

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO. ³⁸ OF 2020

BETWEEN:

ANDREW DAWES

PLAINTIFF

AND:



PAINT PROS



DEFENDANT

WRIT OF SUMMONS

TO: Paint Pros
81C Industrial Way
JJT Warehouses
George Town
Grand Cayman, Cayman Islands



THIS WRIT OF SUMMONS has been issued against you by the above-named Plaintiffs in respect of the claim set out on the next page.

Within 28 days after the service of the Writ on you, counting the day of service, you must either satisfy the claim of return to the Court Office, P.O. Box 495, George Town, Grand Cayman, Cayman Islands, the accompanying Acknowledgement of Service stating therein whether you intend to contest these proceedings.

If you fail to satisfy the claim or to return the Acknowledgement within the time stated, or if you return the Acknowledgement without stating therein an intention to contest the proceedings, the Plaintiff may proceed with the action and judgement may be entered against you forthwith without further notice.

Issued this 20 day of February 2020.

NOTE: - This Writ may not be served later than 4 calendar months (or, if leave is require to effect service out of the jurisdiction, 6 months) beginning with the date of issue renewed by order of the Court.

IMPORTANT

Directions for Acknowledgment of Service are given with the accompanying form.

STATEMENT OF CLAIM

1. The Plaintiff is a professional painter who worked under a work permit for the Defendant for 9 years between 2005/2006 to 2015. After returning to the Cayman Islands in 2017, the Plaintiff returned to work for the Defendant under a work permit held by Fusion Construction for approximately 6 months. The Plaintiff then continued working for the Defendant for a further 3 months under a work permit held by Vaughn Garage. Thereafter, the Plaintiff worked with the Defendant under a work permit held by Allen & Ebanks Construction.
2. The Defendant is a Professional Painting Company.
3. The Plaintiff, between January 2019 and March 16, 2019 worked for the Defendant under a work permit held by Allen & Ebanks Construction at the Camana Bay Fosters' site. He was doing specialized painting using a compressor provided by the Defendant. The compressor system involved a hose running from the compressor and ending with a spray gun used to paint the building. The work was, at the Defendant's instruction, to be conducted between 4:00pm and 10pm each day.
4. The Plaintiff was provided with wheeled scaffolding by the Defendant to allow him to spray up and down the side of the building. The job required more than two persons. However, the Defendant in addition to the Plaintiff only engaged one other person, namely a Miss Harvey.
5. Miss Harvey's role at the instruction of the Defendant, included filling the compressor with paint, keeping the compressor hose free from obstruction, moving the scaffolding to the next area for painting and securing the scaffolding. Miss Harvey had only recently started working for the Defendant and had little to no experience. It was Ms. Harvey's first time operating a compressor. She struggled to move and secure the scaffolding. She also struggled or failed to ensure that the compressor hose was free of obstruction. She was unable to tell when the compressor was low on paint and had difficulties lifting the 5-gallon buckets of paint to refill the compressor. These issues required the Plaintiff to be supervising Ms. Harvey's work and some cases doing the task(s) himself.

6. On 16th March 2019 at or around 7:00 pm the Plaintiff had to climb down the scaffolding to refill the compressor himself and climb back up to continue spraying. On reaching the top and trying to spray without success, the Plaintiff had to request Ms. Harvey clear the hose from obstruction. However, as he was still holding the spray trigger the spray gun went off hitting the Plaintiff in the left palm.
7. The accident was caused by the Defendant's negligence, its employee(s) and/or agent(s) in the course of their employment:

PARTICULARS OF NEGLIGENCE

- (a) failure to have regard to the working conditions and to the risks to the health and safety of persons working with the type of work equipment;
- (b) failure to ensure that the assistant had received adequate training for the purposes of health and safety, including training in the methods which may be adopted when using the work equipment, any risks which such use may entail and precautions to be taken;
- (c) failure to provide employee(s) that were sufficiently skilled to assist the Plaintiff to properly and safely complete the job;
- (d) failure to provide an assistant with enough training and experience in operating the relevant machinery (compressor);
- (e) provided an assistant who was unable to safely, by herself, move and secure the scaffolding which required that the Plaintiff taking on a dangerous number of different tasks at the same time;
- (f) failure to provide enough employees to properly and safely complete the job;
- (g) failure to ensure that suitable personal protective equipment was provided to the Plaintiff who was exposed to health or safety risks while at work;
- (h) Failing to assess, adequately or at all, the health and safety risks posed by the operation;
- (i) failure to provide safe staff, equipment, place of work and system of work;

PARTICULARS OF INJURY

- (a) The Plaintiff whose date of birth is 23rd August 1965 suffered traumatic injury to his left palm including flexor tenosynovitis to left index, middle, ring and small fingers.
- (b) He had hand decompression and debridement of the left hand and fingers. Further, the Plaintiff had a foreign substance, namely paint, injected into his hand with great force and which was trapped in his hand.
- (c) The Plaintiff suffered cellulitis, severe tissue reaction and necrosis of the skin.
- (d) He suffers pain, loss mobility and loss of dexterity in the left hand and fingers.

Further particulars of the Plaintiff's condition are contained in the medical summary of Dr. Hesham Sida dated 9th July 2019 along with the Plaintiff's medical notes. (attached)

PARTICULARS OF SPECIAL DAMAGE

The Special damages claimed by the Plaintiff are set out in the schedule of past and future expense and losses attached.

8. Further, the Plaintiff claims interest upon such damages and amount found due pursuant to Section 34 of the Judicature Law 2017 or otherwise at such rate as this Honourable Court deems fit.

AND the Plaintiff claims:

- (a) Damages;
- (b) Loss of wages;
- (c) Future loss of earning and handicap on the labour market;

- (d) Interest;
- (e) Costs;
- (f) Such further or other relief;

BP & Associates

BP & Associates

Attorneys for the Plaintiff

DIRECTIONS FOR ACKNOWLEDGMENT OF SERVICES
OF WRIT OF SUMMONS

1. The accompanying form of acknowledgment of Service should be completed by an Attorney acting on behalf of the Defendant or by the Defendant if acting in person.

After completion it must be delivered or sent by post to the Law Courts, P.O. Box 495G, George Town, Grand Cayman.

2. A Defendant who states in his Acknowledgment of Service that he intends to contest the proceedings must also serve a defence on the Attorney for the Plaintiff (or on the Plaintiff if acting in person).

If a Statement of Claim is indorsed on the Writ (i.e. the words "Statements of Claim" appear on the top of page 2) the Defence must be served within 28 days after the time for acknowledging service of the Writ, unless in the meantime a summons for judgement is served on the Defendant.

If the Statement of Claim is not indorsed on the Writ, the Defence need not be served until 28 days after a Statement of Claim has been served on the Defendant.

If the Defendant fails to serve his defence within the appropriate time, the Plaintiff may enter judgement against him without further notice.

