache could be stress related, will monitor pt and meanwhile, may take Tylenol for pain

X-Ray of the abdomen is Negative taken on 6-5-18

6-14-18--**Brief Subject (20 Characters Max):** xray check

Abdominal X-ray is normal His pain is gone and he suffers from constipation which is most likely the etiology of his abdominal discomfort. No further treatment indicated. I explained some good habits regarding fiber etc. He is a healthy 21 year old incarcerated and this alone can cause bowel problems.

Plan: SENNA 8.6 MG ORAL TABLET (SENNOSIDES) take 2 tabs by mouth at HS

COLACE 100 MG ORAL CAPSULE (DOCUSATE SODIUM) take one tab po at HS

**Added new medication of IBUPROFEN 400 MG ORAL TABLET (IBUPROFEN) 1 by mouth twice daily as needed pain - Signed**

**Rx of IBUPROFEN 400 MG ORAL TABLET (IBUPROFEN) 1 by mouth twice daily as needed pain; #28 Tablet x 0; Signed;**

**The pt. went to the hospital Lenox Health Greenwich Village Hospital, 30 7th ave. N.Y., June 8, 2018. We will have the patient sign a release of information form**

**From:** (b)(6); (b)(7)(C)
**Sent:** 13 Aug 2018 12:49:07 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:FW: (b)(6); (b)(7)(C) Medical Concerns
**Attachments:** (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) docx

Please be aware that (b)(6); (b)(7)(C) is no longer with us.

Please read attachment enclosed about the patient.

**Have a Fabulous Day,**
***Ms*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**




Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-m

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**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, August 10, 2018 2:06 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:FW: (b)(6); (b)(7)(C) Medical Concerns

(b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C)

**I received the following from his attorney, can you please provide an update as to his condition? I am aware he was going for a CT today as well.**

CDR(b)(6); (b)(7)(C) FMC NYC

Ofc(b)(6); (b)(7)(C)

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From the attorney:

In the meantime, I met with Mr(b)(6); on July 27, 2018 at the Hudson County jail. He is not doing well. As you know, he was born in 1943 and is 75-years-old. He suffers from numerous serious health conditions that have worsened significantly in recent months. First, he is losing his eyesight. He was unable to see any writing on a form I had him sign and said that my face was blurry. He could barely see his surroundings. Apparently he was supposed to have surgery on July 16 because he has cataracts. However, the surgery was cancelled and he was provided no explanation why. I am extremely concerned about the potential risks to an elderly and partially blind man navigating around the jail setting alone.

Second, he was extremely short of breath from walking to the professional visit area. It took several minutes for him to recover his breath, breathe normally and be able to speak to me. I have never seen him like this before (having worked with him over two years) and was very alarmed. He also informed me that one week prior, roughly 7/20/18, he blacked out and fell at the jail. He was taken to the emergency room at an outside hospital and diagnosed with pneumonia. Apparently he has been taken to the hospital approximately two times per month in the last several months due to his asthma and poor breathing and received an MRI (although he was unaware of the results of this evaluation). Again, Mr(b)(6); is extremely vulnerable and a health complications like asthma and pneumonia carry greater risks for someone in his position.

Finally, he continues to suffer from a heart condition after having had three heart attacks, high blood pressure and severe asthma requiring use of an oxygen machine. His arms were covered in bloody bruises apparently from receiving intravenous antibiotics.

I am very concerned that Mr.(b)(6); is not receiving proper medical care and needs to have eye surgery as soon as possible.

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(b)(6); (b)(7)(C) SBI#: DURAN 75 Years Old DOB: 03/26/1943 Race: Hispanic Gender: Male LOC: D 5E 506 01 Inmate Type: ICE HLCN: HCCC A#: (b)(6); (b)(7)(C)

**8-09-18- Sick Call**: Chief Complaint: Pt is complaining of skin rash and insisting to get the same medication that Dr. (b)(6); gave him before to resolve his rash. Inspection: Rash - erythema rash to right forearm, with no discharge and no papules noted

Practitioner Assessment & Plan Assessment Comments: This 75 y/o, male, is irritable and insisting to see Dr. (b)(6); to request for same medicine she gave him to help his rash. Pt with similar rash in the past and was given Claritin and triamcinolone.

Plan Comments: Renew his Claritin and triamcinolone cream
Instructed pt not to scratch or rub his skin
Advise daily hygiene and frequent handwashing

**8-10-2018**
Encounter Context
Facility at time of evaluation: Co of Hudson Dept. of Corrections & Rehabilitation
Age at Time: 75 Years Old

**General Note**
General Note Type: Medical ALP
Brief Subject (20 Characters Max): Hospital Returns
75 yrs old male with hx of chronic cough came back from CT chest; pt reports his appointment is scheduled for 9/19/18 at 10 am

Vital signs: BP 129/84 HR 83 RR 18 Temp 97.9 F
A/P: Chronic cough
F/U with appointment on 9/19/18 at 10 am

- Upcoming Appointments: UMDNJ--UROLOGY CLINIC PATIENT SCHEDULE @ UMDNJ--ROLOGY CLINIC DOS 09/25/2018 @9AM
- UMDNJ--OPHTHALMOLOGY CLINIC Note: PATIENT SCHEDULE @ 08/20/2018 @ 1:30PM
- ST MICHAELS--PULMONARY CLINIC

Note: PATIENT SCHEDULE @ ST MICHAELS--PULMONARY CLINIC DOS 09/05/2018 @ 8 AM

**08/10/2018 at 12:14 PM** ----Hospital Return
Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 75 Years Old

General Note
General Note Type: Medical ALP
Brief Subject (20 Characters Max): Hospital Returns
75 yrs old male with hx of chronic cough came back from CT chest; pt reports his appointment is scheduled for 9/19/18 at 10 am

Vital signs: BP 129/84 HR 83 RR 18 Temp 97.9 F

A/P: Chronic cough
F/U with appointment on 9/19/18 at 10 am

**From:** (b)(6); (b)(7)(C)
**Sent:** 14 Jul 2018 00:17:52 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** Re: EXTERNAL:FW: Detainee (b)(6); (b)(7)(C) - Upgraded to Q15 Level 1

Without a doubt he does not have acute ax that would warrant inpatient psych hospitalization.

He does appear to be limited intellectually based on what the Spanish speaking clinician has said about the content of his speech.

Thank you.

(b)(6); (b)(7)(C

Sent from my iPhone

On Jul 13, 2018, at 5:57 PM, (b)(6); (b)(7)(C) wrote:

> We are trying to find a place and they have a couple questions:
>
> Does MH team feel he is just a behavioral problem for the facility or does he have any acute symptoms that could warrant inpatient hospitalization?
>
> CDR (b)(6); (b)(7)(C) FMC NYC
> Ofc (b)(6); (b)(7)(C)
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>
> **From:** (b)(6); (b)(7)(C)
> **Date:** Friday, Jul 13, 2018, 7:26 AM
> (b)(6); (b)(7)(C)
> **Subject:** Re: EXTERNAL:FW: Detainee (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) - Upgraded to Q15 Level 1
>
> Good Morning Cmdr (b)(6); (b)(7)(C)

I was going to email you about this detainee. Since his arrival in the facility he has been a bit of a problem to manage. I originally emailed you about him, as he was held in a juvenile detention center, and the day after his 18th birthday was sent to Hudson. He is only Spanish speaking and upon his arrival there was a question about his intellectual ability. He was given the opportunity to reside in regular housing and within a day or two was openly masturbating and sent to a watch on medical. After a short time in medical, he was return to regular housing and got into a fight with another detainee. He was again returned to medical on a watch with disciplinary charges. I was hesitant to clear him for lock-up status given his young age and apparent cognitive limitations, but eventually cleared him to give it a try. After a few days there he assaulted an officer (it was captured on video) and was again returned to medical on a watch, were he has been housed for the last week. Questions to him regarding his behavior yield responses that have little substance. He often contradicts himself. two days ago, while on a Level 2 close watch (which means he has his clothes) he went into the cell of another person on watch, disrobed, and put on the suicide gown of the other person. When asked why he did this, he indicated it was because he said he should.

There is a housing unit at Hudson for IMs who have special needs (D1W). From a level of functioning standpoint, he would be better housed in a setting of that sort. However, his ICE status prevents him from housing in that area. He is a young, intellectually limited male whose problems are not psychiatric, but more cognitive/judgment and behavior/impulse control. I am not sure if this setting is a good one for him. I am hesitant to clear him to go to lockup as it is less supervised than in medical. With respect to tying a shirt around his neck, I again think that is more behavioral than a reflection of mental illness or suicidal intent.

I am not at the jail this am, or I would have given you specific dates about his housing changes.

Please let me know what you think.

Dr. (b)(6);

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, July 13, 2018 6:34:57 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:FW: Detainee (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Good morning, can you please send a status update to me after he is seen by mental health?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)
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**From** (b)(6); (b)(7)(C)
**Date:** Thursday, Jul 12, 2018, 9:35 PM
(b)(6); (b)(7)(C)

**Subject:** Detainee (b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Good evening everyone

The above detainee was on a Q15 Level 2 in the infirmary. He wrapped a tee-shirt around his neck and was upgraded to a Q15 Level 1.

Please place a copy of the attached report in the detainees classification and record room files.

(b)(6); (b)(7)(C)
Hudson County Department of
Corrections and Rehabilitation
35 South Hackensack Avenue
Kearny, N.J. 07032
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** 23 Apr 2018 19:44:55 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:hospitalization
**Attachments:** (b)(6); (b)(7)(C) April 2018.docx

My apologies, sometimes we often clash with sending the updates.

**Have a Fabulous Day,**
***Ms*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**




Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, April 23, 2018 10:16 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:hospitalization

Please give me a call, I understand this person was admitted to the hospital, I have not seen any notifications or updates?

(b)(6); (b)(7)(C) dob 12/21/1990

(b)(6); (b)(7)(C) RN
CDR, USPHS

Field Medical Coordinator
New York Field Office
201 Varick St. 12th rm (b)(6); (b)(7)(C)
New York, NY, 10014
(b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#:** **27 Years Old** **DOB: 12/21/1990**
**Race: Unspecified** **Gender: Male** **LOC: D 3W 403 02** **Inmate Type: ICE** **HLCN: HCCC** **A#:**

## General Note
**General Note Type:** Nurse
**Subject:** Voiance Interpreter
**Note:** The Voiance Interpreter ID # (b)(6); (b)(7)(C) was used for ID clinic, language Albanian.

## General Note
**General Note Type:** Medical ALP
**Subject:** Infectious Disease
**Note:** This 27 y/o, male, nonsmoker. Came to see the Dr. Today via telemedicine for abnormal chest x-ray consult

See scanned Infectious Disease Consult Note

A/P: Abnormal chest x-ray with multiple lung nodules
Recommend CT scan of chest ASAP and to get records
Will send pt to JCMC for CT scan of chest and evaluation or treatment

## Clinical Lists Changes

### Encounter Context
**Facility at time of evaluation:** Co of Hudson Dept of Corrections & Rehabilitation
**Age at Time:** 27 Years Old

## Current Events
**Referred To:** ER Discussed with ER Staff
**Chief Complaint: (Reason for ER Run)** With abnormal chest x-ray, I D recommend CT of chest

## Physical Findings
**Appearance:** Healthy looking with no sign of respiratory distress
**Temperature:** 97.9**Respirations:** 66BP: **120/80**
P: **72** **Pulse Ox%** 97
**Room Air** Yes

## Reason for Referral
For CT of chest due to abnormal chest x-ray recommended by Infectious Disease clinic

**From:** (b)(6); (b)(7)(C)
**Sent:** 12 May 2018 20:05:13 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6);
**Attachments:** (b)(6); (b)(7)(C) -9-18.docx

**Have a Fabulous Day.**
***M*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**




Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, May 10, 2018 8:55 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you

CDR (b)(6); , FMC NYC
(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, May 10, 2018 8:50 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL (b)(6);

Patient went out for elevated blood sugar. Returned to HCCRF at 230am. He is currently in the infirmary, will be reevaluated this morning on rounds.

(b)(6); (b)(7)(C) **RN, BSN, MBA/HA**
**Regional Director**
**CFG Healthsystems, LLC**
(b)(6); (b)(7)(C)
**771 East Route 70**
**Suite D100**
**Marlton, NJ 08053**
**P** (b)(6); (b)(7)(C)
**C**

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, May 10, 2018 7:36 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:Hossain

Good morning, I understand mr (b)(6); (b)(7)(C) went to the ER last evening, what did he go out for and did he return?

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C) **5-9-18**

(b)(6); (b)(7)(C)

**Commitment#:** (b)(6); **SBI#:** (b)(6); (b)(7)(C) **45 Years Old DOB: 01/03/1973**
**Race: Unspecified Gender: Male LOC: D 5W 616 02 Inmate Type: ICE HLCN: HCCC ) A#:** (b)(6); (b)(7)(C)

**Basically he went out for uncontrolled BS- and returned within like 90 minutes and was placed in the infirmary. D/C out of the Infirmary on the 12th back to GP**

- **5-11-18 5-11-18 FS=123**
- **5-11-18 5-11-18 FS=171**
- **5-12-18 5-11-18 FS=215**

**He has been more stable**

### Encounter Context
**Facility at time of evaluation:** Co of Hudson Dept of Corrections & Rehabilitation
**Age at Time:** 45 Years Old

**Referral Source:** Other
**Other:** NP request
**Problem List**
Hyperlipidemia (ICD-272.4) (ICD10-E78.5)
DM, uncomplicated, type II, uncontrolled (ICD-250.02) (ICD10-E11.65)
Hyperthyroidism (ICD-242.90) (ICD10-E05.90)
PMHx of abdominal surgery (Left abdomen) (ICD-V15.29) (ICD10-Z98.89)

**Medication List**
* NOVOLIN R fasting blood sugar BID with low dose Novolin R coverage.

**Orders List**
Provider Follow-Up [providerclinic]
EKG [EKG]
CC - Initial [CCI]
2500 Diabetic/Calorie Controlled (Snack Included) [25DM]
**Chief Complaint:** lab review and chronic care.
**Additional Subjective Complaints:** slef report of hyperthyroidism
**History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc.** This is a forty five year old male who was called to medical for review of repeat blood work which was done yesterday.

## Current Vital Signs
**Previous Height:** 67 (12/19/2017 3:50:48 AM) **Previous Weight:** 152 (12/19/2017 3:50:48 AM)
**Sitting BP:** 110 / 70
**Temperature:** 96.6 **Temperature site:** Oral
**Pulse rate:** 85 **Pulse rhythm:** Regular

(b)(6); (b)(7)(C) **5-9-18**

**Pulse Ox%** 96 **Room Air:** Yes

## Pain Assessment

**Are you currently experiencing any pain?** No

## Physical Examination

***General***
The patient is well nourished, well developed, alert and oriented and in no acute distress.

***Integumentary***
Skin without obvious rashes or lesions; hair and nails without obvious abnormalities.

***MS - Extremities***
Full range of motion of all four extremities without obvious weakness.

***Respiratory***
Unlabored by view. Breath sounds clear to auscultation and percussion; no rales, rhonchi or wheezes.
**Lung Sounds:** **Respiratory Effort:** WNL

***Cardiovascular***
Regular rate and rhythm, positive S1/S2; No S3/S4; no murmurs or rubs; No clubbing, cyanosis or edema; no jugular venous distension; peripheral pulses normal.

***Musculoskeletal***
Full range of motion of all four extremities without obvious weakness.

***Neurological***
Grossly intact and non-focal; no tremors, no gait abnormalities, speech fluent.

***Mental Status***
Alert and oriented. No acute distress.

**Memory:** WNL
**Mood & Affect:** WNL
**Perceptions:** WNL **Judgement & Insight:** WNL

## Practitioner Assessment & Plan

**Assessment Comments:** the patient is awake, alert and oriented x 3 and in no acute distress.
Labs all significantly elevated.
Accucheeck done and measured "hi" on the glucometer. Charge nurse asked to administered due dose of insulin.

Specific gravity of urine 1.038. urine positive ketones and 3+ glucose.
decision made to send the patient out to he ED for emergent care.
Will refer to endocrinologist when he returns from the hospital.

**New Orders:**
Other [Other].
**Disposition:** Emergency Room

**Plan Comments:** transfer to ED for emergent care.

### Education Provided:

**The individual has been educated regarding the individual's diagnosis and diagnostic results. The individual verbalizes understanding of current health status and expresses verbal consent to current management** Yes
**Individual Education Provided** Medicine Management, Other

### Went to JCMC for uncontrolled Blood Sugar

## Blood Glucose

**Time of Day:** Before Dinner
**Blood Glucose Level:** 506 mg/dl
**1st Insulin Type:** Novolin R (Regular Insulin)
**Insulin:** 14 Units

**From:** (b)(6); (b)(7)(C)
**Sent:** 29 Sep 2017 22:31:19 +0000
(b)(6); (b)(7)(C)
**Subject:** Re: EXTERNAL:Newark ER trip
**Attachments:** image001.png, image002.png, image001.png, image002.png

We are waiting on blood work to return. Will forward as soon as we have it. He did let the mental health counselor know what he was on. I will scan that not to you.

(b)(6); (b)(7)(C) ***RN***
***Health Services Administrator***
**Hudson County Corrections & Rehibalitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
(b)(6); (b)(7)(C)

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Sent from my iPhone

On Sep 29, 2017, at 5:42 PM, Chhibber, (b)(6); (b)(7)(C) wrote:

> Thank you Ms. (b)(6);
> Did this detainee, (b)(6); (b)(7)(C) go out to Jersey City Medical Center?
> Please keep us posted if he stays at the hospital or gets casted and returns to the jail.
>
> Respectfully
>
> CDR (b)(6); (b)(7)(C)
> USPHS
> DHS/ICE/IHSC

Field Medical Coordinator
614 Frelinghuysen Avenue, 2nd Flr
Newark, NJ
(b)(6); (b)(7)(C) office
mobile
(secure fax)
Email: (b)(6); (b)(7)(C)
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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, September 29, 2017 5:26 PM
(b)(6); (b)(7)(C)
**Subject:** RE: ER

A#(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN
Health Services Administrator




**Hudson County Corrections & Rehabilitation Center**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, September 29, 2017 5:25 PM
(b)(6); (b)(7)(C)
**Subject:** ER

Detainee (b)(6); (b)(7)(C) was sent to the ER this morning for complaints of severe right arm and elbow pain following altercation.

