



**U.S. Department of Justice**  
Drug Enforcement Administration  
FOI/Records Management Section  
8701 Morrissette Drive  
Springfield, Virginia 22152

**JUL 25 2018**

Case Number: 18-00536-F

Subject: Information on Deceased Third Party-Nelson, Prince Rogers

Tim Vetscher  
KSTP-TV  
3415 University Avenue  
St. Paul, Minnesota 55114

Dear Mr. Vetscher:

This letter responds to your Freedom of Information/Privacy Act request dated April 20, 2018, addressed to the Drug Enforcement Administration (DEA), Freedom of Information/Privacy Act Unit, seeking access to information regarding the above subject.

After reviewing your request, we conducted a search for responsive records pertaining to the above subject. To search for responsive records, we queried the DEA Investigative Reporting and Filing System (IRFS). IRFS is the system of records that contains all administrative, general and investigative files compiled by DEA for law enforcement purposes. As a result of our query, we were able to identify records pertaining to the subject of your request.

The processing of your request identified certain materials that will be released to you. Portions not released are being withheld pursuant to the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and/or the Privacy Act, 5 U.S.C. § 552a. Please refer to the list enclosed with this letter that identifies the authority for withholding the deleted material, which is indicated by a mark appearing in the block next to the exemption. An additional enclosure with this letter explains these exemptions in more detail. The documents are being forwarded to you with this letter.

The rules and regulations of the DEA applicable to FOIA requests are contained in the Code of Federal Regulations, Title 28, Part 16, as amended. They are published in the Federal Register and are available for inspection by members of the public.

For your information, Congress excluded three discrete categories of law enforcement and national security records from the requirements of the FOIA. *See* 5 U.S.C. § 552(c). This response is limited to those records that are subject to the requirements of the FOIA. This is a standard notification that is given to all our requesters and should not be taken as an indication that excluded records do, or do not, exist.

You may contact our FOIA Public Liaison at 202-307-7596 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, Room 2510, 8601 Adelphi Road, College Park, Maryland 20740-6001; e-mail at [ogis@nara.gov](mailto:ogis@nara.gov); telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with my response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, Suite 11050, 1425 New York Avenue, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP's FOIAonline portal by creating an account on the following web site: <https://foiaonline.regulations.gov/foia/action/public/home>. Your appeal must be postmarked or electronically transmitted within 90 days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

If you have any questions regarding this letter, you may contact Government Information Specialist Cynthia Chasten at (202) 307-7615.

Sincerely,



Katherine L. Myrick, Chief  
Freedom of Information/Privacy Act Unit  
FOI/Records Management Section

Enclosures

Number of pages withheld: 97

Number of pages released: 86

**APPLICABLE SECTIONS OF THE FREEDOM OF INFORMATION AND/OR PRIVACY ACT:**

<b>Freedom of Information Act 5 U.S.C. 552</b>			<b>Privacy Act 5 U.S.C. 552a</b>	
<input type="checkbox"/> (b)(1)	<input type="checkbox"/> (b)(5)	<input checked="" type="checkbox"/> (b)(7)(C)	<input type="checkbox"/> (d)(5)	<input type="checkbox"/> (k)(2)
<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (b)(6)	<input type="checkbox"/> (b)(7)(D)	<input type="checkbox"/> (j)(2)	<input type="checkbox"/> (k)(5)
<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (b)(7)(A)	<input checked="" type="checkbox"/> (b)(7)(E)	<input type="checkbox"/> (k)(1)	<input type="checkbox"/> (k)(6)
<input type="checkbox"/> (b)(4)	<input type="checkbox"/> (b)(7)(B)	<input checked="" type="checkbox"/> (b)(7)(F)		

**EXPLANATION OF EXEMPTIONS**  
**SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552**

- (b)(1) (A) specifically authorized under criteria established by an Executive order to be kept secret in the interest of national defense or foreign policy and (B) are in fact properly classified pursuant to such Executive order;
- (b)(2) related solely to the internal personnel rules and practices of an agency;
- (b)(3) specifically exempted from disclosure by statute (other than section 552b of this title), if that statute-
- (A)(i) requires that the matters be withheld from the public in such a manner as to leave no discretion on the issue; or (ii) establishes particular criteria for withholding or refers to particular types of matters to be withheld; and (B) if enacted after the date of enactment of the OPEN FOIA Act of 2009, specifically cites to this paragraph.
- (b)(4) trade secrets and commercial or financial information obtained from a person and privileged or confidential;
- (b)(5) inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency;
- (b)(6) personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy;
- (b)(7) records or information compiled for law enforcement purposes, but only to the extent that the production of such law enforcement records or information (A) could reasonably be expected to interfere with enforcement proceedings, (B) would deprive a person of a right to a fair trial or an impartial adjudication, (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy, (D) could reasonably be expected to disclose the identity of a confidential source, including a State, local, or foreign agency or authority or any private institution which furnished information on a confidential basis, and, in the case of a record or information compiled by criminal law enforcement authority in the course of a criminal investigation or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source, (E) would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law, or (F) could reasonably be expected to endanger the life or physical safety of any individual;
- (b)(8) contained in or related to examination, operating, or condition reports prepared by, on behalf of, or for the use of an agency responsible for the regulation or supervision of financial institutions; or
- (b)(9) geological and geophysical information and data, including maps, concerning wells.

**SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552a**

- (d)(5) information compiled in reasonable anticipation of a civil action proceeding;
- (j)(2) material reporting investigative efforts pertaining to the enforcement of criminal law including efforts to prevent, control, or reduce crime or apprehend criminals;
- (k)(1) information which is currently and properly classified pursuant to an Executive order in the interest of the national defense or foreign policy, for example, information involving intelligence sources or methods;
- (k)(2) investigatory material compiled for law enforcement purposes, other than criminal, which did not result in loss of a right, benefit or privilege under Federal programs, or which would identify a source who furnished information pursuant to a promise that his/her identity would be held in confidence;
- (k)(3) material maintained in connection with providing protective services to the President of the United States or any other individual pursuant to the authority of Title 18, United States Code, Section 3056;
- (k)(4) required by statute to be maintained and used solely as statistical records;
- (k)(5) investigatory material compiled solely for the purpose of determining suitability, eligibility, or qualifications for Federal civilian employment or for access to classified information, the disclosure of which would reveal the identity of the person who furnished information pursuant to a promise that his/her identity would be held in confidence;
- (k)(6) testing or examination material used to determine individual qualifications for appointment or promotion in Federal Government service the release of which would compromise the testing or examination process;
- (k)(7) material used to determine potential for promotion in the armed services, the disclosure of which would reveal the identity of the person who furnished the material pursuant to a promise that his/her identity would be held in confidence.

U.S. Department of Justice  
Drug Enforcement Administration

(DO NOT USE FOR NON-DRUG EVIDENCE)  
REPORT OF DRUG PROPERTY COLLECTED, PURCHASED, OR SEIZED

1. Date Prepared: 03-14-2017	2. Case Number: (b)(7)(E)	3. File Title: (b)(7)(C)	4. GDEP #: (b)(7)(E)
5. Group Number: (b)(7)(C);(b)(7)(F)	6. Program Code: (b)(7)(E)	7. Date taken into DEA Custody: 03-14-2017	8. Where obtained (Country, City, State) USA, Minneapolis, MN

9. Is this document for informational purposes only?  No  Yes

10. How obtained?  Purchase cost per exhibit: (1) \_\_\_\_\_; (2) \_\_\_\_\_; (3) \_\_\_\_\_  
 Seized  Money Flashed

Compliance Sample (Non-Criminal)  Internal Body Carry  
 Free Sample  Stockpile Reverse Undercover  
 Clandestine Laboratory Seizure  Other: REFERRAL  
 Regulatory  Abandoned

\*A biohazard warning label must be placed on the heat sealed evidence envelope containing the evidence acquired from an internal body carry.

11. If referral, name of referring agency: Carver County Sheriff's Office 11a. Case #: (b)(7)(E) 11b. Seizure #: 018

12. If seized for forfeiture (pseudocphedrine) and held as evidence or for safekeeping, was a SSF prepared?  
 If yes, attach SSF and enter Asset ID (formerly CATS ID) # \_\_\_\_\_  
 Provide asset (fair market) value at time of seizure \_\_\_\_\_  
 If no, explain: \_\_\_\_\_

13. Exhibit #	14. FDIN #	15. Alleged Drugs	16. Describe Marks on Labels (Note: If original container is separate from drug, enter subexhibit # and describe original container fully.)	Approx. Gross Quantity		
				17. Seized	18. Submitted	19. Retained
1		(b)(7)(E) Fentanyl (And Its Generics)	Numerous white oblong tablets, (suspected illicit Fentanyl) marked with "Watson 853" on one side and nothing on the other side.	104.23 G	104.23 G	0 G

20. Is this a bulk drug seizure?  
 No  Yes (If yes, provide date of 60-day letter: \_\_\_\_\_)

21. Identify:  N/A  Threshold DEA-7 or  Bulk DEA-7

22.  Fingerprint Analysis Requested for exhibit(s): \_\_\_\_\_

22a. Compare Latent Prints with subject(s):

Name	FBI and or State ID Number(s)	Date of Birth	Identify type of prints attached		
			Finger	Palm	None
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. REMARKS:  
 Exhibit 1, as described above, was acquired by TFO (b)(7)(C);(b)(7)(F) from Carver County Sheriff's Office Det. (b)(7)(C); (b)(7)(F) on March 14, 2017 as witnessed by TFO (b)(7)(C);(b)(7)(F). On the same date, TFO (b)(7)(C);(b)(7)(F) processed, sealed and dated the exhibit as witnessed by TFO (b)(7)(C);(b)(7)(F). On the same date, TFO (b)(7)(C);(b)(7)(F) transferred custody of the above exhibit to MSPDO temp drug evidence vault for storage and safe keeping as witnessed by TFO (b)(7)(C);(b)(7)(F). On March 15, 2017, TFO (b)(7)(C);(b)(7)(F) and TFO (b)(7)(C);(b)(7)(F) removed the above exhibit from the temp drug evidence vault and transferred the above exhibit to the NCL Laboratory for analysis and safekeeping.

24. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: (b)(7)(C);(b)(7)(F) TFO

25. Type/Print Name of Supervisor: /s/ (b)(7)(C);(b)(7)(F) GS

24a. Signature and Date: \_\_\_\_\_ 03-14-2017

25a. Signature and Date: \_\_\_\_\_ 03-14-2017

**DRUG EVIDENCE CUSTODIAN RECEIPT REPORT (FOR FIELD OFFICE USE ONLY)**

26. No. Packages: \_\_\_\_\_ 27. Print/Type Name Received From: \_\_\_\_\_ 27a. Signature and Date: \_\_\_\_\_

28. SEAL  Broken  Unbroken 29. Print/Type Name Received By: \_\_\_\_\_ 29a. Signature and Date: \_\_\_\_\_

30. Date Entered Into ENEDS/CERTS: \_\_\_\_\_

**LABORATORY EVIDENCE RECEIPT REPORT (FOR LABORATORY USE ONLY)**

31. No. Packages: \_\_\_\_\_ 32. Print/Type Name Received From: \_\_\_\_\_ 32a. Signature and Date: \_\_\_\_\_

33. SEAL  Broken  Unbroken 34. Print/Type Name Received By: \_\_\_\_\_ 34a. Signature and Date: \_\_\_\_\_

35. Laboratory #s: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

36. Laboratory Control #s: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_



U.S. Department of Justice  
Drug Enforcement Administration

(DO NOT USE FOR DRUG EVIDENCE)  
ACQUISITION OF NONDRUG PROPERTY SEIZURES

1. Date Prepared: 05-05-2016	2. Case Number: (b)(7)(E)	3. File Title: (b)(7)(C)	4. GDEP #: (b)(7)(E)
5. Group Number: (b)(7)(C);(b)(7)(F)	6. Program Code: (b)(7)(E)	7. Date taken into DEA Custody: 05-05-2016	8. Where obtained (Country, City, State) USA, Chaska,
9. Basis:		10. Type:	
<input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Forfeiture <input type="checkbox"/> Transfer in from Another Agency/DEA Office <input type="checkbox"/> Temporary Custody <input type="checkbox"/> Safekeeping <input type="checkbox"/> Transfer to Another Agency/DEA Office		<input type="checkbox"/> Cash or other Monetary <input type="checkbox"/> Recovered Official Advanced Funds, OAF <input type="checkbox"/> Property * <input type="checkbox"/> Title III-Related <input checked="" type="checkbox"/> Other (Specify) <u>Digital Evidence</u>	

\* Hazardous materials, including weapons, must be rendered safe or sanitized prior to submitting to Evidence Custodian. (See AM 6681).

11. If seized for forfeiture and held as evidence or for safekeeping, was a SSF prepared?

Yes. Attach SSF and enter Asset ID (formerly CATS ID) #: \_\_\_\_\_

No. Explain: \_\_\_\_\_

12. Exhibit #	13. Name and Description of Articles	14. Appraised Valuation or Cash Amount
N-1	One external hard drive imaged from an Apple laptop computer which was in the custody of the Carver County Sheriff's Office	
N-1 a	One external hard drive imaged from an Apple laptop computer which was in the custody of the Carver County Sheriff's Office	

15. If firearm, enter the following information:

Date of NCIC Check:	If stolen, provide NCIC#:	Serial Number:	Make:	Model:	Caliber:

Date of Firearms Trace (Attach results to this document.): \_\_\_\_\_ If none, explain: \_\_\_\_\_

If applicable, date of Ballistics Check (Attach results to this document): \_\_\_\_\_

16. REMARKS:  
Exhibit N-1 and N-1a as described above were obtained by ITS (b)(7)(C) pursuant to a search warrant issued in Carver County, Minnesota. ITS (b)(7)(C) turned the exhibits over to TFO (b)(7)(C) as witnessed by GS (b)(7)(C);(b) TFO (b)(7)(C);(b) transferred these exhibits, as witnessed by GS (b)(7)(C);(b) to the Minneapolis DO where the evidence was processed and sealed within DEA SSEE's. As witnessed by GS (b)(7)(C);(b) the exhibits were transferred to the custody to the MSPDO Non-Drug Evidence Custodian for safe keeping.

