

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No. 1:18-CV-01502
(To be supplied by the court)

A M E N D E D

ALEJANDRO SERRANO DOMENECH, Plaintiff

v.

UNITED STATES OF AMERICA

ET AL

_____, Defendant(s).

(List each named defendant on a separate line. If you cannot fit the names of all defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section B. Do not include addresses here.)

RECEIVED
UNITED STATES DISTRICT COURT
DENVER, COLORADO

OCT 31 2018
JEFFREY P. COLWELL
CLERK

AMENDED

PRISONER COMPLAINT 1/

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint.

1/ DOMENECH, proceeding pro se, asks the Court to liberally construe his pleadings so as to best achieve substantial justice. HAINES v. KERNER, 404 U.S. 519 (1972).

A. PLAINTIFF INFORMATION

You must notify the court of any changes to your address where case-related papers may be served by filing a notice of change of address. Failure to keep a current address on file with the court may result in dismissal of your case.

Alejandro S. Domenech, #13008-040, U.S.P. - Atwater, P.O. Box 019001,
(Name, prisoner identification number, and complete mailing address)
Atwater, CA 95301

N/A

(Other names by which you have been known)

Indicate whether you are a prisoner or other confined person as follows: (check one)

- ____ Pretrial detainee
- ____ Civilly committed detainee
- ____ Immigration detainee
- ____ Convicted and sentenced state prisoner
- X Convicted and sentenced federal prisoner
- ____ Other: *(Please explain)* _____

B. DEFENDANT(S) INFORMATION

Please list the following information for each defendant listed in the caption of the complaint. If more space is needed, use extra paper to provide the information requested. The additional pages regarding defendants should be labeled "B. DEFENDANT(S) INFORMATION."

Defendant 1: UNITED STATES OF AMERICA
(Name, job title, and complete mailing address)
(Unknown Address)

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? X Yes ___ No *(check one)*. Briefly explain:

For purpose of a Federal Tort Claim the United States is to
named as the Defendant. 28 U.S.C. §2679(d)(2)

Defendant 1 is being sued in his/her X individual and/or X official capacity.

Defendant 2: Correctional Officer, Mr. Ison
(Name, job title, and complete mailing address)

Employed at the U.S. Penitentiary-Florence, Florence, Colorado

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? X Yes ___ No (*check one*). Briefly explain:

Officer Ison acted as an employee of the federal government under both federal and state law during the times alleged herein.

Defendant 2 is being sued in his/her X individual and/or X official capacity.

Defendant 3: Mr. Rattan
(Name, job title, and complete mailing address)

Employed as a medical staff member (MLP) at the U.S. Penitentiary - Florence, Florence, Colorado

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? X Yes ___ No (*check one*). Briefly explain:

Medical staff member Mr. Rattan acted as an employee of the federal government under both federal and state law during the times alleged herein.

Defendant 3 is being sued in his/her X individual and/or X official capacity.

C. JURISDICTION

Indicate the federal legal basis for your claim(s): (check all that apply)

___ 42 U.S.C. § 1983 (state, county, and municipal defendants)

___ *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971).
(federal defendants)

X Other: (*please identify*) FEDERAL TORT CLAIM, PURSUANT TO 28 U.S.C. §1346(b); 28 U.S.C. §2671 et seq.; 18 U.S.C. §4042

CF. EXHIBIT A (Policy Statement of the Federal Bureau of Prisons, #1320.06)

D. STATEMENT OF CLAIM(S)

State clearly and concisely every claim that you are asserting in this action. For each claim, specify the right that allegedly has been violated and state all facts that support your claim, including the date(s) on which the incident(s) occurred, the name(s) of the specific person(s) involved in each claim, and the specific facts that show how each person was involved in each claim. You do not need to cite specific legal cases to support your claim(s). If additional space is needed to describe any claim or to assert additional claims, use extra paper to continue that claim or to assert the additional claim(s). Please indicate that additional paper is attached and label the additional pages regarding the statement of claims as "D. STATEMENT OF CLAIMS."

CLAIM ONE: NEGLIGENT DELAY OF MEDICAL TREATMENT

Supporting facts:

1. Plaintiff, ALEJANDRO SERRANO DOMENECH, a federal prisoner, files the instant Federal Tort Claim, pursuant to 28 U.S.C. §1346(b); 28 U.S.C. §2671 et seq.; 18 U.S.C. §4042, against the United States of America seeking compensatory damages for injuries he suffered on February 22, 2017 as a proximate result of delay in providing urgent medical treatment during a heart attack at the U.S. Penitentiary - Florence, located in Florence, Colorado. The delay was caused by the negligent or wrongful act or omission of two correctional employees — Correctional Officer ISON and medical staff Mr. RATTAN — while acting in the scope of their employment at the prison. Due to the correctional officers deliberate disregard and failure to follow established policies and procedures Plaintiff did not receive the urgent care he required, resulting in injury, pain, emotional trauma, and suffering. The following facts are pertinent:

STATEMENT OF FACTS: 2/

2. Plaintiff, ALEJANDRO SERRANO DOMENECH, is a federal prisoner currently incarcerated within the Federal Bureau of Prisons.

2/ Plaintiff DOMENECH asks the Court to fully incorporate into the facts here, the facts as set forth in his original 24-page FTCA Complaint.

(... continued from "D. STATEMENT OF CLAIMS")

3. Plaintiff DOMENECH was incarcerated at the U.S. Penitentiary - Florence, located in Florence, Colorado, on February 22, 2017. On this date he was housed within the Special Housing Unit area of the prison ("SHU"), in Range B-1.

4. On February 22, 2017, at approximately 3:00 a.m., DOMENECH abruptly awoke feeling very dizzy, and subsequently falling to the cell floor with agonizing chest pain. EXHIBIT E (Merck Medical Manual, heart attack symptoms)

5. DOMENECH's cellmate, RASHOD L. JAMES, Reg. No. 22665-045, immediately and repeatedly pressed the medical emergency/duress button on the cell wall. JAMES began pounding on the cell door and yelling, which, in turn, caused other inmates on the SHU B-1 Range to do the same in an effort to alert staff. EXHIBIT B (Affidavit of RASHOD L. JAMES).

6. DOMENECH remained squirming on the floor, his pain intermittently eased, and he passed out. DOMENECH then awoke when he heard his cellmate speaking with Correctional Officer ("C.O.") ISON. DOMENECH heard his cellmate inform C.O. ISON that DOMENECH was complaining about chest pains before passing out on the cell floor where he had remained for the past hour.

7. C.O. ISON's arrival at DOMENECH's cell was at approximately 4:30 a.m. — approximately 1½ after DOMENECH's cellmate had deployed the duress button and was kicking the door and yelling for staff along with other inmates.

8. While his cellmate was talking to C.O. ISON, DOMENECH remained on the floor and was experiencing severe chest pain again. C.O. ISON was dismissive and disregarded DOMENECH's complaint, implying that it was a "K2" overdose

(... continued from "D. STATEMENT OF CLAIMS")

and walking off. C.O. ISON apparently did not reset the duress button alarm so that it was no longer alerting staff. C.O. ISON did not do anything to try and help DOMENECH. EXHIBIT B (Affidavit of RASHOD L. JAMES, #22665-045)

9. DOMENECH remained on the cell floor in severe chest pain and suffering for approximately 3-4 more hours, until approximately 7:35 a.m., when staff finally decided to take it seriously. EXHIBIT C (B.O.P. Medical Encounter)

10. DOMENECH was taken to the medical department where, at 7:54 a.m., it was documented that DOMENECH had woken up in the night and experiencing very sharp, agonizing and oppressive chest pain radiating to the left arm. EXHIBIT C (BOP Clinical Report). An ambulance was called.

11. Medical staff member Mr. RATTAN ("MLP" mid-level provider) then facilitated a transfer of DOMENECH to the outside hospital Emergency Room for toxicology tests, speculatively claiming it was an overdose, "most likely K2." EXHIBIT D. MLP RATTAN's statements tracked the same reckless diagnosis made by C.O. ISON many hours before.

12. At approximately 9:14 a.m., DOMENECH arrived at the St. Thomas More Hospital Emergency Room, being provided information from prison staff "reporting that patient presented with confusion around 4:30 this am. Facility reports they would like [DOMENECH] tested for K2 ingestion. PT denies ingesting any drugs other than prescription." EXHIBIT D (ER Report from St. Thomas More, at page 1).

13. St. Thomas stated that, "Given his symptomatology with chest pain and elevated troponin we will transfer him to St. Mary Corwin Hospital to be evaluated by a cardiologist." EXHIBIT H.

(... continued from "D. STATEMENT OF CLAIMS")

14. DOMENECH then arrived at St. Mary Corwin Hospital at approximately 10:37 a.m., on February 22, 2017. A variety of cardiac testing revealed that DOMENECH did indeed have obstructed heart arteries. **EXHIBIT I**.

15. DOMENECH was advised by the cardiologist that he would require surgery called cardiac catheterization in which stents would be placed into his heart arteries to relieve the obstruction of blood flow. DOMENECH remained under observation overnight and then had heart surgery on February 23, 2017. **EXHIBIT I** (St. Mary Corwin Hospital Cardiology Reporting)

16. DOMENECH's "[u]rine drug screen was negative[.]" **EXHIBIT F** (Discharge Summary, at page 1). **SEE ALSO: EXHIBIT G** (Miscellaneous medical reporting).

DOMENECH's medical complaints when previously housed at the U.S. Penitentiary - Coleman II, located in Coleman, Florida.

17. Prior to his incarceration at U.S. Penitentiary - Florence, DOMENECH was housed at U.S. Penitentiary - Coleman II, located in Coleman, Florida. Beginning in approximately 2013, DOMENECH complained numerous times to medical staff at U.S. Penitentiary - Coleman II by way of sick-call sign-up procedures and cop-outs (requests to staff) concerning troubles that he believed were possibly heart problems. DOMENECH explained that he was experiencing severe headaches and dizziness. Coleman II medical then prescribed SUMatriptan shots. Medical also prescribed pills for a certain period.

18. While DOMENECH was at Coleman II he complained to medical staff that the prescribed medicine was giving him pain in the chest.

(... continued from "D. STATEMENT OF CLAIMS").

19. After DOMENECH left Coleman II and transferred to U.S. Penitentiary - Florence he made complaints to the medical staff of symptoms that he thought indicated heart troubles. DOMENECH made such complaints shortly before his February 22, 2017 heart attack. The medical department at U.S. Penitentiary - Florence did conduct a blood testing at one point that was submitted to LabCorp. EXHIBIT J (Lab Report).

Points and authorities in support of Claim One:

The Federal Tort Claims Act ("FTCA") provides that lawsuits may be brought against the United States for property damage, personal injury, or death "caused by the negligent or wrongful act or omission of any employee of the government while acting within the scope of his office or employment." 28 U.S.C. §1346(b); 28 U.S.C. §2671 et seq.

Plaintiff DOMENECH fully contends that the United States is liable for compensatory damages as a proximate result of the negligent or wrongful acts or omissions of correctional officer ISON and medical staff member RATTAN when they delayed medical treatment that was apparently life-threatening. These employees, acting within the scope of their employment, failed to perform non-discretionary obligations. As a result, DOMENECH was harmed and damaged.

The United States, as well its employees, have a federal legal duty of care for the individuals it incarcerates. 18 U.S.C. §4042. The Tenth Circuit Court of Appeals have held that Colorado state law requires prison officials as having a duty of care for purposes of the FTCA. SEE: KIKUMURA v.

(... continued from "D. STATEMENT OF CLAIMS")

OSAGIE, 461 F.3d 1269, 1300-1301 (10th Cir. 2006)(citing 18 U.S.C. §4042 (a)(2)). Colorado state law establishes substantive liability under the FTCA. CF. MILLER v. UNITED STATES, 463 F.3d 1122, 1123 (10th Cir. 2006). SEE ALSO: UNITED STATES v. MUNIZ, 374 U.S. 150 (1963)(holding that actions filed "under the Federal Tort Claims Act to recover damages from the United States Government for personal injuries sustained during confinement in a federal prison, by reason of the negligence of a government employee ... are within the purview of the [FTCA]"). The United States is thus liable in DOMENECH's case because of the negligent delay of the need for apparent medical treatment by C.O. ISON and medical staff Mr. RATTAN when they failed to provide the duty of care owed Plaintiff under federal and Colorado state law. The claim is cognizable under the FTCA.

Correctional Officer ISON and medical staff Mr. RATTAN's negligent delay in providing medical treatment for DOMENECH's heart attack condition was a non-discretionary action within the scope of their employment. The delay of urgent medical treatment did not occur as a result of a discretionary function because ISON and RATTAN deliberately disregarded established policy and procedures setting forth a course of action the employee was required to follow. CF. BERKOVITZ v. UNITED STATES, 486 U.S. 531, 536 (1988); BARTON v. UNITED STATES, 609 F.2d 977, 979 (10th Cir. 1979)("fixed or readily ascertainable standard" of conduct means that the official's actions are not discretionary). DOMENECH's apparent serious medical condition, in combination with established federal prison policy, established that the required course of action expected of C.O. ISON and medical staff Mr. RATTAN was immediate medical treatment. As an initial matter, the duress button in the SHU cells is specifically intended for emergency medical/health situations. SEE: Policy

(... continued from "D. STATEMENT OF CLAIMS")

Statement ("P.S.") #5270.11 (duress button intended for emergency). Further, P.S. #6013.01 specifically instructs that immediate medical attention is warranted for an apparent, acute or emergent nature of the condition. This policy gives the example of a "stroke" and states that immediate attention is essential to sustain life or function. DOMENECH's apparent heart attack and medical history required immediate attention. SEE ALSO: P.S. #6010.05 ("All inmates have value as human beings and deserve medically necessary health care."); P.S. #6013.01 (Federal Bureau of Prisons recognizes inmates right to receive health care that recognizes basic needs). EXHIBIT A (Policy Statements). It is additionally submitted that the training manuals and other materials that Plaintiff DOMENECH does not yet have access to, will detail the required course of action when staff discovers the same or similar circumstances that DOMENECH's case presented to C.O. ISON and medical staff Mr. RATTAN. The negligent delay of urgent medical treatment in DOMENECH's case was not discretionary because a federal statute, state law, and federal Bureau of Prison policy and regulations specifically precribes a course of action for employee ISON and RATTAN to follow ... and the employee has no rightful option but to adhere to the standards of the duty owed his employer and the conduct he was hired to perform. CF. BERKOVITZ, 486 U.S. at 536; LOPEZ v. UNITED STATES, 376 F.3d 1055, 1058 (10th Cir. 2004).