(b)(6); (b)(7)(C) **RN**
**Health Services Administrator**

**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phone:** (b)(6); (b)(7)(C)
**Fax:** (b)(6); (b)(7)(C)
**Cell**
**e-ma**

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2020-ICLI-
00042
895


ACCREDITED
QUALITY IN HEALTH CARE
2020-ICLI-
00042
897

**From:** (b)(6); (b)(7)(C)
**Sent:** 29 Sep 2017 22:29:09 +0000
(b)(6); (b)(7)(C)

**Subject:** Re: EXTERNAL:Newark ER trip
**Attachments:** image001.png, image002.png

He went to Jersey city Medical Center.

(b)(6); (b)(7)(C) ***RN***
***Health Services Administrator***
**Hudson County Corrections & Rehibalitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phon** (b)(6); (b)(7)(C)
**Fax:**
**Cell:**
**e-ma**

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Sent from my iPhone

On Sep 29, 2017, at 5:42 PM, (b)(6); (b)(7)(C) wrote:

> Thank you Ms. (b)(6); (b)(7)(C)
> Did this detainee, (b)(6); (b)(7)(C) go out to Jersey City Medical Center?
> Please keep us posted if he stays at the hospital or gets casted and returns to the jail.
>
> Respectfully
>
> CDR (b)(6); (b)(7)(C)
> USPHS
> DHS/ICE/IHSC
> Field Medical Coordinator

614 Frelinghuysen Avenue, 2nd Flr
Newark, NJ
(b)(6); (b)(7)(C) office
mobile
secure fax)
Email: (b)(6); (b)(7)(C)
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---

**From:** Melessia Cyrus [mailto:mcyrus@cfgpc.com]
**Sent:** Friday, September 29, 2017 5:26 PM
**To:** Almodovar, Bruce; Brian Coyne; Chhibber, Jennifer R; Gary, John S; Khan, Mohamed; Medina, Hector; Owens, Gilbert; Ragoonath, Johnny; Rosario-Dunning, Lillian; Tay-Taylor, Yvette A
**Subject:** RE: ER

A# 206767638

**Melessia Cyrus, RN**
**Health Services Administrator**

<image001.png><image002.png>

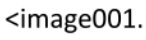
**Hudson County Corrections & Rehabilitation Center**

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**From:** Melessia Cyrus
**Sent:** Friday, September 29, 2017 5:25 PM
**To:** Almodovar, Bruce; Brian Coyne; Chhibber, Jennifer R; Gary, John S; Khan, Mohamed; Medina, Hector; Owens, Gilbert; Ragoonath, Johnny; Rosario-Dunning, Lillian; Tay-Taylor, Yvette A
**Subject:** ER

Detainee Roberto Claros Lainez was sent to the ER this morning for complaints of severe right arm and elbow pain following altercation.

**Melessia Cyrus, RN**
**Health Services Administrator**



**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phone:** (b)(6); (b)(7)(C)
**Fax:** (b)(6); (b)(7)(C)
**Cell:**
**e-ma**

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2020-ICLI-00042 902




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2020-ICLI-
00042
903

**From:** (b)(6); (b)(7)(C)
**Sent:** 11 Sep 2017 15:01:51 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: Admission to Infirmary and ER transfer

His last refusal was from 8/26 he refused Lisinopril 2.5mg. See screen shot below of summary and labs.



(b)(6); (b)(7)(C) RN
**Health Services Administrator**



**Hudson County Corrections & Rehabilitation Center**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, September 11, 2017 10:26 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: Admission to Infirmary and ER transfer

Good morning, can you give me an update on this detainee, if anything has changed or if he has had any medical problems?

CDR (b)(6); (b)(7)(C) FMC NYC
Of(b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, August 14, 2017 11:07 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: Admission to Infirmary and ER transfer

CDR(b)(6);

Detainee(b)(6); (b)(7)(C) has been refusing all medication and lab work ordered. He has also refused to be seen by the provider. The last lab was done on 8/9/17 for which he3 was initially sent to the ER and refused care at the ER.

(b)(6); (b)(7)(C) RN
**Health Services Administrator**



**Hudson County Corrections & Rehabilitation Center**

**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, August 14, 2017 9:14 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:RE: Admission to Infirmary and ER transfer

Good morning, I wanted to get an update on this detainee status, if he has had any more lab or glucose testing, or accepted any medications?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, August 10, 2017 10:05 PM
(b)(6); (b)(7)(C)
**Subject:** Re: Admission to Infirmary and ER transfer

Detainee (b)(6); (b)(7)(C) returned from JCMC ER and refused all care at the ER. He refused to sign the AMA and was discharged. The detainee was seen and evaluate by the NP on return and refused care. He stated he "wanted to talk to his wife." He is scheduled for follow up evaluation tomorrow. Last blood sugar taken when returned from the Hospital 355mg/dL and treatment was refused.

(b)(6); (b)(7)(C) ***RN***
***Health Services Administrator***
**Hudson County Corrections & Rehibalitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Pho** (b)(6); (b)(7)(C)
**Fax:**
**Cell**
**e-m**

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Sent from my iPhone

On Aug 10, 2017, at 4:32 PM, (b)(6); (b)(7)(C) wrote:

Detainee (b)(6); (b)(7)(C) admitted to the infirmary s/p seizure activity. Labs have been ordered and results are pending.

Detainee (b)(6); (b)(7)(C) s being sent to the ER for Hyperglycemia. His finger stick today read "HI" on the machine. Yesterday it was 535mg/dL and her refused insulin. His Glucose from labs drawn today was 534 mg/dL.

(b)(6); (b)(7)(C) **RN**
**Health Services Administrator**

<image002.png><image004.png>

**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Pho** (b)(6); (b)(7)(C)
**Fax**
**Cell**
**e-m**

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**From:** (b)(6); (b)(7)(C)
**Sent:** 28 Jun 2018 13:51:40 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE (b)(6); (b)(7)(C)
**Attachments:** Calderon Antonio ICE.docx

Hello (b)(6);
Not sure if you received a follow up on this gentleman so I am forwarding the most current information that I have available. Should you need anything further, please let me know.

Thank you
(b)(6); (b)(7)(C) DON

---

**From** (b)(6); (b)(7)(C)
**Sent:** Wednesday, June 27, 2018 6:56 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:RE: (b)(6); (b)(7)(C) Medical Records

This detainees attorney is alleging improper care urgent medical emergency, to satisfy this can you have him seen in medical again and send out to an ER for evaluation.

CDR (b)(6); (b)(7)(C) FMC NYC
Of (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Date:** Wednesday, Jun 27, 2018, 3:44 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject** (b)(6); (b)(7)(C) Medical Records

Commander (b)(6); (b)(7)(C

Per your request, please find medical records for the captioned. Should you have any questions, please feel free to contact me. Thank you.



(b)(6); (b)(7)(C)
**Medical Records Administrator**
**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phon** (b)(6); (b)(7)(C)
**Fax:**

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, June 27, 2018 2:20 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:records

Please send these records when you can- case we looked at earlier:
(b)(6); (b)(7)(C) dob 2/17/1983

(b)(6); (b)(7)(C), RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12th rm (b)(6); (b)(7)(C)
New York, NY, 10014
(b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#: 35 Years Old DOB: 02/17/1983**
**Race: Hispanic Gender: Male LOC: E 6N 01 08 Inmate Type: ICE HLCN: HCCC A#:**

Pt. came back from JCMC hosp. at 12:15am with s/p headache. Pt. is noted alert , oriented 3x, ambulatory with steady gait. V/S: BP=127/81, PR=76, RR=16, SPO2=99%, T=97.2 F. Pt. is referred to provider for return consult.

35 y.o male ICE detainee who was transferred to the hospital for medical evaluation return from JCMC with diagnosis of headache. Patient was medically cleared for incarceration w/o medication orders. As per patient " I was given 1 injection and 2 tablets in the emergency room". However, no indication of the treatments given to patient in his discharge summary. As per the hospital discharge instructions, patient to continue with his current medication. On exam, patient denies any headache and generalized body aches. Patient has no complaints at present. Patient was transferred back to GP in stable condition.

**From:** (b)(6); (b)(7)(C)
**Sent:** 1 May 2018 20:23:46 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE (b)(6); (b)(7)(C)

Patient was already scheduled for 5/21 at noon.

Appt for this AM was from the ER , did not make it .Possible transportation arrangements .

**Best Regards,**

(b)(6); (b)(7)(C) **M.D.**

**Medical Director**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax
e-m

---

**From** (b)(6); (b)(7)(C)
**Sent:** Tuesday, May 01, 2018 4:10 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:RE: (b)(6); (b)(7)(C)

Good afternoon, did he make the appointment today? What were the results?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

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**From** (b)(6); (b)(7)(C)
**Date:** Monday, Apr 30, 2018, 8:32 PM
(b)(6); (b)(7)(C)
**Subject:** RE: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) **Commitment#** (b)(6); (b)(7)(C) **SBI#:** (b)(6); (b)(7)(C) **61 Years Old DOB: 11/13/1956**
**Race: Black or African American Gender: Male LOC: I INF 112 11 Inmate Type: ICE HLCN: HCCC ) A#** (b)(6); (b)(7)(C)

## SOAP Note Form

**Subjective:**
Patient states: "I feel cold."

**Objective:**
Patient returning from UMDNJ ER, AAOX3, ambulatory with steady gait. No SOB, no acute distress observed.

**Assessment:**
Hospital Return from UMDNJ with findings of Glaucoma and for Ophto Clinic follow up at 8 am tomorrow.

**Plan:**
Refer to provider for further evaluation.

**Schedule for Future Follow Up?:** Yes. Follow up every 04/30/2018**Priority:** I
**Comment to Scheduler:** Hospital Return

### Encounter Context

**Facility at time of evaluation:** Co of Hudson Dept of Corrections & Rehabilitation
**Age at Time:** 61 Years Old

## General Note

**General Note Type:** Nurse
**Brief Subject (20 Characters Max):** Hospital Return

TYLENOL 325 MG ORAL CAPSULE (ACETAMINOPHEN) 2 caps by mouth q 6 hrs prn
COGENTIN SOLUTION (BENZTROPINE MESYLATE SOLN) 0.5 mg by mouth bid
RISPERDAL 1 MG ORAL TABLET (RISPERIDONE) 1 by mouth q am
RISPERDAL 2 MG ORAL TABLET (RISPERIDONE) 1 by mouth q hs
GRX ANALGESIC BALM EXTERNAL OINTMENT (MENTHOL-METHYL SALICYLATE) apply to affected area daily
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) one tab by mouth daily
* CVS SENNA 8.6 MG ORAL TABLET (SENNOSIDES) 2 tabs by mouth QHS PRN constipation

Constipation NOS (ICD-564.00) (ICD10-K59.00)
Exotropia Alternating (ICD-378.10) (ICD10-H50.10)
Presbyopia (ICD-367.4) (ICD10-H52.4)
Hyperopia (ICD-367.0) (ICD10-H52.00)
Cataracts (ICD-366.9) (ICD10-H26.9)

Low back pain (ICD-724.2) (ICD10-M54.5)
Psychotic DO NOS (ICD-298.9) (ICD10-F29)
Minor head injury (ICD-959.01) (ICD10-S09.90)
Tinea pedis (ICD-110.4) (ICD10-B35.3)
Examination, eyes/vision (ICD-V72.0) (ICD10-Z01.00)

**Have a Fabulous Day,**

*Ms.* (b)(6); (b)(7)(C) R.N. M.S.N.
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax:
e-m

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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, April 30, 2018 2:12 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** (b)(6); (b)(7)(C)
**Importance:** High

Patient transferred to ED UMDNJ for eval. left eye pain to r/o retinal detachment.

**Best Regards,**

(b)(6); (b)(7)(C) **M.D.**

**Medical Director**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax:
e-m

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**From:** (b)(6); (b)(7)(C)
**Sent:** 22 Nov 2017 14:05:33 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: ER Referral

We are obtaining his inpatient medical records now. As soon as it is received we will forward to you. The detainee is saying that he was scoped.

(b)(6); (b)(7)(C) **RN**
**Health Services Administrator**




**Hudson County Corrections & Rehabilitation Center**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, November 22, 2017 8:16 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: ER Referral

Good morning, can you tell me more about what was done, diagnosis, treeatments, etc?

CDR (b)(6); (b)(7)(C) FMC NYC
(b)(6); (b)(7)(C)

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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, November 21, 2017 11:28 PM
(b)(6); (b)(7)(C)
**Subject:** Re: EXTERNAL:RE: ER Referral

This detainee has returned from the Hospital. He was seen by the NP And admitted to the infirmary.

(b)(6); (b)(7)(C) ***RN***
***Health Services Administrator***
**Hudson County Corrections & Rehibalitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phone:** (b)(6); (b)(7)(C)
**Fax:** (b)(6); (b)(7)(C)
**Cell**
**e-m**

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Sent from my iPhone

On Nov 21, 2017, at 1:29 PM, (b)(6); (b)(7)(C) wrote:

> Received, thank you
>
> CDR (b)(6); (b)(7)(C) FMC NYC
> Ofc (b)(6); (b)(7)(C)
> Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) it contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid 'need-to-know' without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.
>
> ---
>
> **From:** (b)(6); (b)(7)(C)
> **Sent:** Tuesday, November 21, 2017 12:25 PM
> **To:** (b)(6); (b)(7)(C)
> **Cc:**
> **Subject:** RE: EXTERNAL:RE: ER Referral
>
> Commander (b)(6); (b)(7)(C
>
> Please find attached medical record for the captioned. If you should have any questions, please feel free to contact me. Thank you.
>
> ---
>
> **From:** (b)(6); (b)(7)(C)
> **Sent:** Tuesday, November 21, 2017 11:22 AM
> **To:** (b)(6); (b)(7)(C)
> **Subject:** FW: EXTERNAL:RE: ER Referral
>
> Can you send his medical record to me?
> (b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C)
>
> CDR (b)(6); (b)(7)(C) FMC NYC
> Ofc (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, November 21, 2017 8:26 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: ER Referral

He is admitted and waiting in the ER for a bed.

(b)(6); (b)(7)(C) RN
**Health Services Administrator**

<image001.png><image002.png>

**Hudson County Corrections & Rehabilitation Center**

**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, November 20, 2017 4:29 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: ER Referral

Good afternoon, do you have an update on this one?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, November 20, 2017 11:51 AM
(b)(6); (b)(7)(C)
**Subject:** ER Referral

(b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) s being sent to JCMC ER for abnormal blood work. His hemoglobin is 7.2 and he is complaining of weakness.

(b)(6); (b)(7)(C) RN
**Health Services Administrator**

<image001.png><image002.png>

**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Pho** (b)(6); (b)(7)(C)
**Fax**
**Cel**
**e-m**

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**From:** (b)(6); (b)(7)(C)
**Sent:** 21 Mar 2018 17:56:18 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: Hospital Visit

Patient return from JCMC at 11:45PM. Diagnosis of vaginal bleeding, hemaglobin12.6 and ultrasound was negative as per hospital discharge paperwork. Patient was medically cleared for incarceration with order for Tylenol 650mg by mouth as needed and to follow-up with OBGYN. Patient still complains of vaginal bleeding and mild lower abdominal cramp. Patient was examined and no bleeding noted on the pad. Patient was kept in medical for 6hrs observation and reexamine again for bleeding, noted red spot on the pad without active bleeding and that was witnessed by the charge nurse. Patient was transferred to GP in stable.
Vitals: BP=104/72 ,P=70 ,RR=14 ,T=97.4, O2 sat 98%RA

**Have a Fabulous Day,**
***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

CFG HEALTH NETWORK | CFG HEALTH SYSTEMS, LLC | ACCREDITED NCCHC QUALITY IN HEALTH CARE

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax:
e-mail:

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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, March 21, 2018 8:05 AM
**To:** (b)(6); (b)(7)(C)

**Cc:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: Hospital Visit

Good morning, what were the results of this ER visit?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C)

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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, March 20, 2018 4:27 PM
(b)(6); (b)(7)(C)
**Subject:** Hospital Visit

Hello, Detaineewas transferred to the hospital.

(b)(6); (b)(7)(C) **ommitment#:** (b)(6); (b)(7)(C) **SBI#: 33 Years Old DOB: 08/20/1984**
**Race: Hispanic Gender: Female LOC: E 3S 01 32 Inmate Type: ICE**
**HLCN: HCCC A#:** (b)(6); (b)(7)(C)

**Admission Date**: 12-29-2017

**Current Diagnosis**: Peripheral edema (ICD-782.3) (ICD10-R60.9)

Symptom, headache (ICD-784.0) (ICD10-R51)
Vaginal bleeding (ICD-623.8) (ICD10-N93.9)
DUB (ICD-626.8) (ICD10-N93.8)
Bacterial vaginitis (ICD-616.10) (ICD10-N76.0)

**Reason for hospital visit**: Chronic Vaginal Bleeding

**Current medications**: Multivitamin

**Vital Signs**: **Previous Height:**

Sitting BP: 100 / 70
Temperature: 98.2 Temperature site: Oral
Pulse rate: 73 Pulse rhythms: Regular
Respirations: 18 Respiration Type: Unlabored

Pulse Ox% 98  Room Air:  Yes

**Hospital Name**: JCMC

Admitting Diagnosis: Not admitted yet

**Current Status**: AAOx's4, Vaginal bleeding

**Discharge Plan**: None yet

**Have a Fabulous Day,**

***Ms*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax:
e-ma

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**From:** (b)(6); (b)(7)(C)
**Sent:** 18 Aug 2017 11:32:49 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Commande(b)(6);

(b)(6); was reasonably ok. Taking the Zoloft. Talked about his father fighting for the U.S. during WW2 in China and being loyal, etc.,. Less despondent.(b)(6); was doing better. I took him off Psych. Obs. and sent him to a regular housing unit in GP. He was very happy to do that. He asked to call his family, was allowed to do so and he successfully reached family on the phone.