3. A Stay of Execution against the Defendant's goods may be applied for where the Defendant is unable to pay the money for which any judgment is entered. If a Defendant to an action for a debt or liquidated demand (i.e. a fixed sum) who does not intend to contest the proceedings states, in answer to Question 3 in the Acknowledgment of Service, that he intends to apply for a stay, execution will be stayed for 14 days after his Acknowledgment, but he must, within that time, issue a Summons for a stay of execution, supported by an affidavit of his means. The affidavit should state any offer which the Defendant desires to make for payment of the money by instalments or otherwise.

See over for notes for guidance
Please complete overleaf
Notes for Guidance

1. Each Defendant (if there is more than one) is required to complete an Acknowledgment of Service and return it to the Courts Office.
2. For the purpose of calculating the period of 28 days for acknowledging service, a writ served on the Defendant personally is treated as having been served on the day it was delivered to him.
3. Where the Defendant is sued in a name different from his own, the form must be completed by him with the addition in paragraph 1 of the words "sued as (the name stated on the Writ of Summons)"
4. Where the Defendant is a FIRM and an attorney is not instructed, the form must be completed by a PARTNER by name, with the addition in paragraph 1 of the description "Partner in the firm of (.....) after his name.
5. Where the Defendant is sued as an individual TRADING IN A NAME OTHER THAN HIS OWN, the form must be completed by him with the addition in paragraph 1 of the description "trading as (.....)" his name.
6. Where the Defendant is a LIMITED COMPANY the form must be completed by an Attorney or by someone authorized to act on behalf of the Company, but the Company can take no further step in the proceedings without an Attorney acting on its behalf.
7. Where the Defendant is a MINOR or a MENTAL PATIENT, the form must be completed by an Attorney acting for a guardian ad litem.
8. A Defendant acting in person may obtain help in completing the form at the Courts Office.

Attorney: where the Defendant is represented by an attorney, state the attorney's place of business in the Cayman Islands. A Defendant may not act by a foreign attorney.

Defendant in person: where the Defendant is acting in person, he must give his post office box number and the physical address of his residence or, if he does not reside in the Cayman Islands, he must give an address in Grand Cayman where communication for him should be sent. In the case of a limited company, "residence" means its registered or principal office.

Indorsement by Plaintiffs Attorney (or by Plaintiffs if suing in person) of his name, address and reference, if any, in the box below.

BP & Associates
Suite 3B Landmark Square
West Bay Road,
P.O. Box 30796
Grand Cayman, KY1-1204
Cayman Islands.

Indorsement by Defendant's Attorney (or by Defendant if suing in person) of his name, address and reference, if any, in the box below.

IN THE GRAND COURT OF THE CAYMAN ISLANDS

CAUSE NO. OF 2020

BETWEEN:

ANDREW DAWES

PLAINTIFF

AND:

PAINT PROS

DEFENDANT

SCHEDULE OF PAST AND FUTURE EXPENSES AND LOSSES

Plaintiff's date of birth: 23rd August 1965

Date of Injury: 16 March 2019

Date Proceedings Issued:

Date of Service:

Date of Schedule: 3rd December, 2019

General Damages

- 1. Pain, suffering and loss of amenity: To be assessed.**

The Plaintiff, whose date of birth is 23rd August 1965, suffered traumatic injury to his left palm including flexor tenosynovitis to left index, middle, ring and small fingers.

He had hand decompression and debridement of the left hand and finger. Further, the Plaintiff had a foreign substance, namely paint, injected into his hand with great force and which was trapped in his hand.

The Plaintiff suffered cellulitis, severe tissue reaction and necrosis of the skin.

He suffers pain, loss mobility and loss of dexterity in the left hand and fingers.

Further particulars of the Plaintiff's condition are contained in the medical summary of Dr. Hesham Sida dated 9th July 2019 along with the Plaintiff's medical notes. (attached)

2. Handicap on the labour market:

To be assessed.

Special Damages

DATE	DESCRIPTION	ACCOUNT BALANCE
	Cost for driver to get around to hospital and specialist.	2700.00
	Cost of home help to assist Plaintiff with washing, cooking and cleaning etc.	1,800.00
	Hospital expenses to date	8054.62
	Physiotherapy since defendant stop paying for Physiotherapy in August. Requiring 2 visit per week for 4 months (32 visit x 400)	12,800.00
	Loss of earning from 16 th May 2019 to 3 rd December 2019 (6 months 17days) @\$400/week	10,800

3. FUTURE LOSS

	<p>(a) Continuing loss of earning to retirement @ 65 y.o) @ 1% for advance. (potential if no injury (10.08x0.79x20,800) 165,634.56</p> <p>(b) Ability to earn reduced and likeliness to be out of employment increase age of retirement adjusted to 60 with reduce potential earning to 18,200) @ 1% (5.73x0.5x18,200) =52,143.00</p> <p>Future Loss of earnings=(a)-(b) +10% Cayman uplift</p>	KYD\$124,840.72
--	---	------------------------

Sub-Total (Special Damages)

\$160,994.72

4. INTEREST

(1) On general damages at 2 3/8 % p.a from date of service of writ;

(2) On Special damages at 0.5% p.a from date of accident to date of trial or settlement.

BP & Associates

Attorneys for the Plaintiff

Dr. Hesham Sida

FRCS Ed, MSc Orth, BMSc, MBBCh
Consultant Trauma & Orthopaedic Surgeon

P.O. Box: 12428

Grand Cayman, KY1-1011

Tel.: (345) 939-2500

July 09th 2019

Re- Andrew Dawes

Date of Birth: 23/08 /1965

Diagnosis:

1. Paint gun injury left palm.
2. Flexor tenosynovitis left index, middle, ring and little fingers.
3. S/P Hand decompression and debridement left hand and fingers.

Date of injury: 16/03/2019.

Mechanism of injury: Work related accidental paint spray gun injury left palm.

Date of surgery: 18/03/2019.

Surgical procedures performed:

1. Neuroplasty left median nerve with extensile left carpal tunnel release.
2. Decompression fasciotomy dorsum left hand.
3. Decompression fasciotomy palm left hand.
4. Debridement skin, SC tissue, and muscles left hand.
5. Application of Negative Pressure Wound Therapy

Date of surgery: 19/03/2019.

Surgical procedures performed:

1. Wound debridement palm and flexor tendons fingers left hand.
2. Wound debridement palm and extensor tendons fingers left hand.
3. Application of sling.

Date of surgery: 21/03/2019.

Surgical procedures performed:

1. Wound debridement palm and flexor tendons fingers left hand.
2. Wound debridement palm and extensor tendons fingers left hand.
3. Secondary wound closure left hand.
4. Application of sling.



Dear Dr. Pekko,

Mr. Dawes was reviewed today at the Cayman Hand Centre. He has had an uneventful postoperative recovery following his surgical procedures. He was advised to attend the Hand Therapist for intensive Hand Therapy but has been unable to do so.

His dressings were removed today, the wound was cleansed and the sutures removed. There was no localised increase in temperature and no signs of infection or inflammation. He was unable to make a tight fist and was unable to fully extend his fingers. Wrist movements were bilaterally full and pain free. There was good perfusion and pulsations of both radial and ulnar arteries.