The United States, employees C.O. ISON and medical staff Mr. RATTAN, including supervisory officials at the U.S. Penitentiary - Florence, breached the duty of care owed Plaintiff DOMENECH under federal and state law when they negligently delayed the apparent need for urgent and immediate medical treatment on February 22, 2017 when DOMENECH had a heart attack. The facts

(... continued from "D. STATEMENT OF CLAIMS")

establish that at approximately 3:00 a.m. on February 22, 2017, DOMENECH suffered a heart attack. His cellmate, RASHOD L. JAMES, Reg. No. 22665-045, activated the medical emergency duress button in their SHU cell. No one responded at all, despite inmate JAMES and many other inmates yelling and kicking on their cell doors to alert staff. Finally, at approximately 4:30 a.m., C.O. ISON arrived at the cell door. Although observing Plaintiff DOMENECH on the floor, essentially unresponsive, and in obvious pain, C.O. ISON disregarded what he observed and the pleas and information provided to him by DOMENECH's cellmate, and then completely and unreasonably said that the situation was the result of a "K2" drug overdose ... and simply walked off. DOMENECH continued to lay on the floor with intense pain, despite ongoing banging and yelling to staff, until approximately 7:35 a.m. when medical was notified. At medical, MLP RATTAN attempted to assess DOMENECH, who passed out again at that moment. RATTAN assessed him a second time at approximately 7:54 a.m. and finally concluded that an ambulance should be called. Following arrival at the St. Thomas More hospital at approximately 9:14 a.m., hospital staff were given an institutional report that DOMENECH was a suspected "K2" overdose and that the institution wanted DOMENECH tested for drug use. **EXHIBIT D** Determining that DOMENECH required specialty cardiac care, St Thomas More hospital had him transferred to the St. Mary Corwin Hospital at approximately 10:37 a.m. Ultimately, DOMENECH was discovered to have suffered a heart attack and would require cardiac catheterization surgery, which was subsequently performed on February 23, 2017. When DOMENECH had asked the cardiologist doctor if his condition would have been less severe if he had received urgent and immediate medical attention, the cardiologist informed him that the damage to his heart would have been less and he would not have experienced the degree and length of pain he did.

(... continued from "D. STATEMENT OF CLAIMS")

The urine drug test that the hospital performed at the request of the staff at DOMENECH's institution was negative. DOMENECH had no illegal drugs in his system. EXHIBIT F (Discharge Summary).

Staff was manifestly negligent when they failed to provide non-discretionary emergency medical treatment for Plaintiff DOMENECH. This violated federal and state law. As a proximate result DOMENECH experienced unnecessary prolonged pain and suffering. As a result of staff negligence in failing to provide immediate emergency medical treatment for many hours DOMENECH suffered heart damage and was subjected to emotional trauma and distress amidst the delay and disregard for his serious medical needs. Staff did not follow established policies and procedures. C.O. ISON made a non-medical assumption that attributed DOMENECH's condition to "K2" use, preventing urgent and necessary care. Medical staff RATTAN negligently acquiesced to C.O. ISON's non-medical diagnosis of "K2" overdose and also failed to observe DOMENECH's prior medical complaints of heart trouble and blood work done for this reason. This was further demonstrated by RATTAN being more concerned that the hospital perform "K2" drug testing than anything else. The unreasonable and unprofessional negligence of C.O. ISON and medical staff Mr. RATTAN caused Plaintiff DOMENECH's additional heart injury, pain, and emotional trauma.

In ESTELLE v. GAMBLE, 429 U.S. 97, 103-104 (1976), the Supreme Court made clear that if "unnecessary and wanton infliction of pain" results as a consequence of denial or delay in the provision of adequate medical care, the medical need is of the serious nature contemplated by the Eighth Amendment to the U.S. Constitution. Delay in medical care ... "constitutes an Eighth Amendment violation where the plaintiff can show the delay resulted

(... continued from "D. STATEMENT OF CLAIMS")
in substantial harm." OXENDINE v. KAPLAN, 241 F.3d 1272, 1276 (10th Cir. 2001). The substantial harm requirement "may be satisfied by ... considerable pain." GARRETT v. STRATMAN, 254 F.3d 946, 950 (10th Cir. 2001). Plaintiff DOMENECH's Eighth Amendment right was violated by C.O. ISON and medical staff Mr. RATTAN because they were deliberately indifferent to his serious medical needs by deliberately delaying emergency medical treatment. DOMENECH was substantially harmed as a result because he received additional heart damage, experienced prolonged and unnecessary pain and suffering, and also suffered emotional trauma. The Eighth Amendment violation and staff indifference to DOMENECH's serious medical needs was apparent based on the lack of any medical attention being provided when staff made a non-medical diagnosis of a "K2" overdose. Although this was ultimately determined to be completely erroneous, it still demonstrates the delay of medical treatment that was being allowed to occur at the institution. Obviously, even a "K2" or drug overdose would require medical attention — particularly where the emergency duress was deployed at 3:00 a.m. and the staff witnessed an inmate on the floor — and the cellmate was pleading with staff to provide medical treatment. In DOMENECH's case, the deliberate disregard is established by the delay of medical treatment for an apparent heart attack for approximately 5 hours, without justification and contrary to the duty of care owed Plaintiff DOMENECH under federal law, state law, and the established policies and procedures of the Federal Bureau of Prisons at the U.S. Penitentiary - Florence.

Although this is a Federal Tort Claim, Plaintiff DOMENECH seeks to invoke the Court's supplemental jurisdiction to include within the FTCA suit the "pendent parties" of C.O. ISON, medical staff Mr. RATTAN, and supervisory officials at U.S. Penitentiary - Florence, pursuant to 28 U.S.C. §1367, in relation to the Eighth Amendment claim.

E. PREVIOUS LAWSUITS

Have you ever filed a lawsuit, other than this lawsuit, in any federal or state court while you were incarcerated? ___ Yes X No (*check one*).

If your answer is "Yes," complete this section of the form. If you have filed more than one previous lawsuit, use additional paper to provide the requested information for each previous lawsuit. Please indicate that additional paper is attached and label the additional pages regarding previous lawsuits as "E. PREVIOUS LAWSUITS."

Name(s) of defendant(s): _____

Docket number and court: _____

Claims raised: _____

Disposition: (is the case still pending?
has it been dismissed?; was relief granted?) _____

Reasons for dismissal, if dismissed: _____

Result on appeal, if appealed: _____

F. ADMINISTRATIVE REMEDIES

WARNING: Prisoners must exhaust administrative remedies before filing an action in federal court regarding prison conditions. See 42 U.S.C. § 1997e(a). Your case may be dismissed or judgment entered against you if you have not exhausted administrative remedies.

Is there a formal grievance procedure at the institution in which you are confined?

X Yes ___ No (*check one*)

Did you exhaust administrative remedies?

X Yes ___ No (*check one*)

On August 23, 2017, Plaintiff sent a tort claim (SF-95) to the Federal Bureau of Prisons North Central Regional Office (TRT-NCR-2017-06978). In a letter dated May 2, 2018, the claim was denied by the Regional Office. The denial letter then advised Plaintiff that if he was dissatisfied he could file a suit in the appropriate U.S. District Court within 6 months. The instant claim now follows.

G. REQUEST FOR RELIEF

State the relief you are requesting or what you want the court to do. If additional space is needed to identify the relief you are requesting, use extra paper to request relief. Please indicate that additional paper is attached and label the additional pages regarding relief as "G. REQUEST FOR RELIEF."

Plaintiff asks the Court to enter judgment against the Defendants, the United States of America, and Federal Bureau of Prisons employees Officer Ison and medical staff member Mr. Rattan.

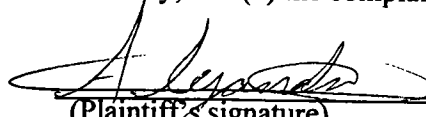
For the injuries suffered as a proximate result of the Defendant(s), as set forth under CLAIM ONE, Plaintiff asks the Court to grant him compensatory damages in the sum certain amount of \$750,000.00, holding Defendant(s) jointly and severally liable.

Plaintiff asks the Court to grant any such other relief deemed to be justified and equitable.

H. PLAINTIFF'S SIGNATURE

I declare under penalty of perjury that I am the plaintiff in this action, that I have read this complaint, and that the information in this complaint is true and correct. See 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Under Federal Rule of Civil Procedure 11, by signing below, I also certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.



(Plaintiff's signature)

Alejandro Serrano Domenech, pro se

October 12, 2018

(Date)

I FURTHER AFFIRM THAT A COPY OF THIS AMENDED COMPLAINT WAS

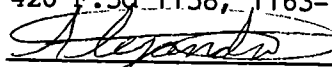
(Form Revised December 2017)

MAILED THIS DAY, VIA FIRST-CLASS MAIL, TO THE U.S. ATTORNEY'S OFFICE, 1801 CALIFORNIA ST., STE. 1600, DENVER, CO.

80202

AFFIDAVIT OF MAILING

I, ALEJANDRO S. DOMENECH, declare under penalty of perjury, pursuant to 28 U.S.C. §1746, that I have this day and date, **OCTOBER 12, 2018**, placed this Prisoner Complaint (Tort Claim) into the internal mail system at my institution for processing in the U.S. Postal Mail by prison staff, in accord with HOUSTON v. LACK, 487 U.S. 266, 275-276 (1988); PRICE v. PHILPOT, 420 F.3d 1158, 1163-1164 (10th Cir. 2005).



Alejandro S. Domenech, pro se
Reg. No. 13008-040

APPENDIX OF EXHIBITS

EX.

- A. FEDERAL BUREAU OF PRISONS PROGRAM STATEMENTS ("P.S.") #1320.06 #5270.11
#6031.04 #6013.01 #6010.05
- B. AFFIDAVIT OF RASHOD L. JAMES, Reg. No. 22665-045
- C. BUREAU OF PRISONS ("B.O.P."). Medical Encounter Report
- D. EMERGENCY ROOM REPORT
- E. MERCK MANUAL OF MEDICAL INFORMATION
- F. DISCHARGE SUMMARY
- G. MISCELLANEOUS MEDICAL RECORDS/INFORMATION
- H. ST. THOMAS MORE HOSPITAL TRANSFER ORDER
- I. ST. MARY CORWIN HOSPITAL CARDIOLOGY REPORTING
- J. LABCORP BLOOD TESTING LAB REPORT

§ 4042. Duties of Bureau of Prisons

- (a) **In general.** The Bureau of Prisons, under the direction of the Attorney General, shall--
- (1) have charge of the management and regulation of all Federal penal and correctional institutions;
 - (2) provide suitable quarters and provide for the safekeeping, care, and subsistence of all persons charged with or convicted of offenses against the United States, or held as witnesses or otherwise;

USCS

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EX. A 13009040

Program Statement

OPI: OGC

NUMBER: 1320.06

DATE: 8/1/2003

SUBJECT: Federal Tort Claims Act

3. **PROGRAM OBJECTIVE.** The expected result of this program is:

Appropriate compensation will be made under the Federal Tort Claims Act if individuals suffer proven monetary loss, personal injury, or wrongful death caused by an employee's negligent or wrongful act or omission, while the employee is acting within the scope of his or her employment.

Program Statement

OPI: CPD/CSB

NUMBER: 5270.11

DATE: November 23, 2016

Special Housing Units

12. CONDITIONS OF CONFINEMENT IN THE SHU

§ 541.31 Conditions of confinement in the SHU.

(m) *Staff monitoring.* You will be monitored by staff assigned to the SHU, including program and unit team staff.

Duress buttons, if present, will be utilized only for emergency and/or life-threatening situations, to include health-related issues. The use of the duress button for anything other than an emergency and/or life-threatening situation is subject to disciplinary action.

pro

Program Statement

OPI: HSD/HPB

NUMBER: 6031.04

DATE: June 3, 2014

Patient Care

/s/

Approved: Charles E. Samuels, Jr.

Director, Federal Bureau of Prisons

9. EMERGENCY/URGENT CARE

ACA standards require a four-minute response to life- or limb-threatening medical emergencies.

pro

EX. A

①

(Affidavit)

I Am Rashod L. James # 22665-045 A Federal inmate who was incarcerated at U.S.F. Florence Colorado Prison And Housed with in The S.H.U. (Special Housing unit) On B Rang Cell #130 with Fellow inmate Alejandro ~~Domenech~~ Domenech # 13008-040 And witnessed The Event on 02-22-2017

- I witnessed The Following statements -

① That I was I/m Domenech's Cellmate.