(b)(6);

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, August 18, 2017 6:30 AM
**To:** Stan Malkin
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Thank you, how was the mental status for him and the other(b)(6); (b)(7)(C) yesterday?

CDR(b)(6); (b)(7)(C) FMC NYC
Ofc(b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Date:** Friday, Aug 18, 2017, 6:24 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Currently taking Zoloft here for depression. Dr. Malkin

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 16, 2017 3:16 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Fyi I checked in the ICE database, there is a picture of him dated 10/26/2015, with facial drooping as well, but not as pronounced as his picture dated 8/8/2017

Thank you for the records, is he on any mental health medications, or has he seen the psychiatrist? I didn't see any in the records that were sent.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 16, 2017 8:31 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Can someone please send his medical records to me? Thank you

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Date:** Tuesday, Aug 15, 2017, 2:53 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

I gave the information that he sees a Dr (b)(6); (b)(7)(C) in Flushing Queens for an antidepressant, mood stabilizer and sleep meds. To the nurses to verify. (b)(6);

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, August 15, 2017 2:12 PM
**To:** Melessia Cyrus; Myriam Sterlin; Stan Malkin
**Cc:** Medina, Hector; Owens, Gilbert
**Subject:** EXTERNAL:RE: hudson new arrival

I understand Dr (b)(6); [redacted] aced him on suicide watch, please let me know when you find out what medications he is on and if he had a stroke or bells palsy, or other medical problems, thank you.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, August 15, 2017 8:52 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** FW: hudson new arrival

Good morning, I wanted to make sure you were aware of the following detainee new arrival for Hudson, 67 year old with medical and mental health needs.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, August 15, 2017 7:16 AM
(b)(6); (b)(7)(C)
**Subject:** RE: HOSPITAL REFERRAL

Detainee returned from Mount Sinai Beth Israel Hospital, clear for custody, and transferred to Hudson county jail

**ER referrals**
Name: (b)(6); (b)(7)(C)
A#:090 251 037
DOB:11/23/1949
COB: TAIWAN
DOA: 08/14/2017
Relevant Medical History: HTN, TYPE 2 DIABETIC, HIGH CHOLESTEROL AND DEPRESSION
Reason sent to ER: DETAINEE APPEARS TO BE SAD, AND VERY ANXIOUS. DETAINEE VERABLIZED SUICDAL THOUGHT BUT RFEUSED TO ELABORATE ON ANY PLAN. HE HAS A HISTORY OF SUICDAL THOUGHT 20 YEARS AGO, AS PER DETAINEE.
VITAL SIGNS TAKEN AND DOCUMENTED. B/P- 158/99, HR 99, R- 18, F/S- 200MG/DL. PROVIDER ON CALL MADE AWARE WITH NO ORDER.
Current Status: PENDING DISPOSITION

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**From:** (b)(6); (b)(7)(C)
**Sent:** 16 Aug 2017 20:19:11 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Good afternoon,

Patient was seen early on , he denies history of CVA or Bell's palsy. He is referred to Neuro for eval.

**Best Regards,**

(b)(6); (b)(7)(C) **M.D.**

**Medical Director**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax:
e-ma

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 16, 2017 3:16 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Fyi I checked in the ICE database, there is a picture of him dated 10/26/2015, with facial drooping as well, but not as pronounced as his picture dated 8/8/2017

Thank you for the records, is he on any mental health medications, or has he seen the psychiatrist? I didn't see any in the records that were sent.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 16, 2017 8:31 AM

**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

Can someone please send his medical records to me? Thank you

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Date:** Tuesday, Aug 15, 2017, 2:53 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: hudson new arrival

I gave the information that he sees a Dr (b)(6); in Flushing Queens for an antidepressant, mood stabilizer and sleep meds. To the nurses to verify. D (b)(6);

**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, August 15, 2017 2:12 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:RE: hudson new arrival

I understand Dr (b)(6); aced him on suicide watch, please let me know when you find out what medications he is on and if he had a stroke or bells palsy, or other medical problems, thank you.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, August 15, 2017 8:52 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** FW: hudson new arrival

Good morning, I wanted to make sure you were aware of the following detainee new arrival for Hudson, 67 year old with medical and mental health needs.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, August 15, 2017 7:16 AM
(b)(6); (b)(7)(C)
**Subject:** RE: HOSPITAL REFERRAL

Detainee returned from Mount Sinai Beth Israel Hospital, clear for custody, and transferred to Hudson county jail

**ER referrals**
Name: (b)(6); (b)(7)(C)
A# (b)(6); (b)(7)(C)
DOB:11/23/1949
COB: TAIWAN
DOA: 08/14/2017
Relevant Medical History: HTN, TYPE 2 DIABETIC, HIGH CHOLESTEROL AND DEPRESSION
Reason sent to ER: DETAINEE APPEARS TO BE SAD, AND VERY ANXIOUS. DETAINEE VERABLIZED SUICDAL THOUGHT BUT RFEUSED TO ELABORATE ON ANY PLAN. HE HAS A HISTORY OF SUICDAL THOUGHT 20 YEARS AGO, AS PER DETAINEE.
VITAL SIGNS TAKEN AND DOCUMENTED. B/P- 158/99, HR 99, R- 18, F/S- 200MG/DL. PROVIDER ON CALL MADE AWARE WITH NO ORDER.
Current Status: PENDING DISPOSITION

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**From:** (b)(6); (b)(7)(C)
**Sent:** 29 Jun 2018 14:41:31 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: Ice Patient Issue (b)(6);
**Attachments:** (b)(6); (b)(7)(C) ICE 6-29-18.docx

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**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, June 29, 2018 6:59 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:RE: Ice Patient Issue (b)(6); (b)(7)(C)

Good morning, can you send an update on this current status?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, June 28, 2018 6:50 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
(b)(6); (b)(7)(C)
**Subject:** Ice Patient Issue (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) **ommitment#:** (b)(6); **SBI#: 28 Years Old DOB: 08/14/1989**
**Race: Hispanic Gender: Male LOC: D 5E 601 02 Inmate Type: ICE HLCN: HCCC**
**A#:**

**6-29-2018-4:58am**

**General Note Type:** Nurse
**Brief Subject (20 Characters Max):** Progress Note
Officer on pod reported that pt. did not eat for 2 days, pt. was brought to medical noted to be ambulatory, speaks Spanish unable to follow instruction. Pt. is noted with bizarre behavior, uncooperative, refuses vital signs taken. Pt. was offered sandwich, Gatorade and water but refused to all of it and stated "No"..

Pt. lips is noted dry and pale. Pt. is referred to provider for further evaluation.

**6-29-2018-5:43am**

28 y.o male with history of schizophrenia was brought down to medical for patient noted not eating and acting bizarre behavior. On exam, patient was uncooperative, very aggressive, agitated and combative. Patient will be transferred to JCMC crisis; Patient seen by Dr(b)(6); (b)(7)(C) At 6:30am patient continues to be verbally abusive and attempting to bang his head.


**Have a Fabulous Day,**
***Ms.*** (b)(6); (b)(7)(C) ***R.N. M.S.N.***
**Acting Health Service Administrator**

**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phon**(b)(6); (b)(7)(C)
**Fax:**
e-ma



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(b)(6); (b)(7)(C)

**Commitment** (b)(6); (b)(7)(C) **SBI#:** **28 Years Old**

**DOB: 08/14/1989**

**Race: Hispanic Gender: Male LOC: I INF 112 08 Inmate Type: ICE HLCN: HCCC A#:**

***Returned 6/28/18 Currently in the Infirmary***

## General Note 6/28/2018 8:51pm

**Brief Subject**

Patient back from psych ER

Patient alert; anxious and able to make needs known; patient with history of schizophrenia; and on Haldol dec; Patient just came from ER Psych JCMC; referred to provider and mental health for disposition

HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION (HALOPERIDOL DECANOATE) 125 mg IM every 4 weeks

## Subjective

**Presenting or Current Problems:** Clinician met with pt for clearance from Psych ER JCMC. Pt at first was unable to effectively communicate in English. Clinician then retrieved a language line contact number. Pt started to speak and understand English once clinician asked if he would rather use language line. Pt denied hx of MH illness, MH medications, and psychiatric hospitalizations in the past. When asked why he was sent to JCMC, pt stated because someone sent me there because i was banging my head on the window. Clinician asked was he trying to hurt himself, pt stated yes. pt then denied currently suicidal/homicidal ideations. Pt denied current auditory and visual hallucinations. Pt appeared mildly intellectually impaired. Clinician placed pt on closewatch level 2 in the INF. Pt denied feelings of depression/anxiety. Pt stated that this was his first time going to JCMC psych ER and this is his first time incarcerated at HCCF. Clinician completed all necessary documentation.

## Objective:

**Appearance:** Groomed
**Motor Behavior:** Normal
**Speech:** Poverty of Speech
**Affect:** Constricted / Blunted / Flat
**Mood:** Normal
**Thought Content:** Unable to Assess
**Thought Process:** Circumstantial
**Sensorium:** Drowsiness
**Orientation:** Mildly Impaired
**Memory:** Normal
**Insight & Judgment:** Unable to Assess

## Medication and Lab Results (Psychiatry Only)

**Active Medications:**

BENZTROPINE MESYLATE 0.5 MG ORAL TABLET (BENZTROPINE MESYLATE) 1 tab by mouth QHS
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION (HALOPERIDOL DECANOATE) 150 mg IM every 4 weeks

Hx of schizophrenia (ICD-V11.0) (ICD10-Z86.59)

**From:** (b)(6); (b)(7)(C)
**Sent:** 28 Mar 2018 16:37:25 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: Ice Pt. Up-date
**Attachments:** Ice Patients update 3-28-18.docx

**Have a Fabulous Day,**

***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax: 2
e-mai

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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, March 28, 2018 8:58 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:RE: Ice Pt. Up-date

Thank you, I was also waiting on an update on these:

(b)(6); (b)(7)(C) t to ER for rec injury yesterday.
results of cardiology consult done.

(b)(6); (b)(7)(C) was being seen yesterday concerning reports of migraines and previous brain injury/surgery.

CDR (b)(6); (b)(7)(C), RN FMC NYC
Ofc: (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, March 28, 2018 8:44 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** Ice Pt. Up-date

**Have a Fabulous Day,**
***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**




Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax:
e-m

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# Ice Patient's Up-Date

1. (b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#:**
**29 Years Old DOB: 10/08/1988**
**Race: Hispanic Gender: Male LOC: H NOR 202 01 Inmate Type: ICE**
**HLCN: HCCC A#:**

Patient reports he has history of depression, schizophrenia and auditory hallucination. Patient also reports he has history of suicidal attempt June, 2017 by cutting his arms. Patient states he takes remeron 30mg at hs and risperidone 2mg daily. Patient is an ICE transfer from MDC, NY w/o transfer paperwork. Patient denies any suicidal ideation at this time. Case discussed with Dr. (b)(6); (b)(7)(C) psychiatrist on phone, gave a telephone order to admit patient on Mental Health Observation until mental health clearance for GP and also to order patient psychotropic medications which include remeron 30mg daily, risperidone 2mg po x 7 days.

**Standing BP:** 134 / 78
**Temperature:** 98.2 **Temperature site:** Temporal
**Pulse rate:** 76 **Pulse rhythm:** Regular
**Respirations:** 17 **Respiration Type:** Regular
**Pulse Ox%** 98 **Room Air:** Yes

## Medications

RISPERIDONE 2 MG ORAL TABLET (RISPERIDONE) Take 1 tablet orally daily
REMERON 30 MG ORAL TABLET (MIRTAZAPINE) Take 1 tablet orally at hs

2. (b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#: 39 Years Old**
**DOB: 04/26/1978**
**Race: Hispanic Gender: Male LOC: I INF 112 01 Inmate Type: ICE**
**HLCN: HCCC ) A#:**

## Practitioner Assessment & Plan

Assessment Comments: 39 yr old male with history of right 5th metatarsal fx, seen today in infirmary; right feet with + cap refill noted, pt denies any issues at this time, no swelling noted in foot. Scheduled for cast removal JCMC

# Ice Patient's Up-Date

**Standing BP:** 132 / 72
**Temperature:** 97.6 **Temperature site:** Temporal
**Pulse rate:** 78 **Pulse rhythm:** Regular
**Respirations:** 16 **Respiration Type:** Regular
**Pulse Ox%** 98 **Room Air:** Yes

**3.** (b)(6); (b)(7)(C) **Commitment#** (b)(6); (b)(7)(C) **BI#** (b)(6); (b)(7)(C) **36 Years Old DOB: 09/06/1981**
**Race: Black or African American Gender: Male LOC: I INF 112 09 Inmate Type: ICE HLCN: HCCC ) A#:** (b)(6); (b)(7)(C)

Vital Signs: BP 129/80, PR 100, RR 18, Temp 98.2F, O2 Sat 98%

Extremity: Wear a left boot with all toes warm to touched and with brisk capillary refill and sensation intact

A/P: S/P **Left 5th Metatarsal bone fracture**
Pt wants to be treated without surgery
Cast removed today-**3-27-2018**
Continue current medication and care
Encourage to elevate left foot daily or PRN
Return follow up in 3 weeks
See scanned ortho consult note

**4.** (b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#:** (b)(6); (b)(7)(C) **35 Years Old DOB: 09/22/1982**
**Race: White Gender: Male LOC: D 3E 311 02 Inmate Type: ICE HLCN: HCCC A#:** (b)(6); (b)(7)(C)

Date: **03/27/2018**
Time Code Called: 9:10pm. Responded to code white, patient found sitting on a chair, by the sally port, complaining of chest pain, mid-sternum area, and patient observed guarding his chest area, no SOB, no diaphoresis, no acute distress observed.

# Ice Patient's Up-Date

Pt seen today in the medical clinic for c/o epigastric pain that started today. Inmate reported he was on the phone anxious and started having epigastric pain. Inmate states the pain is subsiding. Maalox 30ml po stat given and inmate also referred to MH.

A/P:Epigastric pain
Maalox 30ml by mouth stat
Stat EKG - Wnl
Patient education:
Return to clinic as directed.
Seek medical attention if symptoms worsen.
Patient verbalized understanding.

**Mental Health--Subjective**

Presenting or Current Problems: The inmate was referred to mental health after being cleared by nursing and the language line was called for Greek interpretation. The inmate explained that he has been receiving ongoing advice from his attorney for which he admits that the attorney has indicated for him to remain patient and not get into elaborate conversations regarding the status of his case. The inmate explains that has had detailed conversations about his case with his wife for which he reports it was his decision to not follow the advice set forth by his attorney. The inmate explains that his wife keeps pressuring him to make a choice for which he reported here that he does not want to give any specific details. The inmate reports that the wife's pressuring causes him distress for which he admitted here he is choosing not to tell the attorney of the pressure his wife places on him. The inmate states that the staff at the facility asks him too many questions when he is feeling distressed and that he never requested the services, intervention and/or involvement of the mental health department. The inmate reports that the staff here at the facility often does not understand him for which he revealed here that it could be due to a language barrier. The inmate reports that he does not set, boundaries, parameters and/or limits with his wife regarding the depth of their discussions regarding his legal case even though he claims that it has been causing him stress. The inmate reported that he receives the attention from the officers, nursing and mental health by his prior verbiage of going on hunger strike or tonight when he grabbed his chest after a phone conversation with his wife. He states that he gets angry with the staff making assumptions, but he reported here that he chooses not to reveal the entire problem(s) that he is experiencing but he offered no specific examples of the staff's assumptions.

# Ice Patient's Up-Date

**Assessment**

**Impression:** The inmate was offered and declined supportive counseling. He states that at times he does not understand what is being asked. Inmate was informed that moving forward mental health would recommend using the language line for any referral to the department. The inmate denied that the chest pain was related to panic symptoms. Inmate denies having a current mental health crisis, emergency and/or deterioration. Inmate denies suicidal and/or homicidal ideation, intent or plan. Inmate denies having a death wish. Inmate denies preoccupation with death or dying. Inmate denies current feelings of guilt, shame or doubt. Inmate denies crying spells. Inmate denies social withdrawal. Inmate denies despair. Inmate denies panic symptoms. Inmate denies racing thoughts. Inmate denies feelings of hopelessness or helplessness. Inmate denies paranoid ideation or suspicion. Inmate denies hallucinations.
Stable

**Plan**

No Mental Health Intervention

**5.** (b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#:** (b)(6); **33 Years Old DOB: 02/02/1985**
**Race: Hispanic Gender: Male LOC: E 6N 01 40 Inmate Type: ICE HLCN: HCCC A#:** (b)(6); (b)(7)(C)

Date: 03/27/2018
Time Code Called: 4:25p
Describe: S/P Sports Injury Right shoulder dislocation
Describe Code: Responded to code white, patient found siiting next to round table AAOX3, patient complaining pain right shoulder, patient complaining of severe pain 10 of 10 on pain scale, patient states: "I was playing soccer and I fell and hit my right shoulder."
Inmate Condition: Oriented/Alert

Patient AAOX3, patient complaining of severe pain right shoulder, s/p from playing soccer, unable to do ROM, sling applied.
Ambulance called, for patient to transfer to JCMC-ER,

:

# Ice Patient's Up-Date

Patient return from JCMC s/p close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation Chief Complaint: Patient return from JCMC sp close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation

X-ray report from JCMC shows anteriorly dislocated shoulder with hill sachs deformity refer to OrthO

**Active Medications:** : ACETAMINOPHEN ER 650 MG ORAL TABLET EXTENDED RELEASE take 1 tablet PO BID, CTM 4 MG. 1 tab by mouth twice daily as needed x 5 days., MOTRIN 200 MG. 2 tabs by mouth twice daily as needed x 5 days..

