

PROGRESS NOTES

PATIENT NAME (Last) <i>McDaniel</i>	PATIENT NAME (First) <i>Core</i>	MIDDLE INITIAL	DOC NUMBER <i>536012</i>
--	-------------------------------------	----------------	-----------------------------

DATE TIME PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN

4/18/18 1045 cont. to be sure he can ambulate safely. He moved at steady pace & difficulty on sidewalk going back to unit. Will list for MD. *Faith Kresser RA*

4/16/18 1030 pt seen by HCU for 9/10 re: back pain (chronic), "Can't get any help until the court or DC orders it." see doc 36289. *J. E. RA*

4/10/18 1325 see DOC 3639, "Feel like I'm going to pass out when pushing (going to Bathroom)" *T. E. RA*

4/13/18 1305 pt. at HCU for MD appt. Pt. wants to discuss chronic pain tx. - WT-207.6# BMI-29 BP-172/89 P-112 R-20 T-98.6°F O₂-91% *UNBORN CHART*
 seen to Mary

pt is in the clinic state & need handi cap cell. because I ~~am~~ ^{am} in my back state & have not got any recd ly for Dr. Choe-

pt also says he's in court house state & have problems to Kelly when defeating & have two law suit settled & have the gout, & have altabeta.

pt also states that part is in RND - because I would not hit my head & break out any cell mate papers

PROGRESS NOTES

PATIENT NAME (Last) Mc DANIEL Carl	PATIENT NAME (First)	MIDDLE INITIAL J	DOC NUMBER 536012
---------------------------------------	----------------------	---------------------	----------------------

DATE	TIME	PROGRESS NOTES - SUBJECT, OBJECTIVE, ASSESSMENT, PLAN
1/12/18	1300	<p>Following Assessment for reported injury on housing unit, met with patient jointly with USUM and Unit Manager UPT. reports he is not receiving Adequate accommodations to meet his physical needs. Numerous complaints about pain management, feels no one listens. Stated he will be satisfied to receive same accommodations as here. Stated Hardcap cell on unit would work. U/M stated no cells currently available. U/M to review bathroom configuration on HU 8 in order to satisfy meet patients needs. Patient also provided verbal consent to discuss PHI with brother Casey McDaniel. No consent on file. Will obtain consent and follow up with brother who has contacted worker 5+ times in past month. Encourage to communicate needs with outside staff. Pt verbalized understanding</p> <p>Wesley SA #500</p>

EXHIBIT - 2

NURSING ENCOUNTER PROTOCOLS

(see DOC3639A for completion guidelines)

PATIENT NAME (Last, Fir

NUMBER

DATE

TIME

MCDANIEL, CARL

DOC# 536012 [REDACTED]-1958

1-14-18

1250

ENCOUNTER INITIATED BY: HSR/DSR/PSR Date Patient Verbal Request Staff Request Other (List)

History Information Received From: Patient Patient unable to provide any information Staff

HSU staff responded to scene Patient presented to HSU Ambulatory W/C Cart Other (list)

PERTINENT PAST MEDICAL HISTORY

CHIEF COMPLAINT

Broken tooth, crown

SUBJECTIVE Patient presents after falling in cell and breaking tooth

OBJECTIVE Appears uncomfortable. Minimal swelling to @ side of face & bruising

ALLERGIES Penicillin, Oxycodone, Percocet, ^{6/18/10 S} Medication Profile Reviewed Tetanus Up to Date (if Applicable)

VITAL SIGNS/SYSTEMS ASSESSMENT (Record assessment data and check all that apply and write any additional notes on 2nd page)

Temperature 98.3 Oral Axillary Rectal Tympanic Pulse 112 Radial Apical Regular Irregular

Respirations 16 SpO2 97% RA O2@ LPM PEAK FLOWS BLOOD GLUCOSE

Laying B/P P Sitting B/P 141/81 P Standing B/P P WT LOSS GAIN MONTHS

PAIN PAIN LOCATION @ side of mouth ONSET 1030

DESCRIPTION INTENSITY (0-10) 10 WORST PAIN RATING 10

TOLERABLE LEVEL 1/10 PAIN RELIEF INTERVENTIONS.