② That I/m Domenech woke Me Due To Hi's severe Chest Pains.

③ That I/m Domenech Tried To walk The Duress Button And passed Out.

④ That I pressed The Duress Button Around 3Am seeking Medical Attention For My cellmate.

⑤ That I kicked Our Cell Door To Bring S.H.U OFFICERS TO Our cell.

⑥ That S.H.U OFFICERS Did Not Respond Till An Hour AFTER I pressed The Duress Button

x

EX. B

②

⑦ S.H.U. OFFICER MR. J. ISON WAS THE -
RESPONDING OFFICER.

⑧ THAT I IMMEDIATELY NOTIFIED THIS
OFFICER OF I'M DOMENECH MEDICAL EMERGENCY
(SEVERE CHEST PAINS AND BEING PASSED OUT - ✓)

⑨ THAT S.H.U. OFFICER'S WITNESSED I'M -
DOMENECH PASSED OUT.

⑩ THAT S.H.U. OFFICER J. ISON SAID IT
WASN'T CHEST PAINS BUT AN OVERDOSE ON
K-2 AND WALKED OFF MY CELLMATE REMAINED
ON THE FLOOR COMING IN AND OUT DUE TO ALL
THE CHEST PAINS I DIDN'T WANT TO MOVE HIM
FOR FEAR OF CAUSING HIS DEATH.

⑪ THAT SHU OFFICER J. ISON DID NOT RESET
THE CELL DRESS BUTTON

⑫ THAT MY CELLMATE CONDITION WAS IGNORED
AND ALL THE OTHER INMATES ON THE RANGE PLEASE
FOR HELP EVEN DURING THE 5AM COUNT.

⑬ THAT IT WASN'T TILL AROUND 7AM WHEN
SHU STAFF OFFICER J. ISON FINALLY TOOK MY
CELLMATE'S CONDITION SERIOUS.

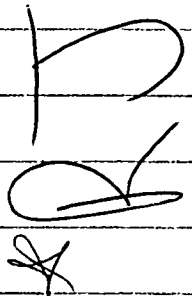
EX. B

3

(14) That Lt And Responding Staff Took Over 4 Hours To Remove I/m Domenech Around 7Am with No Medical Staff on Hand Cuffed Him And Dragged Him OFF The Range By Hi's Cuffed Arms And Took Him To S.H.U Medical XExam Room.

I Rashod L. James # 22665-045 Do Declare under penalty of Perjury That The Forgoing is True And Correct.

Signed This Sep-01-2018



x Rashod James # 22665-045
RASHOD JAMES # 22665-045

EX. B

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DOMENECH, ALEJANDRO SERRANO	Reg #: 13008-040
Date of Birth: 07/28/1973	Sex: M Race: WHITE
Encounter Date: 02/22/2017 07:35	Facility: FLP
Provider: Rattan, S. MLP	Unit: Z03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Rattan, S. MLP

Chief Complaint: Other Problem

Subjective: Inmate was found lying on the floor early this morning by the officer and brought to medical on journey

On this writer's arrival, inmate is lying on the journey, wincing with pain

Deep pressure at glabella reveals no reaction

EKG has artifacts but ST-T waves were unremarkable

Pain: Yes

Pain Assessment

Date: 02/22/2017 07:37

Location: Chest-Left

Quality of Pain: Sharp

Pain Scale: Unavailable

Intervention: transfer to ER

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-2 Days

Duration: 1-2 Days

Exacerbating Factors: none

Relieving Factors: none

Comments:

WHO WAS THE OFFICER

WHAT TIME HE WAS FOUND ON THE FLOOR - >>

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
02/22/2017	07:34 FLX	106	Via Machine	Regular	Rattan, S. MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
02/22/2017	07:34 FLX	16	Rattan, S. MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
02/22/2017	07:34 FLX	142/96	Right Arm	Lying	Adult-regular	Rattan, S. MLP

Blood Glucose:

<u>Date</u>	<u>Time</u>	<u>Value (mg/dl)</u>	<u>Type</u>	<u>Regular Insulin</u>	<u>Provider</u>
02/22/2017	07:34 FLX	120	Random		Rattan, S. MLP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
02/22/2017	07:41 FLX	98	Room Air	Rattan, S. MLP

Exam:

EX. C

EXHIBIT C

Inmate Name: DOMENECH, ALEJANDRO SERRANO

Date of Birth: 07/28/1973

Encounter Date: 02/22/2017 07:35

Sex: M Race: WHITE
 Provider: Rattan, S. MLP

Reg #: 13008-040
 Facility: FLP
 Unit: Z03

Exam:

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2
 No: M/R/G

Abdomen

Inspection

Yes: Within Normal Limits

Auscultation

Yes: Normo-Active Bowel Sounds

Exam Comments

Inmate is drowsy, pupils 2 mm fixed bilaterally
 Examination of skin reveals no injury

ASSESSMENT:

Injury, unspecified, T1490 - Current - R/O OD

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	02/22/2017	02/22/2017	Emergent	No	

Subtype:

Emergency Room

Reason for Request:

43 yo male found lying on the floor, EKG unremarkable, pupils 2 mm fixed bilaterally. Transfer to ER for

toxicology tests

Provisional Diagnosis:

R/O Overdose

Disposition:

Transfer to Local Hospital

Other:

- Examined by physician in addition
- Will transfer to local ER for toxicology

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
02/22/2017	Not Done		Rattan, S.	No Participator

EX. C

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DOMENECH, ALEJANDRO SERRANO	Reg #: 13008-040
Date of Birth: 07/28/1973	Sex: M Race: WHITE Facility: FLP
Encounter Date: 02/22/2017 07:54	Provider: Rattan, S. MLP Unit: Z03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Rattan, S. MLP

Chief Complaint: Other Problem

Subjective: Ambulance on the way

Inmate woke up, sitting, second set of vitals documented
 Reports sharp and oppressive chest pain radiating to left arm, states that chest pain was
 10/10 initially and now it is 4/10
 Significant family hx of heart disease

Pain: Yes

Pain Assessment

Date: 02/22/2017 07:56
Location: Chest-Left
Quality of Pain: Sharp
Pain Scale: 10
Intervention: transfer to ER
Trauma Date/Year:
Injury:
Mechanism:
Onset: 6-12 Hours
Duration: 6-12 Hours
Exacerbating Factors: none
Relieving Factors: none
Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
02/22/2017	07:54 FLX	98.0	36.7	Oral	Rattan, S. MLP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
02/22/2017	07:54 FLX	83	Via Machine	Regular	Rattan, S. MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
02/22/2017	07:54 FLX	14	Rattan, S. MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
02/22/2017	07:54 FLX	143/86	Left Arm	Sitting	Adult-regular	Rattan, S. MLP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
-------------	-------------	-----------------	------------	-----------------

Inmate Name: DOMENECH, ALEJANDRO SERRANO

Date of Birth: 07/28/1973

Encounter Date: 02/22/2017 07:54

Sex: M Race: WHITE
Provider: Rattan, S. MLP

Reg #: 13008-040
Facility: FLP
Unit: Z03

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
02/22/2017	07:54 FLX	100	Room Air	Rattan, S. MLP

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3; Appears in Pain, Pale

ASSESSMENT:

Injury, unspecified, T1490 - Current

PLAN:

Disposition:

Transfer to Local Hospital

Other:

Will transfer to ER for R/O Overdose, most likely K2

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
02/22/2017	Counseling	Plan of Care	Rattan, S.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Rattan, S. MLP on 02/22/2017 08:03

EX. C

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DOMENECH, ALEJANDRO SERRANO	Reg #:	13008-040
Date of Birth:	07/28/1973	Sex:	M Race: WHITE
Note Date:	02/28/2017 07:06	Provider:	Resto, William MD/CD
		Facility:	FLP
		Unit:	Z07

Review Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Resto, William MD/CD

Cardiac cath done 02/23/17 due to chest pain with high troponin. Single vessel obstructive coronary artery disease with totally occluded and collateral circumflex reduced to 0% stenosis after drug-eluting stent placement(angioplasty).

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Cardiology	03/31/2017	03/31/2017	Routine	No	

Subtype:

Offsite Appt

Reason for Request:

43y/o Hispanic male with hx of HTN, migraine 02/22/17 presented chest pain + SOB in the early morning. transferred to hospital, ekg grossly normal but troponin was high. Non Stemi infarct. Cardiac cath done 02/23/17 due to chest pain with high troponin. Single vessel obstructive coronary artery disease with totally occluded and collateral circumflex reduced to 0% stenosis after drug-eluting stent placement(angioplasty).
Follow up

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Resto, William MD/CD on 02/28/2017 07:11

EX. C

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DOMENECH, ALEJANDRO SERRANO	Reg #: 13008-040
Date of Birth: 07/28/1973	Sex: M Race: WHITE Facility: FLP
Note Date: 02/23/2017 07:07	Provider: Resto, William MD/CD Unit: Z03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Resto, William MD/CD

43y/o Hispanic male evaluated Feb 22 2017-Sent to hospital for chest pain(Heart attack?)_ Before go to hospital I spoke with patient Feb 22 2017: he referred that has had chest pain x 2 days, mid chest pressure/crushing radiated to left arm last seconds and goes and comes. Strong family hx of heart diseases. He was sent to St Mary Thomas hospital via AMR, then transferred t St Mary Corwin hospital due to suspect heart attack.

Copay Required: No
Telephone/Verbal Order: No

Cosign Required: No

Completed by Resto, William MD/CD on 02/23/2017 07:15 .

EX. C

St. Thomas More

PT: DOMENECH, ALEJANDRO S
DOB: 07/28/1973, 43, M
UNIT #: TM00198964
REPORT #: 0222-0508

ADM: 02/22/17 0914
ED DOS: 02/22/17 0914
ACCOUNT #: TA0000465869
LOC: STED
Lins, Robert Dean Jr DO

EMERGENCY DEPARTMENT REPORT
Signed

ED HPI/ROS/HIST/PE

Provider Sign up / Triage

Provider Sign up/Time Seen: 09:17

Nurses' Note:

PT TO ED SENT FROM USP; THEY WERE REPORTING THE PATIENT PRESENTED WITH CONFUSION AROUND 0430 THIS AM. FACILITY REPORTS THEY WOULD LIKE HIM TESTED FOR K2 / INGESTION. PT DENIES INGESTING ANY DRUGS OTHER THAN PRESCRIPTION. FACILITY WAS NOTIFIED WE DONT HAVE CAPABILITY FOR K2 TESTING. PT ON ARRIVAL C/O STERNAL CP THAT HAPPENED THIS AM FOR A FEW SECONDS, HE ALSO REPORTS IT HAPPENED YESTERDAY.

HPI/ROS

CHIEF COMPLAINT: Chest pain, altered mental status

HISTORY OF PRESENT ILLNESS: This is a 43-year-old male that presents with chest pain. He says it began at 3:00 this morning and lasted for approximately 20-30 minutes. He says he was short of breath. He had a similar episode yesterday. No chest pains prior to this but he said abdominal pain for the past 3 months. He described it as cramping and intermittent. He denies he is having any pain at this time. He is never had a stress test or cardiac workup. He says his mother had a heart attack but she is alive and currently age 59. This morning medical evaluated him and thought he was confused and sent him to the ER because they would like him tested for drug ingestion particularly K2. At this time he seems interactive and not confused. He does have a history of migraines but has not been having any headaches. No recent illness otherwise such as fever, cough, runny nose, sore throat, rash, or diarrhea.

REVIEW OF SYSTEMS:

Constitutional: No fever, no chills.

Eyes: No discharge.

ENT: No sore throat.

FACILITY: ST

Signed
EMERGENCY DEPARTMENT REPORT

Additional copy
PAGE 1 of 6

EX. D

PT: DOMENECH, ALEJANDRO S
 REPORT #: 0222-0508

ACCOUNT #: TA0000465869
 UNIT #: TM00198964

13008-040

He was given aspirin. EKG shows normal sinus rhythm with no acute ST segment elevation or depression. Normal QRS complex.

Chest x-ray is normal

Lab work is normal except his troponin which was elevated 0.26

Given his symptomatology with chest pain and elevated troponin we will transfer him to St. Mary Corwin to be evaluated by cardiologist. He may need further evaluation such as stress test or heart catheterization

I discussed this with Dr. Bhattarai who is the hospital St. Mary Corwin and he accepts him for transfer.

His vital signs of unstable he's been pain-free in the emergency room. He was given a dose of Lovenox

Medical History

Coded Allergies:

No Known Allergies (Unverified, 2/22/17)

Physical Exam

Constitutional

Vital Signs

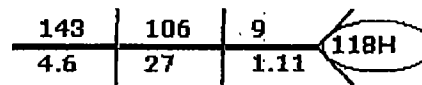
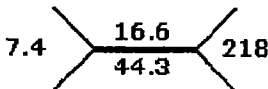
Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
2/22/17 09:14	36.23	68		142/89	99	Room Air		

Medical Decision Making

Laboratory Results

CBC & BMP Diagram

2/22/17 09:25



Hematology

Test	2/22/17 09:25
RBC	5.23
MCV	85
MCH	31.7
MCHC	37.5 H
RDW	12.1
MPV	9.8
Immature Gran % (Auto)	0.1

Ful

FACILITY: ST

Signed
 EMERGENCY DEPARTMENT REPORT

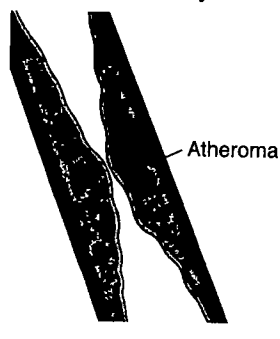
Physician Copy
 PAGE 3 of 6

EX. D

Gery

he other end of this artery is very cannot be used or if there ne blockage, a section of a from the saphenous vein, n the groin to the ankle—is the section (graft) is attached the other to a coronary artery cked area. Sometimes a vein addition to the mammary

Cross Section of a Partially Blocked Artery



In the United States, more than 1.1 million people have a heart attack each year; about two thirds of them are men. Almost all of them have underlying coronary artery disease.