6 (b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#** (b)(6); (b)(7)(C) **48 Years Old DOB: 12/10/1969**

**Race: Unspecified Gender: Male LOC: D 5W 605 01 Inmate Type: ICE HLCN: HCCC A#:** (b)(6); (b)(7)(C)

**Cardiology Consult**

48 year old African-American male returns from Cardiology consult. Nuclear Stress Test was positive. LVEF 32%-38%. Cardiology recommends follow-up Catheterization. Plavix 300mg ordered as 1 time STAT dose for today 3/27/18, then Plavix 75mg PO daily for 90 days starts tomorrow 3/28/18. CBC and CMP recommended as PT is on unknown dose of Lisinopril-recommending monitoring Potassium and Creatine. Other orders include Aspirin 81 mg PO daily x 90 days, Lipitor 80 mg PO daily at night X 90 days, and Coreg 6.25 PO BID x 90 days

**Pt return from St.Michael's Cardiology 3-27-2018 11:07AM--** B/P 158/89 P59 RR17 T96.7 Sp02 98%RA Alert verbally responsive ambulates with steady gait Denies NV Denies HA Pt sent with new scripts for Plavix 75mg Po Daily ,ASA 81 mg Po Daily Lipitor Po Daily 80mg Coreg 6.25 Mg BID

## Orders:Added

Added new Test order of CBC with Differential (0053-9) - Signed
Added new Test order of Chem 8: Ca++, Na+, K, CL-, CO2, Glucose, BUN, Cr (2555-1) - Signed
Added new Test order of Outside Specialty (providerclinic)

# Ice Patient's Up-Date

**7.** (b)(6); (b)(7)(C) **Commitment#** (b)(6); (b)(7)(C) **SBI#** (b)(6); (b)(7)(C) **36 Years Old DOB: 02/08/1982**

**Race: Hispanic Gender: Male LOC: C 1E 113 03 Inmate Type: ICE HLCN: HCCC A#:** (b)(6); (b)(7)(C)

**Brief Subject (20 Characters Max):** provider sick call

S: 36 yrs old Hispanic male seen today for complaints of chronic headache not relieved by current pain regimen. Inmate appears stable, in no acute distress. Communicated with inmate via a Spanish interpreter # 252386. Inmate reported that he had Hx of head trauma in 2015 and as a result was in coma for one month at Bay Shore hospital in NY. Inmate added that he was not having headache on the street but started having severe headache since incarceration -about 5 months now. States the headache starts from the occipital region of his head and radiates to the back of his right eye, forehead and parietal region of his head. Currently, inmate is on Excedrin twice daily as needed for headache but states it is not relieving his headache. Reported his pain scale is 10/10. No facial grimacing or any sign of pain observed during consultation. Mood, affect and vital signs are wnl.

Vitals: BP= 110 / 60 ,P= 63 ,RR= 16 ,T=98, 02 sat 99% r/a

## A/Headache

Continue current regimen - Excedrin extra strength 250-250-65mg by mouth twice daily prn

- Add Ibuprofen 600mg by mouth twice daily as needed with meal for breakthrough pain
- Referral to UH Neurology for evaluation
- trip / CX sheets completed
- Patient education:
- Take all prescribed medications.
- Return to clinic as directed.
- Seek medical attention if symptoms worsen.

Patient verbalized understanding.

**From:** (b)(6); (b)(7)(C)
**Sent:** 24 Feb 2018 23:46:10 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: JCMC-ER-Visit

Hi,

(b)(6); (b)(7)(C) returned 2/23/18 at 624pm. Diagnostics at hospital were within normal limits.

(b)(6); (b)(7)(C) still at hospital, will make further attempts for update on status.

(b)(6); (b)(7)(C) **RN, BSN, MBA/HA**
**Regional Director**
**CFG Healthsystems, LLC**
(b)(6); (b)(7)(C)
**771 East Route 70**
**Suite D100**
**Marlton, NJ 08053**
**P:** (b)(6); (b)(7)(C)
**Ce**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Saturday, February 24, 2018 11:45 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: JCMC-ER-Visit

Good day, do you have an update on these, did they return?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)
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**From** (b)(6); (b)(7)(C)
**Date:** Friday, Feb 23, 2018, 1:59 PM
(b)(6); (b)(7)(C)
**Subject:** JCMC-ER-Visit

**Hi the following patients below at JCMC-ER**

(b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#** (b)(6); (b)(7)(C) **21 Years Old DOB: 10/23/1996**
**Race: Hispanic Gender: Male LOC: E 3N 01 55 Inmate Type: ICE HLCN: HCCC A#:**
(b)(6); (b)(7)(C)

**Transferred to JCMC-ER C/O Chest Pain and he was bradycardia ----He was picked up at 12:53PM**

(b)(6); (b)(7)(C) **Commitment#** (b)(6); (b)(7)(C) **SBI#** (b)(6); (b)(7)(C) **55 Years Old DOB: 12/21/1962**
**Race: Black or African American Gender: Male LOC: D 5E 510 02 Inmate Type: ICE**
**HLCN: HCCC A#** (b)(6); (b)(7)(C)

**Waiting to be Transferred to JCMC-ER C/O------ Hemoptysis and Lower GI Bleed**

**Have a Fabulous Day,**
***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax:
e-ma

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**From:** (b)(6); (b)(7)(C)
**Sent:** 23 Jan 2018 16:29:49 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: JCMC-Patient in Hospital

**Attention do anyone included in this e-mail have the answer to this question.**

**QUESTION: He has been medicated and is quiet right now, but needs psych admission and JCMC is calling because they will not admit him as an ICE detainee-has Hudson located an alternative for psych admissions as mentioned in previous meeting?**

**Have a Fabolous Day,**

*Ms.* (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax: 2
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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, January 23, 2018 11:09 AM
**To** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: JCMC-Patient in Hospital

He has been medicated and is quiet right now, but needs psych admission and JCMC is calling because they will not admit him as an ICE detainee-has Hudson located an alternative for psych admissions as mentioned in previous meeting?

CDR (b)(6); (b)(7)(C) N FMC NYC
Ofc (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, January 23, 2018 9:07 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: JCMC-Patient in Hospital

Thanks, do you know if he has been medicated and if his mental status has improved or changed?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C)

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**From** (b)(6); (b)(7)(C)
**Sent:** Tuesday, January 23, 2018 9:07 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: JCMC-Patient in Hospital

**Hi good morning, JCMC was called at 8:45AM, per nurse (b)(6); (b)(7)(C) n Psyc. ER the patient is still under the ER and waiting to be seen by the psychiatrist.**

**Have a Fabolous Day,**

***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

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Hudson County Correctional Center
35 Hackensack Ave.
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Phon (b)(6); (b)(7)(C)
Fax:

e-mail:(b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, January 23, 2018 6:35 AM
**To** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: JCMC-Patient in Hospital

Good morning, please send an update when possible for this detainee.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C) >
**Date:** Monday, Jan 22, 2018, 4:17 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: JCMC-Patient in Hospital

Sure will

**Have a Fabolous Day,**
***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
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**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, January 22, 2018 4:09 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: JCMC-Patient in Hospital

Thanks for the update, NY case, please keep me informed with updates.

CDR(b)(6); (b)(7)(C)FMC NYC
Of(b)(6); (b)(7)(C)

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**From**(b)(6); (b)(7)(C)
**Date:** Monday, Jan 22, 2018, 4:07 PM
(b)(6); (b)(7)(C)
**Subject:** JCMC-Patient in Hospital

**Patient**(b)(6); (b)(7)(C)(6); (b)(7)(C)**was transferred to JCMC, at 3:35PM for the following reasons:**

**Disorganized/Decompensated Paranoid schizophrenia, refuse medications.**

**Resulting in significant self-neglect, smearing feces and disorganized behavior.**


Have a Fabolous Day,
*Ms* (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Sent:** 23 Jan 2018 16:17:10 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: return from Hospital

Cat-Scan and a Renal Scan---of the Kidneys –Recommended by the urologist secondary to an elevated PSA

**Have a Fabolous Day,**
***Ms*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**




Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax:
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**From:** (b)(6); (b)(7)(C)
**Sent:** Tuesday, January 23, 2018 8:39 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: return from Hospital

Thanks, what did he go out for, and what were the findings?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)
**Sent:** Monday, January 22, 2018 6:05 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** return from Hospital

(b)(6); (b)(7)(C) -PT. RETURNED BACKFROM UNIV. HOSP. RADIOLOGY,A&OX3 AMBULATORY BP 130/90 P 76 R 16 SPO2 97 T 98.2 WILL REFER TO PROVIDER PT. REQ. BOTTOM BUNK R/T PAIN R/T ABD. SX 2005.

**Have a Fabolous Day,**

***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

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**From:** (b)(6); (b)(7)(C)
**Sent:** 28 Aug 2017 12:54:06 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE(b)(6); (b)(7)(C)

I will thank you.

**Best Regards,**

(b)(6); (b)(7)(C) **M.D.**

**Medical Director**




Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho(b)(6); (b)(7)(C)
Fax:
e-m

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, August 25, 2017 4:32 PM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE(b)(6); (b)(7)(C)

Dr.(b)(6); (b)(7)(C)

Mr.(b)(6); s scheduled for removal next Friday, 9/1/2017. In the meantime, please let us know if his condition worsens.

Thank you,

(b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

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**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, August 24, 2017 9:30 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Good morning,

We did not receive any report ( ED note / Labs etc ) from JCMC. Will request them .

**Best Regards,**

(b)(6); (b)(7)(C) **M.D.**

**Medical Director**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax:
e-ma

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, August 24, 2017 9:25 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: (b)(6); (b)(7)(C)

Please send any lab work results you can get from the hospital as it may affect if you are able to clear him for flying due to the blood levels and flight clearances. They are trying to get him on a flight soon but if he cannot be cleared for flying it would not work.

CDI (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

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**From:** (b)(6); (b)(7)(C)

**Date:** Thursday, Aug 24, 2017, 7:25 AM
(b)(6); (b)(7)(C)

**Subject:** RE: (b)(6); (b)(7)(C)

Fyi returned at 2330 from ER, per nurse dx non-specific chest pain right rib, anemia, prescribed motrin and iron tabs.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 23, 2017 2:12 PM
(b)(6); (b)(7)(C)

**Subject:** RE: (b)(6); (b)(7)(C)

He is being sent to JCMC for extreme RUQ pain.

(b)(6); (b)(7)(C) **RN**
**Health Services Administrator**




**Hudson County Corrections & Rehabilitation Center**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 23, 2017 9:40 AM
(b)(6); (b)(7)(C)

**Subject:** (b)(6); (b)(7)(C)

The above detainee has been admitted to the medical unit for complaints of feeling weak. He has a history of liver Cirrhosis with GI bleed.

(b)(6); (b)(7)(C), **RN**
**Health Services Administrator**



**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phon**(b)(6); (b)(7)(C)
**Fax:**
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**From:** (b)(6); (b)(7)(C)
**Sent:** 23 Aug 2017 17:53:23 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE (b)(6); (b)(7)(C)
**Importance:** High

Good afternoon,

The above detainee is c/o excruciating RUQ pain. He was thoroughly examined this morning, with pending labs and other tests.

I am forced to transfer him to JCMC for further evaluation.

**Best Regards,**

(b)(6); (b)(7)(C) **M.D.**
**Medical Director**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax:
e-m

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 23, 2017 10:41 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Thanks, FYI I informed ICE to expedite this case, they are working on it to minimize his time in custody.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Date:** Wednesday, Aug 23, 2017, 10:29 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

OK we will send you the PE.

Spoke with (b)(6); (b)(7)(C) Rx, his last refills of Metoprolol and Protonix were 2 years ago.

**Best Regards,**


# Myriam Sterlin M.D.
## Medical Director

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax:
e-ma


---

**From** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 23, 2017 10:12 AM
**To** (b)(6); (b)(7)(C)
**Cc**
**Subject:** RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Yes, please his physical exam when complete so we can have an idea of how stable his condition is, he has not been in custody since 1999, so unfortunately we will not have any other records.


CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)



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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 23, 2017 9:50 AM

**To:** (b)(6); (b)(7)(C)
**Cc:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

What is a PE? Do you mean Physical exam?

We have the records you just sent. We need his medical records from a year ago, as well as his pharmacy records.

**Best Regards,**


(b)(6); (b)(7)(C) **M.D.**

**Medical Director**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax: 2
e-ma


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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 23, 2017 9:40 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** EXTERNAL:RE (b)(6); (b)(7)(C)

Attached are all the records I can find, let me know if you have any other findings, please send his PE to me when completed, thank you.


CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)



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**From:** (b)(6); (b)(7)(C)
**Sent:** Wednesday, August 23, 2017 9:26 AM
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject** (b)(6); (b)(7)(C)
**Importance:** High

Good morning,

The above detainee was admitted last night to HCC with a diagnosis of liver cirrhosis 2/2 to ETOH abuse, placed in the Medical unit ( infirmary) on observation around 3:00 AM.
Upon examining / questioning this morning he gave me the following info:

-Hx of upper GI bleed for which he was admitted at LIJ hospital. Said had upper endoscopy, does not know the result. States was seen on f/u by a GI specialist , does not remember the name either.

He also provided a pharmacy named (b)(6); (b)(7)(C) in Bellerose NY. Awaiting for them to open to verify if he has filled his meds.

He is also c/o RUQ pain, chronic.

He came with some loose pills purchased in India .

We have not received any significant medical records from ICE. He was cleared for incarceration by ICE.

**Best Regards,**

(b)(6); (b)(7)(C) **M.D.**
**Medical Director**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon(b)(6); (b)(7)(C)
Fax: 2
e-ma

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**From:** (b)(6); (b)(7)(C)
**Sent:** 11 Feb 2018 20:34:05 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:RE: (b)(6); (b)(7)(C)
**Attachments:** 2729_001.pdf

He returned was seen and evaluated by the NP and returned to the housing. I was informed that the nurse on night shift say him trying to self-induce vomiting. Attached is his hospital discharge documents.

(b)(6); (b)(7)(C) **RN**
**Health Services Administrator**




**Hudson County Corrections & Rehabilitation Center**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Sunday, February 11, 2018 3:25 PM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: (b)(6); (b)(7)(C)

Thanks, is he still at the ER?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)
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**From:** (b)(6); (b)(7)(C)
**Date:** Sunday, Feb 11, 2018, 5:19 AM
(b)(6); (b)(7)(C)

**Subject** (b)(6); (b)(7)(C)

The above mentioned detainee has been transferred to JCMC ER for vomiting and severe epigastric pain. vitals BP 151/98, HR 117, RR 21, Temp 97.0 O2 98%. His blood sugar was 60 glucagon 1mg IM was given and reassess increased to 115. Phenergan 25mg IM was given. Staff was unsuccessful with starting an IV.

(b)(6); (b)(7)(C) **RN, CCHP**
**Health Services Administrator**
**Hudson County Corrections & Rehabilitation Center**
**35 Hackensack Ave.**
**Kearny, NJ 07032**
**Phone** (b)(6); (b)(7)(C)
**Fax** (b)(6); (b)(7)(C)
**Cell**
**e-mail**

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RWJBarnabas HEALTH

**Jersey City Medical Center**
**Emergency Department**
355 Grand Street
Jersey City, New Jersey 07302

(b)(6); (b)(7)(C)

**Name:** (b)(6); (b)(7)(C)
**Current Date:** 02/11/18 10:56:49
**DOB:** 07/12/1977
**MRN** (b)(6); (b)(7)(C) **FIN** (b)(6); (b)(7)(C)
**Patient Address: Patient Phone:** (b)(6) HACKENSACK AVE KEARNY NJ 07032
**Patient Portal Information**
**Access Key:**

**E-Mail:**

**Reason For Visit:** Gastroparesis
**Emergency Care Providers**
**Primary Physician:** (b)(6); (b)(7)(C)

Primary Nurse:
(b)(6); (b)(7)(C)

---

## Discharge Instructions:

**Barnabas Health Patient Portal:** If you have agreed to join the Barnabas Health Patient Portal, you will receive an email with instructions of how to begin. You will need the Patient Portal Access Key and access to the E-Mail address located at the top of this page to join. If the above E-Mail address is incorrect, please contact the facility's HIM/Medical Records Department to correct and resend the invitation.

**Thank you for choosing Jersey City Medical Center for your Emergency experience. It was our pleasure to have had the opportunity to care for you.**

**As part of your healthcare team, we are committed to providing you and your family with the best possible quality of care. In the near future you may receive a survey that allows you to evaluate your experience. We would sincerely appreciate that you fill out the survey and return it within the next 2 weeks.**

**It is very important to us that your experience at Jersey City Medical Center was EXCELLENT. If for any reason your care and concerns were not handled with excellence, please contact us at your convenience at** (b)(6); (b)(7)(C) **and leave your name, contact number and date of visit so we may have the opportunity to review your care and return your call.**

**Thank you so much,**
**The Staff of the Emergency Department**
**Jersey City Medical Center**

(b)(6); (b)(7)(C)

---

**Important: We examined and treated you today on an emergency basis only. This was not substitute for,**

**or an effort to provide complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems and please make sure your doctor gets the results of any tests done today. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or XRAY's, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.**

**You may have been seen by a Physician Assistant or Nurse Practitioner while visiting the Emergency Department. The Physician Assistants and Nurse Practitioners work under the direct supervision of the Emergency Department Physician.**

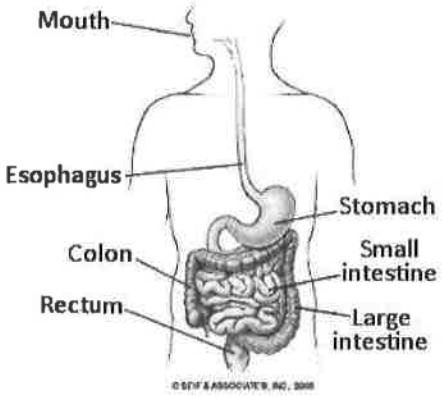
**After leaving the Emergency Department, follow the instructions below.**

## Patient Education Materials

**The following Patient Education Materials have been given to the patient:**
Nutrition

# Gastroparesis

Gastroparesis, also called delayed gastric emptying, is a condition in which food takes longer than normal to empty from the stomach. The condition is usually long-lasting (*chronic*).