17a. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: (b)(7)(C);(b)(7)(F) FFO	18a. Type/Print Name of Supervisor: /s/ (b)(7)(C);(b)(7)(F) GS
17b. Signature and Date: 05-05-2016	18b. Signature and Date: 05-05-2016

EVIDENCE CUSTODIAN RECEIPT REPORT

19. Received from:	
Type/Print Name: (b)(7)(C);(b)(7)(F)	Signature and Date: 05-05-2016
20. Received by:	
Type/Print Name: (b)(7)(C);(b)(7)(F)	Signature and Date: 05-05-2016
21. Date Entered into ENEDS/CERTS:	



U.S. Department of Justice  
Drug Enforcement Administration

(DO NOT USE FOR DRUG EVIDENCE)  
NONDRUG EVIDENCE LABORATORY ANALYSIS REQUEST

1. Date Prepared: 05-06-2016	2. Case Number: (b)(7)(E)	3. File Title: (b)(7)(C)	4. GDEP #: (b)(7)(E)
5. Date attached DEA-7a was prepared: 05-05-2016			
6. Exhibit # N-1 a	7. Name and Description of Articles One external hard drive imaged from an Apple laptop computer which was in the custody of the Carver County Sheriff's Office		8. Appraised Valuation or Cash Amount

9. Type of Analysis:  Fingerprint  Digital (See AM 6681.72)  Photographic Processing

10. Fingerprints (Check all that apply):

Examine for Latent Prints  Latent Print Comparison  OTHER (Explain) Digital Evidence Analysis

Regional IAFIS Search  FBI IAFIS Search  EXPEDITE ANALYSIS (Explain) Per communication with Lab Director

10a. Compare Latent Prints with subjects:

NAME	FBI and or State ID Number(s)	Date of Birth	Select prints that are attached.		
			Finger	Palm	None
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Digital Evidence Analysis (Check examination choice.)

Corroborate Specific Fact (Example \_\_\_\_\_)  Recover Class of Information

Key Word Search (Word(s) \_\_\_\_\_)  Recover All (attach background summary)

11a. Identify Accompanying Legal Authority (Required for Analysis):  Search Warrant  Consent Form  Administrative Inspection

Priority/Rush Request (Reason Sensitive investigation) Deadline: 05-11-2016

12. REMARKS:  
Exhibit N-1a as described above was obtained by ITS (b)(7)(C) on 5/5/16 pursuant to a search warrant issued in Carver County, Minnesota. On 5/9/2016 TFO (b)(7)(C) travelled from the MSPDO to SFL9 and relinquished custody of N-1a to SFL9 facility for analysis and safe keeping.

13a. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: (b)(7)(C);(b)(7)(F) TFO	14a. Type/Print Name of Supervisor: /s/ (b)(7)(C);(b)(7)(F) GS
13b. Signature and Date: 05-06-2016	14b. Signature and Date: 05-06-2016

LABORATORY EVIDENCE RECEIPT REPORT (FOR LABORATORY USE ONLY)

15. No. Packages:	16a. Received From (Type/Print Name and Title): (b)(7)(C);(b)(7)(F)	16b. Signature and Date:
17. SEAL <input type="checkbox"/> Broken <input type="checkbox"/> Unbroken	18a. Received By (Type/Print Name and Title):	18b. Signature and Date:

19. Laboratory Nos: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

20. STRIDE Control Nos: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_



U.S. Department of Justice  
Drug Enforcement Administration

(DO NOT USE FOR DRUG EVIDENCE)  
ACQUISITION OF NONDRUG PROPERTY SEIZURES

1. Date Prepared: 05-16-2016	2. Case Number: (b)(7)(E)	3. File Title: (b)(7)(C)	4. GDEP #: (b)(7)(E)
5. Group Number: (b)(7)(C);(b)(7)(F)	6. Program Code: (b)(7)(E)	7. Date taken into DEA Custody: 05-10-2016	8. Where obtained (Country, City, State) USA, MPLS, MN
9. Basis: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence</li> <li><input type="checkbox"/> Forfeiture</li> <li><input type="checkbox"/> Transfer in from Another Agency/DEA Office</li> <li><input type="checkbox"/> Temporary Custody</li> <li><input type="checkbox"/> Safekeeping</li> <li><input type="checkbox"/> Transfer to Another Agency/DEA Office</li> </ul>		10. Type: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cash or other Monetary</li> <li><input type="checkbox"/> Recovered Official Advanced Funds, OAF</li> <li><input type="checkbox"/> Property *             <ul style="list-style-type: none"> <li><input type="checkbox"/> Title III-Related</li> <li><input checked="" type="checkbox"/> Other (Specify) <u>Digital photos</u></li> </ul> </li> </ul>	

\* Hazardous materials, including weapons, must be rendered safe or sanitized prior to submitting to Evidence Custodian. (See AM 6681).

11. If seized for forfeiture and held as evidence or for safekeeping, was a SSF prepared?

Yes. Attach SSF and enter Asset ID (formerly CATS ID) #: \_\_\_\_\_

No. Explain: \_\_\_\_\_

12. Exhibit #	13. Name and Description of Articles	14. Appraised Valuation or Cash Amount
N-2	DVD-R disc containing digital photographs taken by DEA Intel Analyst (b)(7)(C) during the execution of a Federal search warrant at Paisley Park Studios 7801 Audubon Road, Chanhassen Minnesota 55317.	

15. If firearm, enter the following information:

Date of NCIC Check:	If stolen, provide NCIC#:	Serial Number:	Make:	Model:	Caliber:

Date of Firearms Trace (Attach results to this document): \_\_\_\_\_ If none, explain: \_\_\_\_\_

If applicable, date of Ballistics Check (Attach results to this document): \_\_\_\_\_

16. REMARKS:  
Exhibit N-2, As described above, is one DVD-R disc containing digital photographs taken by DEA Intel Analyst (b)(7)(C) (b)(7)(C) during the execution of a Federal search warrant at Paisley Park Studios 7801 Audubon Road, Chanhassen Minnesota 55317 on May 10 & 11, 2016. Analyst (b)(7)(C) maintained secure custody of the exhibit until he downloaded and memorialized the photographs onto a DVD-R as witnessed by TFO (b)(7)(C);(b)(7)(F) on May 16, 2016. On the same date, Analyst (b)(7)(C) transferred custody of the exhibit to TFO (b)(7)(C);(b) who processed the exhibit into evidence, as witnessed by TFO (b)(7)(C); TFO (b)(7)(C);(b) maintained secure custody of the exhibit until relinquishing custody to the Minneapolis DO Non-Drug Evidence Custodian (MSP NDEC) for safekeeping as witnessed by TFO (b)(7)(C) on May, 16, 2016.

17a. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: (b)(7)(C);(b)(7)(F) TFO	18a. Type/Print Name of Supervisor: /s/ (b)(7)(C);(b)(7)(F) GS
17b. Signature and Date: 05-16-2016	18b. Signature and Date: 05-16-2016

EVIDENCE CUSTODIAN RECEIPT REPORT

19. Received from:		Signature and Date:	
Type/Print Name: (b)(7)(C);(b)(7)(F)			05-16-2016
20. Received by:		Signature and Date:	
Type/Print Name: (b)(7)(C);(b)(7)(F)			05-16-2016
21. Date Entered into ENEDS/CERTS:			





U.S. Department of Justice  
Drug Enforcement Administration

(DO NOT USE FOR DRUG EVIDENCE)  
ACQUISITION OF NONDRUG PROPERTY SEIZURES

1. Date Prepared: 05-23-2016	2. Case Number: (b)(7)(E)	3. File Title: (b)(7)(C)	4. GDEP #: (b)(7)(E)
5. Group Number: (b)(7)(C);(b)(7)(F)	6. Program Code: (b)(7)(E)	7. Date taken into DEA Custody: 05-20-2016	8. Where obtained (Country, City, State) USA, Minneapolis, MN
9. Basis: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Evidence</li> <li><input type="checkbox"/> Forfeiture</li> <li><input type="checkbox"/> Transfer in from Another Agency/DEA Office</li> <li><input type="checkbox"/> Temporary Custody             <ul style="list-style-type: none"> <li><input type="checkbox"/> Safekeeping</li> <li><input type="checkbox"/> Transfer to Another Agency/DEA Office</li> </ul> </li> </ul>		10. Type: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cash or other Monetary</li> <li><input type="checkbox"/> Recovered Official Advanced Funds, OAF</li> <li><input type="checkbox"/> Property *             <ul style="list-style-type: none"> <li><input type="checkbox"/> Title III-Related</li> </ul> </li> <li><input checked="" type="checkbox"/> Other (Specify) <u>documents, flash drive</u></li> </ul>	

\* Hazardous materials, including weapons, must be rendered safe or sanitized prior to submitting to Evidence Custodian. (See AM 6681).

11. If seized for forfeiture and held as evidence or for safekeeping, was a SSF prepared?

- Yes. Attach SSF and enter Asset ID (formerly CATS ID) #: \_\_\_\_\_
- No. Explain: \_\_\_\_\_

12. Exhibit #	13. Name and Description of Articles	14. Appraised Valuation or Cash Amount
11-3	1-innova 8 GB flash drive containing MN PMP records and MN PMP documents/Records.	

15. If firearm, enter the following information:

Date of NCIC Check:	If stolen, provide NCIC#:	Serial Number:	Make:	Model:	Caliber:

Date of Firearms Trace (Attach results to this document.): \_\_\_\_\_ If none, explain: \_\_\_\_\_

If applicable, date of Ballistics Check (Attach results to this document): \_\_\_\_\_

16. REMARKS:  
On May 19, 2016, the above described exhibit was seized by TFO (b)(7)(C);(b)(7)(F) as witnessed by TFO (b)(7)(F) as the result of a Federal search warrant executed upon the Minnesota Pharmacy Board, located at 2829 University Avenue Southeast, Minneapolis, MN 55414. On May 19, 2016, TFO (b)(7)(C);(F) transported the exhibit to the MSPDO where he secured the exhibit in temp storage, as witnessed by TFO (b)(7)(C);(b)(7)(F). On May 23, 2016, TFO (b)(7)(C);(F) removed the exhibit from temp storage, subsequently processed, sealed dated and maintained the exhibit until being turned over to the MSPDO NDEC for safekeeping, as witnessed by TFO (b)(7)(C);(b)(7)(F).

17a. Type/Print Name of Special Agent/Task Force Officer/Diversion Investigator: (b)(7)(C);(b)(7)(F) Task Force Officer	18a. Type/Print Name of Supervisor: /s/ (b)(7)(C);(b)(7)(F) Group Supervisor
17b. Signature and Date: 05-23-2016	18b. Signature and Date: 05-23-2016

EVIDENCE CUSTODIAN RECEIPT REPORT

19. Received from: Type/Print Name: (b)(7)(C);(b)(7)(F)	Signature and Date: 05-23-2016
20. Received by: Type/Print Name: (b)(7)(C);(b)(7)(F)	Signature and Date: 05-23-2016
21. Date Entered into ENEDS/CERTS: _____	



**REPORT OF INVESTIGATION**

1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By: (b)(7)(C);(b)(7)(F) DI At: MINNEAPOLIS/ST. PAUL, MN DISTRICT OFFICE	<input type="checkbox"/>		6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 04-05-2018	
9. Other Officers:				
10. Report Re: Return of Administrative Subpoena IJ-18-465222 Moline, IL				

**DETAILS**

1. On March 21, 2018, DI (b)(7)(C);(b)(7)(F) spoke with (b)(7)(C) Senior VP, Corporate Integrity and General Counsel for Unity Health. Mr. (b)(7)(C) advised he would accept an Administrative Subpoena from the Drug Enforcement Administration - Minneapolis-St. Paul District Office, pertaining to the release of Prince Roger Nelson's medical records. (b)(7)(C)

(b)(7)(C) The subpoena, #IJ-18-465222, was served on Mr. (b)(7)(C) via email at 0958 hours on 3/31/2018 (Attachment 1).

2. On April 5, 2018, DI (b)(7)(C);(b)(7)(F) received an overnight UPS hard-pack shipper containing the response to Administrative Subpoena #IJ-18-465222. Contained therein was a cover letter from Mr. (b)(7)(C) (Attachment 1), medical records from the Trinity-Rock Island campus of Unity Health (Attachment 3), and records of service from the Moline Fire Department (Attachment 4) regarding the treatment of Mr. Prince. DI (b)(7)(C);(b)(7)(F) provided the subpoena return to AUSA (b)(7)(C);(b)(7)(F) on April 5, 2018.

**ATTACHMENTS**

- Subpoena
- Cover letter
- Medical records from Trinity-Rock Island hospital

11. Distribution: Division  District  Other	12. Signature (Agent) /s/ (b)(7)(C);(b)(7)(F) DI	13. Date 04-05-2018
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) ASAC	15. Date 04-05-2018

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<b>REPORT OF INVESTIGATION</b> <i>(Continuation)</i>	1. File No. (b)(7)(E)	2. G-DEP Identifier (b)(7)(E)
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4. Treatment records from Moline Fire Department

**INDEXING**

(b)(7)(C)	(b)(7)(E)	(b)(7)(C)
-----------	-----------	-----------

**REPORT OF INVESTIGATION**

1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By (b)(7)(C):(b)(7)(F) DI AT:MINNEAPOLIS/ST. PAUL, MN DISTRICT OFFICE	<input type="checkbox"/>		6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 01-03-2018	
9. Other Officers:				

10. Report Re: Return of DEA Reports of Investigation and Grand Jury Material

**DETAILS**

During the course of the investigation, copies of DEA Reports of Investigation and Grand Jury material/information was shared with Carver County Sheriff's Office investigators who were deputized by DEA as Task Force Officers. On January 3, 2018, AUSA (b)(7)(C):(b)(7)(F) contacted GS (b)(7)(C):(b)(7) and confirmed that all copies of the previously shared DEA Reports of Investigation and Grand Jury material/information had been returned to him. AUSA (b)(7)(C):(b)(7) further indicated that he had reviewed reports authored by Carver County Sheriff's Office investigators to ensure compliance with Rule 6(e) of the Federal Rules of Criminal Procedure.