Treatment Plan:

1. He was advised once again of the poor outcome of paint gun injuries and the vital importance of undergoing intensive Hand Therapy for a minimum of 6 months.
2. He has been advised to actively exercise his fingers and wrist on a constant basis.
3. He has been referred to the Occupational Therapist re- fitness to return to his work.

Follow up: with the results of the OT assessment.

Sincerely,



Dr. Hesham Sida

Consultant Trauma & Orthopaedic Surgeon
Cayman Hand Centre

n/a
n/a
n/a
n/a



Transfer Document

Patient Name: **DAWES, ANDREW**
DOB/Age/Sex: 8/25/1965 53 years Male Consulting Dr: n/a
MRN: 00234518
FIN #: n/a Attending Dr: n/a
Admit Date: n/a
Disch Date: n/a

Emergency Physician Notes

Signed By:
MCHAYLE, SAMANTHA (3/18/2019 11:07 EST)

Chief Complaint

Stuck to Lt palm with a spear gun 3/7, swelling, watery discharge from same

History of Present Illness

Denies chronic illnesses. Patient reports he was stuck to the left hand with a spear gun 3/7 ago. Since then has been having pain and worsening swelling to the hand. Drainage from hand since last PM. No fever. Unable to use hand properly. Cannot recall last DT

Review of Systems

Constitutional: No chills, No fatigue.
Eye: No recent visual problem.
Ear/Nose/Mouth/Throat: No decreased hearing.
Respiratory: No shortness of breath.
Cardiovascular: No chest pain.
Gastrointestinal: No nausea.

Physical Exam

Vitals & Measurements

T: 36.6 °C (Oral) RR: 20 BP: 125/84 SpO2: 99%

P/E:

General: Alert and cooperative, not in visible cardio/respiratory or painful distress. Acyanotic, anicteric, well nourished and groomed.

Lungs: Thorax is symmetric with good expansion. Resonant percussion note, breath sounds vesicular; no rales, wheezes, or rhonchi. Expiratory phase not prolonged.

Cardiac: Normal S1, S2, no S3, no S4. Pulse regular, synchronous, symmetrical, with normal volume.

Ext: Left swollen down to the wrist, warm, tender. 1cm laceration noted to palm, just below middle finger. Serous fluid noted. Unable to fully flex and extend fingers. Capillary refill normal. Radial pulse bounding.

Neuro: A&O x 3. GCS 15/15. No acute focal neurological deficits.

Assessment/Plan

- Palmar space infection of left hand
IVA, CBC, CMP, Blood culture
US left hand, CXR
Toradol 30mg IV stat
Flagyl 500mg IV stat, Augmentin 1.2 grams IV stat
NPO
IVF

Reexamination/Reevaluation

Labs and US noted

Allergies

NKA

Problem List/Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Current Medications

Home

No active home medications

Lab Results

Test Name	Test Result	Date/Time
Hemoglobin	13.7 g/dL	18/03/2019 08:39 EST
Platelet	268 10 ³ /uL	18/03/2019 08:39 EST
WBC	8.2 10 ³ /uL	18/03/2019 08:39 EST
Sodium	139 mmol/L	18/03/2019 08:39 EST
Potassium	3.5 mmol/L	18/03/2019 08:39 EST
Chloride	100 mmol/L	18/03/2019 08:39 EST
Creatinine	0.6 mg/dL (Low)	18/03/2019 08:39 EST
BUN	11.0 mg/dL	18/03/2019 08:39 EST

Radiology

* Preliminary Report *

US050

===== REPORT TEXT
=====

Reason for Exam:

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Emergency Physician Notes

Assess: Cellulitis left hand
Plan: Ortho consult - Dr Pekko informed at 11:07AM. Will come to see

Lt palmar space infection. ? Infection

US Extremity LT of 18/03/2019:

Findings
High resolution imaging of the left hand showed generalized edema of the palmar and dorsum, with features of inflammation. No organized collection or mass was seen. The flexor and extensor tendons are intact. Doppler color flow pattern show mild increase in vascularity.

Interpreted by:
Signed by (Electronic Signature): Oral W. Richards
US Sonographer
Signed Date (DD/MM/YYYY): 18/03/2019 09:04 AM
[1]

[1] US050; 18/03/2019 09:12 EST

Inpatient Physician Notes

Signed By:
DAVIS-IRONS ,KARYNA (3/18/2019 21:14 EST)

Chief Complaint

Anaesthetic Assessment
Proposed Surgery: Release of Compartment syndrome
Date of Surgery: 18-03-2019

Age: 53 yrs

History of Present Illness

Injury to left hand 2/7 ago

Review of Systems

Constitutional: No apparent distress
Respiratory: No shortness of breath, No cough, No hemoptysis
Cardiovascular: C/O central chest pain, No palpitations, No leg swelling
Abdominal: No nausea, No vomiting, No Acid Reflux or Dyspepsia
Neurologic: No headache, No history of seizures,
Exercise Tolerance: Good

Physical Exam

Vitals & Measurements

T: 36.7 °C (Oral) TMIN: 36.4 °C (Oral) TMAX: 36.7 °C (Oral) RR: 19 BP: 115/70
SpO2: 96% WT: 64.5 kg
General: Well nourished, No apparent distress

Past Anaesthetic History

Nil

Problem List/Past Medical History

Ongoing
No qualifying data
Historical
No qualifying data

Procedure/Surgical History

Nil

Current Medication

Augmentin

Allergies

NKA

Social History

Chronic smoker- cigarettes and marijuana
Alcohol- Socially

Lab Results

Test Name	Test Result	Date/Time
Hemoglobin	13.7 g/dL	18/03/2019 08:39 EST

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Inpatient Physician Notes

Airway Assessment: oropharynx normal, No enlarged Tonsils
Mallampati Score: I
Mouth Opening: >4 cm
Thyromental distance: >6.5cm
Anticipate Difficult Intubation: No
Dental: Dentures- Yes
Neck: supple, no masses, no anterior neck swelling
Respiratory: Lungs clear to auscultation, no wheezes, no crackles, no transmitted sounds
Cardiovascular: normal heart sounds, normal rate and rhythm, no murmurs,

Test Name	Test Result	Date/Time
Platelet	268 10 ³ /uL	18/03/2019 08:39 EST
WBC	8.2 10 ³ /uL	18/03/2019 08:39 EST
Sodium	139 mmol/L	18/03/2019 08:39 EST
Potassium	3.5 mmol/L	18/03/2019 08:39 EST
Creatinine	0.6 mg/dL (Low)	18/03/2019 08:39 EST
BUN	11.0 mg/dL	18/03/2019 08:39 EST

Assessment/Plan

- ASA Class: II (E)
1. Investigation Reviewed: CXR- normal
 2. Investigations Ordered: ECG- Normal
 3. Discuss Anaesthetic Plan including Risk and Benefits

Outpatient Physician Notes

Signed By:
KUUSELA, PEKKO (3/18/2019 11:53 EST)

Chief Complaint: _Left hand pain gun injury

History of Present Illness:

Left hand pain spray gun injury 2 days ago. Hand is getting very swollen and painful, discharge from the wound.