## CAUSES

This condition may be caused by:

- An endocrine disorder, such as hypothyroidism or diabetes. Diabetes is the most common cause of this condition.
- A nervous system disease, such as Parkinson disease or multiple sclerosis.
- Cancer, infection, or surgery of the stomach or vagus nerve.
- A connective tissue disorder, such as scleroderma.
- Certain medicines.

In most cases, the cause is not known.

## RISK FACTORS

This condition is more likely to develop in:

- People with certain disorders, including endocrine disorders, eating disorders, amyloidosis, and scleroderma.
- People with certain diseases, including Parkinson disease or multiple sclerosis.
- People with cancer or infection of the stomach or vagus nerve.
- People who have had surgery on the stomach or vagus nerve.
- People who take certain medicines.
- Women.

## SYMPTOMS

Symptoms of this condition include:

- An early feeling of fullness when eating.
- Nausea.

- Weight loss.
- Vomiting.
- Heartburn.
- Abdominal bloating.
- Inconsistent blood glucose levels.
- Lack of appetite.
- Acid from the stomach coming up into the esophagus (*gastroesophageal reflux*).
- Spasms of the stomach.

Symptoms may come and go.

## DIAGNOSIS

This condition is diagnosed with tests, such as:

- Tests that check how long it takes food to move through the stomach and intestines. These tests include:
  - Upper gastrointestinal (GI) series. In this test, X-rays of the intestines are taken after you drink a liquid. The liquid makes the intestines show up better on the X-rays.
  - Gastric emptying scintigraphy. In this test, scans are taken after you eat food that contains a small amount of radioactive material.
  - Wireless capsule GI monitoring system. This test involves swallowing a capsule that records information about movement through the stomach.
- Gastric manometry. This test measures electrical and muscular activity in the stomach. It is done with a thin tube that is passed down the throat and into the stomach.
- Endoscopy. This test checks for abnormalities in the lining of the stomach. It is done with a long, thin tube that is passed down the throat and into the stomach.
- An ultrasound. This test can help rule out gallbladder disease or pancreatitis as a cause of your symptoms. It uses sound waves to take pictures of the inside of your body.

## TREATMENT

There is no cure for gastroparesis. This condition may be managed with:

- Treatment of the underlying condition causing the gastroparesis.
- Lifestyle changes, including exercise and dietary changes. Dietary changes can include:
  - Changes in what and when you eat.
  - Eating smaller meals more often.
  - Eating low-fat foods.
  - Eating low-fiber forms of high-fiber foods, such as cooked vegetables instead of raw vegetables.
  - Having liquid foods in place of solid foods. Liquid foods are easier to digest.
- Medicines. These may be given to control nausea and vomiting and to stimulate stomach muscles.
- Getting food through a feeding tube. This may be done in severe cases.
- A gastric neurostimulator. This is a device that is inserted into the body with surgery. It helps improve stomach emptying and control nausea and vomiting.

## HOME CARE INSTRUCTIONS

- Follow your health care provider's instructions about exercise and diet.

- Take medicines only as directed by your health care provider.

## SEEK MEDICAL CARE IF:

- Your symptoms do not improve with treatment.
- You have new symptoms.

## SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe abdominal pain that does not improve with treatment.
- You have nausea that does not go away.
- You cannot keep fluids down.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 05/03/2016 Document Reviewed: 12/14/2015
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

## Follow Up:

| With: | Address: | When: |
|---|---|---|
| Follow up with primary care provider | | In 2 days<br>02/13/2018 |

Please share all medications including over the counter, vitamins and herbal preparations that you are taking with all of your health care providers.
Before changing any of your previous medications, please discuss these changes with your primary physician.

## Medications to take home:

**Continue Taking These Medications with No Changes**

**Other:**

**insulin regular** 10 Unit SubCUTaneous 2 times a day.

**lisinopril** Oral Daily.

**metoclopramide (Reglan)**

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most importantly, see a doctor again, as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor you may return to the Emergency Department. We may have provided you with a referral for one of our on call physicians who can provide the non-emergent follow up care needed for your specific medical problem. Please note that this physician may not be a participating provider in your health plan. Before making an appointment, we suggest that you first contact your health insurance plan or primary care physician to clarify this status. If our on call physician is not a participating provider in your health plan, your health insurance company or primary care physician may prefer that you are seen by another physician whose services would be covered by your insurance. Although our on call physician is willing to see you for a follow up visit, you may have responsibility for the bill if he/she is a non-participating physician in your plan.

As always, our Emergency Department remains available to you should your condition change and warrant further evaluation.

The RWJBarnabas Health Link: In the event that you need assistance finding a doctor to meet your needs, or a doctor that accepts your insurance plan, the RWJBarnabas Health Link program can help you. We invite you to call the toll free number a(b)(6); (b)(7)(C) available to you 7 days a week, 24 hours a day, with bilingual personnel available. The service can assist you with referrals or making appointments to specialists, general practitioners or surgeons. The service can also provide easy registration information for health care education programs, support groups and screenings.

We hope you find this guidance helpful and we thank you for choosing Jersey City Medical Center for your health care needs.

If you need to obtain copies of your x-rays please call 201-915-2151. They will need 24 hours' notice to print your films. There may be a fee for the films.

If you need to obtain your Lab results, you may go to the main lab, on the ground floor. You will be asked to sign a release and receive a copy of any lab work done. The lab is open Monday through Saturday 7am to 9pm.

Smoking/Tobacco/Second Hand Smoke:
Be aware that smoking, use of tobacco, and exposure to second hand smoke may cause the following: Lung Disease, Lung Cancer, and/or Heart Disease. Exposure to smoke may also cause irritation of the lungs, leading to coughing, excessive phlegm, and chest discomfort and chest pains, which may affect the heart.

Second Hand Smoke also affects children.
Children who breathe second hand smoke are more likely to suffer from pneumonia, bronchitis, SIDS, asthma, and other lung diseases. They may also have more ear infections.

For further information on tobacco dependency programs contact:
Tobacco Dependency Treatment Program – (b)(6); (b)(7)(C)
Quit Line: (b)(6); (b)(7)(C)

For more information on Advance Directives please contact the New Jersey Department of Health.
http://nj.gov/health/advancedirective/

Seatbelts:
There is no doubt that seatbelts save lives. Everyday people not wearing seatbelts are more severely hurt in crashes. Buckle up to reduce your changes of severe injury.

## Tests and/or Procedures

SUMMARY OF ADDITIONAL EMERGENCY ROOM VISIT TEST AND/OR PROCEDURES PERFORMED
During your visit to the Emergency Department, the following tests and/or procedures were performed. Some of these tests results may need to be followed up by your physician. Please bring this to your next physician visit.
No Major Procedures

### Laboratory Orders

| Name | Status | Details |
|---|---|---|
| Auto Diff | Completed | Blood, Collected, 02/11/18 3:32:00 EST, Stat, ST - Stat, Nurse collect, 02/11/18 3:32:00 EST, 13073079, 88667569.000000, OE_DEFAULT_FROM_FORM, Print Label By Order Location |
| CBC w/ Auto Diff | Completed | Blood, 02/11/18 3:29:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location |
| CMP | Completed | Blood, 02/11/18 3:29:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location |
| Glucose Blood Monitoring | Completed | Blood, Collected, 02/11/18 3:31:05 EST, RT, RT - Routine, 02/11/18 3:31:05 US/Eastern |
| Lipase Lvl | Completed | Blood, 02/11/18 3:30:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location |

### Radiology Orders

| Name | Status | Details |
|---|---|---|
| CT ABD PEL IV Only | Completed | Stat, Pain, Abdomen, 02/11/18 6:16:00 EST, Standard Precautions |
| Portable Abdomen 1 View | Completed | Stat, Abdominal Pain, FLAT AND UPRIGHT, 02/11/18 6:24:00 EST, Rad Type, Standard Precautions |
| Portable CXR 1 View | Completed | Stat, Pain, Abdomen, 02/11/18 6:24:00 EST, Rad Type, Standard Precautions |

### Cardiology Orders

No cardiology orders were placed.

Diabetes
Gastroparesis
FH: HTN (hypertension)

**Laboratory or Other Results This Visit** (last charted value for your 02/11/2018 visit)

**Chemistry**

02/11/2018 3:32 AM

**Creatinine:** 1.30 mg/dL -- Normal range between ( 0.70 and 1.30 )
**AST:** 28 Int_Unit/L -- Normal range between ( 15 and 46 )
**Total Protein:** 7.5 g/dL -- Normal range between ( 6.3 and 8.2 )
**AGAP:** 15
**Sodium:** 141 mmol/L -- Normal range between ( 137 and 145 )
**CO2:** 28 mmol/L -- Normal range between ( 19 and 30 )
**BUN:** 19.0 mg/dL -- Normal range between ( 7.0 and 21.0 )
**Calcium:** 9.5 mg/dL -- Normal range between ( 8.4 and 11.0 )
**Albumin:** 4.1 g/dL -- Normal range between ( 3.5 and 5.0 )
**Alk Phos:** 97.0 Int_Unit/L -- Normal range between ( 45.8 and 113.0 )
**ALT:** 31 Int_Unit/L -- Normal range between ( 13 and 69 )
**Potassium:** 4.2 mmol/L -- Normal range between ( 3.5 and 5.1 )
**Chloride:** 98 mmol/L -- Normal range between ( 98 and 110 )
**eGFR:** >60 mL/min/1.73m2
**Lipase Lev:** 16 Int_Unit/L -- Normal range between ( 23 and 300 )
**Bili Total:** 0.6 mg/dL -- Normal range between ( 0.2 and 1.0 )
**Glucose:** 209 mg/dL -- Normal range between ( 74 and 106 )

02/11/2018 3:31 AM

**Gluc BGM:** 245 mg/dL -- Normal range between ( 74 and 106 )
**POC BG Comment:** Notified DR/RN
**POC Operator:** Larry Manaois

**Hematology**

02/11/2018 3:32 AM

**WBC:** 8.4 K/UL -- Normal range between ( 4.5 and 11.0 )
**RBC:** 4.63 m/UL -- Normal range between ( 4.70 and 6.10 )
**Platelet:** 165 K/UL -- Normal range between ( 130 and 400 )
**MCV:** 75.9 fL -- Normal range between ( 80.0 and 100.0 )
**MCH:** 25.0 pg -- Normal range between ( 27.0 and 31.0 )
**MCHC:** 32.9 g/dL -- Normal range between ( 33.0 and 37.0 )
**RDW:** 16.0 % -- Normal range between ( 11.5 and 14.5 )
**MPV:** 10 fL
**Hgb:** 11.6 g/dL -- Normal range between ( 12.0 and 16.0 )
**Hct:** 35.2 % -- Normal range between ( 42.0 and 52.0 )
**Mono Abs Auto:** 0.5 x10^3/mcL -- Normal range between ( 0.1 and 0.6 )
**Baso Auto:** 0 % -- Normal range between ( 0 and 2 )
**Baso Abs Auto:** 0.0 K/UL -- Normal range between ( 0.0 and 0.2 )
**Lymph Abs Auto:** 0.6 K/UL -- Normal range between ( 1.3 and 4.5 )
**Neutro Abs Auto:** 7.2 K/UL -- Normal range between ( 1.9 and 9.2 )
**Lymph Auto:** 7 % -- Normal range between ( 20 and 44 )
**Eos Abs Auto:** 0.0 K/UL -- Normal range between ( 0.0 and 0.6 )

# Jersey City Medical Center
# Emergency Department
# Clinical Summary

355 Grand Street
**Jersey City, New Jersey 07302**

## PERSON INFORMATION

**Name** (b)(6); (b)(7)(C)
**Sex** Male
**Marital Status** Single
**Race** Other Races
**MRN** (b)(6); (b)(7)(C)
**Visit Reason** Vomiting; Abdominal pain; ABDOMINAL PAIN, VOMITING
**Enc Type** Emergency
**Track Group** JCMC ED Tracking Group
**Tracking Id** (b)(6);
**Checkin** 2/11/2018 3:11 AM
**Arrival** 2/11/2018 3:11 AM
**Height** 170 cm
**Blood Pressure** 131 mmHg/84 mmHg

**Age** 40 Years
**Language** English
**Phone**
**Ethnicity** Non-Hispanic
**Visit Id**
**Specialty** D/C
**Med Service** Medical
**Discharge**
**Checkout** 2/11/2018 10:54 AM
**Acuity** 3-Urgent
**Weight** 75 kg

**DOB** 7/12/1977 12:00 AM
**PCP**
**Acct#** (b)(6); (b)(7)(C)
**Referred by**
**Dispo Type** Home
**LOS** 000 07:43
**BMI** 25.95 kg/m2

**Address:**
35 HACKENSACK AVE KEARNY NJ 07032

## Cognitive and Functional Status

None

## DEPART REASON INCOMPLETE INFORMATION

Follow up:

| With: | Address: | When: |
|---|---|---|
| Follow up with primary care provider | | In 2 days<br>02/13/2018 |

## Allergies

No Known Medication Allergies

## Problems

**Active**

Pancreatitis

**Neutro Auto:** 86 % -- Normal range between ( 42 and 75 )
**Mono Auto:** 6 % -- Normal range between ( 0 and 12 )
**Eos Auto:** 0 % -- Normal range between ( 0 and 5 )
**Automated Differential:** Automated Differential

**Computed Tomography**
02/11/2018 9:30 AM
**CT ABD PEL IV Only:** CT ABD PEL IV Only

**General Dx**
02/11/2018 7:05 AM
**Portable Abdomen 1 View:** Portable Abdomen 1 View
02/11/2018 6:55 AM
**Chest Xray Portable:** Chest Xray Portable

**Smoking Status:**

Unknown if ever smoked

**Procedures**
No Procedures Documented

**Immunizations**
No Immunizations Documented This Visit

Medications:

**Other:**

**insulin regular** 10 Unit SubCUTaneous 2 times a day.

**lisinopril** Oral Daily.

**metoclopramide (Reglan)**

**PHYS DOC NOTES**

**Current Addendums**

(b)(6); (b)(7)(C)

1/18

**Instructions Given to Patient at Discharge:**

Education:
Gastroparesis

Medication Leaflets:

State of New Jersey

# PRESCRIPTION BLANK

**JERSEY CITY MEDICAL CENTER**
**DEPARTMENT OF EMERGENCY MEDICINE**
355 GRAND STREET
JERSEY CITY, NJ 07302
TELEPHONE: 201-915-2200

FACILITY PROVIDER # (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

PRINT: _____ AND, IF APPLICABLE (b)(6); (b)(7)(C)

LICENSE # (b)(6); (b)(7)(C) NPI # _____

CHECK IF: ☐ APN ☐ CNM ☐ PA

LICENSE / CERTIFICATE / Rx AUTHORIZATION # _____

DEA # PRESCRIBER: (b)(6); (b)(7)(C)

COLLABORATIVE PHYS: _____

(b)(6); (b)(7)(C)

PATIENT (b)(6) HACKENSACK AVE D.O.B. 07/12/1977

KEARNY, NJ 07032

ADDRESS _____ DATE 02/11/2018

Rx

IF ISSUED BY AN OPTOMETRIST, NOT VALID FOR SCHEDULE II CONTROLLED DANGEROUS SUBSTANCES, EXCEPT FOR HYDROCODONE-CONTAINING PRODUCTS

**ail Note**
See Instructions
Disp/Supply: **<1 (one) Each>**
Instructions: **Pt is medically cleared for incarceration**

TP-J050817005258

X

SUBSTITUTION PERMISSIBLE _____ UTE _____

X

DO NOT REFILL _____

REFILL _____ TIMES

SIGNATURE (b)(6); (b)(7)(C)

Use a separate form for ea ion

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**From:** (b)(6); (b)(7)(C)
**Sent:** 15 Feb 2018 13:38:54 +0000
**To:** (b)(6); (b)(7)(C)
**Cc:**
**Subject:** RE: EXTERNAL:RE: Transfered to hospital

The patient returned yesterday, at 5:00pm, X-Ray taken no fracture

**Have a Fabulous Day,**
***Ms*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phon (b)(6); (b)(7)(C)
Fax:
e-ma

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---

**From:** (b)(6); (b)(7)(C)
**Sent:** Thursday, February 15, 2018 6:42 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:RE: Transfered to hospital

Good morning, what was the outcome of this?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)
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Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid 'need-to-know' without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

**From:** (b)(6); (b)(7)(C)
**Date:** Wednesday, Feb 14, 2018, 1:06 PM
(b)(6); (b)(7)(C)
**Subject:** Transfered to hospital

(b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: HINA 48 Years Old DOB: 03/31/1969
Race: Unspecified Gender: Female LOC: I INF 112 10
Inmate Type: ICE HLCN: HCCC A#: (b)(6); (b)(7)(C) was transferred to JCMC at 10:30Am.
Right Elbow Swollen R-hand sling in place.

**Have a Fabulous Day,**
***Ms.*** (b)(6); (b)(7)(C) **R.N. M.S.N.**
**Director of Nursing**

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax:
e-m

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**From:** (b)(6); (b)(7)(C)
**Sent:** 14 Jul 2017 13:38:39 +0000
**To:** (b)(6); (b)(7)(C)
**Subject:** RE: EXTERNAL:review(b)(6); (b)(7)(C)
**Attachments:** (b)(6); (b)(7)(C)_6.12.17_001.pdf

See attached hospital chart.

(b)(6); (b)(7)(C) **RN**
**Health Services Administrator**

**Hudson County Corrections & Rehibalitation Center**

---

**From:** (b)(6); (b)(7)(C)
**Sent:** Friday, July 14, 2017 8:31 AM
**To:** (b)(6); (b)(7)(C)
**Subject:** EXTERNAL:review(b)(6); (b)(7)(C)

The reviewer would like to see the full hospital records as well, have you already obtained this?