**INDEXING**

(b)(7)(C) (b)(7)(E) (b)(7)(C)

11. Distribution: Division  District  Other	12. Signature (Agent)  /s/ (b)(7)(C):(b)(7)(F) DI	13. Date 01-03-2018
	14. Approved (Name and Title) /s/ (b)(7)(C):(b)(7)(F) GS	15. Date 01-03-2018

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1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By: (b)(7)(C);(b)(7)(F) TFO AT: MINNEAPOLIS/ST. PAUL, MN DISTRICT OFFICE	<input type="checkbox"/>		6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 03-14-2017	
9. Other Officers: TFO (b)(7)(C);(b)(7)(F) Carver County Sheriff's Office Det. (b)(7)(C);(b)(7)(F) (b)(7)(C);(b)				
10. Report Re: Acquisition of drug Exhibit 1				

**DETAILS**

1. On March 14, 2017, DEA Task Force Officer (TFO) (b)(7)(C);(b)(7)(F) and TFO (b)(7)(C);(b)(7)(F) met with Carver County Sheriff's Office Detectives (b)(7)(C);(b)(7)(F) At that time, Det. (b)(7)(C);(b) transferred custody of suspected illicit Fentanyl tablets marked with "Watson 853" on one side (**Exhibit 1**) to TFO (b)(7)(C);(b)(7)(F) as witnessed by TFO (b)(7)(C);(b)(7)(F) It should be noted that above exhibit was originally found in a Bayer aspirin bottle that was recovered by the Carver County Sheriff's Office during a search warrant of Paisley Park April 21, 2016.

2. On March 15, 2017, TFO (b)(7)(C);(b)(7)(F) and TFO (b)(7)(C);(b) transferred Exhibit 1 to the NCL Laboratory for analysis and safekeeping.

**CUSTODY OF EVIDENCE**

Exhibit 1, as described above, was acquired by TFO (b)(7)(C);(b)(7)(F) from Carver County Sheriff's Office Det. (b)(7)(C);(b)(7)(F) on March 14, 2017 as witnessed by TFO (b)(7)(C);(b)(7)(F) On the same date, TFO (b)(7)(C);(b)(7)(F) processed, sealed and dated the exhibit as witnessed by TFO (b)(7)(C);(b)(7)(F) On the same date, TFO (b)(7)(C);(b)(7)(F) transferred custody of the above exhibit to MSPDO temp drug evidence vault for storage and safe keeping as witnessed by TFO (b)(7)(C);(b)(7)(F) On March 15, 2017, TFO (b)(7)(C);(b)(7)(F) and TFO (b)(7)(C);(b) removed the above exhibit from the temp drug evidence vault and transferred the above exhibit to the NCL Laboratory for analysis and safekeeping.

11. Distribution: Division  District  Other	12. Signature (Agent)  (b)(7)(C);(b)(7)(F) TFO	13. Date 03-17-2017
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 03-17-2017

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5. By: (b)(7)(C);(b)(7)(F) TFO At: MINNEAPOLIS/ST. PAUL, MN DISTRICT OFFICE	<input type="checkbox"/>		6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 01-24-2017	
9. Other Officers:				
10. Report Re: Return of FedEx Ground administrative Subpoena IJ-17-259840				

**DETAILS**

1. On January 13, 2017, DEA Task Force Officer (TFO) (b)(7)(C);(b)(7)(F) issued an DEA administrative Subpoena IJ-17-259818 to FedEx Ground Express for all shipping documents related to items being shipped to County Inn & Suites, 591 West 78th Street, Chanhassen MN and related to Paisley Park between January 1, 2013 thru August 20, 2016.

2. On January 24, 2017, TFO (b)(7)(C);(b)(7)(F) received shipping documents from FedEx Ground with regards to County Inn & Suites and related to Paisley Park. TFO (b)(7)(C);(b)(7)(F) reviewed the above shipping documents which showed numerous items were shipped to County Inn & Suites and received by individual that was associated with Paisley Park; (b)(7)(C) FedEx Ground shipping documents were attached.

**INDEXING**

(b)(7)(C) (b)(7)(E) (b)(7)(C)

11. Distribution: Division  District  Other	12. Signature (Agent)  /s/ (b)(7)(C);(b)(7)(F) TFO	13. Date 05-30-2017
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 05-30-2017

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**REPORT OF INVESTIGATION**

1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By (b)(7)(C);(b)(7)(F) TFO At: MINNEAPOLIS/ST. PAUL, MN DISTRICT OFFICE	<input type="checkbox"/>		6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 01-19-2017	
9. Other Officers:				

10. Report Re: Return of FedEx Ground Express Administrative Subpoena IJ-17-259818.

**DETAILS**

1. On January 13, 2017, DEA Task Force Officer (TFO) (b)(7)(C);(b)(7)(F) issued an DEA administrative Subpoena IJ-17-259818 to FedEx Ground Express for all shipping documents related to items being shipped to County Inn & Suites, 591 West 78th Street, Chanhassen MN and related to Paisley Park between January 1, 2013 thru August 20, 2016.

2. On January 19, 2017, TFO (b)(7)(C);(b)(7) received shipping documents from FedEx Ground Express with regards to County Inn & Suites and related to Paisley Park. TFO (b)(7)(C);(b)(7) reviewed the above shipping documents which showed numerous items were shipped to County Inn & Suites and received by individuals and entities that were associated with Paisley Park; (b)(7)(C) (b)(7)(C) and co/Prince Paisley Park. FedEx Ground Express shipping documents were attached.

**INDEXING**

(b)(7)(C) - (b)(7)(E) (b)(7)(C)

11. Distribution: Division  District  Other	12. Signature (Agent)  /s/ (b)(7)(C);(b)(7)(F) TFO	13. Date 05-30-2017
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 05-30-2017

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**REPORT OF INVESTIGATION**

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1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By (b)(7)(C);(b)(7)(F) TFO At: MINNEAPOLIS/ST. PAUL, MN DISTRICT OFFICE	<input type="checkbox"/>		6. File Title (b)(7)(C);(b)(7)(F)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 07-25-2016	
9. Other Officers: SA (b)(7)(C);(b)(7)(F)				
10. Report Re: Interviews with Metropolitan Airport Authority Police Department officers: (b)(7)(C);(b)(7)(F)				

**SYNOPSIS**

1. On June 28, 2016, at approximately 10:30am, TFO (b)(7)(C);(b)(7)(F) and SA (b)(7)(C);(b)(7)(F) conducted four interviews with officers from the Metropolitan Airport Authority Police Department at the Rock Island Airport, 2200 69<sup>th</sup> Avenue Moline IL 61265. The four officers responded to an unresponsive male aboard an airplane that had been directed to the Quad City International Airport. The interviews were conducted separately inside an office located within the airport facility.

**DETAILS**

INTERVIEW WITH OFFICER (b)(7)(C);(b)(7)(F) (Police Officer)

2. TFO (b)(7)(C); and SA (b)(7)(C); interviewed: Officer (b)(7)(C);(b)(7)(F) (Metropolitan Airport Authority Police Department), (b)(7)(C) During the interview, (b)(7)(C);(b)(7)(F) provided the following information regarding the incident:

3. Officer (b)(7)(C);(b)(7)(F) recall of the incident was consistent with his Metropolitan Airport incident report he wrote, case control number (b)(7)(E) (b)(7)(E) Officer (b)(7)(C);(b)(7)(F) provided the following additional information to agents in regards to the incident:

a. Officer (b)(7)(C);(b)(7)(F) was not equipped with a body camera and his squad car does not have a video recording system.

11. Distribution: Division  District  Other	12. Signature (Agent) (b)(7)(C);(b)(7)(F) TFO	13. Date 07-25-2016
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 07-25-2016

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**REPORT OF INVESTIGATION**  
(Continuation)

1. File No.

(b)(7)(E)

2. G-DEP Identifier

(b)(7)(E)

3. File Title

(b)(7)(C)

4. Page 2 of 4

5. Program Code

(b)(7)(E)

6. Date Prepared

07-25-2016

(b)(7)(C);(b)(7)(F)

(b)(7)(C);(b)(7)(F)

d. Officer (b)(7)(C);(b)(7)(F) total amount of contact with the occupants of the plane was approximately 20 minutes.

INTERVIEW WITH OFFICER (b)(7)(C);(b)(7)(F) (EMT)

4. TFO (b)(7)(C) and SA (b)(7)(C) interviewed: Officer (b)(7)(C);(b)(7)(F) (Metropolitan Airport Authority Police Department, (b)(7)(C) According to Officer (b)(7)(C);(b)(7)(F) he was working in the capacity of an emergency medical technician (EMT) when he was dispatched to the incident. Officer (b)(7)(C);(b)(7)(F) provided the following information regarding the incident:

a. When Officer (b)(7)(C);(b)(7)(F) arrived at the incident, Officer (b)(7)(C);(b)(7)(F) and Officer (b)(7)(C);(b)(7)(F) had already arrived at the incident.

b. Officer (b)(7)(C);(b)(7)(F) verified that Prince Nelson's was breathing and that he had a pulse; however, Nelson was not responsive.

c. Officer (b)(7)(C);(b)(7)(F) observed that Prince Nelson was also wearing an oxygen mask and was being tended (b)(7)(C)

d. Officer (b)(7)(C);(b)(7)(F)  
(b)(7)(C)

e. Officer (b)(7)(C);(b)(7)(F)  
(b)(7)(C)

f. Officer (b)(7)(C);(b)(7)(F)  
(b)(7)(C)

g. (b)(7)(C);(b)(7)(F)

<b>REPORT OF INVESTIGATION</b> <i>(Continuation)</i>	1. File No. [REDACTED]	2. G-DEP Identifier [REDACTED]
	3. File Title [REDACTED]	
	4. Page 3 of 4	
5. Program Code [REDACTED]	6. Date Prepared 07-25-2016	

h. Officer [REDACTED] was asked if he saw anything out of the ordinary inside of the airplane when he arrived on scene and Officer [REDACTED] described the inside of the plane as very "clean."

i. Officer [REDACTED] estimates that he had contact with Prince Nelson for approximately 10 minutes.

INTERVIEW WITH OFFICER [REDACTED] (Police Officer)

5. TFO [REDACTED] and SA [REDACTED] interviewed: Officer [REDACTED] (Metropolitan Airport Authority Police Department), [REDACTED] According to Officer [REDACTED] she was working in the capacity of a police officer the morning of the incident. Officer [REDACTED] provided the following information in regards to the incident:

a. Officer [REDACTED] was sleeping at the station at the time of the original 911 call.

b. By the time Officer [REDACTED] was enroute to the incident location, the plane had already landed.

c. Officer [REDACTED] responded to the runway gate to allow emergency services personnel onto the runway to attend to the patient inside of the airplane.

d. After assisting emergency services personnel onto the runway, Officer [REDACTED] responded to the aircraft. By the time Officer [REDACTED] arrived, she observed someone carrying someone off of the plane. It was later determined through the investigation [REDACTED] carried Prince Nelson off of the plane.

e. Officer [REDACTED] did not have contact with any of the occupants of the plane.

INTERVIEW WITH OFFICER [REDACTED] (Police Officer)

6. TFO [REDACTED] and SA [REDACTED] interviewed: Officer [REDACTED] (Metropolitan Airport Authority Police Department), [REDACTED]

<b>REPORT OF INVESTIGATION</b> <i>(Continuation)</i>	1. File No. (b)(7)(E)	2. G-DEP Identifier (b)(7)(E)
	3. File Title (b)(7)(C)	
	6. Date Prepared 07-25-2016	
4. Page 4 of 4	5. Program Code (b)(7)(E)	

7. Officer (b)(7)(C);(b)(7)(F) recall of the incident was consistent with the Metropolitan Airport police incident report that he wrote, case control number (b)(7)(E)

**INDEXING**

(b)(7)(C) - (b)(7)(E) (b)(7)(C)

**REPORT OF INVESTIGATION**

1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By (b)(7)(C);(b)(7)(F) TFO At: Minneapolis-St. Paul DO			6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:			8. Date Prepared 06-30-2016	
9. Other Officers:				
10. Report Re: Acquisition of N-1a (Return from SFL9)				

**DETAILS**

On 6/30/16 TFO (b)(7)(C);(b)(7)(E) acquired a SSEE from SFL9 which contained fourteen (14) DVD discs labeled as N-1a Archive DVD's. N-1a Archive DVD's contain the electronic data submitted to SFL9 for analysis on 5/9/16 by TFO (b)(7)(C);(b)(7)(E)

**CUSTODY OF EVIDENCE**

Exhibit N-1a as described above was obtained by ITS (b)(7)(C);(b)(7)(F) on 5/5/16 pursuant to a search warrant issued in Carver County, Minnesota. On 5/9/2016 TFO (b)(7)(C);(b)(7)(E) travelled from the MSPDO to SFL9 and relinquished custody of N-1a to SFL9 facility for analysis and safe keeping. On 6/30/16 TFO (b)(7)(C);(b)(7)(E) acquired the return of N-1a from SFL9 and, as witnessed by GS (b)(7)(C);(b)(7)(F) processed N-1a into evidence, and transferred custody to the MSPDO Non-Drug Evidence custodian.