A heart attack usually occurs when a blockage in a coronary artery greatly reduces or cuts off the blood supply to an area of the heart. If the supply is greatly reduced or cut off for more than a few minutes, heart tissue dies.

Causes

A blood clot is the most common cause of a blocked coronary artery. Usually, the artery is already partially narrowed by atheromas. An atheroma may rupture or tear, narrowing the artery further and making blockage by a clot more likely. The ruptured atheroma not only reduces the flow of blood through an artery but also releases substances that make platelets stickier, further encouraging clots to form.

Uncommonly, a heart attack results when a clot forms in the heart itself, breaks away, and lodges in a coronary artery. Another uncommon cause is a spasm of a coronary artery that stops blood flow. Spasms may be caused by drugs. Sometimes the cause is unknown.

Symptoms

About two of three people who have heart attacks experience intermittent chest pain (angina▲); shortness of breath, or fatigue a few days or weeks beforehand. The episodes of pain may become more frequent and occur after less and less physical exertion. Such a change in the pattern of chest pain (unstable angina■) may culminate in a heart attack.

Usually, the most recognizable symptom of a heart attack is pain in the middle of the chest that may spread to the back, jaw, or left arm. Less often, the pain spreads to the right arm. The pain may occur in one or more of these places and not in the chest at all. The pain of a heart attack is similar to the pain of angina but is generally more severe, lasts longer, and is not relieved by rest or nitroglycerin. Less often, pain is felt in the abdomen, where it may be mistaken for indigestion, especially because belching may bring partial or temporary relief.

About one third of people who have a heart attack do not have chest pain. Such people are more likely to be women, people who are not white, those who are older than 75, those who have heart failure or diabetes, or those who have had a stroke.

Other symptoms include a feeling of faintness, sudden heavy sweating, nausea, shortness of breath, and a heavy pounding of the heart.

Abnormal heart rhythms (arrhythmias) occur in more than 90% of people who have had a heart attack. Immediately and up to a few days after a heart attack, abnormal heart rhythms are a common reason that the heart cannot pump adequately. Abnormal heart rhythms originating in the ventricles (ventricular arrhythmias) may greatly interfere with the heart's pumping ability or may cause the heart to stop pumping effectively (cardiac arrest). A loss of consciousness or death can result. Sometimes loss of consciousness is the first symptom of a heart attack.

During a heart attack, a person may become restless, sweaty, and anxious and may experience a sense of impending doom. The lips, hands, or feet may turn slightly blue.

Older people may have unusual symptoms. In many, the most obvious symptom is breathlessness. Symptoms may resemble those of a stomach upset or a stroke. Older people may become disoriented. Nonetheless, about two thirds of older people have chest pain as do younger people. Older people, especially women, often take longer than younger people to admit they are ill or to seek medical help.

Despite all the possible symptoms, as many as one of five people who have a heart attack have only mild symptoms or none at all. Such a silent heart attack may be recognized only when electrocardiography (ECG) is routinely performed some time afterward.

During the early hours of a heart attack, heart murmurs and other abnormal heart sounds may be heard through a stethoscope.

Complications

The heart's ability to keep pumping after a heart attack is directly related to the extent and location of the damaged or dead tissue. Dead tissue is eventually replaced by scar tissue, which does not contract. Because each coronary artery supplies a specific area of the heart, the location of the damage is determined by which artery is blocked. If more than half of the heart tissue is damaged or dies, the heart generally cannot function, and severe disability or death is likely. Even when damage is less extensive, the heart may be unable to pump adequately, resulting in heart

▲ see page 202

■ see page 203

EX. E

ues to remove atheromas in f tiny blades, burrs, or lasers to ibrous, and calcified atheromas aving, crushing, or dissolving these techniques are still being so far, the results, especially rm, have been disappointing.

Heart Attack

(myocardial infarction) is a ency in which some of the pply is suddenly and severely off, causing the heart muscle o die because it is deprived of ly.

Blood Clots

In about 40 to 50% of people who have had a heart attack, clots form in arteries supplying the heart, over the area of dead heart muscle. In up to 5% of these people, parts of the clots break off, travel through the bloodstream, and lodge in smaller blood vessels throughout the body. They may block the blood supply to part of the brain (causing a stroke) or to other organs. Echocardiography may be performed to detect clots forming in the heart or to determine whether a person has factors that make clots more likely to form. For example, an area of the left ventricle may not be beating as well as it should. Doctors often prescribe anticoagulants such as heparin and warfarin to help prevent clot formation. Heparin is given intravenously in the hospital or at least 2 days. Then, if the heart attack was massive or if areas of the heart are not beating well, warfarin is given by mouth. It is usually taken for 3 to 6 months after a heart attack. Aspirin, once started, should be taken indefinitely if possible.

Heart Failure

In a heart attack, part of the heart muscle dies. Consequently, there is less muscle to pump blood. If enough muscle dies, the heart's pumping ability may be so reduced that the heart cannot meet the body's need for blood and oxygen, and heart failure develops.

failure or shock. The damaged heart may enlarge, partly to compensate for the decrease in pumping ability (a larger heart beats more forcefully). Enlargement of the heart makes abnormal heart rhythms more likely.

Pericarditis (inflammation of the membranes enveloping the heart) may develop in the first day or two after a heart attack or about 10 days to 2 months later. Symptoms of early developing pericarditis are seldom noticed, because symptoms of the heart attack are more prominent. However, pericarditis produces a scratchy rhythmic sound that can sometimes be heard through a stethoscope 2 to 3 days after a heart attack. Later developing pericarditis is usually called Dressler's (post-myocardial infarction) syndrome. This syndrome causes fever, pericardial effusion (extra fluid in the space between the two layers of the pericardium), pleurisy (inflammation of the pleura, which are the membranes covering the lungs), pleural effusion (extra fluid in the space between the two layers of the pleura), and joint pain.

Other complications after a heart attack include rupture of the heart muscle, a bulge in the wall of the ventricle (ventricular aneurysm), blood clots (emboli), and low blood pressure (hypotension). Nervousness and depression are common after a heart attack. Depression after a heart attack may be significant and may persist.

Diagnosis

Whenever a man over age 35 or a woman over age 50 reports chest pain, doctors usually consider the possibility of a heart attack. But several other conditions can produce similar pain: pneumonia, a blood clot in the lung (pulmonary embolism), pericarditis, a rib fracture, spasm of the esophagus, indigestion, or chest muscle tenderness after injury or exertion.

Electrocardiography (ECG)▲ and certain blood tests can usually confirm the diagnosis of a heart attack within a few hours.

ECG is the most important initial diagnostic procedure when doctors suspect a heart attack. This procedure provides a graphic representation of the electrical current producing each heartbeat—the electrocardiogram (the ECG). In many instances, it immediately shows that a person is having a heart attack. Several abnormalities may be detected by ECG, depending mainly on the size and location of the heart muscle damage. If a person has had previous heart problems, which can

alter the ECG, the current muscle damage may be harder for doctors to detect. Such people should carry a small copy of their ECG in their wallets, so that if they have symptoms of a heart attack, doctors can compare the previous ECG with the current ECG. If a few ECGs recorded over several hours are normal, doctors consider a heart attack unlikely.

Measuring levels of certain substances (called serum markers) in the blood also helps doctors diagnose a heart attack. The presence of these substances in the blood indicates damage to or death of heart muscle. These substances are normally found in heart muscle but are released into the bloodstream when heart muscle is damaged. Most commonly measured is an enzyme called CK-MB. Levels in the blood are elevated within 6 hours of a heart attack and remain elevated for 36 to 48 hours. Levels of CK-MB are usually checked when the person is admitted to the hospital and at 6- to 8-hour intervals for the next 24 hours. However, two proteins called troponin T and troponin I may be more specific markers for damage to the heart. These proteins are involved in muscle contraction and are released into the bloodstream when cells are damaged.

When ECG and serum marker measurements do not provide enough information, echocardiography or radionuclide imaging may be performed. Echocardiography may show reduced motion in part of the wall of the left ventricle (the heart chamber that pumps blood to the body). This finding suggests damage due to a heart attack. Radionuclide imaging may show a persistent reduction in blood flow to an area of the heart muscle, suggesting scar tissue due to a heart attack.

Dressler's syndrome (pericarditis that develops 10 days to 2 months after a heart attack) is diagnosed based on the symptoms it produces and on the time it occurs.

Treatment

A heart attack is a medical emergency. Half of deaths due to a heart attack occur in the first 3 or 4 hours after symptoms begin. The sooner treatment begins, the better the chances of survival. Anyone having symptoms that might indicate a heart attack should obtain prompt medical attention. Prompt transportation to a hospital's emergency department by an ambulance with trained personnel may save the person's life. Trying to contact

▲ see page 122

EX. E

St. Mary Corwin Hospital

PT: DOMENECH, ALEJANDRO S
DOB: 07/28/1973, 43, M
UNIT #: MM00690603
REPORT #: 0224-1452

ADM: 02/22/17 1037
LOC: MC2WEST2 MC2507-1 (DIS IN)
ACCOUNT #: MA0001030130
Bhattarai, Shiva MD

DISCHARGE SUMMARY

Signed

13008-040

DATE OF ADMISSION: 02/22/2017 DATE OF DISCHARGE: 02/24/2017

REASON FOR ADMISSION: Chest pain.

PRIMARY CARE PHYSICIAN: Florence prison physician.

PRIMARY DISCHARGE DIAGNOSES:

- 1. Acute coronary artery disease with total occluded circumflex coronary artery, status post PCI.
- 2. Non-ST-elevation myocardial infarction.
- 3. Hyperlipidemia.

CONSULTS: Cardiology, Dr. Gibson.

PROCEDURE: Cardiac catheterization on February 23, 2017 showing 100% occlusion of circumflex coronary artery which was open with drug-eluting stent.

LABS AND IMAGING: WBC 6.0, hemoglobin 15.5, platelets 209 with no segments and bands. Sodium 141, potassium 3.7, bicarb 23, creatinine 1.03. Hemoglobin A1c 6.1. Troponin 1.4, trending up to 4.8. LDL 145. INR not done.

HOSPITAL COURSE: Mr. Domenech is a 43-year-old male from Florence, inmate, who was sent initially to St. Thomas More from his prison when he was found lying on the floor confused and complaining of chest pain. The patient was found to have elevated troponin of 0.2, which is when patient was transferred to our hospital for further management and cardiology consultation. The patient was admitted in telemetry. Urine drug screen was negative and EKG showed no acute ST elevation or depression. Troponin was increased from 0.2 to 1.4 and 4.8 overnight when Cardiology was consulted and patient was taken for cardiac catheterization and found to have total occlusion of circumflex coronary artery, and was open with drug-eluting

FACILITY: MC

Ful

Signed
DISCHARGE SUMMARY

Physician Copy
Page 1 of 2

EX. F

PT: DOMENECH, ALEJANDRO S
REPORT #: 0224-1452

ACCOUNT #: MA0001030130
UNIT #: MM00690603

13008-040

stent. Post stenting, patient remained stable on aspirin, Plavix, metoprolol, and statin. Patient did not have any events on telemetry overnight. Remained stable and tolerating oral diet, and was discharged back to Florence Federal Hospital today.

DISCHARGE MEDICATIONS:

1. Aspirin 81 daily.
2. Atorvastatin 80 at h.s.
3. Plavix 75 daily.
4. Lisinopril 5 daily.
5. Metoprolol 12.5 p.o. b.i.d.

FOLLOWUP: Cardiology with Dr. Gibson in 1 month, and PCP in 7 days.

I spent 35 minutes in discussion and discharge of the patient.