(b)(6); (b)(7)(C)
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. rm (b)(6);
New York, NY, 10014
(b)(6); (b)(7)(C)

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35 Hackensack ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

CFG HEALTH NETWORK

CFG HEALTH SYSTEMS, LLC

# Fax

INVESTING UNIT

**To:** MEDICAL EXAMINER **From:** (b)(6); (b)(7)(C) MRA)

**Fax:** (b)(6); (b)(7)(C) **Pages:**

**Phone:** **Date:** 6-12-17

**Re** (b)(6); (b)(7)(C) **cc:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

HOSPITAL INFO ON (b)(6); (b)(7)(C)
SENDING IN 2 PACKS.

2ND PACK

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**********
*** FAX TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| JOB NO. | (b)(6); (b)(7)(C) |
| DESTINATION ADDRESS | |
| SUBADDRESS | |
| DESTINATION ID | |
| ST. TIME | 06/12 13:35 |
| TX/RX TIME | 05'56 |
| PGS. | 23 |
| RESULT | OK |

CFG HEALTH SYSTEMS, LLC

CFG HEALTH NETWORK

(b)(6);
(b)(7)(C)

Fax

To: INVESTING UNIT (b)(6); (b)(7)(C)
Fax
Phone
Re:
Urgent

From: MEDICAL EXAMINER (MRA) (b)(6); (b)(7)(C)
Pages:
Date: 6-12-17
cc:
Please Comment Please Reply Please Recycle

(b)(6);
(b)(7)(C)

Comments:
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*** FAX TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| JOB NO. | (b)(6); (b)(7)(C) |
| DESTINATION ADDRESS | |
| SUBADDRESS | |
| DESTINATION ID | |
| ST. TIME | 06/12 13:43 |
| TX/RX TIME | 07' 58 |
| PGS. | 25 |
| RESULT | OK |

CFG HEALTH SYSTEMS, LLC

CFG HEALTH NETWORK

(b)(6)
(b)(6);
(b)(7)(C)

35 Hackensack Ave
Kearny, NJ 07032

# Fax

To: INVESTING UNIT MEDICAL EXAMINER From: (b)(6); (b)(7)(C) (MRA)

Fax: (b)(6); (b)(7)(C) Pages:

Phone: Date: 6-12-17

Re: cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

(b)(6);
(b)(7)(C)

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(b)(6); (b)(7)(C)

(46)

35 Hackensack ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)

CFG HEALTH NETWORK

CFG HEALTH SYSTEMS, LLC

# Fax

To: MEDICAL RECORDS From: (b)(6); (b)(7)(C) (MRA)

Fax: (b)(6); (b)(7)(C) Pages:

Phone: Date: 6-12-17

Re: cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

CAN YOU PLEASE EXPEDITE THESE RECORDS. I WOULD REALLY APPRECIATE IT. THANKING YOU IN ADVANCE.

(b)(6); (b)(7)(C)

MEDICAL RECORDS ADMINISTRATER

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Rec Records 6-12-17

# CFG HEALTH SYSTEMS, LLC
## RELEASE OF INFORMATION AUTHORIZATION

(b)(6); (b)(7)(C)

313619 / 10-24-70
Inmate ID Number/Date of Birth

JCMC
Facility Releasing Information

6-12-17
Date

I hereby give my consent to CFG Health Systems, LLC and the above named facility to release the following information from my medical records to the facility/provider listed below:

( ) Records related to treatment of 2017 from

_____ to _____.

(√) Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.

(√) Admission Reports (√) Discharge Reports (√) Operative Summary Reports

(√) X-Ray reports (√) Special Studies Reports (√) Laboratory Reports

(√) Immunization History (√) Mental Health Records (√) Psychiatric Summary Report

(√) Drug Treatment History and Counseling

( ) Other Records _____

**CFG HEALTH SYSTEMS, LLC AT HUDSON COUNTY CORRECTIONAL CENTER**
**35 HACKENSACK AVE, KEARNY, NJ 07032 (201) 395-5600 x5130 FAX (201) 395-5618**

Facility/Provider to Receive Information

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure of this information without the prior written consent of the person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of _____ from today's date unless withdrawn in writing by me.

I sign this willingly and I release CFG Health Systems, LLC and the facility from any liability which may result from such release of information.

(b)(6); (b)(7)(C)

Inmate Signature

6-12-17
Date

(b)(6); (b)(7)(C)

Witness

Witness

CFGHS REV. 12/2012

**Jersey City Medical Center**
Barnabas Health

JERSEY CITY MEDICAL CENTER 355 GRAND STREET JERSEY CITY NJ 07302

# EMERGENCY SERVICE RECORD

**PATIENT**

| ACCOUNT NUMBER | PATIENT TYPE | MEDICAL RECORD / UNIT | DISCHARGE DATE |
|---|---|---|---|
| (b)(6); (b)(7)(C) | (b)(6); (b)(7)(C) QUICK REGISTRATION EMERGENCY | (b)(6); | |

| SEX | MS | RACE/ETHNIC | AGE | DATE OF BIRTH | RELIGION | ORG DONOR |
|---|---|---|---|---|---|---|
| M | K | 1 | 46Y | 10/24/1970 | | |

| EXPECTED ADMIT DATE | REGISTRATION DATE | DATE OF SERVICE / TIME |
|---|---|---|
| 06/08/17 | 06/08/17 | 06/08/17 06:50 |

(b)(6); (b)(7)(C)
MR#: 0001950743 FC: Z
ADM 06/08/17 10/24/1970 46Y M
DR EMERGENCY, PHYSICIAN
ACCT# (b)(6); (b)(7)(C)

PATIENT NAME AND ADDRESS
(b)(6); (b)(7)(C)
30-35 HACKENSACK AVE
KEARNY, NJ 07032
PHONE (b)(6); (b)(7)(C)
CELL PHONE
EMAIL
ADVANCED DIRECTIVE
DATE:
FALLS:
FLU VX:
PNE VX:

ROOM / BED

| ARRIVAL MODE | HOSP SERV | PATIENT REP |
|---|---|---|
| | MED | PBRE |
| ACCIDENT RELATED | ACCIDENT TYPE | ACCIDENT DATE & TIME |
| NO | | |
| INF CONTROL ONLY | SOURCE/TYPE | PREV. ADM DATE & SERVICE |
| | | |

PATIENT EMPLOYER NAME AND ADDRESS
OCCUPATION PHONE

NEXT OF KIN (LEGAL REP) RELATIONSHIP TO PATIENT/ADDRESS
,
PHONE CELL RELATIONSHIP

**GUAR**

GUARANTOR NAME & ADDRESS CELL
(b)(6); (b)(7)(C)
30-35 HACKENSACK AVE
KEARNY, NJ 07032
PHONE (b)(6);
RELATIONSHIP
SELF
SS#

GUARANTOR EMPLOYER NAME & ADDRESS OCCUPATION
WK PHONE/EXT

**INSURANCE 1**

CARRIER
ADDRESS
Case/Grp:
Case#/Grp#:
INSURED NAME
Pol:
COMMENTS
APPROVAL #
FROM THRU

**INS 2**

CARRIER
ADDRESS
Case/Grp:
Case#/Grp#:
INSURED NAME
Pol:
APPROVAL # FROM THRU

| | |
|---|---|
| ATTENDING PHYSICIAN | 9999 EMERGENCY, PHYSICIAN |
| ADMITTING PHYSICIAN | 9999 EMERGENCY, PHYSICIAN |
| REFERRING PHYSICIAN | |
| PRIMARY CARE PHYSICIAN | |
| E.D. PHYSICIAN | |
| CONSULTANT PHYSICIAN | |

M.D. Exam Time:
EMERGENCY, PHYSICIAN

CHIEF COMPLAINT

| TEST | INTERPRETATION (XRAY – EKG – ABG PULSE O X) |
|---|---|
| | |
| | |

| | | |
|---|---|---|
| DIAGNOSIS 1 | CODE | E CODE |
| DIAGNOSIS 2 | CODE | Z CODE |

DISPOSITION TIME: ADMIT TO: CRITICAL CARE ☐ GEN MED/SURG/PEDS ☐ UNIT TIME TO I/P U: ADM. RESIDENT
DATE:

ELOPEMENT ☐ TREAT/RELEASE ☐ AMA ☐ LEFT W/O BEING SEEN ☐ LEFT DEPT @
EXPIRED DATE: TIME: INTERNAL TRANSFER ☐ TO
EXTERNAL TRANSFER TO REASON ACCEPTING MD RECORD SENT
TREATMENT AREA: TRAUMA ☐ ACUTE ☐ SUBACUTE ☐ PEDS ☐ FAST TRACK ☐
CONDITION GOOD, SELF CARE ☐ IMPROVED MOD/SUP/CARE ☐ STABLE MOD/SUP/CARE ☐ STABLE CONSTANT SUP/CARE ☐ STABLE HRF ☐

| CONSULTATION: | SERVICE | MD NAME | Time Called | Tel Resp Time | In Person Resp Time | Compliance Reviewer Init | I / C | Ward Clerk Init |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| PRINT NAME (RN / NP / PA) | INIT | SIGNATURE | PRINT NAME (RN) | INIT | SIGNATURE |
|---|---|---|---|---|---|
| | | | | | |

| PRINT NAME (MD | LHS MD # | INIT | SIGNATURE |
|---|---|---|---|
| | | | |

1 4 0 0 F S

JERSEY CITY MEDICAL CENTER EMERGENCY DEPARTMENT

== ED PHYSICIAN DOCUMENTATION == Page: 1

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

Diagnosis 1: GI BLEED
Diagnosis 2: MELENA
Condition on discharge: CRITICAL
Discharge Disposition: AMICU

== ED PHYSICIAN DOCUMENTATION ==

Diagnosis 2: MELENA

Condition on discharge: CRITICAL

TX:==========
TRIAGE NOTES:
Blood in stool since last night with abdominal distention, Clots noted as reported. Blood is dark in color. Denies abd pain. C/O dizziness and headache.
Allergies (Reaction): NONE
Latex/Rubber: NO, Allergy bracelet applied: No

CURRENT MEDICATIONS:antibiotic
VITAL SIGNS:Temp: 97.5 F Oral, Pulse: 103 Resp: 18 Weight: 81.65 Kg-Stated, BP: 65/29, Pulse ox: 100%
==========(TX) End
HISTORY OF PRESENT ILLNESS: (b)(6); (b)(7)(C) is a 46 -year-old Male who reports onset of rectal bleeding since overnight, with dull lower mild abdominal pain. Patient also reports that he now feels weak. Patient noted to be hypotensive in triage vital signs and required my immediate medical attention. Otherwise: (-) syncope, (-) chest pain, (-) NSAIDs, (-) anticoagulant use, (-) trauma, (-) vomiting. Has history of GI bleeding requiring transfusion.

PMD: None, .

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (-) chest pain. GI: (-) prior abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) prior generalized weakness. Neurological: (-) localized weakness. Psychiatric: (-) emotional stress.

PAST MEDICAL HISTORY: (-) PUD, (-) cirrhosis, (-) HTN, (-) asthma, (-) COPD, (-) heart disease (+) Anemia; (+) GI bleed, (+) Non-Insulin Dependent Diabetes Mellitus
FAMILY HISTORY: (-) known inherited disease
SOCIAL HISTORY: (+) currently being detained by ICE
MEDICATIONS: Per nurse's note, reviewed by me antibiotic, oral meds for DM
ALLERGIES: Per nurse's note, reviewed by me NKDA

PHYSICAL EXAMINATION:
GENERALIZED APPEARANCE: Patient is alert and awake.
VITAL SIGNS: Per nurse's note, reviewed by me Temp: 97.5 F Oral, Pulse: 103 Resp: 18 Weight: 81.65 Kg-Stated, BP: 65/29, Pulse ox: 100%
SKIN: Warm, dry; Pale (-) cyanosis, (-) petechiae.
EYES: (+) conjunctival pallor, (-) scleral icterus.
ENMT: Mucous membranes moist.
NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy.
CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.
HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.
ABDOMEN AND GI: Soft; (-) distention, (+) mild left lower abdominal tenderness, (-) rebound, (-) guarding, (-) palpable masses.
RECTAL: (+) melena
EXTREMITIES: (-) deformity, (-) edema, (+) distal pulses 2+ symmetric.
NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact. Moving all extremities.

---

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient

== ED PHYSICIAN DOCUMENTATION == Page: 3

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

encounter. Final results, when completed, will be found in the patient's permanent hospital medical chart.

DIAGNOSTICS:

APTT *Date Back: 6/8/2017 8:05:00 AM

| Test | Result | Flag | Unit | Ref.Range |
|---|---|---|---|---|
| Status | | | | |
| PART THROMBOPLASTIN F | 58.6 | H | sec | 26.1-36.3 |

THERAPEUTIC RANGE
73 - 114 sec (corresponding to 0.3-0.7 heparin Anti-Xa Units)
52 - 73 sec (corresponding to 0.1 - 0.3 heparin Anti-Xa Units)
REFERENCE RANGE REVISED

CBC *Date Back: 6/8/2017 7:58:00 AM

| Test | Result | Flag | Unit | Ref.Range |
|---|---|---|---|---|
| Status | | | | |
| WBC F | 9.5 | | K/UL | 4.5-11.0 |
| WBC F | 9.5 | | K/UL | 4.5-11.0 |
| RBC F | 1.34 | L | M/UL | 4.70-6.10 |

== ED PHYSICIAN DOCUMENTATION == Page: 4

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

| | | | | |
|---|---|---|---|---|
| HGB | 4.0 | LL | GM/DL | 14.0-18.0 |
| C | | | | |
| CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn | | | | |
| BY:hg ON: 06/08/2017 @ 07:58 | | | | |
| READ BACK, CONFIRMED | | | | |
| HCT | 11.8 | LL | % | 42.0-52.0 |
| C | | | | |
| CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn | | | | |
| BY:hg ON: 06/08/2017 @ 07:58 | | | | |
| READ BACK, CONFIRMED | | | | |
| MCV | 87.6 | | FL | 80.0-100.0 |
| F | | | | |
| MCH | 29.6 | | PG | 27.0-31.0 |
| F | | | | |
| MCHC | 33.7 | | G/DL | 33.0-37.0 |
| F | | | | |
| RDW | 16.8 | H | % | 11.5-14.5 |
| F | | | | |
| PLATELET COUNT | 59 | L | K/UL | 130-400 |
| F | | | | |

COMP META PAN *Date Back: 6/8/2017 8:12:00 AM

| Test | Result | Flag | Unit | Ref.Range |
|---|---|---|---|---|
| Status | | | | |
| GLUCOSE | 185 | H | MG/DL | 74-106 |
| F | | | | |
| BUN | 32.0 | H | MG/DL | 7.0-21.0 |
| F | | | | |
| CREATININE | 2.50 | H | MG/DL | 0.70-1.30 |
| F | | | | |
| SODIUM | 128 | L | MMOL/L | 137-145 |
| F | | | | |
| POTASSIUM | 5.1 | | MMOL/L | 3.5-5.1 |
| F | | | | |
| CHLORIDE | 106 | | MMOL/L | 98-110 |
| F | | | | |

== ED PHYSICIAN DOCUMENTATION == Page: 5

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: 1715900237
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

| | | | | |
|---|---|---|---|---|
| CO2 | 9 | LL | MMOL/L | 19-30 |
| F | | | | |
| REPEATED | | | | |
| CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) (b)(6) RN | | | | |
| BY: FCERV ON: 06/08/2017 | @ 08:10 | | | |
| READ BACK, CONFIRMED | | | | |
| AST (SGOT) | 292 | H | IU/L | 15-46 |
| F | | | | |
| ALKA PHOS | 94.0 | | IU/L | 45.8-113.0 |
| F | | | | |
| PROTEIN TOTAL | 3.6 | L | G/DL | 6.3-8.2 |
| F | | | | |
| BILIRUBIN T | 1.3 | H | MG/DL | 0.2-1.0 |
| F | | | | |
| ALBUMIN | 1.2 | L | G/DL | 3.5-5.0 |
| F | | | | |
| CALCIUM | 6.5 | LL | MG/DL | 8.4-10.5 |
| F | | | | |
| REPEATED | | | | |
| CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) RN | | | | |
| BY:FCERV ON: 06/08/2017 | @ 08:10 | | | |
| READ BACK, CONFIRMED | | | | |
| ALT (SGPT) | 173 | H | IU/L | 13-69 |
| F | | | | |

GFR (MDRD) *Date Back: 6/8/2017 8:12:00 AM

| Test | Result | Flag | Unit | Ref.Range | Status |
|---|---|---|---|---|---|
| GFR (MDRD) | 30 | | | | |
| F | | | | | |

REFERENCE RANGE FOR AGE 40-49:
99 ML/MIN/1.73 M2
**Glomerular Filtration Rate (GFR) calculated from serum creatinine value**
Chronic Kidney Disease less than 60 ml/min/1.73 m2
Kidney Failure less than 15 ml/min/1.73 m2

Patient Name: MEZA, ROLANDO
Service Date: 06/08/2017 06:42
ED Physician Name: PETER KOCH MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: 1715900237
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

PT *Date Back: 6/8/2017 8:05:00 AM

| Test | Result | Flag | Unit | Ref.Range | Status |
|---|---|---|---|---|---|
| PROTHROMBIN TIME | 40.7 | HH | sec | 11.5-14.1 | F |

CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn
BY: hg ON: 06/08/201 08:05
READ BACK, CONFIRMED
THERAPEUTIC RANGE
22.2 - 30.4 sec (for INR 2.0-3.0)
26.4 - 34.3 sec (for INR 2.5-3.5)
>45.4 sec (for INR >5.0)
REFERENCE VALUES HAVE RECENTLY BEEN REVISED

| | | | | | |
|---|---|---|---|---|---|
| INR | 4.35 | HH | | 0.85-1.11 | F |

CRITICAL VALUE CALLED TO (b)(6); (b)(7)(C) rn
BY:hg ON: 06/08/2017 @ 08:05
READ BACK, CONFIRMED
Recommended therapeutic range is
INR 2.0 to 3.0 for standard risk
patients and INR 2.5 to 3.5 for
high risk patients (mechanical
heart valves)
NORMAL RANGE REVISED

(Lab) End
Pulse ox 100 % on ra indicating adequate oxygenation
EKG: SR 99, ST depressions I, II, V4-V6, nonspecific T wave changes; as read by me.
CXR: (-) infiltrate, (-) pneumothorax, (-) acute disease; read by me
Abd CT: pending

EMERGENCY DEPARTMENT COURSE AND TREATMENT: Patient seen immediately on arrival because of high possibility of imminent or life threatening deterioration in patient's condition. Initial assessment, history, and

-- ED PHYSICIAN DOCUMENTATION -- Page: 7

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No. (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

exam done. Information taken from external source(s).