**INDEXING**

(b)(7)(C) - (b)(7)(E) (b)(7)(C)

11. Distribution: Division  District  Other	12. Signature (Agent) (b)(7)(C);(b)(7)(F) TFO	13. Date 06-30-2016
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 06-30-2016

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5. By (b)(7)(C);(b)(7)(F) TFO At: Minneapolis-St. Paul DO			6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:			8. Date Prepared 05-19-2016	
9. Other Officers: TFO (b)(7)(C);(b)(7)(F)				
10. Report Re: Execution of Federal Search Warrant Minnesota PMP records for (b)(7)(C) and Mr. Nelson. (b)(7)(C)				

**DETAILS**

1. On May 18, 2016, DEA Task Force Officer (TFO) (b)(7)(C);(b)(7)(F) prepared a Federal search warrant affidavit for the Minnesota Prescription Monitoring Program (PMP). The search warrant requested the prescribing history for (b)(7)(C) and Prince Rogers Nelson. The search warrant was reviewed and authorized by the Honorable Joan N. Erickson, United States District Court Judge on the same date at 4:05 p.m. A seal order for this warrant was also signed by Judge Erickson at the same time.

2. On May 19, 2016, TFO (b)(7)(C);(b)(7)(F) and TFO (b)(7)(C);(b)(7)(F) executed the search warrant at the Minnesota Board of Pharmacy, 2829 University Avenue Southeast, Suite 520, Minneapolis Minnesota 55414. TFO (b)(7)(C);(b)(7)(F) and TFO (b)(7)(C);(b)(7)(F) met with Minnesota Board of Pharmacy Director (b)(7)(C) PMP Supervisor (b)(7)(C) and Attorney (b)(7)(C) TFO (b)(7)(C);(b)(7)(F) and (b)(7)(C);(b)(7)(F) identified themselves as TFO's with the DEA. TFO (b)(7)(C);(b)(7)(F) advised Mr. (b)(7)(C) that he was executing a Federal search warrant for the prescribing histories for (b)(7)(C) and Mr. Nelson. TFO (b)(7)(C);(b)(7)(F) gave a copy of the search warrant to Mr. (b)(7)(C)

3. Ms. (b)(7)(C) TFO (b)(7)(C);(b)(7)(F) with the above requested information (**Exhibit N-3**). TFO (b)(7)(C);(b)(7)(F) gave Ms. (b)(7)(C) a DEA 12 receipt for the above property.

11. Distribution: Division  District  Other	12. Signature (Agent)  (b)(7)(C);(b)(7)(F) TFO	13. Date 05-23-2016
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 05-23-2016

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Drug Enforcement Administration

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	3. File Title [redacted]	
4. Page 2 of 2		
5. Program Code [redacted]	6. Date Prepared 05-19-2016	

4. On May, 23, 2016 at approximately 11:30 a.m., TFO [redacted] returned the above Federal search warrant to the Honorable Frank Noel, United States Magistrate.

**CHAIN OF CUSTODY**

Exhibit N-3: On May 19, 2016, the above described exhibit was seized by TFO [redacted] as witnessed by TFO [redacted] as the result of a Federal search warrant executed upon the Minnesota Pharmacy Board, located at 2829 University Avenue Southeast, Minneapolis, MN 55414. On May 19, 2016, TFO [redacted] transported the exhibit to the MSPDO where he secured the exhibit in temp storage, as witnessed by TFO [redacted]. On May 23, 2016, TFO [redacted] removed the exhibit from temp storage, subsequently processed, sealed dated and maintained the exhibit until being turned over to the MSPDO NDEC for safekeeping, as witnessed by TFO [redacted].

**INDEXING**

1. [redacted] - [redacted] [redacted]
  2. [redacted] - [redacted] [redacted]
  3. [redacted] - [redacted] [redacted]
- [redacted] [redacted] [redacted]

**REPORT OF INVESTIGATION**

1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By (b)(7)(C);(b)(7)(F) TFO At Minneapolis-St. Paul DO	<input type="checkbox"/>		6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 05-12-2016	
9. Other Officers: Paragraphs #4 and #5.				
10. Report Re: Execution Of Federal Search Warrant at 7801 Audubon Road, Chanhassen MN 55317.				

**SYNOPSIS**

On May 10, 2016, The Minneapolis-Saint Paul District Office Tactical Diversion Squad (TDS) and Carver County Sheriff's Office Investigators executed a Federal search warrant at Paisley Park Studios located at 7801 Audubon Road, Chanhassen Minnesota 55317.

**DETAILS**

1. On May 10, 2016, DEA Task Force Officer (TFO) (b)(7)(C);(b)(7)(F) prepared a Federal search warrant affidavit for Paisley Park Studios 7801 Audubon Road, Chanhassen Minnesota 55317. The search warrant was reviewed and authorized by the Honorable Janie S. Mayeron, United States Magistrate, on the same date at 4:05 p.m. A seal order for this warrant was also signed by Magistrate Mayeron at the same time. Once the search warrant was signed, TFO (b)(7)(C);(b)(7)(F) advised DEA Group Supervisor (GS) (b)(7)(C) (b)(7)(C);(b)(7)(F) by telephone that the warrant was signed. In addition to the instant report, reference is made to Det. (b)(7)(C);(b)(7)(F) report of investigation to this search.

2. On May 10, 2016, DEA TDS and Carver County Investigators arrived at Paisley Park and executed the search warrant. Investigators took digital photos of the interior of Paisley Park, and gave each room a designated number. The purpose of giving each room a number was to assist investigators with documenting which items were seized from which rooms.

11. Distribution: Division  District  Other	12. Signature (Agent) (b)(7)(C);(b)(7)(F) TFO	13. Date 06-01-2016
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 06-01-2016

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4. Page 2 of 5	6. Date Prepared 05-12-2016	
5. Program Code (b)(7)(E)		

3. DEA Intel Analyst (b)(7)(C) took digital photos during the execution of the search warrant. The digital photos were later downloaded on to a DVD-R (EXHIBIT N-2).

4. DEA personnel present during the search warrant; ASAC (b)(7)(C);(b)(7)(F) GS (b)(7)(C)  
(b)(7)(C);(b)(7)(F) TFO (b)(7)(C);(b)(7)(F) SA (b)(7)(C);(b)(7)(F) SA (b)(7)(C);(b)(7)(F) SA (b)(7)(C);(b)(7)(F) TFO  
(b)(7)(C);(b)(7)(F) DI (b)(7)(C);(b)(7)(F) Intel analysts (b)(7)(C)

5. The Carver County Sheriff's Office personnel present during the search warrant; Sheriff (b)(7)(C);(b)(7)(F) Lt. (b)(7)(C);(b)(7)(F) Lt. (b)(7)(C);(b)(7)(F) Sgt. (b)(7)(C);(b)(7)(F)  
Det. (b)(7)(C);(b)(7)(F) Det. (b)(7)(C);(b)(7)(F) Det. (b)(7)(C);(b)(7)(F) Det. (b)(7)(C);(b)(7)(F) Det. (b)(7)(C);(b)(7)(F)  
(b)(7)(C);(b)(7)(F) Det. (b)(7)(C);(b)(7)(F) Deputy (b)(7)(C);(b)(7)(F) Deputy (b)(7)(C);(b)(7)(F)  
Deputy (b)(7)(C);(b)(7)(F) Deputy (b)(7)(C) and Intel Analyst (b)(7)(C);(b)(7)(F)

6. The Bremer Bank officials present during the search warrant; President (b)(7)(C) Vice President (b)(7)(C) and Attorney (b)(7)(C) It should be noted that Bremer Bank was the financial entity in charge of Prince Roger Nelson and the Paisley Park trust upon Mr. Nelson's death.

7. It is noteworthy to highlight that during the search of Paisley Park, investigators located the following items of immediate interest:

Item 1 - Investigators found one yellow round pill with the number "230" stamped on one side of pill and the letter "C" stamped on the other side. This pill was identified by investigators as Oxycodone-Acetaminophen 10/325. The above pill was located in a side compartment of a small black leather style bag. The black bag was located in a second level bedroom previously identified in earlier Carver County reports as the "Green Room" and Mr. Nelson's bedroom. For the purpose of this search warrant this room was identified as room 6.

Item 10 - Investigators found fifty-four white oblong pills with "853 Watson" stamped on one side. Investigators identified the pills as Hydrocodone-Acetaminophen 10/325 mg. Investigators found the pills in a vitamin C bottle. The vitamin C bottle was located in a duffle bag. The duffle bag was found in room designated as room 10.



<b>REPORT OF INVESTIGATION</b> <i>(Continuation)</i>	1. File No. (b)(7)(E)	2. G-DEP Identifier (b)(7)(E)
	3. File Title (b)(7)(C)	
4. Page 3 of 5	6. Date Prepared 05-12-2016	
5. Program Code (b)(7)(E)		

Item 20 and 21 - Investigators found twenty-seven white oblong pills stamped with "853 Watson" on them. Investigators identified the pills as Hydrocodone-Acetaminophen 10/325 mg. The pills were contained in a CVS vitamin C bottle. Investigators located a second CVS vitamin C bottle which contained forty-nine and three halves white oblong pills stamped with "853 Watson" on them. Investigators also identified these pills as Hydrocodone-Acetaminophen 10/325 mg. Both CVS vitamin C bottles were located in a medium size black suit case. The black suit case was on the floor in the bedroom designated as room 6 also known as Mr. Nelson's bedroom.

Item 26 - Investigators located a CVS pharmacy bag with a medicine information sheet attached. The medicine information sheet had the date of 04/19/16, the patient name of (b)(7)(C) and prescribing doctor as (b)(7)(C). The medicine information sheet also showed the prescribed drug as 500 mg of Valacyclovir, RX (b)(7)(C). Investigators found items 26 in a trash can next to an exit door, close to the stage in concert hall designated as room A2.

Item 27 - Investigators found a CVS prescription pill container that contained ten white round pills with "TV150" stamped on one side and "3" stamped on the other side. Investigators identified the pills as Codeine-Acetaminophen 30/300. The prescription pill container had (b)(7)(C) name on it and indicated that it contained 10 pills of Acetaminophen-COD. The prescription pill container showed the prescriber as (b)(7)(C) and was dated 04/19/16 with RX # (b)(7)(C). Investigators found items 27 in a trash can next to an exit door, close to the stage in concert hall designated as room A2.

Item 28 - Investigators located a second CVS prescription pill container which contained 33 blue-green capsules that were stamped with "C39". Investigators identified the pills as Clindamycin. The prescription pill container had (b)(7)(C) name on it and indicated that it contained 28 pills of Clindamycin. The prescription pill container showed the prescriber as (b)(7)(C) and was dated 04/19/16 with RX # (b)(7)(C). Investigators found items 28 in a trash can next to an exit door, close to the stage in concert hall designated as room A2.

DEA Form - 6a  
(Jul. 1996)

**DEA SENSITIVE**  
Drug Enforcement Administration

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<b>REPORT OF INVESTIGATION</b> <i>(Continuation)</i>	1. File No. (b)(7)(E)	2. G-DEP Identifier (b)(7)(E)
	3. File Title (b)(7)(C)	
	6. Date Prepared 05-12-2016	
4. Page 4 of 5		
5. Program Code (b)(7)(E)		

8. On May 11, 2016 at approximately 12:00 a.m., DEA and Carver County investigators decided to temporarily suspend the search of Paisley Park. The DEA maintained the custody of Paisley Park by posting Carver County Sheriff's Office Deputies (b)(7)(C);(b)(7)(F) inside the building until investigators resumed the search of building on May 11, 2016 at approximately 9:30 a.m.

9. Several computer flash drives were located inside Paisley Park during the search. Attorneys for Bremer back gave consent to TFO (b)(7)(C);(b)(7)(F) TFO (b)(7)(C);(b)(7)(F) and Det. (b)(7)(C);(b)(7)(F) to search the flash drives on scene. Investigators found nothing of evidentiary value on the flash drives. The flash drives were returned to Bremer Bank President (b)(7)(C) as witnessed by GS (b)(7)(C);(b)(7)(F)

10. Items seized by investigators at Paisley Park with the exception of exhibit N-2 were turned over to Det. (b)(7)(C);(b)(7)(F) as witnessed by TFO (b)(7)(C);(b)(7)(F) Det. (b)(7)(C);(b)(7)(F) maintained complete custody of the seized items until they were placed into the evidence room at the Carver County Sheriff's Office.

11. On May, 19, 2016, TFO (b)(7)(C);(b)(7)(F) returned the above Federal search warrant to the Honorable Frank Noel, United States Magistrate.

### CHAIN OF CUSTODY

Exhibit N-2 is one DVD-R disc containing digital photographs taken by DEA Intel Analyst (b)(7)(C) during the execution of a Federal search warrant at Paisley Park Studios 7801 Audubon Road, Chanhassen Minnesota 55317 on May 10 & 11, 2016. Analyst (b)(7)(C);(b)(7)(F) maintained secure custody of the exhibit until he downloaded and memorialized the photographs onto a DVD-R as witnessed by TFO (b)(7)(C);(b)(7)(F) on May 16, 2016. On the same date, Analyst (b)(7)(C) transferred custody of the exhibit to TFO (b)(7)(C);(b)(7)(F) who processed the exhibit into evidence, as witnessed by TFO (b)(7)(C);(b)(7)(F) TFO (b)(7)(C);(b)(7)(F) maintained secure custody of the exhibit until relinquishing custody to the Minneapolis DO Non-Drug Evidence Custodian (MSP NDEC) for safekeeping as witnessed by TFO (b)(7)(C);(b)(7)(F) on May, 16, 2016.

### INDEXING

DEA Form - 6a  
(Jul. 1996)

**DEA SENSITIVE**  
Drug Enforcement Administration

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**REPORT OF INVESTIGATION**

1. Program Code (b)(7)(E)	2. Cross File <input type="checkbox"/>	Related Files	3. File No. (b)(7)(E)	4. G-DEP Identifier (b)(7)(E)
5. By (b)(7)(C);(b)(7)(F) TFO At: Minneapolis-St. Paul DO	<input type="checkbox"/>		6. File Title (b)(7)(C)	
7. <input type="checkbox"/> Closed <input type="checkbox"/> Requested Action Completed <input type="checkbox"/> Action Requested By:	<input type="checkbox"/>		8. Date Prepared 05-06-2016	
9. Other Officers: GS (b)(7)(C);(b)(7)(F) ITS (b)(7)(C)				
10. Report Re: Acquisition of N-1 and N-1a				

**DETAILS**

On 5/5/2016 ITS (b)(7)(C) imaged a computer which was in the custody of the Carver County Sheriff's Office (CCSO); pursuant to a search warrant issued out of Carver County. ITS (b)(7)(C) created three images of the computer which were placed on three separate hard drives. One of these hard drives was retained by the CCSO. The other two hard drives (N-1 and N-1a) were retained by DEA.