MEDQ-UW/JOB#597429/732690362

Dictated by: Bhattarai, Shiva MD

D: 02/24/17 1738
T: 02/24/17 1820 ZZZ

CO-SIGNER:

ELECTRONICALLY SIGNED BY: Bhattarai, Shiva MD

S: 02/25/17 1340

ELECTRONICALLY CO-SIGNED BY:

S:

ITS DELIVERY DATE/TIME: 02/24/17 1830

DISTRIBUTION LIST:

- BHATSH - Shiva Bhattarai MD
 - GIBSGE - George Douglas Gibson MD
 - REFEUN - Unknown Referring
 - xAMERCOHC - Healthcare xAmerican Correctional
- **END**

FACILITY: MC

Fup

Signed
DISCHARGE SUMMARY

Physician Copy
Page 2 of 2

EX. F

RUN DATE: 02/23/17
 RUN TIME: 0327

LAB *LIVE*

PAGE 1

Summary Discharge Report - Do not Destroy

LOCATION

PATIENT: DOMENECH ALEJANDRO S	ACCT: TA0000465869	LOC: STED	U: TM00198964
REG DR: Lins, Robert Dean Jr DO	AGE/SEX: 43/M	ROOM:	REG: 02/22/17
	STATUS: REG ER	BED:	DIS:

*** HEMATOLOGY ***

Date	Time		Reference	Units
	FEB 22			
	0925			
=> WHITE BLOOD COUNT	7.4		(4.0-9.6)	1000/uL
=> RBC	5.23		(4.40-5.89)	mil/uL
=> HEMOGLOBIN	16.6		(13.9-17.4)	g/dl
=> HEMATOCRIT	44.3		(40.6-50.3)	%
=> PLATELET COUNT	218		(150-400)	1000/uL
=> MCV	85		(81-99)	fl
=> MCH	31.7		(26.7-34.1)	pg
=> MCHC	37.5	H	(31.0-36.1)	g/dL
=> RDW	12.1		(11.7-14.6)	%
=> MPV	9.8			fl
=> NEUTROPHILS #	4.7		(1.7-6.4)	1000/uL
=> LYMPHOCYTES #	2.0		(1.1-3.5)	1000/uL
=> MONOCYTES #	0.6		(0.3-0.9)	1000/uL
=> EOSINOPHILS #	0.1		(0.0-0.6)	1000/uL
=> BASOPHILS #	0.0		(0.0-0.1)	1000/uL
=> NEUTROPHILS %	64			%
=> LYMPHOCYTES %	27			%
=> MONOCYTES %	8			%
=> EOSINOPHILS %	1			%
=> BASOPHILS %	0			%

*** URINALYSIS ***

Date	Time		Reference	Units
	02/22/17			
	1141			
COLL METHOD	VOIDED			
APPEARANCE	Clear		[Clear]	
COLOR	Yellow(a)			
PH UR	5.5		[5.0-8.0]	
SPEC GRAV UR	<1.005		[<1.030]	
UR GLU (ua)	Negative		[Negative]	mg/dL
BLOOD, URINE	Negative		[Negative]	
KETO UR	Negative		[Negative]	mg/dL
PROTEIN UR	Negative		[Negative]	mg/dL
BILIRUBIN UR	Negative		[Negative]	
UROBILINOGEN	0.2		[<2.0]	mg/dL
LEUK ESTERASE U	Negative		[Negative]	
NITRITE UR	Negative		[Negative]	

NOTES: (a) Normal reference range:
 STRAW, LT. YELLOW, YELLOW, and DK. YELLOW

Patient: DOMENECH, ALEJANDRO S Age/Sex: 43/M Acct: TA0000465869 Unit: TM00198964

EX. 6

RUN DATE: 02/23/17
 RUN TIME: 0327

LAB *LIVE*

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Summary Discharge Report - Do not Destroy

LOCATION

Patient: DOMENECH, ALEJANDRO S TA0000465869 (Continued)

*** CHEMISTRY ***

Date Time	FEB 22 0925		Reference	Units
=> SODIUM	143		(136-145)	mmol/L
=> POTASSIUM	4.6		(3.5-5.1)	mmol/L
=> CHLORIDE	106		(96-111)	mmol/L
=> CARBON DIOXIDE	27		(20-30)	mmol/L
=> ANION GAP	14(b)		(6-18)	
=> BLOOD UREA NITROGEN	9		(6-24)	mg/dL
=> CREATININE	1.11		(0.65-1.36)	mg/dL
=> BUN/CREATININE RATIO	8		(6-25)	
=> GLOMERULAR FILTRATION	81(c)			
=> GLUCOSE	118 H		(70-99)	mg/dL
=> CALCIUM	9.2		(8.3-10.1)	mg/dL
=> BILIRUBIN, TOTAL	1.0		(0.2-1.2)	mg/dL
=> AST/SGOT	29		(7-37)	U/L
=> ALT/SGPT	30		(12-78)	U/L
=> PROTEIN, TOTAL BLOOD	7.6		(6.4-8.2)	g/dL
=> ALBUMIN	3.9		(3.4-5.3)	g/dL
=> GLOBULIN [CALCULATED]	3.7		(2.2-4.2)	g/dL
=> ALBUMIN/GLOBULIN RATIO	1.1		(0.8-2.0)	
=> ALKALINE PHOSPHATASE	53		(20-125)	U/L
=> TROPONIN, I	0.265 H		(<0.046)	ng/mL
=> LIPASE	124		(73-393)	U/L

*** TOXICOLOGY ***

Date Time	02/22/17 1141		Reference	Units
AMP SCRIN UR	NONE DETECTED(d)		[NONE DETECT]	
BARB SCRIN UR	NONE DETECTED(e)		[NONE DETECT]	
BENZ SCRIN UR	NONE DETECTED(f)		[NONE DETECT]	

NOTES: (b) Anion gap = (Na+K)-(Cl+CO2)
 (c) units = mL/min/1.73 m2
 GFR results <60 for 3 months or longer: Chronic Kidney Disease
 GFR result <15 : Kidney Failure
 For African Americans, multiply the GFR result by 1.159
 Formula used is CKD-EPI equation.
 (d) Threshold Level (1000 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (e) Threshold Level (200 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (f) Threshold Level (200 ng/mL)
 Unconfirmed, must not be used for non-medical purposes

Patient: DOMENECH, ALEJANDRO S Age/Sex: 43/M AcctTA0000465869 UnitTM00198964

EX. 6

RUN DATE: 02/23/17
 RUN TIME: 0327

LAB *LIVE*

PAGE 3

Summary Discharge Report - Do not Destroy

LOCATION

Patient: DOMENECH, ALEJANDRO S		TA0000465869		(Continued)		
*** CHEMISTRY (continued) *** *** TOXICOLOGY (continued) ***						
Date	02/22/17					
Time	1141			Reference	Units	
THC SCR N UR	NONE DETECTED(g)			[NONE DETECT]		
COCAINE SCR N UR	NONE DETECTED(h)			[NONE DETECT]		
OPIATE UR SCR N	NONE DETECTED(i)			[NONE DETECT]		
Test	Day	Date	Time	Result	Reference	Units
=> IMM GRANULOCYTE	1	FEB 22	0925	0.01	(<0.10)	1000/uL
=> IMMATURE GRANUL	1	FEB 22	0925	0.1		%
=> VERIFY DIFF	1	FEB 22	0925	Auto diff		
=> ECSTASY (MDMA)	1	FEB 22	1141	(j)	(NONE DETECT)	
NOTES: (g) Threshold Level (50 ng/mL) Unconfirmed, must not be used for non-medical purposes (h) Threshold Level (300 ng/mL) Unconfirmed, must not be used for non-medical purposes (i) Threshold Level (300 ng/mL) Unconfirmed, must not be used for non-medical purposes (j) NONE DETECTED Threshold Level (500 ng/mL) Unconfirmed, must not be used for non-medical purposes						
Patient: DOMENECH, ALEJANDRO S		Age/Sex: 43/M		AcctTA0000465869 UnitTM00198964		

EX. 6

DATE: 02/24/17 @0214 USER: AMEIGS EDM.PAT.print.patient.rpt.portrait	EDM *LIVE* SOUTH ED Transfer Report	PAGE 1																														
Patient: DOMENECH, ALEJANDRO S ED Provider: Lins, Robert Dean Jr DO	Age/Sex: 43/M	Acct No: TA0000465869 Unit No: TM00198964																														
Patient Demographic																																
PO BOX 10269 JACKSONVILLE, FL 32247 (855)292-9526 Insurance: AMERICAN CORRECTIONAL FLORENCE PCP: American Correctional Hlthcare Provider Group: Next of Kin: HEALTHCARE, AMERICAN CORRECTION Family Doctor: Relation: WARD OF COURT Referring: American Correctional Hlthcare Phone: (855)292-9526																																
Summary Information																																
ED Physician: Lins, Robert Dean Jr DO Practitioner: Nurse: CHRISTIE N MULL, RN	Arrival Date/Time: 02/22/17 - 0914 Triage Date/Time: 02/22/17 - 0914 Date of Birth: 07/28/1973																															
Stated Complaint: AMS Chief Complaint: Chest Pain	Priority/Severity: 2/9																															
Past Medical, Surg, Social Hx																																
<u>02/22/17 0954 ED History</u> Informant Patient: Headaches Y		<i>CHRISTIE N MULL, RN</i>																														
Vital Signs																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date/Time</th> <th>BP Systolic</th> <th>BP Diastolic</th> <th>Pulse Rate</th> <th>Respiratory Rate</th> <th>User</th> </tr> </thead> <tbody> <tr> <td>02/22/17 0914</td> <td>142</td> <td>89</td> <td>68</td> <td></td> <td>CMULL, RN</td> </tr> <tr> <td>02/22/17 1000</td> <td>126</td> <td>88</td> <td>68</td> <td></td> <td>CMULL, RN</td> </tr> <tr> <td>02/22/17 1030</td> <td>152</td> <td>79</td> <td>74</td> <td></td> <td>CMULL, RN</td> </tr> <tr> <td>02/22/17 1100</td> <td>133</td> <td>85</td> <td>68</td> <td></td> <td>CMULL, RN</td> </tr> </tbody> </table>			Date/Time	BP Systolic	BP Diastolic	Pulse Rate	Respiratory Rate	User	02/22/17 0914	142	89	68		CMULL, RN	02/22/17 1000	126	88	68		CMULL, RN	02/22/17 1030	152	79	74		CMULL, RN	02/22/17 1100	133	85	68		CMULL, RN
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Date/Time	Temperature (Fahrenheit)	Temperature (Calculated Celsius)	User																													
02/22/17 0914	97.2	36.23	CMULL, RN																													
Allergies																																
No Known Allergies																																
Triage																																
<u>02/22/17 0914 ED Ambulance Triage Assessment</u>		<i>CHRISTIE N MULL, RN</i>																														
Ambulance Form: Ambulance/Helicopter Arrival + Yes Transporting Agency Am Med Response Pre-Hospital Vital Signs: PTA Pulse Rate 67 PTA BP Systolic 135 PTA BP Diastolic 85																																
Patient: DOMENECH, ALEJANDRO S																																

EX. 6

DATE: 02/24/17 @0214 USER: AMEIGS EDM.PAT.print.patient.rpt.portrait	EDM *LIVE* SOUTH ED Transfer Report	PAGE 2
Patient: DOMENECH, ALEJANDRO S ED Provider: Lins, Robert Dean Jr DO	Age/Sex: 43/M	Acct No: TA0000465869 Unit No: TM00198964
<p>PTA Pulse OX 95 PTA Oxygen Delivery Room Air <u>Patient Presented to ED:</u> Triage Assessment PT TO ED SENT FROM USP; THEY WERE REPORTING THE PATIENT PRESENTED WITH CONFUSION AROUND 0430 THIS AM. FACILITY REPORTS THEY WOULD LIKE HIM TESTED FOR K2 INGESTION. PT DENIES INGESTING ANY DRUGS OTHER THAN PRESCRIPTION. FACILITY WAS NOTIFIED WE DONT HAVE CAPABILITY FOR K2 TESTING. PT ON ARRIVAL C/O STERNAL CP THAT HAPPENED THIS AM FOR A FEW SECONDS, HE ALSO REPORTS IT HAPPENED YESTERDAY.</p> <p>Chief Complaint Chest Pain Priority URGENT/PROMPT <u>Emerging Illnesses:</u> <u>ED Vital Signs:</u> Temperature (Fahrenheit) 97.2 Temperature (Calculated Celsius) 36.23 Pulse Rate 68 BP Systolic 142 BP Diastolic 89 BP Mean 106 Pain Scale 1 Pain Scale Used 0-10 <u>Glasgow Coma Scale:</u> Best Eye Opening Spontaneous Best Verbal Response Oriented Best Motor Response Obeys Commands Glasgow Coma Scale Total 15 <u>Oxygen:</u> O2 Sat by Pulse Oximetry 99 Oxygen Delivery Method Room Air <u>Height:</u> Height (Feet) 5 Height (Inches) 10 Height (Calculated Centimeters) 177.800000 ED Height Type Estimated <u>Weight:</u> Weight (lbs) 190 Weight (Calculated Kilograms) 86.182551 Weight Type Stated <u>Psychosocial:</u> Danger to Self Denies Danger to Others Denies</p>		
Initial Assessment		
<p><u>02/22/17 0954 ED Initial Assessment</u> <i>CHRISTIE N MULL, RN</i></p> <p><u>Skin Assessment:</u> Skin-VEP Yes <u>Neurologic Assessment:</u> Neurologic-VEP Yes <u>Cardiac Assessment:</u> Cardiac-VEP No Cardiac Monitor + Yes Onset Date 02/21/17 <u>Location:</u> Chest Pain Location Sternal <u>Radiation:</u></p>		
Patient: DOMENECH, ALEJANDRO S		

EX. G

DATE: 02/24/17 @0214 USER: AMEIGS EDM *LIVE* SOUTH
 EDM.PAT.print.patient.rpt.portrait ED Transfer Report

PAGE 3

Patient: DOMENECH, ALEJANDRO S
 ED Provider: Lins, Robert Dean Jr DO

Age/Sex: 43/M

Acct No: TA0000465869
 Unit No: TM00198964

Radiation None

Characteristics:

Describe Pain Sharp

Activity/Symptoms:

Activity when pain started At rest

Cardiac Rhythm Sinus Rhythm

Capillary Refill Less than 2 sec

Rt Lower Ext Edema CMS Intact yes

Lt Lower Ext Edema CMS Intact yes

Next Next

Respiratory Assessment:

Respiratory-WEP Yes

Gastrointestinal Assessment:

Gastrointestinal-WEP Yes

Genitourinary Assessment:

Genitourinary-WEP N/A

OB/GYN Assessment:

OB/GYN-WEP N/A

EENT Assessment:

EENT-WEP N/A

Wound:

Wound Problem N/A

Musculoskeletal Assessment:

Musculoskeletal-WEP N/A

Psychological Assessment:

Psychological Problem No

Cultural Concerns Interventions:

Cultural Concerns Assessment No Concerns Identified

Psychosocial Assessment:

Affect Normal

Eye Contact Y

Feelings of Helplessness, Hopelessness or Depression Denies

Danger to Self (Validated Through Assessment) Denies

Danger to Others (Validated Through Assessment) Denies

Support System USP

Barriers None

Learning Method Talking

Nursing Diagnosis, Alteration in: Coping, Cardiac Output

ED Safety & Orientation All

Assessments02/22/17 0954 ED Fall Risk

CHRISTIE N NULL, RN

Fall Risk Screen: Able to Complete Assessment Yes; Presented to ED because of Fall N;

Patient over 70 yrs old N; Male Child less than 12 years old N; Altered Mental Status N;

Ambulates or Transfers with Assistive Devices or Assistance N; Fall Risk Level:Fall Risk Level - Low; Fall Preventative Measures-All Patients:

Orient Patient/Family to Surroundings Y; Keep Call Light Within Reach Y;

Keep Bed in low position and locked Y; Keep Bedrails Up Y;

Keep Personal Patient Items Placed Within Reach Y; Provide Non Slip Footware

Patient's Own Footwear; Addl Precautions for High Risk Patients:

High Fall Risk Band Applied N

02/22/17 0954 ED History

CHRISTIE N NULL, RN

History Informant: Informant Patient; Past Medical History: Headaches Y

Patient: DOMENECH, ALEJANDRO S

EX. G

DATE:02/24/17 @0214 USER: AMEIGS EDM *LIVE* SOUTH EDM.PAT.print.patient.rpt.portrait ED Transfer Report	PAGE 4
Patient: DOMENECH,ALEJANDRO S Age/Sex: 43/M ED Provider: Lins,Robert Dean Jr DO	Acct No: TA0000465869 Unit No: TM00198964
<u>02/22/17 0954 ED Obstructive Sleep Apnea</u> <u>OSA Screening:</u> i Diagnosed with Sleep Apnea by Sleep Study N; S Do You Snore Loudly?Louder than Talking or Heard thru Door N; T Do you often feel tired, fatigued, or sleepy during day N; O Has anyone observed you stop breathing during sleep N; P Do you have/are you being treated for high blood pressure N; i OSA Risk Status Neg Screen (Low Risk)	CHRISTIE N MULL, RN
<u>02/22/17 1000 ED Vital Signs/Monitor</u> <u>Pain Assessment:</u> Reassessment Done + Yes; <u>Pulse / Respirations / Blood Pressure:</u> Pulse Source Pulse Ox; Pulse Rate 68; BP Systolic 126; BP Diastolic 88; BP Mean 101; <u>Oxygen:</u> Pulse Oximetry 95; Oxygen Delivery Room Air	CHRISTIE N MULL, RN
<u>02/22/17 1030 ED Vital Signs/Monitor</u> <u>Pain Assessment:</u> Reassessment Done + Yes; <u>Pulse / Respirations / Blood Pressure:</u> Pulse Source Pulse Ox; Pulse Rate 74; BP Systolic 152; BP Diastolic 79; BP Mean 103; <u>Oxygen:</u> Pulse Oximetry 100; Oxygen Delivery Room Air	CHRISTIE N MULL, RN
<u>02/22/17 1100 ED Vital Signs/Monitor</u> <u>Pain Assessment:</u> Reassessment Done + Yes; <u>Pulse / Respirations / Blood Pressure:</u> Pulse Source Pulse Ox; Pulse Rate 68; BP Systolic 133; BP Diastolic 85; BP Mean 101; <u>Oxygen:</u> Pulse Oximetry 96; Oxygen Delivery Room Air	CHRISTIE N MULL, RN
Treatments	
<u>02/22/17 0927 EKG</u> <u>Emergency Dept - EKG:</u> EKG Done by ED Staff No Physician Notified Y <u>Respiratory Therapy - EKG:</u> EKG by Respiratory EKG (Patient charge)	CATHERINE F SCHLESINGER
<u>02/22/17 0954 ED Height & Weight</u> <u>HT & WT:</u> Ht & Wt Previously Completed Y	CHRISTIE N MULL, RN
<u>02/22/17 0954 ED Medication History Done</u> <u>Medication History:</u> ED Med History Done Yes Source of Information Patient	CHRISTIE N MULL, RN
<u>02/22/17 0954 CARDIAC MONITORING</u> <u>Pain Assessment:</u> Reassessment Done + Yes	CHRISTIE N MULL, RN
<u>02/22/17 0954 IV SALINE LOCK RAINBOW</u>	CHRISTIE N MULL, RN
<u>02/22/17 0954 OXYGEN ORDERS</u>	CHRISTIE N MULL, RN
<u>02/22/17 0954 PULSE OXIMETRY</u>	CHRISTIE N MULL, RN
<u>02/22/17 1012 ED Consult Calls</u> <u>Consult Call:</u> Staff Placed Consult Call - Specialty MD Consulting Physician Name LINS Physician Consulted BHATTARAI	AARON T MEIGS
Patient: DOMENECH,ALEJANDRO S	

EX. G

DATE:02/24/17 @0214 USER: AMEIGS EDM *LIVE* SOUTH
EDM.PAT.print.patient.rpt.portrait ED Transfer Report:

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Patient: DOMENECH,ALEJANDRO S
ED Provider: Lins,Robert Dean Jr DO

Age/Sex: 43/M

Acct No: TA0000465869

Unit No: TM00198964

Time Physician Responded 1012
Time call placed to appropriate Agency 1012
Consult call Comment 866-919-9990

02/22/17 1100 ED Transfer Out of Facility

CHRISTIE N MULL, RN

IV Therapy on Transfer:

Saline Lock Only + Yes

IV Infusion(s) CONTINUED on Admit/Transfer N

Final IV Site Observation Patent/Intact, Line Secured, Not Swollen, Drsg Dry/Inplace,
No Redness

Vital Signs:

Pulse Rate 68

Respiratory Rate 16

Pulse Oximetry 96

Oxygen Delivery Room Air

BP Systolic 105

BP Diastolic 96

BP Mean 99

Pain 0

Pain Scale Used 0-10

Transfer Out of Facility:

Departure Date 02/22/17

Sending Facility St Thomas More ED

Accompanied by EMT, Paramedic

Transferred To ST MARY CORWIN

Transferred by AMR

EMTALA Forms + Yes

Report Given to: AMANDA THOMAS RN

Time of Report 1100

Belongings:

Document Belongings? With Patient

02/22/17 1125 **Acuity Sheet**

CHRISTIE N MULL, RN

TOTAL OF ACUITY POINTS:

Subtotal Of 1pt Acuity Charges 1

Subtotal Assessment/Discharge Functions 2pts 10

GRAND TOTAL 11

ED CATEGORY CHARGE LEVEL-EMERG DEPT ONLY:

Acuity Level FIVE 8+ Points

Special Needs 1pt:

Staff Placed Consult Call - Specialty MD

Fall Risk Level - Low

Assessment/Discharge Functions 2pt:

Cardiac Monitor + Yes

Reassessment Done + Yes

Ambulance/Helicopter Arrival + Yes

EMTALA Forms + Yes

Saline Lock Only + Yes

02/22/17 1125 ED Feed Patient

CHRISTIE N MULL, RN

Food and Fluids:

Fluids Given Water

Tolerated Fluids Passed PO

02/22/17 1144 ED Specimen Collection

CHRISTIE N MULL, RN

Specimen Obtained:

Patient: DOMENECH,ALEJANDRO S

EX. 6

DATE: 02/24/17 @0214 USER: AMEIGS		EDM *LIVE* SOUTH		PAGE 6	
EDM.PAT.print.patient.rpt.portrait		ED Transfer Report			
Patient: DOMENECH, ALEJANDRO S		Age/Sex: 43/M		Acct No: TA0000465869	
ED Provider: Lins, Robert Dean Jr DO		Unit No: TM00198964			
Specimen Collected and Label w/ Pt. ID+ Yes					
Type of Specimen Collected URINE					
Patient Notes					
Entered by AARON T MEIGS on 02/22/17 at 1056					
SPOKE WITH SHAWNA AT AMR TO ARRANGE TRANSFER. ETA WITHIN 30 MINS.					
Patient Procedure Orders					
Ordered	Procedure Name	Ordering Provider	E-Signed		
02/22/17 0921	ED Pulse Ox	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	ED Oxygen Orders	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	ED Cardiac Monitor	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	ED IV Saline Lock Rainbow	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	CBC Diff reflex to Manual Diff	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	Comp Metabolic Panel CMP	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	Troponin I	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	Lipase	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	DX Chest 1v Portable AP CXR	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	EKG Electrocardiogram	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	Urinalysis Rflx Microscopic UA	Lins, Robert Dean Jr DO	Yes		
02/22/17 0921	Drug Screen Urine Tox Utox	Lins, Robert Dean Jr DO	Yes		
02/22/17 1021	ED Transfer Request	Lins, Robert Dean Jr DO	Yes		
Lab Results					
*** HEMATOLOGY ***					
Test	Date	Time	Result	Reference	Units
WBC	02/22/17	0925	7.4	[4.0-9.6]	1000/uL
RBC	02/22/17	0925	5.23	[4.40-5.89]	mil/uL
HGB	02/22/17	0925	16.6	[13.9-17.4]	g/dl
HCT	02/22/17	0925	44.3	[40.6-50.3]	%
PLATELET	02/22/17	0925	218	[150-400]	1000/uL
MCV	02/22/17	0925	85	[81-99]	fl
MCH	02/22/17	0925	31.7	[26.7-34.1]	pg
MCHC	02/22/17	0925	37.5 H	[31.0-36.1]	g/dL
RDW	02/22/17	0925	12.1	[11.7-14.6]	%
MPV	02/22/17	0925	9.8		fl
NEUTRO #	02/22/17	0925	4.7	[1.7-6.4]	1000/uL
LYMPHS #	02/22/17	0925	2.0	[1.1-3.5]	1000/uL
MONOS #	02/22/17	0925	0.6	[0.3-0.9]	1000/uL
EOS #	02/22/17	0925	0.1	[0.0-0.6]	1000/uL
BASOS #	02/22/17	0925	0.0	[0.0-0.1]	1000/uL
NEUTRO %	02/22/17	0925	64		%
LYMPHS %	02/22/17	0925	27		%
MONOS %	02/22/17	0925	8		%
EOS %	02/22/17	0925	1		%
BASOS %	02/22/17	0925	0		%
Patient: DOMENECH, ALEJANDRO S					

EX. G

DATE: 02/24/17 @0214 USER: AMEIGS EDM *LIVE* SOUTH
EDM.PAT.print.patient.rpt.portrait ED Transfer Report

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Patient: DOMENECH, ALEJANDRO S
ED Provider: Lins, Robert Dean Jr DO

Age/Sex: 43/M

Acct No: TA0000465869
Unit No: TM00198964

*** URINALYSIS ***

Test	Date	Time	Result	Reference	Units
COLL METHOD	02/22/17	11:41A	VOIDED		
APPEARANCE	02/22/17	11:41A	Clear	[Clear]	
COLOR	02/22/17	11:41A	Yellow(a)		
PH UR	02/22/17	11:41A	5.5	[5.0-8.0]	
SPEC GRAV UR	02/22/17	11:41A	<1.005	[<1.030]	
UR GLU (ua)	02/22/17	11:41A	Negative	[Negative]	mg/dL
BLOOD, URINE	02/22/17	11:41A	Negative	[Negative]	
KETO UR	02/22/17	11:41A	Negative	[Negative]	mg/dL
PROTEIN UR	02/22/17	11:41A	Negative	[Negative]	mg/dL
BILIRUBIN UR	02/22/17	11:41A	Negative	[Negative]	
UROBILINOGEN	02/22/17	11:41A	0.2	[<2.0]	mg/dL
LEUK ESTERASE	02/22/17	11:41A	Negative	[Negative]	
NITRITE UR	02/22/17	11:41A	Negative	[Negative]	

*** CHEMISTRY ***

Test	Date	Time	Result	Reference	Units
SODIUM	02/22/17	0925	143	[136-145]	mmol/L
POTASSIUM	02/22/17	0925	4.6	[3.5-5.1]	mmol/L
CHLORIDE	02/22/17	0925	106	[96-111]	mmol/L
CO2	02/22/17	0925	27	[20-30]	mmol/L
ANION GAP	02/22/17	0925	14(b)	[6-18]	
BUN	02/22/17	0925	9	[6-24]	mg/dL
CREATININE	02/22/17	0925	1.11	[0.65-1.36]	mg/dL
BUN/CREAT RATIO	02/22/17	0925	8	[6-25]	
GFR	02/22/17	0925	81(c)		
GLUCOSE	02/22/17	0925	118 H	[70-99]	mg/dL
CALCIUM	02/22/17	0925	9.2	[8.3-10.1]	mg/dL
TOTAL BILI	02/22/17	0925	1.0	[0.2-1.2]	mg/dL
AST	02/22/17	0925	29	[7-37]	U/L
ALT	02/22/17	0925	30	[12-78]	U/L
TOTAL PROTEIN	02/22/17	0925	7.6	[6.4-8.2]	g/dL
ALBUMIN	02/22/17	0925	3.9	[3.4-5.3]	g/dL
GLOB	02/22/17	0925	3.7	[2.2-4.2]	g/dL
A/G RATIO	02/22/17	0925	1.1	[0.8-2.0]	
ALK PHOS	02/22/17	0925	53	[20-125]	U/L
TROPONIN I	02/22/17	0925	0.265 H	[<0.046]	ng/mL
LIPASE	02/22/17	0925	124	[73-393]	U/L

NOTES: (a) Normal reference range:
STRAW, LT. YELLOW, YELLOW, and DK. YELLOW

(b) Anion gap = (Na+K)-(Cl+CO2)

(c) units = mL/min/1.73 m²
GFR results <60 for 3 months or longer: Chronic Kidney Disease
GFR result <15 : Kidney Failure
For African Americans, multiply the GFR result by 1.159
Formula used is CKD-EPI equation.