Immediately prior to procedure a "time out" was called to verify the correct patient, procedure and site. Ultrasonic guidance by me for vascular access shows patent right dibrachial vessel, with concurrent ultrasonic visualization of needle entry into that vessel. Medically necessary after failed attempts by nursing staff.

Treatment instituted Protonix 40 mg IV and IV NS 2L. Order placed for transfusion of 2 units PRBC's. Rectal temp reported as 93.7. Bair hugger placed. Decision made to obtain prior medical records. Prior records not found.

Orders written. Case discussed with ICU. Surgery called for consult.

Hgb/Hct: 4.0/11.8 reported. ICU at the bedside. Massive transfusion protocol activated at 0755 hrs. FFP two units ordered.

Case discussed with surgery 0757hrs.

Surgery evaluated the patient at 0845hrs and recommended ICU admission with GI consult.

Patient noted with a creat: 2.5; abd CT reordered as noncontrast study.

Patient re-evaluated and observed at bedside multiple times for subsequent response to continuing treatment. Lab tests reviewed. X-Rays reviewed. Monitor checked for vital sign trends and cardiac rhythm. Records and documentation completed.

Total physician critical care time 35 minutes exclusive of separately reportable procedures.

After the evaluation in the Emergency Department, my clinical impression is GI bleed, melena.

PLAN: Patient was admitted to the ICU under Dr. (b)(6); (b)(7)(C)

The documentation recorded by the scribe accurately reflects the

== ED PHYSICIAN DOCUMENTATION == Page: 8

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

service I personally performed and the decisions made by me.

Digitally signed by Dr. (b)(6); (b)(7)(C) on Thursday, June 08, 2017 at 16:21

| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | (b)(6); (b)(7)(C) | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
| **Alrg:** | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

**Collected On: 06/10/2017 09:06**

**Subjective**

Subjective
Pt seen and examined at bedside , GCS 3T .

**ROS**

Complete Review of Systems
Not Obtained Reason Mental Status Altered, Intubated.

**Vital Signs**

Patient's Vital Signs

06/10/2017 08:05
- Pulse: 124HH (59-101)

06/10/2017 03:00
- Pulse Ox (%): 96

06/09/2017 00:18
- Temperature: 98.3F



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | (b)(6); (b)(7)(C) | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
| **Alrg:** | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- Site: Axillary
- Site: Radial
- Room Air or Oxygen: O2
- Respirations: 22
- B/P #1: 70/40 (90-140/60-90)
- Method: Arterial Line
- Position: Lying

MAK Assessments

06/09/2017 20:23
- MAK FS Glucose: 218

Critical Care Vital Signs

06/10/2017 08:07
- Heart Rate: 124

06/10/2017 06:30
- NIBP Systolic: 103
- NIBP Diastolic: 66



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
| **Alrg:** | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- NIBP Mean: 84
- ART Systolic: 91
- ART Diastolic: 55
- ART Mean: 68
- Pulse: 123
- Respirations: 29
- Comments.: Rounds with ICU team

06/10/2017 05:30
- SpO2: 72

06/10/2017 04:00
- ECG Rhythm: ST
- RR vent: 18
- Temperature: 97.8F
- Temp Source: Axillary
- Pain Scale: flacc
- Pain Level: 0/10
- Tidal Volume: 500

06/10/2017 00:00
- Oxygen Delivery Method: VENT

06/09/2017 12:00
- RASS Score: -5

06/09/2017 05:00
- Patient Off Floor: Aware of BP



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Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237;(b)(6); (b)(7)(C) MD;06102017 0906;

| | | | |
|---|---|---|---|
| Pt Name: | (b)(6); (b)(7)(C) | MRN: | (b)(6); (b)(7)(C) |
| Pt ID: | | Acct No: | |
| DOB: | 10/24/1970 | Age/Sex: | 46Y/M |
| Adm DTime: | 06/08/2017 09:08 | Atn Dr: | (b)(6); (b)(7)(C) MD |
| Nurs Sta: | Intensive Care Unit | Rm & Bed: | ICU30 |
| Entity Name: | Jersey City Medical Center | | |
| Dx: | | | |
| Alrg: | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

**Labs**

HEMATOLOGY

06/10/2017 05:06

- WBC: 13.1 H
- RBC: 2.21 L
- Hgb: 7.1 L
- Hct: 20.2 L
- MCV: 91.6
- MCH: 31.7 H
- MCHC: 34.6
- RDW: 15.9 H
- Platelet Count: 52 L
- Polys; 67
- Lymphocyte: 3 L
- Monocyte: 6
- Eosinophil: 3
- Basophil: 0
- Absolute Poly: 11.5 H
- Absolute Lymph: 0.4 L
- Absolute Mono: 0.8
- Absolute Eos: 0.4
- Absolute Baso: 0.0
- Nucleated RBC: 1.0
- Band: 21 H
- Manual Diff: PERFORMED
- Metamyelocyte: 0



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
| **Alrg:** | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- Myelocytes: 0
- Promyelocytes: 0
- Immature Cells: 0
- Total Neutro: 88
- Total Lymph: 3
- Cells Counted: 100
- Cells Counted R: 100
- PLT Slide Rev: ADEQUATE
- Anisocytosis: SLIGHT
- Macrocytes: FEW
- Microcytes: FEW
- Poikilocytosis: SLIGHT
- Polychromasia: SLIGHT
- Ovalocytes: FEW
- Target Cells: FEW
- Toxic Gran: SLIGHT
- Crenated RBC's: FEW
- Burr Cells: FEW
- Schistocytes: FEW
- WBC R: 13.1 H

06/09/2017 03:04

- WBC: 16.9 H



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
| **Alrg:** | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- RBC: 2.99 L
- Hgb: 9.3 L
- Hct: 27.6 L
- MCV: 92.5
- MCH: 31.0
- MCHC: 33.6
- RDW: 15.5 H
- Platelet Count: 143
- Polys: 65
- Lymphocyte: 9 L
- Monocyte: 16 H
- Eosinophil: 0
- Basophil: 0
- Absolute Poly: 12.7 H
- Absolute Lymph: 1.5
- Absolute Mono: 2.7 H
- Absolute Eos: 0.0
- Absolute Baso: 0.0
- Nucleated RBC: 0.0
- Band: 9
- Manual Diff: PERFORMED
- Metamyelocyte: 1
- Myelocytes: 0
- Promyelocytes: 0
- Immature Cells: 0
- Total Neutro: 75
- Total Lymph: 9
- Cells Counted: 100
- Cells Counted R: 100
- PLT Slide Rev: ADEQUATE
- Anisocytosis: SLIGHT
- Macrocytes: FEW



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Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237;(b)(6); (b)(7)(C) MD;06102017 0906;

| | | | |
|---|---|---|---|
| Pt Name: | (b)(6); (b)(7)(C) | MRN: | (b)(6); (b)(7)(C) |
| Pt ID: | | Acct No: | |
| DOB: | 10/24/1970 | Age/Sex: | 46Y/M |
| Adm DTime: | 06/08/2017 09:08 | Atn Dr: | (b)(6); (b)(7)(C) MD |
| Nurs Sta: | Intensive Care Unit | Rm & Bed: | ICU30 |
| Entity Name: | Jersey City Medical Center | | |
| Dx: | | | |
| Alrg: | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- Microcytes: FEW
- Poikilocytosis: SLIGHT
- Polychromasia: SLIGHT
- Large PLTS: FEW
- Ovalocytes: FEW
- Toxic Gran: SLIGHT
- Crenated RBC's: FEW
- Schistocytes: FEW
- WBC R: 16.9 H

COAGULATION

06/10/2017 05:06

- Prothrombin Time: 47.4 HH
- INR: 5.29 HH
- Part Thromboplastin: 56.1 H

06/09/2017 03:04

- Prothrombin Time: 36.7 HH
- INR: 3.81 H
- Part Thromboplastin: 64.3 H

POCT Glucose Panel



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| | | | |
|---|---|---|---|
| Pt Name: | (b)(6); (b)(7)(C) | MRN: | (b)(6); (b)(7)(C) |
| Pt ID: | | Acct No: | |
| DOB: | 10/24/1970 | Age/Sex: | 46Y/M |
| Adm DTime: | 06/08/2017 09:08 | Atn Dr: | (b)(6); (b)(7)(C) MD |
| Nurs Sta: | Intensive Care Unit | Rm & Bed: | ICU30 |
| Entity Name: | Jersey City Medical Center | | |
| Dx: | | | |
| Alrg: | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

06/10/2017 08:07
- POCT Glucose: 128 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

06/10/2017 03:28
- POCT Glucose: 149 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: [redacted]RN

06/09/2017 23:31
- POCT Glucose: 188 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 20:16
- POCT Glucose: 218 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 15:25
- POCT Glucose: 201 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 11:33
- POCT Glucose: 213 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN



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| | | | |
|---|---|---|---|
| Pt Name: | (b)(6); (b)(7)(C) | MRN: | (b)(6); (b)(7)(C) |
| Pt ID: | (b)(6); | Acct No: | |
| DOB: | 10/24/1970 | Age/Sex: | 46Y/M |
| Adm DTime: | 06/08/2017 09:08 | Atn Dr: | (b)(6); (b)(7)(C) MD |
| Nurs Sta: | Intensive Care Unit | Rm & Bed: | ICU30 |
| Entity Name: | Jersey City Medical Center | | |
| Dx: | | | |
| Alrg: | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

06/09/2017 07:35

- POCT Glucose: 256 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

06/09/2017 03:25

- POCT Glucose: 203 H
- POC Operator: (b)(6); (b)(7)(C)

CHEMISTRY

06/10/2017 05:06

- Glucose: 112 H
- BUN: 35.0 H
- Creatinine: 3.90 H
- GFR (MDRD): 18
- Sodium: 138
- Potassium: 4.5
- Chloride: 108
- CO2: 14 L
- Calcium: 6.4 LL
- AST (SGOT): 10499 H
- Alka Phos: 465.0 H
- Protein Total: 4.6 L
- Bilirubin T: 7.5 H
- Albumin: 2.3 L
- ALT (SGPT): 5352 H
- Phosphorous: 7.3 H
- Magnesium: 1.5 L



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
| **Alrg:** | No Known Drug Allergies | | |

**Critical Care Medical (Progress Note) - Inpatient SOAP Note**

continued from previous page

**Collected On: 06/10/2017 09:06**

06/09/2017 03:04

- Glucose: 177 H
- BUN: 32.0 H
- Creatinine: 3.00 H
- GFR (MDRD): 24
- Sodium: 138
- Potassium: 4.7
- Chloride: 112 H
- CO2: 8 LL
- Calcium: 6.5 LL
- AST (SGOT): 3593 H
- Alka Phos: 221.0 H
- Protein Total: 4.6 L
- Bilirubin T: 4.6 H
- Albumin: 2.1 L
- ALT (SGPT): 1690 H
- Phosphorous: 6.4 H
- Magnesium: 1.9
- Cholesterol: 59
- Triglyceride: 101
- HDL Cholesterol: 20 L
- Low Dens. Lipo: <30
- Risk Factor: 3



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
| **Alrg:** | No Known Drug Allergies | | |

## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- Lactic Acid: 11.9 HH

DRUG LEVELS

06/09/2017 03:04
- Acetaminophen: <10.0
- Salicylate: <1

BLOOD GAS

06/10/2017 04:15
- Ph: 7.209 LL
- PCO2: 35.5
- PO2: 60.0 L
- HCO3: 13.80 L
- BE: -12.90 L
- Thb: 7.30 L
- O2Sat: 87.2 L
- COHB: 0.9
- Methb: 0.7
- FIO2: 80.0



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Jersey City Medical Center;PN;Clinical Notes Report;1715900237;(b)(6); (b)(7)(C) MD;06102017 0906;

| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- PO2/FIO2: 0.75
- Analysis Date & Time: SEE BELOW
- Sample Type: Blood Arterial
- Sample Site: A-Line
- Allen Test: NA
- Read Back: SEE BELOW
- Notified Time: SEE BELOW
- Operator/RT: JG
- Device Id#: 38073
- Comments RCOM: SEE BELOW

06/09/2017 04:14

- Ph: 7.019 LL
- PCO2: 30.7 L
- PO2: 84.0
- HCO3: 7.70 L
- BE: -21.90 L
- Thb: 10.00 L
- O2Sat: 93.9 L
- COHB: 0.2
- Methb: 0.2
- FIO2: 60.0
- PO2/FIO2: 1.40
- Analysis Date & Time: SEE BELOW
- Sample Type: Blood Arterial
- Sample Site: A-Line



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | (b)(6); (b)(7)(C) | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
| **Entity Name:** | Jersey City Medical Center | | |
| **Dx:** | | | |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

- Allen Test: NA
- Read Back: (b)(6); (b)(7)(C) RN
- Notified Time: SEE BELOW
- Operator/RT: JG
- Device Id#: 38262
- Comments RCOM: SEE BELOW

REFERENCE/SEND OUT
Hepatitis Panel, Acute w/HbCore Ab, Total

06/09/2017 03:04

- HB S Ag: Non Reactive
- Hb Core Ab, Total: Non Reactive
- Hb Core Ab (IgM): Non Reactive
- HCV Ratio: 0.07
- Hepatitis C Ab: Non Reactive
- HAV Ab (IgM): Nonreactive



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Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); (b)(7)(C) MD;06102017 0906;

| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | (b)(6); (b)(7)(C) | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTImo:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
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| **Dx:** | | | |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

**Radiology**

Diagnostic Imaging
06/09/2017 09:17

- XR Chest Portable 1 View: LIA376(b)(6); (b)(7)(C) LIA3760;(b)(6); (b)(7)(C) EXAM CHEST 1 VIEW CLINICAL INDICATION Dyspnea Dyspnea TECHNIQUE A single view of the chest was obtained. COMPARISON Yesterday 11 00 PM. IMPRESSION Postsurgical changes/Catheters and Support Devices Unchanged endotracheal tube, nasogastric tube, and right neck central venous catheter. Lungs and Pleural Spaces New airspace disease involving the left lower lung zone may be representing pneumonia or atelectasis. Right lung remains normally aerated. No pneumothorax. Heart/Mediastinum No change. Transcriptionist-(b)(6); (b)(7)(C) Reading Radiologist-(b)(6); (b)(7)(C) eleasing Radiologist-(b)(6); (b)(7)(C) Released Date Time- 06/09/17 0920 ---------- LIA3760;(b)(6); (b)(7)(C)

06/09/2017 09:16

- XR Chest Portable 1 View: LIA3760;(b)(6); (b)(7)(C) LIA3760;A(b)(6); (b)(7)(C) EXAM CHEST 1 VIEW CLINICAL INDICATION s/p NGT placement s/p NGT placement TECHNIQUE A single view of the chest was obtained. COMPARISON Earlier today. IMPRESSION Postsurgical changes/Catheters and Support Devices New endotracheal tube with tip in the thoracic inlet. Nasogastric tube in the stomach unchanged. Right IJ central venous catheter in the SVC unchanged. Lungs and Pleural Spaces No pneumothorax. No new airspace disease. Heart/Mediastinum No change. Transcriptionist-(b)(6); (b)(7)(C) cading Radiologist-(b)(6); (b)(7)(C) eleasing Radiologist-(b)(6); (b)(7)(C) ased Date Time- 06/09/17 0918 ---------- LIA3(b)(6); (b)(7)(C)

**General**
Comment
Pt seen and examined at bedside. Intubated, GCS 3T .
The Patient is



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| | | | |
|---|---|---|---|
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

Well-Developed and Well-Nourished, Obese, Unresponsive.

**HENT**
Head Size
Normocephalic.
Comment
+ETT/NGT
NGT with coffee ground output mixed with dark red blood.

**Eyes**
Comment
pupils sluggish.

**Neck**
Jugular Veins
Normal.

**Respiratory**
Effort
Assisted Breathing.
Comment
cparse breath sound.

**Cardiac**
Rate
Tachycardia.
Rhythm



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| | | | |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

Regular.
Heart Sounds
Normal S1, S2.
Murmur
No Murmurs.
Comment
tachycardia .

**Abdomen**
Palpation
Firm.
Comment
firm, very distended abd.

**Rectum/Anus**
Comment
blood.

**Male Genitalia**
Comment
FC c urine in place.

**Musculoskeletal**
General Inspection
No Injury or Deformity.

**Neuro**



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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

Mental Status
Cooperation Does Not Follow Commands, Orientation Not Able to Assess.
Comment
GCS 3T.