**CUSTODY OF EVIDENCE**

Exhibit N-1 and N-1a, as described above, were transferred to TFO (b)(7)(C);(b)(7)(F) by ITS (b)(7)(C) on 5/5/2016 at the CCSO. On the same day TFO (b)(7)(C);(b)(7)(F) transported the exhibits to the MSPDO where they were sealed in individual SSEE's as witnessed by GS (b)(7)(C);(b)(7)(F) and became known as N-1 and N-1a. On the same day and as witnessed by GS (b)(7)(C);(b)(7)(F) TFO (b)(7)(C);(b)(7)(F) transferred custody of both exhibits to the MSPDO Non-Drug Evidence Custodian for safe keeping. Also on the same day and as witnessed by GS (b)(7)(C);(b)(7)(F) N-1a was signed out to TFO (b)(7)(C);(b)(7)(F) via a DEA 12 and placed into temporary secured storage. On 5/9/2016 GS (b)(7)(C);(b)(7)(F) and TFO (b)(7)(C);(b)(7)(F) removed N-1a from temporary secured storage and TFO (b)(7)(C);(b)(7)(F) relinquished custody of N-1a via a DEA 7b to (b)(7)(C) for analysis and safe keeping.

**INDEXING**

11. Distribution: Division  District  Other	12. Signature (Agent)  (b)(7)(C);(b)(7)(F) TFO	13. Date 05-12-2016
	14. Approved (Name and Title) /s/ (b)(7)(C);(b)(7)(F) GS	15. Date 05-12-2016

DEA Form - 6  
(Jul. 1996)

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Drug Enforcement Administration

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Department of Justice  
Drug Enforcement Administration

FAX Transmittal Sheet for DEA Sensitive Information Only

03/21/2018

Transmission Date (mm/dd/yyyy)

Number of pages being Transmitted 3  
(Including this transmittal sheet)

Subpoena Nbr. LJ-18-465222 Case Nbr. (b)(7)(E)

TO: Unity Point Health

ATTN: (b)(7)(C) VP, Corporate Integrity & General  
Counsel 1776 West Lakes Parkway, Suite 400 West Des  
Moines, IA 50266

From: Drug Enforcement Administration

ATTN: DI (b)(7)(C);(b)(7)(F)

At: (b)(7)(C);(b)(7)(F)

55401 United States

Phone: 612-344-(b)(7)(C)

Fax: 612-348-1968

Minneapolis MN

(b)(7)(C) @ unitypoint.org  
Additional Comments

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**U.S. DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION  
SUBPOENA**

In the matter of the investigation of  
Case No. (b)(7)(E)  
Subpoena No. DJ-18-465222

**TO:** Unity Point Health

**AT:** (b)(7)(C) VP, Corporate Integrity & General Counsel 1776 West Lakes Parkway, Suite  
400 West Des Moines, IA 50266

**PHONE:**  
515241 (b)(7)(C)  
**FAX:**

**GREETING:** By the service of this subpoena upon you by Diversion Investigator (b)(7)(C);(b)(7)(F) who is authorized to serve it, you are hereby commanded and required to appear before Diversion Investigator (b)(7)(C);(b)(7)(F) an officer of the Drug Enforcement Administration to give testimony and to bring with you and produce for examination the following books, records, and papers at the time and place hereinafter set forth:

Pursuant to an investigation of violations of 21 U.S.C. § 801 et seq., you are to provide the following: Any and all written and electronic documentation, to include, but not limited to medical charts, notes, test results, declinations of treatment, photographs, transport notes and orders, medication administration records, and discharge orders for Prince Rogers Nelson, DOB June 7, 1958. The aforementioned documentation sought is from Unity Point Health Hospital during the time period of April 14, 2016, through April 18, 2016.

This is an administrative subpoena issued by the Drug Enforcement Administration (DEA), a federal law enforcement agency, for records that may include protected health information. DEA is authorized by 21 U.S.C. § 876 to issue an administrative subpoena and is permitted by 45 C.F.R. § 164.512(f) to request protected health information. The information sought is relevant and material to a legitimate law enforcement inquiry; the subpoena is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and de-identified information cannot reasonably be used.

**NONDISCLOSURE:** Disclosure of any information concerning this subpoena would impede a federal law enforcement investigation. Pursuant to 45 C.F.R. § 164.528(a)(2), you must suspend notice to any individual whose protected health information is disclosed in response to this subpoena for one year.

Please do not disclose the existence of this request or investigation for an indefinite time period. Any such disclosure could impede the criminal investigation being conducted and interfere with the enforcement of the Controlled Substances Act.

Please direct questions concerning this subpoena and/or responses to DI (b)(7)(C);(b)(7)(F) 612-344 (b)(7)(C)

Place and time for appearance: At (b)(7)(C);(b)(7)(F) Minneapolis MN 55401 United States on the 31st day of March, 2018 at 09:00 AM. In lieu of personal appearance, please email records to (b)(7)(C);(b)(7)(F) @usdoj.gov or fax to 612-348-1968.

Failure to comply with this subpoena will render you liable to proceedings in the district court of the United States to enforce obedience to the requirements of this subpoena, and to punish default or disobedience.

Issued under authority of Sec. 506 of the Comprehensive Drug  
Abuse Prevention and Control Act of 1970, Public Law No. 91-513  
(21 U.S.C. 876)

**ORIGINAL**

Signature: \_\_\_\_\_

(b)(7)(C);(b)(7)(F)

(b)(7)(C);(b)(7)(F)  
65

Issued this 20th day of Mar 2018

FORM DEA-79



# UnityPoint Health

(b)(7)(C)

SENIOR VP, CORPORATE INTEGRITY  
AND GENERAL COUNSEL

WRITER'S DIRECT PHONE: 515-241 (b)(7)  
DIGITAL PAGER: 515-242 (b)(7)  
E-MAIL: (b)(7)(C)@UNITYPOINT.ORG

## LAW DEPARTMENT

1776 WEST LAKES PARKWAY, SUITE 400  
WEST DES MOINES, IA 50266-8239  
515-241-4650  
FAX 515-241-4656  
[unitypoint.org](http://unitypoint.org)

April 4, 2018

Drug Enforcement Administration  
Attn: DI (b)(7)(C);(b)(7)(F)  
100 Washington Ave. South, Suite 800  
Minneapolis, MN 55401

RE: Case No. (b)(7)(E)  
Subpoena No. IJ-18-465222

Dear Investigator (b)(7)(C);(b)(7)(F)

Enclosed are documents responsive to the above referenced subpoena.  
If you have any questions about the materials produced, please contact me at the number listed above.

Sincerely,

(b)(7)(C)

Enclosure

Case Number

W04152016-093419



Trinity Medical Center  
ROCK ISLAND

Incident Report

Reported by: (b)(7)(C)

Incident Types Label

PATIENT ASSIST

Offender

Incident Disposition

Report Recorder

(b)(7)(C)

Manager/Supervisor On Duty

Manager/Supervisor Notified

Incident Occurred Date

04/15/2016 at 0934

Incident Occurred End Date

04/15/2016 at 0156

Incident Discovered / Called in

04/15/2016 at 0156

Location

ROCK ISLAND : 2ND FLOOR : EMERGENCY DEPARTMENT (E.D.)

Specific Location

ER ROOM 22

Report Synopsis/Overview

DOCUMENTATION OF VIP ADMITTED IN EMERGENCY ROOM #22.

PATIENT IN CONSTANT PRESENCE OF (b)(7)(C)

Narrative text

DOCUMENTATION PURPOSES ONLY- VIP PATIENT WAS TRANSPORTED BY AMBULANCE AND ADMITTED TO THE ROCK ISLAND EMERGENCY ROOM FOR TREATMENT.

PATIENT WAS TREATED IN ROOM 22.

PATIENT IN CONSTANT PRESENCE OF HIS PRIVATE STAFF/FAMILY

PATIENT NAME PRINCE ROGERS NELSON

BD 6-7-58

ADMIT TIME:0156

DISCHARGE TIME 0934

VIDEO OF ADMITTING TIME AND ENTRANCE STORED FOR DOCUMENTATION PURPOSE AS ADVISED BY (b)(7)(C)

(b)(7)(C)

E.O.R.

Prepared By

(b)(7)(C)

Submitted Date

04/15/2016 1425

Signature

Reviewed By/Date

(b)(7)(C)

04/15/2016 1425

NELSON, PRINCE  
 MRN: 96313876  
 DOB: 6/7/1959, Sex: M

**Patient Demographics**

Name	Patient ID	SSN	Sex	Birth Date
Nelson, Prince	96313876	xxx-xx-0000	Male	06/07/59 (56 yrs)
Address	Phone	E-Mail	Employer	
7801 Audubon Rd CHANHASSEN MN 55317	612-805-(b)(7)(C)		SELF EMPLOYED	
Race	Black or African American			
Reg Status	PCP	Date Last Verified	Next Review Date	
Verified	None Per Patient Provider	04/15/16	08/13/16	



**Department**

Name	Address	Phone
Trinity Rock Island Emergency Department	2701 17th St Rock Island IL 61201	309-779-2230

**Admission Information - Patient Record Only**

Arrival Date/Time	Arrival Location	Means of Arrival	Transfer Source	Admit Date/Time	Point of Origin	Primary Service	Referring Provider	IP Adm. Date/Time	Admit Category	Secondary Service	Unit
04/15/2016 1:55 AM	Emergency	Ambulance	None	04/15/2016 1:56 AM	Physician Or Self Referral	Emergency Medicine	Unitypoint Health Service Area	(b)(7)(C) MD	None	N/A	Qcr Emergency

**Discharge Information - Patient Record Only**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
04/15/2016 9:34 AM	Left Against Medical Advice	Home	None	Qcr Emergency

**Final Diagnoses (ICD-10-CM)**

Principal	Code	Name	POA	CC	HAC	Affects DRG
(P)	T39.1X1A	Poisoning by 4-aminophenol derivatives, accidental (unintentional), initial encounter				
	T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter				

**Events**

Date/Time	Event	Pt Class	Unit	Room/Bed	Service
04/15/16 0155	ED Arrival		QCR EMERGENCY		Emergency Medicine
04/15/16 0156	ED Roomed	Emergency	QCR EMERGENCY	RM22/RM22-01	Emergency Medicine
04/15/16 0934	Discharge	Emergency	QCR EMERGENCY	RM22/RM22-01	Emergency Medicine

**Allergies as of 4/15/2016**

Review Complete On 4/15/2016 By (b)(7)(C) RN

No Known Allergies

**Medical**

as of 4/15/2016

**Currently Active Insurance**

Patient has no currently active insurance coverage

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CONFIDENTIAL 001



QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Currently Active Insurance (continued)

ED Records

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Exported By	Service	Admission Type
	4/15/2016 01:55	2=Emergent	Ambulance	Medica	Emergency Medicine	Emergency
Arrival Complaint possible overdose						

ED Disposition

ADMA

Physical Diagram

No physical diagram documentation exists for this encounter

ED Notes

ED Notes by (b)(7)(C) RN, THS at 4/15/2016 7:58 AM

Author: (b)(7)(C) RN, TNS Service: (none) Author Type: Registered Nurse  
Date: 4/15/2016 8:02 AM Note Time: 4/15/2016 7:58 AM Status: Signed  
Editor: (b)(7)(C) RN, INS (Registered Nurse)

Pt awake up in room gait steady dressed and ready to go when able. Requesting that linen be changed.  
Changed per (b)(7)(C) Pt given water continues to refuse offer of breakfast.

Electronically signed by (b)(7)(C) RN, THS at 4/15/2016 8:02 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 7:32 AM

Author: (b)(7)(C) RN Service: (none) Author Type: Registered Nurse  
Date: 4/15/2016 7:34 AM Note Time: 4/15/2016 7:32 AM Status: Signed  
Editor: (b)(7)(C) RN (Registered Nurse)

PATIENT DECLINED HAVING A BREAKFAST TRAY BUT WANTED FRESH SQUEEZE ORANGE JUICE BUT SINCE WE DON'T OFFER IT HE ACCEPTED ICE WATER. PATIENT TAKEN OFF ALL VITALS AND IV LINE D/C'D.

Electronically signed by (b)(7)(C) RN, THS at 4/15/2016 7:34 AM

ED Provider Notes by (b)(7)(C) MD at 4/15/2016 2:03 AM

Author: (b)(7)(C) MD Service: (none) Author Type: Physician  
Date: 4/15/2016 7:31 AM Note Time: 4/15/2016 2:03 AM Status: Signed  
Editor: (b)(7)(C) MD (Physician)

HISTORY OF PRESENT ILLNESS

Date: 4/15/2016. Time: 02:03

History Provided by: patient

Chief Complaint:

Chief Complaint

Patient presents with

- Drug Overdose

Onset: PTA

Timing/Severity: constant / severe

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QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

ED Notes (continued)

ED Provider Notes by (b)(7)(C) MD at 4/15/2016 2:03 AM (continued)

Location/Radiation: diffuse / none

Quality: uncomfortable

Modifying Factors: None

Associated Sx's:

Pertinent Positives: drug overdose, use of unknown substance

**Context:** Prince Nelson is a 56 y.o. male presenting to the ED for a drug overdose. Pt was on a flight home, allegedly took 3 pills of percocet and 1 unknown pill. Plane made an emergency landing in the QCA as pt became unresponsive. On arrival of EMS pt had pinpoint pupils, decreased respiratory activity, GSC of 9. Narcan 4 mg was given. Pt sts he was told the drug would help him relax, otherwise sts he does not know what the drug is. He is sluggish and drowsy on arrival to the ED, whispering when responding to questions. Denies suicidal ideation. Denies all pain.