Review of Systems:

Constitutional: No current infection
Musculoskeletal: _
Neurologic: No loss of sensation, No weakness,
Integumentary: No discoloration in area of interest

Past Medical History:

_

Medications:

_

Past Surgical History:

_

Social History:

Occupation: _

_

Family History:

_

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Outpatient Physician Notes

Physical Exam:

Alert and oriented, Left hand is swollen, fingers flexed. painful in the fingers and palm especially 3rd finger. Passive ROM painful as a sign of potential bacterial tenosynovitis. sensation normal, circulation appears normal.

Assessment and Plan:

Pain gun injury causes severe tissue reactions and necrosis. Requires urgent exploration, washout, debridement. Dr Isda will take over the care. stst referral done.

Private Physician Notes

Signed By:
SIDA, HESHAM (4/5/2019 15:56 EST)

Diagnosis:

—
Paint gun injury.
Flexor tenosynovitis.
S/P decompression and debridement left hand,

Uneventful postoperative recovery.
Pain free.
Moving fingers and thumb without any problems.
Reduction of swelling left hand and fingers.
No significant discharge from wounds.
Sensation intact to light touch.
Normal perfusion of fingers and thumb.
Hand Therapy.

Treatment Plans:

Patient advised of intra-operative findings and treatment plans.
Home today when comfortable on oral antibiotics and analgesics for 1 week.
Follow up in Cayman Hand Centre

Signed By:
SIDA, HESHAM (4/2/2019 12:33 EST)

Diagnosis:

—
Paint gun injury.
Flexor tenosynovitis.
S/P decompression and debridement left hand,

Uneventful postoperative recovery.

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Notes

Reduction of swelling left hand and fingers.
No significant discharge from wounds.
Sensation intact to light touch.

Patient advised of intra-operative findings and treatment plans.
Advised once again of risks, limitations, complications and prognosis of surgery.
Informed Consent Form signed today.
OR advised accordingly and patient booked for surgery.

Signed By:
SIDA, HESHAM (3/20/2019 11:36 EST)

Diagnosis:

Paint gun injury left palm.
Flexor tenosynovitis fingers left hand.
S/P decompression left hand

Postoperative review:

GLUCOMETER BEDSIDE, LAST 5 RESULTS
18/MAR/19 08:35 Glucometer Result 5.7 mmol/L

VITALS IN LAST 24 HOURS

19/MAR/19 17:30 Respiratory Rate 19 (Ref. Range 12 - 24)
Respiratory Rate 19 (Ref. Range 12 - 24)
Systolic Blood Pressure 124 (Ref. Range 94 - 140)
Systolic Blood Pressure 124 (Ref. Range 94 - 140)
Diastolic Blood Pressure 70 (Ref. Range 60 - 90)
Diastolic Blood Pressure 70 (Ref. Range 60 - 90)
Mean Arterial Pressure 88
Mean Arterial Pressure 88
Oxygen Saturation 95 (Ref. Range 90 - 100)
Oxygen Saturation 95 (Ref. Range 90 - 100)
Oxygen Delivery Room air
Oxygen Delivery Room air
Temperature Oral 36.1 (Ref. Range 35.8 - 37.3)
Temperature Oral 36.1 (Ref. Range 35.8 - 37.3)
Pulse Rate 71 (Ref. Range 60 - 100)
Pulse Rate 71 (Ref. Range 60 - 100)
19/MAR/19 17:45 Pulse Rate 72 (Ref. Range 60 - 100)
Pulse Rate 72 (Ref. Range 60 - 100)
Respiratory Rate 19 (Ref. Range 12 - 24)

Patient Name: DAWES, ANDREW

MRN: 00234518

FIN #: n/a

Private Physician Notes

Respiratory Rate 19 (Ref. Range 12 - 24)
Systolic Blood Pressure 128 (Ref. Range 94 - 140)
Systolic Blood Pressure 128 (Ref. Range 94 - 140)
Diastolic Blood Pressure 68 (Ref. Range 60 - 90)
Diastolic Blood Pressure 68 (Ref. Range 60 - 90)
Mean Arterial Pressure 88
Mean Arterial Pressure 88
Oxygen Saturation 98 (Ref. Range 90 - 100)
Oxygen Saturation 98 (Ref. Range 90 - 100)
Oxygen Delivery Room air
Oxygen Delivery Room air

19/MAR/19 18:00 Pulse Rate 65 (Ref. Range 60 - 100)

Pulse Rate 65 (Ref. Range 60 - 100)
Respiratory Rate 20 (Ref. Range 12 - 24)
Respiratory Rate 20 (Ref. Range 12 - 24)
Systolic Blood Pressure 116 (Ref. Range 94 - 140)
Systolic Blood Pressure 116 (Ref. Range 94 - 140)
Diastolic Blood Pressure 66 (Ref. Range 60 - 90)
Diastolic Blood Pressure 66 (Ref. Range 60 - 90)
Mean Arterial Pressure 83
Mean Arterial Pressure 83
Oxygen Saturation 97 (Ref. Range 90 - 100)
Oxygen Saturation 97 (Ref. Range 90 - 100)
Oxygen Delivery Room air
Oxygen Delivery Room air

19/MAR/19 18:15

Temperature Oral 35.8 (Ref. Range 35.8 - 37.3)
Pulse Rate 72 (Ref. Range 60 - 100)
Respiratory Rate 20 (Ref. Range 12 - 24)
Systolic Blood Pressure 110 (Ref. Range 94 - 140)
Diastolic Blood Pressure 62 (Ref. Range 60 - 90)
Mean Arterial Pressure 78
Oxygen Saturation 96 (Ref. Range 90 - 100)
Oxygen Delivery Room air

19/MAR/19 22:00

Temperature Oral 36.6 (Ref. Range 35.8 - 37.3)
Pulse Rate 72 (Ref. Range 60 - 100)
Respiratory Rate 18 (Ref. Range 12 - 24)
Systolic Blood Pressure 135 (Ref. Range 94 - 140)
Diastolic Blood Pressure 76 (Ref. Range 60 - 90)
Mean Arterial Pressure 96
Oxygen Saturation 97 (Ref. Range 90 - 100)
Oxygen Delivery Room air

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Notes

20/MAR/19 06:00

Temperature Oral 36 (Ref. Range 35.8 - 37.3)
Pulse Rate 74 (Ref. Range 60 - 100)
Respiratory Rate 18 (Ref. Range 12 - 24)
Systolic Blood Pressure 117 (Ref. Range 94 - 140)
Diastolic Blood Pressure 65 (Ref. Range 60 - 90)
Mean Arterial Pressure 82
Mean Arterial Pressure 82
Oxygen Saturation 96 (Ref. Range 90 - 100)
Oxygen Delivery Room air

Uneventful postoperative recovery.
Apyrexial.
Pain free.
No altered sensation.
Moving fingers and thumb without problems.
Hand Therapy ordered and patient seen by Ward Physiotherapist today.