PSYCHOLOGICAL

Assessed with No Apparent Abnormalities Not Assessed
 Disoriented Hallucinations Delusions
 Disheveled Flat Anxious Depressed Insomnia
 Argumentative Angry Tearful Suicidal Ideations Self Harm

EENT

Assessed with No Apparent Abnormalities Not Assessed
 EAR Right Left Pain Redness Drainage Cerumen
 Decreased/Difficulty Hearing Dull/Bulging Tympanic Membrane
 EYE Right Left Pain Redness Drainage

RESPIRATORY

Assessed with No Apparent Abnormalities Not Assessed
 Asymmetrical Tachypnea Bradypnea Dyspnea
 Barrel Chest Shallow Orthopnea Irregular pattern
 Cough Productive Sputum Color
 Use of accessory muscles

Snellen Left / Right Both /
 THROAT Red Exudate Neck Lymph Node Swelling
 ORAL MUCOSA Dry Sores Lesions Bleeding
 NOSE Nasal Drainage Nasal Irritation Sinus Tenderness
 Dental Issues Require Dental Pain/Swelling/Bleeding Encounter
 DOC-3648 Dental Pain/Swelling/Bleeding Questionnaire

CARDIOVASCULAR

RUL Wheezes Insp Exp Crackles Diminished
 RML Wheezes Insp Exp Crackles Diminished
 RLL Wheezes Insp Exp Crackles Diminished
 LUL Wheezes Insp Exp Crackles Diminished
 LLL Wheezes Insp Exp Crackles Diminished

Assessed with No Apparent Abnormalities Not Assessed
 Tachycardia Bradycardia Irregular Palpitations Fatigue
 Chest Pain/Angina Diaphoresis Numbness Tingling
 Heart Sounds Cap refill >3 sec <3 sec
 Edema Location Edema Pitting Non Pitting

GASTROINTESTINAL

Assessed with No Apparent Abnormalities Not Assessed
 Last BM Constipation Frequent Use of Laxatives
 Diarrhea /24 hours Nausea Vomiting /24 hours
 Chewing Difficulty Swallowing Difficulty Anorexia

GENITOURINARY-REPRODUCTIVE

Assessed with No Apparent Abnormalities Not Assessed
 Hematuria Urine Cloudy Urine Odor Flank Pain Dysuria
 Hesitancy Burning Nocturia Frequency Lesions Discharge
 Current/Frequent Diagnosis of UTI Foley

ABDOMEN Distention Rigidity Rebound Tenderness

RLQ Hyperactive Hypoactive Absent Tenderness
 RLQ Hyperactive Hypoactive Absent Tenderness
 LUQ Hyperactive Hypoactive Absent Tenderness
 LLQ Hyperactive Hypoactive Absent Tenderness

LMP Menopause Pregnant EDC

Last Pap Smear Last Mammogram
 Breast Lump Nipple Discharge Breast Pain
 Testicular Swelling Penis Lesions

EXHIBIT 5(a)

PATIENT NAME (Last, First)

McDaniel, Carl

DOC NUMBER

596012

DATE

1/12/18

TIME

1250

NEUROLOGICAL

- Assessed with No Apparent Abnormalities Not Assessed
- Seizure Activity minutes
- Confused Person Place Time
- Unresponsive Comatose Lethargic
- Aphasia Garbled Speech Slurred Speech Combative
- Headache Dizziness Numbness Location
- Paralysis Right Upper Lower Left Upper Lower
- Weakness Right Upper Lower Left Upper Lower

PUPILS Unequal Sluggish Nonreactive Pinpoint Dilated

DERMATOLOGICAL

- Assessed with No Apparent Abnormalities Not Assessed

PROBLEM LOCATION

- Poor Turgor Diaphoretic Moist Hot Flushed Cool
- Clammy Pale Cyanotic Mottled Jaundice Itching
- Rash Redness Laceration Abrasion Macule Papule
- Nodule Vesicle Bulla Pustule
- BURN Partial Thickness Full Thickness
- Pressure Ulcer

Any wounds require a Wound Care Flow Sheet DOC3024A Wound Care Initial Assessment DOC-3024A Wound Care Initial Assessment

For full neurological assessment and/or ongoing monitoring link to form DOC-3424F Neurological Assessment Flow Sheet

MUSCULOSKELETAL

- Assessed with No Apparent Abnormalities Not Assessed
- CMS Abnormalities ROM Limitations Crepitus
- Shortening Rotation Unable to Bear Weight

Problem Location

- Deformity Swelling/edema Bruising
- Muscle Cramps/spasms Calf Tenderness

Additional Progress Notes:

BS - 130 @ 10-15
 Going to bathroom, thinks passed out, thinks hit
 jaw on sink. Has broken tooth in crown in small
 back. Has small whitened area on side of cheek,
 thinks may have bit cheek. No other signs of trauma
 inside mouth. Bottom of tooth remains embedded.