PCP: none

-----REVIEW OF SYSTEMS-----

Review of Systems

Unable to perform ROS Other

-----PAST HISTORY-----

History reviewed. No pertinent past medical history.

History reviewed. No pertinent past surgical history.

History reviewed. No pertinent family history.

History

Substance Use Topics

- |                      |              |
|----------------------|--------------|
| • Smoking status:    | Never Smoker |
| • Smokeless tobacco: | Not on file  |
| • Alcohol Use:       | Yes          |

The patient's home medications have been reviewed.

No Known Allergies

**Immunization Hx:**

There is no immunization history on file for this patient.

-----PHYSICAL EXAM-----

Pulse 109 | Temp(Src) 37.3 °C (99.1 °F) (Oral) | Resp 18 | Ht 1.626 m (5' 4") | Wt 53.1 kg (117 lb 1 oz) | BMI 20.08 kg/m<sup>2</sup> | SpO<sub>2</sub> 96%

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

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CONFIDENTIAL 003

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

ED Notes (continued)

ED Provider Notes by (b)(7)(C) MD at 4/15/2016 2:03 AM (continued)

**Drowsy.**

**HENT:**

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist.

**Pupils 4 mm bilaterally, reactive.**

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He exhibits no tenderness.

Abdominal: Soft. He exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion.

Neurological: He is alert and oriented to person, place, and time.

**Drowsy but follows commands.**

Skin: Skin is warm and dry. No rash noted. No erythema. No pallor.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Nursing note and vitals reviewed.

-----  
**LABORATORY RESULTS**  
-----

No results found for this or any previous visit (from the past 48 hour(s)).

-----  
**RADIOLOGY RESULTS**  
-----

Imaging Results

None

-----  
**PROGRESS NOTES**  
-----

**Time: 02:22** Pt refusing blood draw, refusing EKG.

**Time: 02:23** Discussed with the pt (b)(7)(C) since pt is refusing testing, I need to know what the pt took tonight. Discussed that pt is risking death in refusing lab tests and refusing to state what he took. In particular, discussed that percocet contains acetaminophen, and if the mystery drug he took also contain acetaminophen he is risking a potential fatal overdose. (b)(7)(C) the pt and tell me their decision.

**Time: 02:29.** Discussed case with the pt's (b)(7)(C) the bottle which contained the 'mystery' pill the pt took. It is a Bayer aspirin bottle nearly entirely filled with pills which are not aspirin. Will send one to pharmacist. Pt maintains that he took only one of these pills, (b)(7)(C)

**Time: 02:36** Pharmacy confirmed that the unknown pill is a 10-325 mg norco. Shared this information with the pt (b)(7)(C) Discussed the concern for a tylenol overdose, discussed the need for a blood draw to measure tylenol level. Discussed potential seriousness and life-threatening effects of tylenol overdoses, in

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CONFIDENTIAL 004

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**ED Notes (continued)**

**ED Provider Notes by** (b)(7)(C) **MD at 4/15/2016 2:03 AM (continued)**

particular. Discussed high blood pressure. Discussed all other labs I would like to perform, the reasoning behind them, and risks pt is taking by refusing the tests.

**Time: 02:43** (b)(7)(C) the pt continues to refuse blood draws, but is agreeable to stay for continued monitoring. I again discussed that we could be missing a potential life-threatening overdose.

**Time: 02:46** Pt provided refusal of treatment paperwork. I again discussed that we could be missing a potential life-threatening overdose. Pt sts that he is agreeable with continued monitoring in the ED.

**Time: 04:49.** Re-evaluation: pt more awake and alert, speaking, stable vitals. Pt now sts he took 2 of each pill. HR 86, BP 152/79, satting 96% on RA. I again discussed that we could be missing a potential life-threatening overdose, and reviewed the labs I would like to draw. Pt remains adamant on his refusal of testing. Will continue to monitor. Pt (b)(7)(C) arranging transport at this time.

0730 Pt has spent 5 + hours on monitors. No desats. He is alert, conversative. Arranging transport to airport.

**Other Assessments:**

None

**COUNSELING**

**Counseling:** The emergency provider has spoken with the patient and discussed today's findings, in addition to providing specific detail for the plan of care and counseling regarding the diagnosis and prognosis. They are agreeable with the plan. Discussed the specific conditions for return, as well as the importance of follow-up.

**MEDICAL DECISION MAKING**

**Vital Signs:** Reviewed the patient's vital signs.

Pulse oximetry interpretation: Not hypoxic

The patient's blood pressure was interpreted as Normal **Most recent blood pressure: 138/69**

**Nursing Notes:** Reviewed and utilized the nursing notes.

**ED Orders:**

Orders Placed This Encounter

Procedures

- Cardiac monitoring
- Insert peripheral IV

**ED Physician Core Measures:** none

**Critical Care:** no

**MDM**

**Number of Diagnoses or Management Options**

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CONFIDENTIAL 005

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**ED Notes (continued)**

**ED Provider Notes by** (b)(7)(C) **MD at 4/15/2016 2:03 AM (continued)**

**Amount and/or Complexity of Data Reviewed**

Clinical lab tests: ordered (**Pt refused all testing**)

Tests in the medicine section of CPT®: ordered (**Pt refused all testing**)

Review and summarize past medical records: yes

Independent visualization of images, tracings, or specimens: yes

**Patient Progress**

Patient progress: stable

**-----CLINICAL IMPRESSION AND DISPOSITION-----**

**CLINICAL IMPRESSION:**

1. **Overdose, accidental or unintentional, initial encounter**

**PRESCRIPTIONS:**

~~Med Prescriptions~~

No medications on file

**DISPOSITION:**

AMA

**PATIENT CONDITION:**

stable

**Follow Up:**

Follow-up information:

**Follow up with Trinity Rock Island Emergency Department.**

Specialty Emergency Medicine

Why as needed

Contact information:

2701 17th St

Rock Island Illinois 61201

309-779-2230

**Follow up with Contact your doctor tomorrow.**

**SCRIBE ATTESTATION:**

**Date:** 4/15/2016, **Time:** 02:03 *This note is prepared by* (b)(7)(C) *acting as scribe for Dr.* (b)(7)(C) **MD.**

**Dr.** (b)(7)(C) **MD:** *I have reviewed the note and made the appropriate changes. This note accurately*

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CONFIDENTIAL 006

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

ED Notes (continued)

ED Provider Notes by (b)(7)(C) MD at 4/15/2016 2:03 AM (continued)

reflects all work, treatment, procedures, and medical decision making performed by me.

(b)(7)(C) MD  
04/15/16 0731

Electronically signed by (b)(7)(C) RN at 4/15/2016 6:37 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 6:36 AM

Author:	(b)(7)(C) RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	4/15/2016 6:42 AM	Note Time:	4/15/2016 6:36 AM	Status:	Addendum
Ed for:	(b)(7)(C) RN (Registered Nurse)				
Related Notes:	Original Note by (b)(7)(C) RN (Registered Nurse) filed at 4/15/2016 6:37 AM				

Spoke with (b)(7)(C) of patient who stated that he had been in contact with different agencies and it was looking like they would be arranging a plane to meet them at the airport and his best guess at this time was 10:00 AM for that.

Electronically signed by (b)(7)(C) RN at 4/15/2016 6:42 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 4:58 AM

Author:	(b)(7)(C) RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	4/15/2016 5:10 AM	Note Time:	4/15/2016 4:58 AM	Status:	Signed
Ed for:	(b)(7)(C) RN (Registered Nurse)				

Again accompanied DR (b)(7)(C) into patient room. Dr (b)(7)(C) explained to patient that leaving would probably be able to happen around 0530. Dr (b)(7)(C) again reinforced the teaching that patient would benefit greatly from some basic blood work.

Electronically signed by (b)(7)(C) RN at 4/15/2016 5:10 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 1:53 AM

Author:	(b)(7)(C) RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	4/15/2016 4:48 AM	Note Time:	4/15/2016 1:53 AM	Status:	Addendum
Ed for:	(b)(7)(C) RN (Registered Nurse)				
Related Notes:	Original Note by (b)(7)(C) RN (Registered Nurse) filed at 4/15/2016 3:18 AM				

Patient reported to have taken an overdose of Percocet on flight home becoming unresponsive. Patient's plane had to make emergency landing in Quad Cities meeting EMS at airport. 4mg total Narcan given. Patient presents with eyes closed but arousable by voice. Patient is maintaining oxygen levels above 95% on room air. Patient will respond to commands.

Electronically signed by (b)(7)(C) RN at 4/15/2016 3:55 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 3:55 AM

Author:	(b)(7)(C) RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	4/15/2016 3:59 AM	Note Time:	4/15/2016 3:55 AM	Status:	Signed
Ed for:	(b)(7)(C) RN (Registered Nurse)				

(b)(7)(C) patient requesting plastic bag. Entered room to get bag for patient. Patient stated, "I'm actually starting to feel normal." Explained what the cardiac monitoring was monitoring to patient to which he expressed verbal understanding.

Electronically signed by (b)(7)(C) RN at 4/15/2016 3:59 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 2:50 AM

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CONFIDENTIAL 007

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
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DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

ED Notes (continued)

ED Notes by (b)(7)(C) RN at 4/15/2016 2:50 AM (continued)

Author: (b)(7)(C) RN Service: (none) Author Type: Registered Nurse  
Date: 4/15/2016 2:50 AM Note Date: 4/15/2016 2:50 AM Status: Signed  
Editor: (b)(7)(C) RN (Registered Nurse)

Again accompanied Dr (b)(7)(C) into patient room. Witnessed Dr (b)(7)(C) explain the Refusal of Treatment form to patient and (b)(7)(C) in the room. After Dr (b)(7)(C) left room, RN reinforced teaching about form and its contents. Asked patient if there were any questions he had and extended same question to (b)(7)(C) had no questions and patient signed Refusal of Treatment form witnessed by RN.

Electronically signed by (b)(7)(C) RN on 4/15/2016 2:50 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 2:25 AM

Author: (b)(7)(C) RN Service: (none) Author Type: Registered Nurse  
Date: 4/15/2016 2:25 AM Note Date: 4/15/2016 2:25 AM Status: Addendum  
Editor: (b)(7)(C) RN (Registered Nurse)  
Related Notes: Original Note by (b)(7)(C) RN (Registered Nurse) filed at 4/15/2016 2:43 AM

Patient states that he does not want any testing and states that he just wants to be warm. Dr (b)(7)(C) informed. Accompanied Dr (b)(7)(C) into room to explain reasons for ordering these tests. Dr (b)(7)(C) explained to patient that they were only in his best interests and (b)(7)(C) was not wishing to perform any tests on him that (b)(7)(C) wouldn't order on any other patient in the same situation. Patient continued to refuse testing.

Electronically signed by (b)(7)(C) RN on 4/15/2016 2:25 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 2:43 AM

Author: (b)(7)(C) RN Service: (none) Author Type: Registered Nurse  
Date: 4/15/2016 2:43 AM Note Date: 4/15/2016 2:43 AM Status: Addendum  
Editor: (b)(7)(C) RN (Registered Nurse)  
Related Notes: Original Note by (b)(7)(C) RN (Registered Nurse) filed at 4/15/2016 2:55 AM

Dr (b)(7)(C) again went into room to give a more detailed list and explanations of tests (b)(7)(C) wished to run on the patient. Patient still refused any testing. (b)(7)(C) (b)(7)(C)  
(b)(7)(C) At this time, the pill sent to pharmacy to be identified was found to be 10-325 Acetaminophen/Hydrocodone.

Electronically signed by (b)(7)(C) RN on 4/15/2016 2:43 AM

ED Notes by (b)(7)(C) RN at 4/15/2016 1:56 AM

Author: (b)(7)(C) RN Service: (none) Author Type: Registered Nurse  
Date: 4/15/2016 1:56 AM Note Date: 4/15/2016 1:56 AM Status: Signed  
Editor: (b)(7)(C) RN (Registered Nurse)

Bed: RM22-01  
Expected date:  
Expected time:  
Means of arrival:  
Comments:  
1J19

Electronically signed by (b)(7)(C) RN on 4/15/2016 1:56 AM

Hospital Encounter Notes

Encounter Notes

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CONFIDENTIAL 008

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Hospital Encounter Notes (continued)

Encounter Notes (continued)

No notes of this type exist for this encounter

Medications - Clinical Orders

sodium chloride 0.9 % bolus 1,000 mL (259084135)

Electronically signed by (b)(7)(C) MD on 04/15/16 0213  
Ordering user (b)(7)(C) MD 04/15/16 0213  
Authorized by (b)(7)(C) MD  
Frequency Once 04/15/16 0230 - 1 Occurrences  
Dose 1,000 mL

Ordering provider (b)(7)(C) MD  
Ordering mode Standard  
Discontinued by Automatic Discharge Provider 04/15/16 1134 [Patient Discharge]

Status Discontinued

oxyCODONE-acetaminophen (PERCOCET) 6-325 MG per tablet (259084120)

Electronically signed by (b)(7)(C) RN on 04/15/16 0200  
Ordering user (b)(7)(C) RN 04/15/16 0200  
Ordering mode Standard  
Pain  
Frequency Q4H PRN - Until Discontinued  
Dosage 1 tablet

Authorized by Not In System Provider

Status Active

Lab - Clinical Orders

CBC and differential (259084121)

Electronically signed by (b)(7)(C) MD on 04/15/16 0213  
Ordering user (b)(7)(C) MD 04/15/16 0213  
Authorized by (b)(7)(C) MD  
Frequency STAT 04/15/16 0214 - 1 Occurrences

Ordering provider (b)(7)(C) MD  
Ordering mode Standard  
Discontinued by (b)(7)(C) MD 04/15/16 0424