Treatment Plan:

Continue with current treatment.
Hand high elevation.
Active exercises encouraged.
Monitoring of neurovascular status .
To be advised of any deterioration in patient's condition.
Patient booked for emergency surgery at 1 pm tomorrow.
Nil by mouth from 6am.
Informed Consent Form signed.
Dr. Sekhar contacted and will be assisting tomorrow in OR

Signed By:
SIDA ,HESHAM (3/19/2019 21:52 EST); SIDA ,HESHAM (3/19/2019 21:46 EST)

Addendum by SIDA , HESHAM on 19 March 2019 21:52

Postoperative review:
Uneventful postoperative recovery.
Apyrexial.
Pain free.

Patient Name: DAWES, ANDREW

MRN: 00234518

FIN #: n/a

Private Physician Notes

Treatment Plan:

Hand high elevation..

Active exercises encouraged.

Monitoring of neurovascular status overnight.

To be advised of any deterioration in patient's condition.

Plan for possible further surgery tomorrow at 1 pm with patient to be assessed tomorrow.

Nil by mouth from 6am.

Diagnosis:

Paint gun injury left palm.

Flexor tenosynovitis fingers left hand.

S/P decompression left hand

Paient Nil by mouth from last night.

No great amount of fluid in either canister.

Patient booked for surgery with Dr. Brown contacted.

Dr. Sekhar contacted and will be assisting today in OR

Patient booked for emergency surgery at 1 pm today

Hand Therapy ordered.

Signed By:

SIDA ,HESHAM (3/19/2019 00:06 EST); SIDA ,HESHAM (3/18/2019 23:56 EST)

Addendum by SIDA , HESHAM on 19 March 2019 00:06

Postoperative review:

Advised by Nursing Staff on Surgical Ward that patient was having problems with his Negative Pressure Suction Pumps.

Patient reviewed on Surgical Ward.

Pumps now functioning properly

Patient is pain free.

No altered sensation of fingers.

Good perfusion of fingers and thumb.

Treatment Plan:

Patient advised of intra-operative findings and managent plans.

Advised of seriousness of prognosis and necessity for second look tomorrow with further tissue debridement and exchange of negative suction power dressings.

Advised of risks; limitations; complications and prognosis of surgery.

Infored Consent Form signed.

Patient prescribed course of antibiotics.

To be Nil by Mouth from 6 am tomorrow morning.

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Notes

Booked for 1pm 19/03/2019.
Hand Therapy.
To be advised of any deterioration in patient's condition.

Diagnosis:

Paint gun injury left palm.
Flexor tenosynovitis fingers left hand.

Date of injury: 16/03/2019

Request for Consult from Dr. Pekko
Thank you for the courtesy of the request for Hand Surgery Consult.

Right handed 53 year old Painter.
Work place injury on Saturday 16/03/2019.
Accidental injury with high PSI Paint Gun involving grey water based paint.
Only opted to attend A&E today, 2 days later, after left hand swelled up and became stiff and painful.
Denies any altered sensation in his left hand.
Patient Nil by mouth from last night.
Otherwise fit and healthy.
No past history of similar injuries.
No past history of previous surgery.
No known allergies.
Received following treatment in A&E:

"Seen and assessed by Dr McHayle
IVA gained, blood sent to lab
Medicated as ordered with:
Flagyl 500mg IV @ 0826
Toradol 30mg IV @ 0828
Augmentin 1.2gm IV @ 0847"

Referred to Dr. Pekko who advised patient of risks, limitations, complications and prognosis of surgery.

Informed Consent Form signed by patient.
Patient booked for surgery with Dr. Davis Irons contacted.
Dr. Pekko contacted me and subsequently requested a Hand Surgery Consult.

O/E:

Swollen left hand and fingers.
Fingers adopting fixed flexion position.
Unable to make a fist or completely straighten his fingers.
Signs of flexor tenosynovitis.
Puncture wound left palm.

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Notes

Treatment plan:

Patient advised of poor prognosis of Paint Gun injuries and prognosis further affected by 2 day delay in presentation.

Patient advised that he will require multiple surgical procedures and intensive Hand Therapy postoperatively.

Dr. Davis -Irons contacted and OR contacted.

Patient booked for emergency surgery.

Emergency admission for wound debridement, Extensile CTR, Fasciectomy and palm and fingers decompression with application of negative pressure suction dressings.

Intra-operative C-arm X-rays organised to identify extent of radio-opaque paint spread and infiltration.

Private Physician Operative Notes

Signed By:
SIDA ,HESHAM (3/31/2019 19:13 EST)

OPERATIVE RECORD

DATE OF OPERATION: _21/03/2019

SURGEON: _Dr. Sida

ANAESTHETIST: _Dr. Gooden & Dr. Williams

ANAESTHETIC: _GA

PREOPERATIVE DIAGNOSIS: _

1. Paint Gun injury left palm. **ICD-10: T70.4**
2. Flexor tenosynovitis left index, middle , ring and little fingers. **ICD-10: M65.9**
3. S/P hand decompression and application of Negative Pressure Suction drains.

POSTOPERATIVE DIAGNOSIS: _as above

OPERATION: _

1. Wound debridement palm and flexor tendons fingers left hand. **CPT-4: 11043.**
2. Wound debridement dorsum and extensor tendons fingers left hand. **CPT-4: 11043**
3. Secondary wound closure left hand. **CPT-4: 13160.**
4. Application of sling. **CPT-4: 29260.**

PROCEDURE: _**3.5X Magnifying Surgical Loupes used throughout surgical procedures.**

Thorough wound debridement both left palm and fingers flexor tendons as well as dorsum left hand and extensor tendons.

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Operative Notes

Thorough washout Pulse Lavage of both dorsal and volar wounds with **Stryker Coaxial High Flow Tip W/Soft Shield and Interpulse Irrigation Handpiece.**
Removal of all possible necrotic tissue and paint under direct vision.
Residual traces of silver paint remaining embedded in vital nerve and soft tissues could not be safely removed.
Decision taken to abandon further attempts to remove paint affected soft tissues due to high risk of damage to vital tissues.
All tension on wounds relieved.
Decision taken to proceed with secondary wound closure of both volar and dorsal wounds with 3/0 Ethylon sutures.
Skin closure achieved without tension.
Dressings, Webril and cling.
Application of sling.

COMPLICATIONS: _none

ESTIMATED BLOOD LOSS: _less than 50 mls.

INSTRUMENT, SWAB AND NEEDLE COUNT: _correct

POSTOPERATIVE ORDERS:

(lab, rad and treatment orders must be placed on the orders tab; medication orders on the Med Record)

Monitoring of neurovascular status overnight on Surgical Ward.
Pain control provided by Dr. Williams
High elevation.
Active fingers and thumb exercises.
Monitoring of Neurovascular status overnight on Surgical Ward.
To be advised immediately of any deterioration in patient's condition, severe pain, swelling, altered sensation or discolouration of fingers or thumb.
Hand Therapy.
Continue with antibiotics.