Patient: DOMENECH, ALEJANDRO S

EX. G

DATE:02/24/17 @0214 USER: AMEIGS EDM *LIVE* SOUTH PAGE 8
 EDM.PAT.print.patient.rpt.portrait ED Transfer Report

Patient: DOMENECH,ALEJANDRO S Age/Sex: 43/M Acct No: TA0000465869
 ED Provider: Lins,Robert Dean Jr DO Unit No: TM00198964

*** TOXICOLOGY ***

Test	Date	Time	Result	Reference	Units
AMP SCRNR UR	02/22/17	1141	NONE DETECTED(d)	[NONE DETECT]	
BARB SCRNR UR	02/22/17	1141	NONE DETECTED(e)	[NONE DETECT]	
BENZ SCRNR UR	02/22/17	1141	NONE DETECTED(f)	[NONE DETECT]	
THC SCRNR UR	02/22/17	1141	NONE DETECTED(g)	[NONE DETECT]	
COCAINE SCRNR UR	02/22/17	1141	NONE DETECTED(h)	[NONE DETECT]	
OPIATE UR SCRNR	02/22/17	1141	NONE DETECTED(i)	[NONE DETECT]	

Test	Date	Time	Result	Reference	Units
IMM GRAN #	02/22/17	0925	0.01	[<0.10]	1000/uL
IMM GRAN %	02/22/17	0925	0.1		%
VERIFY DIFF	02/22/17	0925	Auto diff		
ECSTASY SCRNR UR	02/22/17	1141	NONE DETECTED(j)	[NONE DETECT]	

- NOTES: (d) Threshold Level (1000 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (e) Threshold Level (200 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (f) Threshold Level (200 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (g) Threshold Level (50 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (h) Threshold Level (300 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (i) Threshold Level (300 ng/mL)
 Unconfirmed, must not be used for non-medical purposes
 (j) Threshold Level (500 ng/mL)
 Unconfirmed, must not be used for non-medical purposes

Medications

Medication

Sch	Date-Time	Ordered Dose	Admin Dose	Site	User
Doc	Date-Time	Given - Reason			
ASPIRIN 81 MG CHEWABLE TABLET (ASPIRIN TAB) CHEV/ONCE/ONE	02/22/17-0920	324 MG	324 MG		
	02/22/17-1007	Y			CHRISTIE N MULL

Acknowledgements

Ack Date-Time	User
02/22/17-0959	CHRISTIE N MULL

Sch	Date-Time	Ordered Dose	Admin Dose	Site	User
ENOXAPARIN INJ 100 MG/ML SYRINGE (LOVENOX INJ) ROUTE/STK-MED/ONE	02/22/17-1026	100 MG	86 MG		
	02/22/17-1030	Y			CHRISTIE N MULL

SC Injection Sites:
 Right
 Abdomen

Acknowledgements

Ack Date-Time	User
02/22/17-1030	CHRISTIE N MULL


Patient: DOMENECH,ALEJANDRO S

EX. G


DATE: 02/24/17 @0214 USER: AMEIGS	EDM *LIVE* SOUTH	PAGE 9																
EDM.PAT.print.patient.rpt.portrait	ED Transfer Report																	
Patient: DOMENECH, ALEJANDRO S	Age/Sex: 43/M	Acct No: TA0000465869																
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02/22/17-1101 Y	CHRISTIE N MULL																	
ED Staff document Primary IVs in EDM IV Therapy: Yes																		
Ack Date-Time	User																	
02/22/17-1101	CHRISTIE N MULL																	
Departure Information																		
<p>Primary Impression: NSTEMI (non-ST elevated myocardial infarction)</p> <p>Secondary Impressions:</p> <p>Disposition: 02 XFER ACUTE CARE IP HOSPITAL Departure Date/Time: 02/22/17 - 1112</p> <p>Comment:</p> <p>Condition: Improved</p> <p>Referrals: American Correctional Hlthcare 1030 East Highway 377 Ste. 110 #265 Granbury, TX 76048 Phone: (817)932-2627 Fax: (877)596-2244</p> <p>Pt Instructions: THANK YOU</p> <p>Additional Instructions:</p> <p>Departure Forms: Patient Portal Letter</p>																		
Patient: DOMENECH, ALEJANDRO S																		

EX. G

St. Thomas More Hospital

 Centura Health.
EMTALA Transfer Form
CHEDM-012 rev. 03/14

Page 1 of 2



TA0000465869 MR: TM00198964
DOMENECH, ALEJANDRO S
DOB 07/28/1973 M/43 02/22/17
ATT:



I. PATIENT CONSENT TO TRANSFER

I have been informed of my rights regarding examination, treatment, and transfer.

I acknowledge that my medical condition has been evaluated and *explained to me* by the physician, who has recommended that I be transferred to the service of Dr. Bhattarai at St. Mary Center.

The potential benefits of such transfer, the potential risks associated with such transfer, and the probable risks of not being transferred have been explained to me and I fully understand them. With this knowledge and understanding, I agree and consent to be transferred.

Pf restrained/incarcerated.
Signature of patient or legally responsible individual signing on patient's behalf

[Signature]
Witness

Relationship to Patient

Date and Time

II. PATIENT TRANSFER REQUEST/REFUSAL TO CONSENT TO FURTHER TREATMENT AT HOSPITAL

I have been informed of my rights regarding examination, treatment, and transfer.

I acknowledge that my medical condition has been evaluated and *explained to me* by the physician, who has recommended and offered to me further medical examination and treatment at _____. The potential benefits of such further medical examination and treatment as well as the potential risks associated with transfer to another facility have been explained to me and I fully understand them. Nevertheless, I refuse to consent to the further medical examination and treatment which has been offered to me at _____, and request transfer to: _____ Hospital.

Signature of patient or legally responsible individual signing on patient's behalf

Witness

Relationship to Patient

Date and Time

III. TRANSFER REFUSAL

I have been informed of my rights regarding examination, treatment, and transfer.

I acknowledge that my medical condition has been evaluated and *explained to me* by the physician, who has recommended that I be transferred to the service of Dr. _____ at _____. The potential benefits of such transfer, the potential risks associated with transfer, and the probable risks of not being transferred have been explained to me and I fully understand them. Even though Dr. _____ believes it is in my best interests to be transferred, I refuse to be transferred and I request instead to continue receiving treatment at St. Thomas More Hospital.

Signature of patient or legally responsible individual signing on patient's behalf

Witness

Relationship to Patient

Date and Time

EX. H

St. Thomas More Hospital

Centura Health.
EMTALA Transfer Form
CHEDM-012 rev. 03/14



DOMENECH, ALEJANDRO S
DOB 07/28/1973 M/43 02/22/17
ATT:



Physicians: Please complete all shaded areas

I. PATIENT CONDITION

- A. RL The patient has been examined and any emergency medical condition stabilized such that, within reasonable clinical confidence, no material deterioration of the patient's condition or the condition of the unborn child(ren) is likely to result from or occur during transfer. (If in labor, please check below)
- B. _____ The patient has been examined, an Emergency Medical Condition has been identified and the patient's condition has not stabilized, but the transfer is medically indicated and in the best interest of the patient. (If in labor, please check below)
- C. _____ The patient is pregnant with contractions, but the patient has been examined and within reasonable clinical confidence it has been determined that the patient and unborn child(ren) are at a stage at which safe transfer could be arranged and the benefits of transfer outweigh the risks.

II. TRANSFER REQUIREMENTS

ACCEPTANCE

- A. The receiving facility has the capability for the treatment of this patient (including adequate capacity, equipment and qualified medical personnel) and has agreed to accept the transfer and to provide appropriate medical treatment.

Name of destination hospital: SMC
 Admission Accepted/Received by: Name: Amanda Thomas RN Phone #: 7195575220 Date: 2/23/17 Time: 11:00
 Signature of staff person obtaining acceptance: Challen RN
 Accepting/Receiving Physician: Name: D. Bhattarai Title: MD Phone #: 866 919 9770 Date: 2/23/17 Time: 10:11
 Signature of physician obtaining acceptance: D. Lewis

- B. REPORT given to: Receiving Nurse Name: Amanda Thomas RN Title: RN Phone #: 7195575220 Date: 2/22/17 Time: 11:00
 Sending Nurse Name: Christie Mull Title: CRN Phone #: 7192852270 Date: 2/22/17 Time: 11:00

- C. ACCOMPANYING DOCUMENTATION
 Sending Nurse Name: Christie Mull Title: CRN Phone #: 7192852270 Date: 2/22/17 Time: 11:00
 Sent via: Transporter Patient OR FAXED to: _____ Available in Meditech EHR
 Includes: Transfer form Treatment/Nursing Notes Labs/EKG RESULTS Imaging/Diagnostic studies Fetal Monitoring Prenatal records

- D. TRANSPORTATION
 The patient will be transferred by qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures: ACLS BLS
 Transport Agency: Amic Accompanied by: None MD RN RT Other (list) _____
 Transport by Private car:

- E. MEDICAL ORDERS
 Cardiac Monitor Yes No
 Resuscitate Yes No IV: none _____
 NPO Yes No Transfer Meds: none _____
 Pulse Oximeter Yes No O₂ _____ l/min _____

PHYSICIAN Reason for Transfer:
 CERTIFICATION Continuity of Care Patient Requested Higher Specialized Level of Care needed Capacity not available here
 On-Call Physician refused or failed to appear
 On-Call Physician's Name and Address: _____
 Other: _____

I have examined the patient and explained the following risks and benefits of being transferred to the patient
 Risks: Deterioration in condition Disability Death Other: _____

All Transports have inherent risks of delays or accidents in transit, inclement weather, rough terrain or turbulence (if air), pain or discomfort upon movement and limitations of equipment and personnel present in the vehicle

Benefits: Higher or Specialized level of care at receiving facility Specialty: Cardiology
 Available capacity not currently available at this facility Continuity of care Other: _____

Based on these reasonable risks and benefits to the patient and/or the unborn child(ren), and based upon the information available at the time of the patient's examination, I certify that the medical benefits reasonably to be expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the individual's medical condition from effecting the transfer.

Signature of Physician or Qualified Medical Person: R. Lewis Date: 2/23/17 Time: 10:11 am

Countersignature of Physician (if transfer certification signed by Qualified Medical Person) _____ Date _____ Time _____

Original - Medical Record Yellow - Receiving Facility EX. H

Rwalkelen 1118

St. Mary Corwin Hospital

PT: DOMENECH, ALEJANDRO S
DOB: 07/28/1973, 43, M
UNIT #: MM00690603
REPORT #: 0223-1111

ADM: 02/22/17 1037
LOC: MC2WEST2 MC2507-1 (ADM IN)
ACCOUNT #: MA0001030130
Gibson, George Douglas MD

CATH/INVASIVE PROCEDURE

13008-040

Signed

DATE OF SERVICE: 02/23/2017

INDICATION: Non-STEMI.

PROCEDURE: Left heart catheterization with coronary arteriography and drug-eluting stent placement in a totally occluded circumflex.

PROCEDURE: Cardiac catheterization and angioplasty were conducted in standard fashion in accordance with the chronological log available in the Department of Cardiology. This was conducted via the right radial artery.

RESULTS: Left ventriculography: Deferred.

CORONARY ANATOMY:

1. Left main coronary artery is normal and free of disease.
2. The left anterior descending coronary artery is a large vessel which wraps around the apex. It is normal and free of disease.
3. The circumflex coronary artery is nondominant. It is 100% occluded proximally. It fills distally via right-to-left collaterals.
4. The right coronary artery is large and dominant proximally. There is a diffuse 20% luminal irregularity. Distally there are trivial 5 and 10% luminal irregularities. There is no obstructive disease. Right-to-left collateral filling of the distal circumflex is noted.

Angioplasty comment: Using a 6-French 3.5 EBU guiding catheter several wires were used in an attempt to cross the total occlusion. Eventually, I was able to cross with a PT 2 wire. A 2.5 x 15 mm Sprinter balloon was then passed to the site of the stenosis and inflated several times at nominal atmospheres for about 20 seconds. Thereafter, angiography showed distal flow. The balloon was removed and exchanged for a 2.75 x 16 mm PROMUS drug-eluting stent, which was deployed in the proximal circumflex into the 1st obtuse marginal branch at 14 atmospheres for 20 seconds. Angiography at that point showed that the stent was well positioned with good distal flow. The stent is jailing the AV groove circumflex and distal to this there is a

FACILITY: MC

FL

Signed
CATH/INVASIVE PROCEDURE

Department's copy
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EX. I

PT: DOMENECH, ALEJANDRO S
REPORT #: 0223-1111

ACCOUNT #: MA0001030130
UNIT #: MM00690603

moderate size obtuse marginal branch at the jailed segment of this vessel,
is in the 50-70% range but given the excellent flow I elected to not further
treat that stenosis.