**Assessment and Plan**

Consult

- **Dietitian Referral** (Complete)
- **Case Management Referral**
- **Palliative Care Referral**
- **Physical Therapy Referral** (Complete)

Medication

- **OCTREOTIDE** 1.2MG in **SODIUM CHLORIDE 0.9%** Intravenous ;Starting Dose:50mcg/hr @5.258mL/Hour Pending Date: 06/10/2017
- **VASOPRESSIN** 100UNIT in **SODIUM CHLORIDE 0.9% SOLN** Intravenous ;Starting Dose:0.04Units/min @2.4mL/Hour for 3 Days, Clinician Dir:FOR HYPOTENSION; FINAL CONCENTRATION 1 UNIT/ML
- **PHENYLEPHRINE** 160MG in **SODIUM CHLORIDE 0.9%** Intravenous ;Starting Dose:40mcg/min @TITRATEmL/Hour for 3 Days, Clinician Dir:MAX 360 MCG/MIN
- **NOREPINEPHRINE (LEVOPHED)** 32MG in **SODIUM CHLORIDE 0.9%** Intravenous ;Starting Dose:8mcg/min @TITRATEmL/Hour for 3 Days, Clinician Dir:TITRATE TO MAINTAIN A MAP GREATER THAN 65
- **IPRATROPIUM-ALBUTEROL (DUO-NEB)** 3 ML = 1 AMP Nebulization RTQ4H PRN WHEEZING/SOB for 3 Days
- **DEXTROSE 5% IN WATER** (1000 ML bag) **SODIUM BICARBONATE 8.4%** 150 MEQ = 150 ML Intravenous @120mL/Hour Over 9.5H for 3 Days
- **FENTANYL** 50 MCG = 1 ML Intravenous Q3H PRN FLACC>3 for 3 Days
- **cefTRIAXone (ROCEPHIN)** 1G Intravenous QDAY First Dose Now for 7 Days
- **INSULIN ASPART (NovoLOG Flexpen)** Sliding Scale Subcutaneous INSQ4H(TIMED) for 14 Days,



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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

Clinician Dir:TARGET BLOOD GLUCOSE RANGE: CRITICALLY ILL (140-180 MG/DL); NON-CRITICALLY ILL (FASTING <140 MG/DL; RANDOM <180 MG/DL)
For Low Scale 0 to 69 Give 0 UNIT
For Low Scale 70 to 120 Give 0 UNIT
For Low Scale 121 to 150 Give 0 UNIT
For Low Scale 151 to 200 Give 1 UNIT
For Low Scale 201 to 250 Give 2 UNIT
For Low Scale 251 to 300 Give 3 UNIT
For Low Scale 301 to 350 Give 4 UNIT
For Low Scale 351 to 400 Give 5 UNIT
For Low Scale 401 to 9999 Give 7 UNIT
Notify Physician if: BG < 70 OR > 400

- **ESOMEPRAZOLE (NEXIUM I.V.)** 80MG Intravenous CONT IV, Clinician Dir:NEXIUM AUTOSUB FOR PROTONIX D/T BACKORDER, OK W/MAIBAM MD REPLACES ORDER 2 GI BLEED
- **DEXTROSE 50%** 25 G = 50 ML Intravenous AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir:ADMINISTER IF GLUCOSE IS <70 MG/DL AND PATIENT IS NOT ALERT
- **GLUCAGON,HUMAN RECOMBINANT (GLUCAGON EMERGENCY KIT)** 1 MG = 1 KIT Intramuscular AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir:ADMINISTER 1 DOSE IF GLUCOSE IS <70 MG/DL, PATIENT IS NOT ALERT AND NO IV ACCESS.
- **DEXTROSE 50%** 12.5 G = 25 ML Intravenous AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir:ADMINISTER IF GLUCOSE IS <60 MG/DL, AND PATIENT IS ALERT AND NPO

Patient Care Orders

- **Indwelling Urinary Catheter (foley)**
- **Communication** please measure bladder pressure and document, thx
- **Code Status** DNR & Allow Natural Death
- **Verify Type & Screen** within the past 72 hours
- **Verify Consent** for Blood Transfusion is signed and on chart
- **Transfuse** 2 Unit FFP
- **Initiate Fall Precautions**
- **Communication** As per Dr. Stowe, let's get an NGT, low intermittent suction (not continous), and albumin



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| Nurs Sta: | Intensive Care Unit | Rm & Bed: | ICU30 |
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| Dx: | | | |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

q6h for 1 day -Surgery informed regarding bladder pressure, however, patient is too unstable to go to the OR, please repeat ABG thank you.

- **Verify Type & Screen** within the past 72 hours (Complete)
- **Verify Consent** for Blood Transfusion is signed and on chart (Complete)
- **Transfuse** 1 Unit FFP (Complete)
- **Verify Consent** for Blood Transfusion is signed and on chart (Complete)
- **Verify Type & Screen** within the past 72 hours (Complete)
- **Verify Consent** for Blood Transfusion is signed and on chart (Complete)
- **Transfuse** 2 Units PRBC (Complete)
- **Finger Stick Blood Glucose** NPO/Tube Feeds: every 4 hours INSQ4H(Timed)
- **Transfuse** 1 Unit FFP (Complete)
- **Verify Consent** for Blood Transfusion is signed and on chart (Complete)
- **Transfuse** 1 Unit FFP (Complete)
- **Verify Type & Screen** within the past 72 hours (Complete)
- **Transfuse** 2 Units PRBC (Complete)
- **Verify Consent** for Blood Transfusion is signed and on chart (Complete)
- **Verify Type & Screen** within the past 72 hours (Complete)
- **CHG Bath:** Bathe daily with 2% Chlorhexidine Gluconate skin preparation cloth kit as per decolonization protocol QDAY
- **Notify MD/Licensed Provider** glucose < 70 mg/dL
- **Initiate** Subcutaneous Supplemental Insulin Scale in a patient admitted with unknown insulin requirements. For short-term use (24-48 hours).
- **Notify MD/Licensed Provider** glucose > 400 mg/dL In addition to insulin; Basic Metabolic Panel, Magnesium, Phosphorus, and recheck blood glucose in 15 minutes.
- **Initiate Hypoglycemia Treatment Orders** if Blood Sugar <70 mg/dL
- **Notify MD/Licensed Provider** glucose > 180 mg/dL two (2) times in 24 hours
- **Intermittent Pneumatic Compression (SCD)**
- **Intermittent-Pneumatic-Compression (SCD)**
- **VTE Prophylaxis Risk Assessment**
- **Activity** : Bedrest
- **Intake & Output** strict



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| | | | |
|---|---|---|---|
| **Pt Name:** | (b)(6); (b)(7)(C) | **MRN:** | (b)(6); (b)(7)(C) |
| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
| **Nurs Sta:** | Intensive Care Unit | **Rm & Bed:** | ICU30 |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

Respiratory

- **Ventilator Management** Adult, PRVC, TV 450, RR 18, FiO2 100 %, PEEP 12 titrate Fio2 To keep SPO2>92 Continuous Pending Date: 06/10/2017
- **Blood Gas Analysis Panel** (Blood Arterial) : O2/% - 80 : (Complete)
- **PRN Nebulizer Therapy** Med: IPRATROPIUM-ALBUTEROL RTQ4H (ATC) Until 6/13/2017 2:34 AM
- **Nebulizer Therapy Subsequent** Med: ALBUTEROL 2.5 MG/0.5 ML SOL STAT ONE TIME
- **Blood Gas Analysis Panel** (Blood Arterial) : Tomorrow a.m. : O2/% - 80 : (Complete)
- **Blood Gas Analysis Panel** (Blood Arterial) : Tomorrow a.m. : O2/% - 80 : (Complete)
- **Blood Gas W/Electrolytes** (Blood Arterial) : STAT : O2/% - 70 : (Complete)
- **Blood Gas Analysis Panel** (Blood Arterial) : STAT : O2/% - 100 : (Complete)
- **Blood Gas W/Electrolytes** (Venous Blood) : O2/LPM - 2 : (Complete)
- **Blood Gas Analysis Panel** (Blood Arterial) : STAT : O2/LPM - 2 : (Complete)

Comment

46 y/o M with PMH of DM, liver cirrhosis and GI bleed presented to ER with c/o black tarry bowel movement 4 times since yesterday. Pt reports of associated dizziness and headache with weakness. Pt mention of prior h/o GI bleed about 6 months ago with hematemesis and underwent EGD, but unsure of the result. Pt also reports of similar presentation back in Jan, which resolved without seeking medical help. While in the ER SBP was in 60's and received 2 L bolus with 1 PRBC.
Pt denies nausea/vomiting, BRBPR, CP, SOB, palpitation, pain abdomen, LOC.

During evaluation, pt BP dropped to 53/47 associated with dizziness and massive trasfusion was called. Pt received 5 PRBC and 2 platelet and 2FFP each with some improvement of BP to SBP 90's. labs noted for Hb of 4 with INR of 4.5 and platelet of 50. Pt continue to have several episodes of melena with significant amount and another 2 unit PRBC and 2 unit FFP was transfused.

Surgery was also consulted while in the ER and placed a NG tube with return of blood

MICU consulted for symptomatic anemia with active GI bleed



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| | | | |
|---|---|---|---|
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| **Pt ID:** | | **Acct No:** | |
| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
| **Adm DTime:** | 06/08/2017 09:08 | **Atn Dr:** | (b)(6); (b)(7)(C) MD |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

**Collected On: 06/10/2017 09:06**

Neuro:
GCS 3 T
mutisystem involvedment with very poor prognosis

Respiratory:
pt intubated during EGD for airway protection
CXR b/l infiltrates
Pt going into ARDS requiring high PEEP and FIO2

GI:
melena likely from upper GI bleed
several episode of melena while in the ER
labs noted for Hb of 4 >6.2>8->10.6->9.3. with INR of 4.5>4.35>2.8>2.5>3.81 and platelet of 50>80
AST: 3593->, alt: 1690
BILI 4.6
Pt went hemorrhagic shock and had massive transfusion.
in total received 10 PRBC, 5 FFP and 3 platelet, will transfuse another 2 UFFP today as per GI
still hypotensive initially with MAP low 60 to 50's and staretd on pressors prior to EGD
GI bleed is suspicious of upper GI, potentially variceal bleed, in the context of liver cirrhosis as evident from the LFT and history
Dr.(b)(6); consulted, ans EGD done at the bed side showed blood clot in the esophaguS with significant collection of blood. lost about 1 L.during the procedure, grade 1 varice with sclerozing agent injected around the lower esophagus
Significantly worsening of LFT
Pt currently DNR with no aggressive management considering the futile status with very poor prognosis
c/w supportive and comfort

Cirrhosis:
unknown etiology likeley alcohol as pt admitted to excessive drinking prior to intubation
worsening LFT
shock liver from hemorrhagic shock!



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| | | | |
|---|---|---|---|
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**Critical Care Medical (Progress Note) - Inpatient SOAP Note**

continued from previous page

**Collected On: 06/10/2017 09:06**

Renal:
pt is anuric
worsening renal function
AKI from hemorrhagic shock

Endocrine:
h/o DM on metformin
c/w RISS

Social:
Received call from immigration case manager, Jennifer, and updated about the ongoing medical issue and prognosis. Stated that staffs from immigration might be visisting this weekend, and to notify her if pt expires. administrative consent was obtained by Dr (b)(6); and Dr (b)(6); (b)(7)(C) or DNR status in light of poor prognosis , multiple organ failure and futile efforts no family present

D/w Dr (b)(6); agreed with the above plan

**Supervisory Note**
Supervisory Note For
Resident I performed a history and physical examination of the patient and discussed the management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care. Yes.



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| | | | |
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| **DOB:** | 10/24/1970 | **Age/Sex:** | 46Y/M |
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## Critical Care Medical (Progress Note) - Inpatient SOAP Note

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**Collected On: 06/10/2017 09:06**

**Electronically signed by** (b)(6); (b)(7)(C) **GY III on 06/10/2017 12:52**

**Electronically cosigned by** (b)(6); (b)(7)(C) **MD on 06/10/2017 17:55**



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JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: [redacted] MR#: [redacted]
30-35 HACKENSACK AVE Acco[redacted]
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M Location: JER PAT TYPE:JER
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. 2660292 Check-in Date/Time 06/08/17 0729
rectal bleed
Ordering Physician [redacted]

| Chk-in # | Order | Exam | |
|---|---|---|---|
| 2660292 | 0002 | 0045 | XR CHEST PORT 1 VIEW |
| 06/08/17 0832 | | | Ord Diag: rectal bleed |

EXAM: CHEST 1 VIEW PORTABLE 06/08/2017 8:32 AM

CLINICAL INDICATION: rectal bleed
rectal bleed

No prior radiographs are available for comparison.

FINDINGS:

Single portable chest is submitted. The heart and mediastinum are unremarkable. Trachea is in its normal position. There is no evidence of hilar or mediastinal adenopathy.

Hemidiaphragms are smooth the costophrenic angles are sharp.

Lung fields are fully expanded no infiltrate or effusion is noted. There is no evidence of a pneumothorax.

Soft tissue and bony thorax as visualized are normal for the patient's age.

Impression: No active disease

Transcriptionist: [redacted]
Reading Radiologis[redacted]
Releasing Radiolog[redacted]
Released Date Time: 06/08/17 0943

KOCH, PETER B
355 GRAND STREET
DEPT OF EM
JERSEY CITY NJ 07302

[redacted]

[redacted]

[redacted]

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)
30-35 HACKENSACK AVE
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M
RADIOLOGY/IMAGING DEPARTMENT

MR#: (b)(6); (b)(7)(C)
Acc
Location: JER PAT TYPE:JER

Check-in No. 2660292 Check-in Date/Time 06/08/17 0729
rectal bleed
Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary
2660292-0045

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(b)(6); (b)(7)(C)
355 GRAND STREET
DEPT OF EM
JERSEY CITY NJ 07302

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

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355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C) MR#: (b)(6); (b)(7)(C) 77-30
30-35 HACKENSACK AVE Accou
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE:JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. 2660511 Check-in Date/Time 06/08/17 1254
gi bleed
Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|---|---|---|---|
| (b)(6); (b)(7)(C) | 0005 | 0045 | XR CHEST PORT 1 VIEW |
| 06/08/17 1307 | | | Ord Diag: gi bleed |

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: gi bleed
gi bleed

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: This morning.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
New nasogastric tube. New central venous catheter via the right aspect of the neck with tip at the RA/SVC junction.

Lungs and Pleural Spaces:
No change.

Heart/Mediastinum:
No change.

Other:
No change.

Summary:
New nasogastric tube and central venous catheter. No acute cardiopulmonary abnormalities.

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(b)(6); (b)(7)(C)

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Patient: (b)(6); (b)(7)(C)
MR#: (b)(6); (b)(7)(C) 077-30
30-35 HACKENSACK AVE
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE:JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. (b)(6); (b)(7)(C) Check-in Date/Time 06/08/17 1254
gi bleed
Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary
2660511-0045

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologi
Releasing Radiolo
Released Date Time: 06/08/17 1714

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JERSEY CITY NJ 07302

(b)(6); (b)(7)(C)

115883590

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C) MR#: (b)(6); (b)(7)(C)
30-35 HACKENSACK AVE Accou
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE:JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. (b)(6); (b)(7)(C) Check-in Date/Time 06/08/17 0837
GI bleed with pain abdomen
Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|---|---|---|---|
| (b)(6); (b)(7)(C) | 0003 | 1018 | US ABD ABDOMEN COMPLETE |
| 06/08/17 1706 | | | Ord Diag: GI bleed with pain abdomen |

EXAM: ABDOMINAL ULTRASOUND COMPLETE

CLINICAL INDICATION: GI bleed with pain abdomen

TECHNIQUE: Complete abdominal ultrasound.

COMPARISON: No pertinent prior studies have been submitted for comparison.

FINDINGS:

Liver: No significant parenchymal abnormalities.

Bile ducts: No significant dilation. Common bile duct not visualized

Gallbladder: Gallstone. Mild pericholecystic fluid

Pancreas: Not visualized

Spleen: Spleen is enlarged measuring 15.5 cm

Right kidney: Not seen

Left Kidney: 10 cm. No significant abnormalities. No hydronephrosis.

Aorta: Not visualized

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Patient: (b)(6); (b)(7)(C) MR#: (b)(6); (b)(7)(C)
30-35 HACKENSACK AVE Accou
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE:JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. (b)(6); (b)(7)(C) Check-in Date/Time 06/08/17 0837
GI bleed with pain abdomen
Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary
2660340-1018

IVC: Visualized IVC has no significant abnormalities.

Other: Ascites.

IMPRESSION: Limited study as patient is in the ICU and unresponsive.

Cholelithiasis. Pericholecystic fluid.

Ascites

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologis
Releasing Radiolog
Released Date Time: 06/08/17 1000

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JERSEY CITY NJ 07302

(b)(6); (b)(7)(C)

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JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)
30-35 HACKENSACK AVE
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M
RADIOLOGY/IMAGING DEPARTMENT

MR#: (b)(6); (b)(7)(C) 077-30
Accou
Location: ICU-077-30 PAT TYPE:JIA

Check-in No. 2660734 Check-in Date/Time 06/08/17 2318
s/p NGT placement
Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|---|---|---|---|
| (b)(6); | 0009 | 0045 | XR CHEST PORT 1 VIEW |
| 06/08/17 2346 | | | Ord Diag: s/p NGT placement |

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: s/p NGT placement
s/p NGT placement

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: Earlier today.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
New endotracheal tube with tip in the thoracic inlet. Nasogastric tube in the stomach unchanged. Right IJ central venous catheter in the SVC unchanged.

Lungs and Pleural Spaces:
No pneumothorax. No new airspace disease.

Heart/Mediastinum:
No change.

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologis
Releasing Radiolo
Released Date Time: 06/09/17 0918

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(b)(6); (b)(7)(C)

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Patient: (b)(6); (b)(7)(C)
30-35 HACKENSACK AVE
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M
RADIOLOGY/IMAGING DEPARTMENT

MR#: (b)(6); (b)(7)(C) 77-30
Accou
Location: ICU-077-30 PAT TYPE:JIA

Check-in No. 2660687 Check-in Date/Time 06/09/17 0321

Ordering Physician Dyspnea (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|---|---|---|---|
| (b)(6); (b)(7)(C) | 0008 | 0045 | XR CHEST PORT 1 VIEW |
| 06/09/17 0516 | | | Ord Diag: Dyspnea |

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: Dyspnea
Dyspnea

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: Yesterday 11:00 PM.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
Unchanged endotracheal tube, nasogastric tube, and right neck central venous catheter.

Lungs and Pleural Spaces:
New airspace disease involving the left lower lung zone may be representing pneumonia or atelectasis. Right lung remains normally aerated. No pneumothorax.

Heart/Mediastinum:
No change.

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologi
Releasing Radiolo
Released Date Time: 06/09/17 0920

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(b)(6); (b)(7)(C)

115883590