Signed By:
SIDA ,HESHAM (4/2/2019 12:44 EST); SIDA ,HESHAM (3/31/2019 19:12 EST)

Addendum by SIDA , HESHAM on 02 April 2019 12:44
PLEASE NOTE, DATE OF OPERATION WAS 19TH OF MARCH, 2019

OPERATIVE RECORD

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Operative Notes

DATE OF OPERATION: _18/03/2019

SURGEON: _Dr. Sida

ASSISTANT _DR. SEKHAR.

ANAESTHETIST: _Dr. BROWN

ANAESTHETIC: _GA

PREOPERATIVE DIAGNOSIS: _

1. Paint Gun injury left palm. **ICD-10: T70.4**
2. Flexor tenosynovitis left index, middle , ring and little fingers. **ICD-10: M65.9**
3. S/P hand decompression and application of Negative Pressure Suction drains.

POSTOPERATIVE DIAGNOSIS: _as above

OPERATION: _

1. Wound debridement palm and flexor tendons fingers left hand. **CPT-4: 11043.**
2. Wound debridement dorsum and extensor tendons fingers left hand. **CPT-4: 11043**
3. Application of sling. **CPT-4: 29260.**

PROCEDURE: _**3.5X Magnifying Surgical Loupes used throughout surgical procedures.**

Removal of Negative Suction Pressure Dressings.

Excision of necrotic tissues.

Thorough wond debridement both left palm and fingers flexor tendons as well as dorsum left hand and extensor tendons.

Thorough washout Pulse Lavage of both dorsal and volar wounds with **Stryker Coaxial High Flow Tip W/Soft Shield and Interpulse Irrigation Handpiece.**

Flexor tendon sheaths flushed with N Saline solution to rid them of paint remnants.

Debridement of tissues with excision of paint soaked soft tissues and subcutaneous fat with extreme care taken to identify and protect neurovascular structures and tendons.

Repeat of Pulse Lavage washout of tissues with normal Saline solution both volarly and dorsally.

Wounds could not be closed without tension.

Swabs taken for Microbiology C&S from all wound sites.

Application of wound dressings.

Application of sling.

COMPLICATIONS: _none

ESTIMATED BLOOD LOSS: less than 60 mls.

INSTRUMENT, SWAB AND NEEDLE COUNT: _correct

POSTOPERATIVE ORDERS:

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Operative Notes

(lab, rad and treatment orders must be placed on the orders tab; medication orders on the Med Record)

Patient to be booked for further debridements and decompression of tissues after 48 hours.
High elevation.

Active fingers and thumb exercises.

Monitoring of Neurovascular status overnight on Surgical Ward.

To be advised immediately of any deterioration in patient's condition, severe pain, swelling, altered sensation or discolouration of fingers or thumb.

Monitoring of neurovascular status overnight on Surgical Ward.

IV Antibiotics.

Pain control by PCA provided by Dr. Brown.

Signed By: SIDA, HESHAM (3/31/2019 19:11 EST)

OPERATIVE RECORD

DATE OF OPERATION: _18/03/2019

SURGEON: _Dr. Sida
inflated.

TOURNIQUET TIME: _Applied but not

ANAESTHETIST: _Dr. Davis-Irons

ANAESTHETIC: _GA

PREOPERATIVE DIAGNOSIS: _

1. Paint Gun injury left palm.
2. Flexor tenosynovitis left index, middle, ring and little fingers.
3. Pain left hand and fingers.

POSTOPERATIVE DIAGNOSIS: _

1. Paint Gun injury left palm. **ICD-10: T70.4A**
2. Flexor tenosynovitis left index, middle, ring and little fingers. **ICD-10: M65.9A**
3. Pain left hand and fingers. **ICD-10: M25.54**
4. Compartment syndrome left hand. **ICD-10: T79.A1A**

OPERATION: _

1. Neuroplasty left median nerve, extensile carpal tunnel release. **CPT-4: 64721.**
2. Decompression fasciotomy dorsum left hand. **CPT-4: 25020.**
3. Decompression fasciotomy palm left hand. **CPT-4: 25020.**

Patient Name: **DAWES, ANDREW**

MRN: 00234518

FIN #: n/a

Private Physician Operative Notes

4. Debridement skin, subcutaneous tissue and muscle left hand. **CPT-4: 11043.**

5. Application of Negative Pressure Wound Therapy. **CPT-4: 97605.**

PROCEDURE: _3.5X Magnifying Surgical Loupes used throughout surgical procedures.

Excision of necrotic entry site left palm.

Extensile left carpal tunnel release with decompression of left median nerve.

Median nerve noted to be soaked in grey paint from mid palm distally.

Thorough decompresssion of median nerve achieved.

Decompression of middle, ring and little fingers and flexor tendon sheaths with separate volar incisions..

Flexor tendon sheaths flushed with N Saline solution to rid them of soluble paint.

Debridement of tissues with excision of paint soaked soft tissues and subcutaneous fat with extreme care taken to identify and protect neurovascular structures and tendons.

Perfuse washout of tissues with normal Saline solution.

Palmar decompression fasciotomy insufficient to relieve pressure.

Dorsal decompression fasciotomy carried out with 3 separate dorsal incisions in intermetacarpal dorsal spaces.

Extensor tendons noted to be soaked and bathed in grey paint.

Debridement of tissues with excision of paint soaked soft tissues and subcutaneous fat with extreme care taken to identify and protect neurovascular structures and tendons.

Wounds could not be closed without tension,

Decision taken to apply Negative Suction Pressure wound dressings and attach them to wall suction.

Application of V.A.C. GRANUFOAM SILVER DRESSING as well as V.A.C. VeraFlo Dressing System -

Medium used in combination with two separate drains to prevent damage to tendons and neurovascular structures.

COMPLICATIONS: _none

ESTIMATED BLOOD LOSS: _about 200 mls.

INSTRUMENT, SWAB AND NEEDLE COUNT: _correct

POSTOPERATIVE ORDERS:

(lab, rad and treatment orders must be placed on the orders tab; medication orders on the Med Record)

—
Monitoring of neurovascular status overnight on Surgical Ward.

Pain control by PCA provided by Dr. Davis - Irons.

Patient to be booked for multiple further debridements and decompression of tissues after 24 and 72 hours.

High elevation.

Monitoring of Neurovascular status overnight on Surgical Ward.

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Private Physician Operative Notes

To be advised immediately of any deterioration in patient's condition, severe pain, swelling, altered sensation or discoloration of fingers or thumb.

Therapy Notes

Signed By:
Smith ,Chelsea (3/25/2019 15:21 EST)

Patient did not attend scheduled appointment today. Treatment will commence or continue when patient initiates further contact.

Signed By:
Grace ,Sinead (3/22/2019 15:54 EST)

Dx: Paint gun injury L hand, flexor tenosynovitis fingers L hand. S/P decompression L hand.