PROTOCOLS UTILIZED/NO APPLICABLE PROTOCOL

Pain, ice

NURSING DIAGNOSIS

Act. in pain

INTERVENTIONS PROVIDED

Flag pain Tylenol - Encouraged to ice. Tylenol #3
 x 2 days per Dr. Syed.

EDUCATION PROVIDED

Ice, pain meds, dental Flu

Expresses Understanding of Instructions Provided

REFERRAL TO ADVANCED CARE PROVIDER

- Stat Referral Off-site Stat Referral On-site Stat Referral to On-Call
- Referred to ACP Chart Review Only
- Schedule ACP Face to Face Within 24 Hours Within 7 days Within 14 days Within 30 days

NURSING FOLLOW-UP

- No follow-up necessary Nursing Follow-up scheduled (list date)
- Patient advised to submit HSR PRN if no improvement

REGISTERED NURSE SIGNATURE

A. Hodge

DATE SIGNED

1/12/18

Copy Charged

- Yes No

EXHIBIT - 811

OFF-SITE SERVICE REQUEST AND REPORT

REQUEST

PATIENT NAME MCDANIEL, CARL	DOC #	DOB (mm/dd/yyyy)
DOC# 536012 [redacted] -1958		

REFERRED TO WMH	CLINIC MEDICAL RECORD # Pain Clinic	APPROPRIATE FOR TELEMEDICINE <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------	---	--

RELEVANT SYMPTOMS / PROBLEMS / DIAGNOSIS
Cervical epidural injection of steroid

QUESTIONS / OUTCOMES TO BE ADDRESSED BY THIS EVALUATION
Hold cexcedrin + ASA for 7 days prior and all other NSAID's 72 hours prior to procedure

NURSING TO ATTACH CURRENT LIST OF MEDICATIONS ALLERGIES AND DOC FORMULARY FOR ALL OFF-SITE CARE

ADVANCED CARE PROVIDER TO SPECIFY DATA TO GO WITH PATIENT TO OFF-SITE

<input type="checkbox"/> PE/Progress Note Extracts	<input type="checkbox"/> Medical Imaging	<input type="checkbox"/> Other
<input type="checkbox"/> Lab Results	<input type="checkbox"/> Old Records/Consult Extract	

OUTPATIENT CONTACT DATE (mm/dd/yyyy) **4.20.18** CLINIC TELEMEDICINE

TIME **12:30** AM PM OR ADMISSION DATE (mm/dd/yyyy)

REFERRED BY Salam Syed, MD	HSU CCI	PHONE NUMBER 608/742-5727	FAX NUMBER 608/742-9119	DATE (mm/dd/yyyy) 1.20.18
--------------------------------------	-------------------	-------------------------------------	-----------------------------------	-------------------------------------

RECOMMENDED PLAN OF CARE

PRIMARY DIAGNOSIS / OTHER DIAGNOSES / PERTINENT HISTORY & OBJECTIVE FINDINGS / TREATMENTS / PROCEDURES AND DIAGNOSTIC WORK PERFORMED

cervical disc disca

cervical epidural steroid injection

RECOMMENDATIONS

please put in cell with no top bunk bed

DO:

- Dictate from Recommendations

DO NOT:

- Inform Patient of Upcoming Appointments
- Prescribe Comfort Measures Unrelated to your Specialty

FOLLOW-UP CLINIC TELEMEDICINE _____ week(s) _____ month(s) _____ year

INDICATE CLASSIFICATION IF YOU ARE RECOMMENDING SURGERY OR A PROCEDURE (Description Below)

Class I Class II Class III-A Class III-B Class IV Non-Surgical

PHYSICIAN NAME (Please Print) J. Patel	PHYSICIAN SIGNATURE <i>J. Patel</i>	DATE SIGNED 20 April 2018
HOSPITAL/ CLINIC NAME Waupun Prison		TELEPHONE NUMBER (920) 926-4939