Status Discontinued

Comprehensive metabolic panel (259084122)

Electronically signed by (b)(7)(C) MD on 04/15/16 0213  
Ordering user (b)(7)(C) MD 04/15/16 0213  
Authorized by (b)(7)(C) MD  
Frequency STAT 04/15/16 0214 - 1 Occurrences

Ordering provider (b)(7)(C) MD  
Ordering mode Standard  
Discontinued by (b)(7)(C) MD 04/15/16 0424

Status Discontinued

UA Culture Sensitivity If Indicated (259084123)

Electronically signed by (b)(7)(C) MD on 04/15/16 0213  
Ordering user (b)(7)(C) MD 04/15/16 0213  
Authorized by (b)(7)(C) MD  
Frequency STAT 04/15/16 0214 - 1 Occurrences

Ordering provider (b)(7)(C) MD  
Ordering mode Standard  
Discontinued by (b)(7)(C) MD 04/15/16 0424

Status Discontinued

Protime-IMR (259084124)

Electronically signed by (b)(7)(C) MD on 04/15/16 0213  
Ordering user (b)(7)(C) MD 04/15/16 0213  
Authorized by (b)(7)(C) MD  
Frequency STAT 04/15/16 0214 - 1 Occurrences

Ordering provider (b)(7)(C) MD  
Ordering mode Standard  
Discontinued by (b)(7)(C) MD 04/15/16 0424

Status Discontinued

Troponin I (259084129)

Electronically signed by (b)(7)(C) MD on 04/15/16 0213  
Ordering user (b)(7)(C) MD 04/15/16 0213  
Authorized by (b)(7)(C) MD  
Frequency STAT 04/15/16 0214 - 1 Occurrences

Ordering provider (b)(7)(C) MD  
Ordering mode Standard  
Discontinued by (b)(7)(C) MD 04/15/16 0424

Status Discontinued

Ethanol (259084130)

Electronically signed by (b)(7)(C) MD on 04/15/16 0213  
Ordering user (b)(7)(C) MD 04/15/16 0213  
Authorized by (b)(7)(C) MD  
Frequency STAT 04/15/16 0214 - 1 Occurrences

Ordering provider (b)(7)(C) MD  
Ordering mode Standard  
Discontinued by (b)(7)(C) MD 04/15/16 0424

Status Discontinued

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CONFIDENTIAL 009



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Lab - Clinical Orders (continued)

**Toxicology screen, urine [259084130]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Discontinued  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency STAT 04/15/16 0214 - 1 Occurrences Discontinued by (b)(7)(C) MD 04/15/16 0424

**Acetaminophen level [259084131]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Discontinued  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency STAT 04/15/16 0214 - 1 Occurrences Discontinued by (b)(7)(C) MD 04/15/16 0424

**Salicylate level [259084132]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Discontinued  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency STAT 04/15/16 0214 - 1 Occurrences Discontinued by (b)(7)(C) MD 04/15/16 0424

**CK [259084133]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Discontinued  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency STAT 04/15/16 0214 - 1 Occurrences Discontinued by (b)(7)(C) MD 04/15/16 0424

**Osmolality [259084134]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Discontinued  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency STAT 04/15/16 0214 - 1 Occurrences Discontinued by (b)(7)(C) MD 04/15/16 0424

ECG - Clinical Orders

**EKG 12 lead [259084125]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Discontinued  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency Once 04/15/16 0214 - 1 Occurrences Discontinued by (b)(7)(C) MD 04/15/16 0424  
Description Repeat for health overdose

Nursing - Other Orders

**Cardiac monitoring [259084127]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Completed  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency Until Discontinued 04/15/16 0214 - Until Specified  
Description Level of cardiac monitoring Continuous Cardiac

IV - Other Orders

**Inert peripheral IV [259084126]**

Electronically signed by (b)(7)(C) MD on 04/15/16 0213 Status Completed  
Ordering user (b)(7)(C) MD 04/15/16 0213 Ordering provider (b)(7)(C) MD  
Authorized by (b)(7)(C) MD Ordering mode Standard  
Frequency Continuous 04/15/16 0214 - Until Specified

QCR EMERGENCY  
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Adm: 4/15/2016, D/C: 4/15/2016

**Clinical Lab Results**

**Lab Results**

No matching results found

**Radiology Results**

**Radiology Results**

No matching results found

**EKG/ECG Results**

**ECG Results**

No matching results found

**Cardiac Results**

**Cardiac Results**

No matching results found

**Pathology Reports**

**Pathology Results**

No results found

**Medications**

**All Meds and Administrations**

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

sodium chloride 0.9 % bolus 1,000 mL (269084136)

Ordering Provider: (b)(7)(C) MD  
Ordered On: 04/15/16 0213  
Dose/Remaining Qty: 1,000 mL (1/1)  
Route: Intravenous  
Admin Instructions:

Start Date: 04/15/16 0230 - 04/15/16 1134  
Frequency: ONCE  
Rate/Duration: 1,000 mL/hr / 1 Hours  
Comments:

Administration	Status	Dose	Route	Site	Given by
04/15/16 0802	Infused	0 mL	Intravenous		(b)(7)(C) RN, TNS
04/15/16 0230	Due	0 mL/hr	Intravenous	1 Hours	

**Historical Medications Entered This Encounter**

oxyCODONE-acetaminophen (PERCOCET) 5-325 MG per tablet  
Sig: Take 1 tablet by mouth every 4 (four) hours as needed for Pain.  
Class: Historical Med  
Route: Oral

**Orders Reconciliation History**

**Unreviewed Prior to Admission Medications**

Reconciliation  
oxyCODONE-acetaminophen (PERCOCET) 5-325 MG per tablet

**No Discharge Orders for this encounter**

**Unreviewed Discharge Orders**

Discharged 04/15/16 0934

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CONFIDENTIAL 011

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**Medications (continued)**

**Unreviewed Discharge Orders (continued)**

Discharged 04/15/16 0934

**Description**

oxyCODONE-acetaminophen (PERCOCET) 5-325 MG per tablet  
sodium chloride 0.9 % bolus 1,000 mL

**Multi-Disciplinary Problems (Active)**

**Care Plan**

There are no active problems.

**Patient Education**

**Education**

No education to display

**Education Note**

No education notes entered for this contact

**Discharge Instructions**

Nelson, Prince (MR # 96313876)

Date	Status	User	User Type	Discharge Note
04/15/16 0540	Pending	(b)(7)(C)	MD	Physician
Note:				Original

**Opiate Overdose: Care Instructions**

**Your Care Instructions**

You have had treatment to help your body recover from taking too much of an opiate. You are getting better, but you may not feel well for a while. It takes time for the medicine to leave your body. How long it takes to feel better depends on which drug you took and how much you took of it.

Opiates include illegal drugs such as heroin, often called smack, junk, H, and ska. Opiates also include medicines that doctors prescribe to treat pain. These are medicines such as oxycodone, methadone, and buprenorphine. They are sometimes sold and used illegally.

Taking too much of an opiate can be dangerous. It may cause:

- Trouble breathing.
- Low blood pressure.
- A low heart rate.
- A coma.

When the doctor treated you for the overdose, he or she may have:

- Watched your symptoms or done tests to find out what kind of drug you took.
- Given you fluids.
- Given you oxygen to help you breathe.
- Given you a medicine called naloxone to help reverse the effects of the opiate.
- Done several tests, including blood tests, to see how you're responding to treatment.

The doctor also watched you carefully to make sure you were recovering safely.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

**How can you care for yourself at home?**

- If you take opiates regularly, your body gets used to them. This is called dependency. If you are

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CONFIDENTIAL 012

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**Patient Education (continued)**

dependent on this drug, you may have withdrawal symptoms when you stop taking it. These can include nausea, sweating, chills, diarrhea, stomach cramps, and muscle aches. Withdrawal can last up to several weeks, depending on which drug you took. You may feel very ill, but you are probably not in medical danger.

- Your doctor may give you medicine to help you feel better. To help get through withdrawal, you can also:
  - ◆ Get plenty of rest.
  - ◆ Drink plenty of fluids.
  - ◆ Stay active, but don't tire yourself.
  - ◆ Eat a healthy diet.
- If you had a tube in your throat to help you breathe, you may have a sore throat or hoarseness that can last a few days. Sip liquids to help soothe your throat.
- Do not drink alcohol or take illegal drugs.
- Do not drive if you feel sleepy or groggy while you recover from your overdose.
- Get help to stop using drugs. Talk to your doctor about drug counseling programs.

**When should you call for help?**

Call 911 anytime you think you may need emergency care. For example, call if:

- You feel you cannot stop from hurting yourself or someone else.

Call your doctor now or seek immediate medical care if:

- You have new or worse withdrawal symptoms, such as:
  - ◆ Stomach cramps.
  - ◆ Vomiting.
  - ◆ Diarrhea.
  - ◆ Muscle aches.
  - ◆ Sweating.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You do not get better as expected.



**Where can you learn more?**

Go to the "Search Health Library" box on MyUnityPoint <https://chart.myunitypoint.org/mychart/> by clicking on the magnifying glass tab.

Enter Z171 in the search box to learn more about "Opiate Overdose: Care Instructions."

Not on MyUnityPoint? Go to <https://chart.myunitypoint.org/mychart/> and click the "Sign Up Now" link to request an activation code.

Current as of: February 20, 2015

Content Version: 108

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QCR EMERGENCY  
 2701 17th St  
 Rock Island IL 61201-5393

NELSON, PRINCE  
 MRN: 96313876  
 DOB: 6/7/1959, Sex: M  
 Acct #: 320972020  
 Adm: 4/15/2016, D/C: 4/15/2016

**Flowsheet (all recorded)**

**Charge Complete - Fri April 22, 2016**

**OTHER** 1252  
 Charge Complete Charging Complete (b)(7)(C)

**Custom Formula Data - Fri April 15, 2016**

**02:01:53**

**\*More Fall Risk**  
 40 (b)(7)  
**0164**

**OTHER**

BM (Ca) (kcal) 20 (b)(7)(C)  
 WSA (Calculated) (kcal) 1.55 sq meters (b)(7)(C)  
 BM (Calculated) 20.1 (b)(7)(C)  
 BW (Calculated) (kg) 59.2 kg (b)(7)(C)  
 Low Range of Body Fat (MFL) 355.2 mL (b)(7)(C)  
 Adult Moderate Range of Body Fat (MFL) 473.6 mL  
 Adult High Range of Body Fat (MFL) 592 mL  
 BW (Calculated) (kg) 54.7 kg  
 Low Range of Body Fat (MFL) 328.2 mL  
 Adult Moderate Range of Body Fat (MFL) 437.6 mL  
 Highest Weight of Body Fat (MFL) 0 (b)(7)(C)  
 F/W (Calculated) 59.2 (b)(7)(C)  
 Low Range of Body Fat (MFL) 355.2 mL (b)(7)(C)  
 Adult Moderate Range of Body Fat (MFL) 473.6 mL  
 Adult High Range of Body Fat (MFL) 592 mL (b)(7)(C)  
 7 Day Average weight gain 0 Grams  
 Difference in weight gain 53100 Grams (b)(7)(C)  
 BMI 20.14 (b)(7)(C)  
 BM (kcal) 20.1 (b)(7)(C)  
 Vals (kcal) (kcal) 29 (b)(7)(C)  
 Female (kcal) (kcal) 17 (b)(7)(C)  
**Sleep Apnea Screening**  
 BM (kcal) (kcal) BMI (kcal) 0 (b)(7)(C)  
**Relavent Labs and Vitals**  
 Temp (in Celsius) 37.3 (b)(7)(C)  
**Height and Weight**  
 Percent Meets (Temp) (kcal) 0 %

**Infection Hx Screen - Fri April 15, 2016**

**0159**  
**Infection control**  
 Active infection No (b)(7)(C)

**Triage Plan - Fri April 15, 2016**

**0168**

**Triage Plan**  
 Patient Priority 2 (b)(7)(C)  
 Main (b)(7)(C)  
 Secondary (b)(7)(C)  
 Triage Complete (b)(7)(C)

**Screenings - Fri April 15, 2016**

**02:01:53**

**\*More Fall Risk**  
 History of falls 0 (b)(7)(C)  
 Poor balance 0  
 Ambulatory 0  
 Incontinent 20  
 Delirium 20  
 Mental Status 0  
 Score 40

**02:01:38**

**Advance Directives (For Healthcare)**  
 Healthcare directives No AD (b)(7)(C)  
 Met (b)(7)(C)

QCR EMERGENCY  
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Adm: 4/15/2016, D/C: 4/15/2016

Flowsheet (all recorded) (continued)

Screenings - Fri April 15, 2016 (continued)

Devices Testing Template - Fri April 15, 2016

Time	Device Data
0722	Pulse 76 (b)(7)(C) Resp 13 (b)(7)(C) SpO2 97% (b)(7)(C)
0710	Pulse 69 (b)(7)(C) Resp 12 (b)(7)(C) SpO2 93% (b)(7)(C) BP 139/76 mmHg (b)(7)(C) MAP (mmHg) 93 (b)(7)(C)
0640	Pulse 72 (b)(7)(C) Resp 17 (b)(7)(C) SpO2 93% (b)(7)(C) BP 138/69 mmHg (b)(7)(C) MAP (mmHg) 89 (b)(7)(C)
0811	Pulse 75 (b)(7)(C) Resp 19 (b)(7)(C) SpO2 94% (b)(7)(C)
0610	BP 137/74 mmHg (b)(7)(C) MAP (mmHg) 92 (b)(7)(C)
0540	Pulse 78 (b)(7)(C) Resp 16 (b)(7)(C) SpO2 94% (b)(7)(C)
0442	BP 139/71 mmHg (b)(7)(C) MAP (mmHg) 89 (b)(7)(C)
0440	Pulse 87 (b)(7)(C) Resp 14 (b)(7)(C) SpO2 95% (b)(7)(C)
0410	BP 152/79 mmHg (b)(7)(C) MAP (mmHg) 99 (b)(7)(C)
0340	Pulse 90 (b)(7)(C) Resp 21 (b)(7)(C) SpO2 95% (b)(7)(C) BP 159/78 mmHg (b)(7)(C) MAP (mmHg) 102 (b)(7)(C)
0336	Pulse 93 (b)(7)(C) Resp 20 (b)(7)(C) SpO2 94% (b)(7)(C) BP 155/75 mmHg (b)(7)(C) MAP (mmHg) 98 (b)(7)(C)
0336	Pulse 94 (b)(7)(C)