13608-040

COMPLICATIONS: None.

TOTAL DYE: 165 cc.

CONCLUSIONS: Single vessel obstructive coronary disease with a totally
occluded and collateralized circumflex reduced to 0% stenosis after drug-
eluting stent placement.

MEDQ-US/JOB#136785/732524703

DICTATED BY: Gibson, George Douglas MD

D: 02/23/17 1442

T: 02/23/17 1520 ZZZ

CO-SIGNER:

ELECTRONICALLY SIGNED BY: Gibson, George Douglas MD

S: 02/23/17 1556

ELECTRONICALLY CO-SIGNED BY:

S:

ITS DELIVERY DATE/TIME: 02/23/17 1530

DISTRIBUTION LIST:

BHATSH - Shiva Bhattarai MD

GIBSGE - George Douglas Gibson MD

xAMERCOHC - Healthcare xAmerican Correctional

END

FACILITY: MC

FUP

Signed
CATH/INVASIVE PROCEDURE

Department's copy
Page 2 of 2

EX. I

St. Mary Corwin Hospital

PT: DOMENECH, ALEJANDRO S
DOB: 07/28/1973, 43, M
UNIT #: MM00690603
REPORT #: 0223-0619

ADM: 02/22/17 1037
LOC: MC2WEST2 MC2507-1 (ADM IN)
ACCOUNT #: MA0001030130
Gibson, George Douglas MD

CARDIOLOGY CONSULTATION

13008-640

Signed

DATE OF CONSULTATION: 02/23/2017

REASON FOR CONSULTATION: Non STEMI.

CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS: Mr. Domenech is a 43-year-old gentleman who is in the custody of the Bureau of Prisons. He has been in custody for about 10 years. He has no cardiac history, and in fact only has a history of migraine headaches. About 2 days ago beginning Tuesday morning he was awake at 3:00 a.m. with substernal chest pain radiating into the shoulder and left arm. This lasted a few minutes and remitted spontaneously.

Yesterday morning the patient was again awake at about 3:00 a.m. with chest pain radiating into the shoulder and arm. This lasted several minutes and then went away. It recurred at 4:00 a.m. At that point, he presented to medical attention.

He was transferred to Saint Thomas More and was treated with the usual medications. However, his troponin was elevated and he was transferred to St. Mary-Corwin.

His enzymes have continued to climb from 1.42 to 3.95, and most recently 4.88. He is currently having just a trace amount of chest discomfort.

The patient does not have orthopnea, PND, or peripheral edema. He has not had palpitations or passing out. He has not had chest pain like this in the past.

MEDICATIONS: Medications prior to admission included only:

- 1. Propranolol.
- 2. Naprosyn.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

FACILITY: MC

FUP

Signed
CARDIOLOGY CONSULTATION

Department's copy
Page 1 of 3

EX. I

PT: DOMENECH, ALEJANDRO S
REPORT #: 0223-0619

ACCOUNT #: MA0001030130
UNIT #: MM00690603

13008-040

PAST MEDICAL HISTORY: Significant for migraines.

PAST SURGICAL HISTORY: Negative.

SOCIAL HISTORY: He is in the custody of the Bureau of Prisons, and has been for some years. There is a history of prior tobacco use. Apparently he has also used tobacco in prison, although that is apparently not permitted.

FAMILY HISTORY: Negative for early coronary disease.

REVIEW OF SYSTEMS: Reviewed in depth, and positive just for migraine headaches. Otherwise, all else was negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure is 139/85. Pulse 68. Respirations 16.

HEENT: Sclerae anicteric. Conjunctivae are noninjected. The oropharynx is moist. Jugular venous pressure is normal. Carotid upstrokes are normal. There are no carotid bruits.

CHEST: Clear. Breathing is unlabored.

CARDIAC: Shows a regular rate and rhythm. S1, S2. I do not appreciate any murmur, gallop, or rub.

ABDOMEN: Soft and nontender, without organomegaly, masses, or bruits. Radial, femoral, and pedal pulses are present.

NEUROLOGIC: He is neurologically intact. Moving all extremities x4. Awake, alert, and oriented x3.

LABORATORY STUDIES: ECGs are reviewed, and all 3 available to me show a sinus rhythm with normal axis, normal intervals, and normal ST segments.

Other labs show a sodium of 140. A potassium 3.9. Chloride 107. CO2 25. Creatinine 1.03. BUN 9. Glucose 81. White count 7.4. Hematocrit 44.3. Platelets 218.

IMPRESSION:

1. Chest pain with abnormal troponins, consistent with non ST segment elevation myocardial infarction.
2. Migraine headaches.
3. History of tobacco use.

RECOMMENDATIONS: Cardiac catheterization has been discussed in depth with the patient, including risks and benefits. He has been given the opportunity to ask questions, and all his questions have been answered. He understands the procedure as outlined, and agrees to proceed. This will be scheduled for today at 1:30 p.m.

FACILITY: MC

FLP

Signed
CARDIOLOGY CONSULTATION

Department's copy
Page 2 of 3

EX. I

DA

EUP



Patient Report

Specimen ID: 280-166-1832-0
Control ID: EXP05210405

Acct #: 05210405 Phone: (719) 784-5496 Rtr: 99
FCC Florence
Attn: Health/Lab Services
5880 State Hwy 67 South
FLORENCE CO 81226

DOMENECH, ALEJANDRO

Patient Details

DOB: 07/28/1973
Age(y/m/d): 043/02/08
Gender: M SSN:
Patient ID: 13008-040

Specimen Details

Date collected: 10/06/2016 1000 Local
Date entered: 10/07/2016
Date reported: 10/07/2016 1009 Local

Physician Details

Ordering:
Referring:
ID: RESTO
NPI:

Ordered Items

Urinalysis, Routine; Sedimentation Rate-Westergren

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	1.017			1.005 - 1.030	01
pH	6.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.2 - 1.0	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					01
Microscopic not indicated and not performed.					
Sedimentation Rate-Westergren					
	2		mm/hr	0 - 15	01

01 DV LabCorp Denver Dir: Brian Polner, MD
8490 Upland Drive, Englewood, CO 80112-7116

For inquiries, the physician may contact Branch: 303-782-2800 Lab: 800-795-3899

EX. J

207-165
202-205



FMC Rochester
2110 E. Center Street
Rochester, MN 55904
507-287-0674

*** Sensitive But Unclassified ***

Name DOMENECH, ALEJANDRO	Facility USP Florence High	Collected 10/06/2016 02:23
Reg # 13008-040	Order Unit RCH Unit	Received 10/07/2016 12:54
DOB 07/28/1973	Provider William Resto, MD	Reported 10/07/2016 15:29
Sex M		LIS ID 281161978

CHEMISTRY

Sodium	144	136-146	mEq/L
Potassium	H 5.2	3.6-4.9	mEq/L
Chloride	104	98-108	mEq/L
CO2	25	22-29	mmol/L
BUN	10	7-24	mg/dL
Creatinine	1.2	0.6-1.2	mg/dL
eGFR (IDMS)	>60		
GFR units measured as mL/min/1.73m ² . If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.			
Calcium	9.7	8.6-10.4	mg/dL
Glucose	92	70-110	mg/dL
AST	17	10-37	U/L
ALT	15	8-40	U/L
Alkaline Phosphatase	54	49-126	U/L
Bilirubin, Total	0.7	0.1-1.1	mg/dL
Total Protein	6.9	6.3-8.3	g/dL
Albumin	4.5	3.5-5.0	g/dL
Globulin	2.4	2.0-3.7	g/dL
Alb/Glob Ratio	1.88	1.00-2.30	
Anion Gap	15.4	9.0-19.0	mmol/L
BUN/Creat Ratio	8.3	5.0-30.0	
Uric Acid	5.5	4.4-8.2	mg/dL

CHEMISTRY, URINE

Microalbumin, Urine Random	4	0-17	mg/L
Creatinine, Urine Random	183.0	60.0-200.0	mg/dL
Microalbumin/Creatinine Ratio	2	0-29	ug/mg Cr

Random mALB Creat ratio:

Category	Result
Normal	Less than 30
Microalbuminuria	30 - 299
Clinical albuminuria	Greater than 300

The ADA recommends that at least two of three specimens collected within a 3 - 6 month period be abnormal before considering a patient to be within a diagnostic category.
 ADA Diabetes Care, Vol. 34: S34, 2011 ADA Diabetes Care V34 S34 2011e

SPECIAL CHEMISTRY

T4, Free	1.37	0.93-1.70	ng/dL
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FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

EX. J



FMC Rochester
 2110 E. Center Street
 Rochester, MN 55904
 507-287-0674

*** Sensitive But Unclassified ***

Name DOMENECH, ALEJANDRO	Facility USP Florence High	Collected 10/06/2016 02:23
Reg # 13008-040	Order Unit RCH Unit	Received 10/07/2016 12:54
DOB 07/28/1973	Provider William Resto, MD	Reported 10/07/2016 15:29
Sex M		LIS ID 281161978

SPECIAL CHEMISTRY

PSA, Total	1.64	<2.50	ng/mL
The minimal reporting value is 0.1 ng/mL. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy.			
TSH	1.03	0.50-5.00	uIU/mL

HEMATOLOGY

WBC	4.1	3.5-10.5	K/uL
RBC	5.23	4.10-6.00	M/uL
Hemoglobin	16.2	12.0-17.5	g/dL
Hematocrit	49.7	38.8-50.0	%
MCV	95.2	76.0-100.0	fL
MCH	31.0	27.0-33.0	pg
MCHC	32.6	28.0-36.0	g/dL
RDW	13.6	12.0-15.0	%
Platelet	219	150-450	K/uL
Neutrophils %	59.5		%
Therapeutic decision making should be based on absolute values, rather than percentages			
Total Lymphocytes %	33.8		%
Monocytes %	5.0		%
Eosinophils %	1.2		%
Basophils %	0.5		%
Neutrophils #	2.5	1.1-7.9	K/uL
Total Lymphocytes #	1.4	0.5-4.7	K/uL
Monocytes #	0.2	0.0-1.3	K/uL
Eosinophils #	0.05	0.00-0.70	K/uL
Basophils #	0.0	0.0-0.2	K/uL

EX. J

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical

Clerk of the Court
U.S. District Court
District of Colorado
901 - 19th Street, ROOM A105
Denver, CO 80294-3589

RE: ALEJANDRO SERRANO DOMENECH v. UNITED STATES OF AMERICA
USDC Civ. No. 1:18-CV-01502

Dear Clerk:

October 12, 2018

Please find enclosed for filing with the Court:

**AMENDED PRISONER COMPLAINT, PURSUANT TO THE FEDERAL TORT
CLAIMS ACT OF 28 U.S.C. §1346(b); §2671 et seq.; 18 U.S.C. §4042**

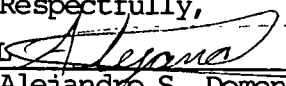
in relation to the above-referenced civil matter.

Thank you in advance for your time and assistance.

Note:

THIS FILING WAS PLACED INTO THE INTERNAL
MAIL SYSTEM AT MY INSTITUTION ON
OCTOBER 12, 2018. SEE: AFFIDAVIT OF
MAILING SET FORTH ON PAGE 15 OF
ENCLOSED AMENDED PRISONER COMPLAINT.

Respectfully,


Alejandro S. Domenech, **pro se**
Reg. No. 13008-040
U.S. Penitentiary - Atwater
P.O. Box 019001
Atwater, CA 95301

cc: /asd
enclosure
U.S. Atty. Off.

Alejandro S. Demarech
Reg No. 13008-040
Federal Correctional Complex
U.S. Penitentiary - Coleman II
P.O. Box 1034
Coleman, FL 33521-1034



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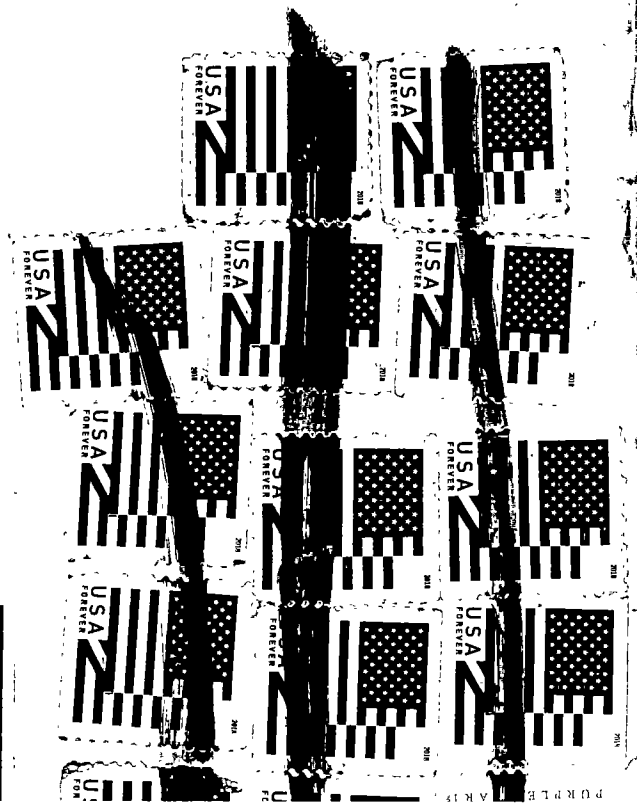
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USPS TRACKING NUMBER



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CLERK OF THE COURT
U.S. DISTRICT COURT
DISTRICT OF COLORADO
901 - 19th Street
Denver, CO 80202