S. Informed consent gained. Hx noted. Pt reports well following surgery yesterday and is keen for D/C today.

O. Pt awake and alert in bed with L UL elevated.
Bulky dressing to L hand.

Rx:
Finger flex/ext x 10 // Pt limited by dressing but able to achieve full ext and showing good flexion as dressing allows.
Thumb Opposition x 10 // Only able to reach 2nd digit with AA today, pt reports this is due to dressing.

Telephone call to Dr Sida who confirmed pt for D/C today. Dr Sida reports pt for intensive hand therapy with no restrictions on ROM.

PT attended to pt with appointment for outpatient PT next week but pt not at bedside. N/S took appointment card to pass on to pt.

A. Pt showing good ROM at present and happy to continue with ROM exercises.
Further PT follow up in outpatients.

P.D/C from inpatient PT.

Signed By:
Grace ,Sinead (3/21/2019 11:51 EST)

Dx: Paint gun injury L hand, flexor tenosynovitis fingers L hand. S/P decompression L hand.

S. Informed consent gained. Hx noted. Pt reports feeling ok this morning and happy with ROM exercises which he reports he has been practicing frequently.

O. Pt awake and alert standing by sink having a shave.

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Therapy Notes

Bulky dressing to L hand.

Rx:

Finger flex/ext x 10 // Pt limited by dressing but able to achieve full ext today and showing good flexion as dressing allows.
Thumb Opposition x 10 // Able to reach 3rd digit actively and 4th AA.

Discussed further surgery today and PT r/v mane and pt reported he was hoping to go home after the surgery. PT unsure of Dr plans.

Explained we would r/v pt mane if he remains in hospital and issue with outpatient PT appt but if he leaves this evening he will need to contact the department to make outpatient appt. //Pt happy with this.

A. Pt showing good ROM at present and happy to continue with ROM exercises.
A/W further surgery today.

P. PT to r/v as appropriate.

Signed By:

Grace ,Sinead (3/20/2019 13:52 EST)

Dx: Paint gun injury L hand, flexor tenosynovitis fingers L hand. S/P decompression L hand.

S. ATSP to assist with ROM of fingers. Dr Sida reports pt has no limitations in place for ROM so pt allowed full ROM as tolerated. Dr also reports will likely see pt for further washout surgery mane. Informed consent gained. Hx noted. Pt reports pain currently well controlled and happy to participate in exercises.

O. Obs stable as charted. Pt awake and alert in bed with L UL elevated.
Heavy dressing to L hand.

L ROM: Pt able to actively flex and extend fingers but not to full ROM.

RX:

Pt taught active flex/ext of fingers ex x 10
Taught passive flex/ext for fingers x 10
Taught opposition exercise for thumb.
Taught wrist flex/ext ROM ex x 10

A. Pt currently limited in his ROM for his L hand and part of this is due to bulky dressing but showing some good active movement in fingers and happy with exercises to facilitate ROM further.
Further PT aimed at increasing ROM and progressing function as able.

P. PT to r/v mane.

Coding Summary Sheet

Signed By:

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Coding Summary Sheet

CODING DATE: 15/APR/201 FINAL
Grand Cayman

DSCH STATUS:
Home

PAYOR:
Commercial Insurance

ADMIT DX:

REASON FOR VISIT DX:

FINAL DX:
PRINCIPAL:
M65.842 Other synovitis and tenosynovitis, left hand

SECONDARY:
S69.92XA Unspecified injury of left wrist, hand and finger(s), initial
 encounter
M79.642 Pain in left hand
M79.645 Pain in left finger(s)
T79.A12A Traumatic compartment syndrome of left upper extremity, initial
 encounter

PROCEDURES	DOCTOR NAME	DATE
01N50ZZ Release Median Nerve, Open Approach		
0KBD0ZZ Excision of Left Hand Muscle, Open Approach		
0LN80ZZ Release Left Hand Tendon, Open Approach		
0JBK0ZX Excision of Left Hand Subcutaneous Tissue and Fascia, Open Approach, Diagnostic		
BP4NZZ1 Ultrasonography of Right Hand, Densitometry		
2W2FX4Z Dressing of Left Hand using Bandage		
3E10X8Z Irrigation of Skin and Mucous Membranes using Irrigating Substance		
F07K0ZZ Range of Motion and Joint Mobility Treatment of Musculoskeletal System - Upper Back / Upper Extremity		

Patient Name: **DAWES, ANDREW**
 MRN: 00234518
 FIN #: n/a

Coding Summary Sheet

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

! Coded By: Felix, Verna
 Date Saved: 15/APR/2019 01:11 pm

Haematology

H=High L=Low *=Abnormal C=Critical @=Corrected R=Result Comment O=Order Comment

CBC and Differential

Accession Number	Collected Date/Time	Specimen Type		
19-077-0160	3/18/2019 08:39 EST	Blood		
Procedure	Result	Units	Reference Range	Verified Date/Time
Neutrophils Auto	66.7	%	[42.0-74.0]	3/18/2019 09:37 EST
Lymphocyte Auto	24.2	%	[17.0-45.0]	3/18/2019 09:37 EST
Monocyte Auto	7.2	%	[5.0-12.0]	3/18/2019 09:37 EST
Eosinophil Auto	1.1	%	[1.0-7.0]	3/18/2019 09:37 EST
Basophil Auto	0.8	%	[0.0-1.0]	3/18/2019 09:37 EST
Neutrophils Absolute	5.5	10 ³ /uL	[1.4-6.6]	3/18/2019 09:37 EST
Lymphocyte Absolute	2.0	10 ³ /uL	[1.0-3.5]	3/18/2019 09:37 EST
Monocyte Absolute	0.6	10 ³ /uL	[0.3-0.8]	3/18/2019 09:37 EST
Eosinophil Absolute	0.1	10 ³ /uL	[0.0-0.8]	3/18/2019 09:37 EST
Basophil Absolute	0.1	10 ³ /uL	[0.0-0.1]	3/18/2019 09:37 EST

Accession Number	Collected Date/Time	Specimen Type		
19-077-0160	3/18/2019 08:39 EST	Blood		
Procedure	Result	Units	Reference Range	Verified Date/Time
RBC	4.12 ^L	10 ⁶ /uL	[4.50-5.70]	3/18/2019 09:37 EST
Hemoglobin	13.7	g/dL	[13.5-17.2]	3/18/2019 09:37 EST
Hct	40.5	%	[40.0-50.0]	3/18/2019 09:37 EST
MCV	98.2 ^H	fL	[80.0-95.0]	3/18/2019 09:37 EST
MCH	33.2 ^H	pg	[27.0-33.0]	3/18/2019 09:37 EST
MCHC	33.8	g/dL	[32.0-36.0]	3/18/2019 09:37 EST
RDW	11.7	%	[11.5-14.5]	3/18/2019 09:37 EST
Platelet	268	10 ³ /uL	[150-450]	3/18/2019 09:37 EST
MPV	7.2	fL	[7.0-10.6]	3/18/2019 09:37 EST
WBC	8.2	10 ³ /uL	[4.0-10.5]	3/18/2019 09:37 EST

Patient Name: **DAWES, ANDREW**
 MRN: 00234518
 FIN #: n/a

Chemistry

H=High L=Low *=Abnormal C=Critical @=Corrected R=Result Comment O=Order Comment

General Chemistry

Accession Number	Collected Date/Time	Specimen Type		
19-077-0161	3/18/2019 08:39 EST	Blood		
Procedure	Result	Units	Reference Range	Verified Date/Time
Sodium	139 ^{O1}	mmol/L	[136-145]	3/18/2019 10:02 EST
Potassium	3.5 ^{O1}	mmol/L	[3.5-5.1]	3/18/2019 10:02 EST
Chloride	100 ^{O1}	mmol/L	[98-107]	3/18/2019 10:02 EST
Albumin	4.0 ^{O1}	g/dL	[3.5-5.0]	3/18/2019 10:02 EST
Alkaline Phosphatase	65 ^{O1}	unit(s)/L	[40-150]	3/18/2019 10:02 EST
AST	31 ^{O1}	unit(s)/L	[5-34]	3/18/2019 10:14 EST
ALT	30 ^{O1}	U/L	[16-63]	3/18/2019 10:03 EST
Bilirubin Total	0.9 ^{O1}	mg/dL	[0.2-1.2]	3/18/2019 10:02 EST
Calcium	10.0 ^{O1}	mg/dL	[8.4-10.2]	3/18/2019 10:02 EST
Creatinine	0.6 ^{L O1}	mg/dL	[0.7-1.3]	3/18/2019 10:02 EST
CO2C	27 ^{O1}	mmol/L	[20-28]	3/18/2019 10:02 EST
Glucose Level	90.0 ^{O1}	mg/dL	[70.0-105.0]	3/18/2019 10:02 EST
Total Protein	7.6 ^{O1}	g/dL	[6.4-8.3]	3/18/2019 10:02 EST
BUN	11.0 ^{O1}	mg/dL	[8.4-25.7]	3/18/2019 10:03 EST
Anion Gap	12.0 ^{H O1}	mmol/L	[3.0-11.0]	3/18/2019 10:02 EST
GFR Black	>120.0 ^{O1 ^1}	mL/min/1.73 m ^{^2}		3/18/2019 10:02 EST
GFR Non Black	>120.0 ^{O1}	mL/min/1.73 m ^{^2}		3/18/2019 10:02 EST

Order Comments

- O1: Comprehensive Metabolic Panel (CMP)
- Comprehensive Metabolic Panel (CMP)
- Electrolytes
- Sodium
- Potassium
- Chloride
- Bicarbonate
- BUN
- Creatinine
- Glucose
- Calcium
- Albumin
- Alk Phosp
- ALT
- AST
- Total Protein
- Total Bilirubin

Interpretive Data

- ^1: GFR Black

INTERPRETATION

GFR BLACK/GFR NON BLACK

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Chemistry

H=High L=Low *=Abnormal C=Critical @=Corrected R=Result Comment O=Order Comment

Interpretive Data

^1: GFR Black

Normal GFR results range from 90 -120 mL/min/1.73m². Older people will have lower normal GFR levels

Levels below 60 mL/min/1.73m² for 3 or more months are a sign of chronic kidney disease.

Results below 15 mL/min/1.73m² are a sign of kidney failure.

Microbiology

Procedure:	Culture Wd Superficial	Accession:	19-078-0439
Source:	Incision	Start Date/Time:	3/19/2019 21:40 EST
Collected Date/Time:	3/19/2019 15:57 EST	Received Date/Time:	3/19/2019 22:40 EDT

FINAL REPORTS

Final Report

Verified Date/Time/Personnel: 3/22/2019 10:10 EST Robinson-Walters,Marcia

No growth after 48 hours incubation.

PRELIMINARY REPORTS

Preliminary Report

Verified Date/Time/Personnel: 3/21/2019 11:34 EST Robinson-Walters,Marcia

No growth

STAINS

GS

Verified Date/Time/Personnel: 3/21/2019 11:34 EST Robinson-Walters,Marcia

No organisms seen.

Procedure:	Culture Wd Superficial	Accession:	19-078-0438
Source:	Incision	Start Date/Time:	3/19/2019 21:40 EST
Collected Date/Time:	3/19/2019 15:57 EST	Received Date/Time:	3/19/2019 22:40 EDT

FINAL REPORTS

Final Report

Verified Date/Time/Personnel: 3/22/2019 10:09 EST Robinson-Walters,Marcia

No growth after 48 hours incubation.

PRELIMINARY REPORTS

Preliminary Report

Verified Date/Time/Personnel: 3/21/2019 11:33 EST Robinson-Walters,Marcia

No growth

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Microbiology

STAINS

GS

Verified Date/Time/Personnel: 3/21/2019 11:33 EST Robinson-Walters, Marcia

No organisms seen.

Procedure:	Culture Blood	Accession:	19-077-0162
Source:	Blood	Start Date/Time:	3/18/2019 14:45 EST
Collected Date/Time:	3/18/2019 08:39 EST	Received Date/Time:	3/18/2019 15:45 EDT

FINAL REPORTS

Final Report

Verified Date/Time/Personnel: 3/23/2019 12:53 EST Robinson-Walters, Marcia

No growth aerobically or anaerobically/ 5 days

PRELIMINARY REPORTS

Preliminary Report

Verified Date/Time/Personnel: 3/22/2019 16:00 EST ANG Process Server

No growth at 4 days.

Preliminary Report

Verified Date/Time/Personnel: 3/21/2019 16:00 EST ANG Process Server

No growth at 3 days.

Preliminary Report

Verified Date/Time/Personnel: 3/20/2019 16:00 EST ANG Process Server

No growth at 2 days.

Preliminary Report

Verified Date/Time/Personnel: 3/19/2019 16:00 EST ANG Process Server

No growth at 1 day.

Radiology Documents

Signed By:

CR036

===== REPORT TEXT =====

Reason for Exam:

palmar space infection

XR Chest Single View of 18/03/2019:

PA view shows normal cardiomedial silhouette. The lungs are clear. The costophrenic recesses are sharp.

Conclusion. Normal chest x-ray radiograph.

Interpreted by:

Signed by (Electronic Signature): Dr. Alessandro Lemos

Radiologist

Patient Name: **DAWES, ANDREW**
MRN: 00234518
FIN #: n/a

Radiology Documents

Signed Date (DD/MM/YYYY): 18/03/2019 10:47 AM
Radiographer: SILVERA-MCKOGG, CAMEIL

===== REPORT TEXT END =====

CR036

http://zfpshr/ZFP?mode=proxy#view&ris_pat_id=234518&ris_exam_id=XR20190004029&un=WEBAPI&pw=AsOOazWzLmAFnLGPdshqsbW2r9HrkF1agzNUsD6IkT8%3d HNAM URL

Measurements

Date 3/18/2019
Time 18:15 EST

Measurements		Units
Weight	64.5	kg
BSA	0	