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Flowsheet (all recorded) (continued)

Devices Testing Template - Fri April 15, 2016 (continued)

Resp	0336
SpO2	15 (b)(7)(C)
	93% (b)(7)(C)
	0311
Device Data	
Pulse	95 (b)(7)(C)
Resp	12
SpO2	95% (b)(7)(C)
	0310
Device Data	
BP	158/78 mmHg (b)(7)(C)
MAP (mmHg)	100 (b)(7)(C)
	0240
Device Data	
Pulse	103 (b)(7)(C)
Resp	11
BP	182/90 mmHg (b)(7)(C)
MAP (mmHg)	109 (b)(7)(C)
	0226
Device Data	
Pulse	104 (b)(7)(C)
Resp	17
SpO2	100% (b)(7)(C)
BP	167/90 mmHg (b)(7)(C)
MAP (mmHg)	111 (b)(7)(C)
	0210
Device Data	
Pulse	97 (b)(7)(C)
Resp	17
BP	(1) 179/94 mmHg (b)(7)(C)
MAP (mmHg)	118 (b)(7)(C)

Provider at Bedside - Fri April 15, 2016

Provider at Bedside	0208
Provider In	(b)(7)(C)

Vitals - Fri April 15, 2016

Vitals	0924
Pulse	78 (b)(7)(C)
Heart Rate (b/min)	Monitor (b)(7)(C)
Resp	16 (b)(7)(C)
SpO2	97% (b)(7)(C)
BP	157/77 mmHg (b)(7)(C)
MAP (mmHg)	100 (b)(7)(C)
BP Location	Right arm (b)(7)(C)
BP Method	NIBP (b)(7)(C)
	0164
Vitals	
Temp	37.3 °C (99.1 °F) (b)(7)(C)
Temp Site	Ora (b)(7)(C)
Pulse	109 (b)(7)(C)
Heart Rate (b/min)	Monitor (b)(7)(C)
Resp	18 (b)(7)(C)
SpO2	96% (b)(7)(C)
BP Location	Right arm (b)(7)(C)
BP Method	NIBP (b)(7)(C)
Patient Position	Lying
Pain Assessment	Unable to assess (b)(7)(C)
Oxygen Therapy	No (b)(7)(C)
Height and Weight	1 626 m (5'4") (b)(7)(C)

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Flowsheet (all recorded) (continued)

Vitals - Fri April 15, 2016 (continued)

0164  
Estimated Weight (b)(7)(C)  
53.1 kg (117 lb 1 oz) (b)(7)(C)

Anthropometrics - Fri April 15, 2016

0164  
Anthropometrics  
Weight Change 0 (b)(7)(C)

Cardiac/Telemetry - Fri April 15, 2016

0200  
Cardiac  
Carnar (MCL) x (b)(7)(C)  
Carnar (P/10) ST

Peripheral Vascular - Fri April 15, 2016

0200  
Peripheral Vascular  
Peripheral Vascular (R/L) WDL (b)(7)(C)

Abuse Indicators - Fri April 15, 2016

03:01:00  
Domestic Abuse Screen  
Are you currently in danger of being physically or sexually abused? No (b)(7)(C)  
Are you safe in your residence? Yes  
Dependent Adult Abuse Screen  
Is there any reason to believe there is potential abuse of the patient? No

Arrival Documentation - Fri April 15, 2016

0163  
Prehospital Treatment  
Prehospital Treatment Yes (b)(7)(C)  
Arrival Transport Service  
Mode of Transport Ambulance (b)(7)(C)  
Level EMT-P (b)(7)(C)  
Prehospital IV Access  
IV Orientation Left (b)(7)(C)  
Site Wrist (C)  
Cath Type Catheter 20g  
Fluids Normal saline (b)(7)(C)  
Communication Needs  
Communication Needs No Barrier to Communication (b)(7)(C)

Resp/Cough - Fri April 15, 2016

0300  
Airway  
Airway (M/1) WDL (b)(7)(C)  
Respiratory  
Respiratory (M/1) WDL

Immunization Status - Fri April 15, 2016

0330  
Immunization Status  
Is status up to date? No (b)(7)(C)  
Is a vaccine up to date? No  
Have you ever had a pertussis (whooping cough) infection? Yes

Septic Screen - Fri April 15, 2016

03:03:03  
Septic Category 1: General and Inflammatory Variables (Review criteria if YES to 2 or more)

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**Flowheet (all recorded) (continued)**

**Sepsis Screen - Fri April 15, 2016 (continued)**

03:02:03

Temp 37.8 Degrees C, Pulse 108 bpm, RR 20, SpO2 95%  
 RR >20 No (b)(7)(C)  
 RR <12 Yes  
 WBC >12,000 or <4,000 No Current Result Available (b)(7)(C)  
 Bands >10% or 12% monocytes, or 10% atypical band neutrophils No Current Result Available (b)(7)(C)  
 Serum lactate >2.0 mmol/L No (b)(7)(C)  
**Sepsis Category 2: Suspected Infection (Meets criteria if YES to 1 or more)**  
 Suspected Infection No (b)(7)(C)  
 Procedures with antimicrobial No  
 Antimicrobial therapy No  
**If Sepsis Categories 1 and 2 meet screening criteria notify provider of possible sepsis and request lactate order**  
 Lactate >2.0 mmol/L No (b)(7)(C)  
**Sepsis Category 3: Hemodynamic and Tissue Perfusion Variables (Meets criteria if YES to 1 or more)**  
 MAP <65 mmHg No (b)(7)(C)  
 Lactate >2.0 mmol/L No Current Result Available (b)(7)(C)  
**If all 3 Sepsis categories meet criteria, patient may have SEVERE SEPSIS - Immediately contact Provider/ Rapid Response Team**  
 All 3 Sepsis categories meet criteria No (b)(7)(C)

**LACE Score at Discharge - Fri April 15, 2016**

0534

OTMER  
LACE Score at Discharge 3 (b)(7)(C)

**Travel/Exposure - Fri April 15, 2016**

0160

**Viral Exposure**  
 Have you traveled outside the US in the last 21 days? Yes (b)(7)(C)  
 In the last 21 days, has the patient been in any foreign countries? None of the Above (b)(7)(C)  
 Has the patient been in contact with anyone who has been in a foreign country? No (b)(7)(C)

**Suicide Risk - Fri April 15, 2016**

0188

**IP Suicide Screen**  
 Is Patient Being Treated for Depression or Anxiety? No (b)(7)(C)  
 Have You Attempted Suicide in the Past? No  
 Are You Currently Thinking of Committing Suicide? No

**GCS - Fri April 15, 2016**

0389

**Glasgow Coma Scale**  
 Eye Opening 3 (b)(7)(C)  
 Best Verbal Response 5 (C)  
 Best Motor Response 6 (C)  
 Glasgow Coma Scale Total 14

**User Key**

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

Initials	Name	Effective Dates
(b)(7)(C)	(b)(7)(C)	
(b)(7)(C)	(b)(7)(C) Tech	06/16/15 -
(b)(7)(C)	(b)(7)(C) RN	12/09/14 -
(b)(7)(C)	(b)(7)(C) RN, TNS	01/08/15 -
(b)(7)(C)	(b)(7)(C) MD	11/25/14 -
(b)(7)(C)	(b)(7)(C) RN	03/17/15 -

**Outgoing Provider: (none)**

Allergies: No Known Allergies      Sex: Male      None      HT: 1.626 m (5' 4")      App Weight: None  
 Race:      Ethnicity:      Not on file      WT: 53.1 kg (117 lb 1 oz)

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Attending Provider: (continued) (none)

Admission Wt 53.1 kg (117 lb 1 oz)

**Treatment Team**

Provider	Role	From	To
(b)(7)(C)	MD RN	04/15/16 0153	04/15/16 0934
(b)(7)(C)	RN, INS	04/15/16 0201	04/15/16 0742
	Registered Nurse	04/15/16 0741	

**Immunization Screening**

Immunizations Flowchart		IMMUNIZATION STATUS
<b>PNEUMOCOCCAL VACCINE SCREEN - YEAR ROUND</b> Have you had a pneumococcal polysaccharide vaccination?	Yes	Enter date up to date? No
<b>INFLUENZA VACCINE SCREEN - OCTOBER THROUGH MARCH</b> Have you had an influenza vaccine this season?	--	Enter date up to date? --

**Current Immunizations**

Never Reviewed

No immunizations on file

**Vital Signs**

Vital Signs Flowchart		PATIENT OBSERVATION	
<b>VITAL SIGNS</b>		Weight	53.1 kg (117 lb 1 oz)
Temp	37.3 °C (99.1 °F)	Weight Method	--
Temp route	Oral	Type of Scale	--
HR	76	Admission Weight	--
HR Rate	Monitor	Percent Weight Change Since Admission	0 %
RR	16	Admission	--
RR	16	Estimated Dry Weight	--
MAP (mmHg)	157/77 mmHg	Esq Calculation Weight	--
BP (Cubic)	100	BSA (Calculated - sq m)	1.55 sq meters
BP (Metric)	Right arm	BM (Calculated)	20.1
BP (Metric)	NIBP	Adjusted BMI	--
BP (Metric)	Lying		
Current O2 Sat	--	<b>PATIENT OBSERVATION</b>	
<b>OXYGEN THERAPY</b>		Observations	--
O2 D2	97 %	<b>PROVIDER NOTIFICATION</b>	
Pulse Ox Monitor	--	Reason for Communication	--
O2 Device	--	Provider Name	--
Temp	--	Provider Role	--
Temp	--	Method of Communication	--
Temp O2	--	Response	--
F O2 D2 (Metric) (Monitor)	--	Notification Type	--
<b>HEIGHT AND WEIGHT</b>		Shift Event	--
Height	1.625 m (5' 4")	Notified on Note	--

**Latex Screen**

LATEX SCREEN Flowchart	
LATEX SCREENING	Known Diagnosis of Latex Allergy --

**Allergy Information**

No Known Allergies

**Medical History**

None

**Surgical History**

Post Surgical History	Laterality	Last Occurrence	Comments
None			

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**Surgical History (continued)**

**Social History**

Category	History
Smoking Tobacco Use	Never Smoker
Smokeless Tobacco Use	Unknown
Tobacco Comment	
Alcohol Use	Yes
Drug Use	No
Sexual Activity	Not Asked
ADL	Not Asked

**Family History**

None

**Prior to Admission Medications**

Prescriptions	Last Dose	Informant	Patient Reported?	Taking?
oxyCODONE-acetaminophen (PERCOCET) 8-326 MG per tablet Take 1 tablet by mouth every 4 (four) hours as needed for Pain			Yes	Yes

**Adv Directives**

**Healthcare Directives Flowsheet**

ADVANCE DIRECTIVES (FOR HEALTHCARE)	No AD Met	Healthcare Directive	Healthcare Directive
*Healthcare Directive	No AD Met	Patent has POST/PPD ST	--
*Advance Directive, MI, State of Illinois		Pre-existing DNR/DNI Order	--
*Advance Directive, MI, State of Illinois		*Patient Requests Assistance	--

**Pt Belongings**

**Patient Belongings Flowsheet**

BELONGINGS	*Belongings Brought to Hospital
	--

**Nutrition**

**Nutrition Screen Flowsheet**

*NUTRITION SCREEN	Response	Response
Weight loss within the last 30 days	--	Received tube feed/PEP in last month
Difficulty eating or drinking	--	No existing wounds, ulcers, or sores
Functional decline within the last 30 days	--	History of eating disorder (BP, etc)

**ADL Screening**

**Activities of Daily Living Screening Flowsheet**

*ADL SCREENING	Response	Response
Are you able to dress yourself?	--	Weakness of Arms/Hands
Are you able to bathe yourself?	--	Are you, next of kin or caregiver, unable to safely bathe?
Are you able to walk safely?	--	Weakness of a physical, mental, or emotional condition that you have or that you fear that you have that may affect your ability to safely walk outdoors, inside your home, or in a doctor's office or hospital? (15 years old or older)
Are you able to transfer safely?	--	<b>ASSISTIVE DEVICES</b>
Do you have any fall risks in your home?	--	*Home Use Assistive Devices
Do you have any fall risks in your facility?	--	<b>THERAPY CONSULTS</b>
Do you have any fall risks in your hospital?	--	*PT Evaluation/Intervention

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**ADL Screening (continued)**

in/Out Bed	--	W/T Evaluation Needed	--
Do you have any difficulty walking or climbing stairs?	--	W/T Evaluation Needed	--
Do you have any difficulty with balance?	--		
Mobility (Pre-Test) (Normal)	--	Family Therapy Needed	--
Weakness of legs	--	Individual Play Therapy Needed	--

**Psychosocial**

**Psychosocial Review Flowchart**

<b>ABUSE ASSESSMENT</b>		Cultural Requests During Hospitalization	--
*Physical Abuse	--	Language Requests During Hospitalization	--
*Sexual Abuse	--	<b>CONSULTS</b>	
*Psychological Abuse	--	Chaplain Services Consult Needed	--
<b>*VALUES / BELIEFS</b>		Religious Services Consult Needed	--

**Suicide Risk**

**Suicide Risk Flowchart**

<b>IP SUICIDE SCREEN</b>		Have You Attempted Suicide in the Past?	No
Are You Currently Thinking About Harming Yourself?	No	Are You Currently Thinking About Harming Yourself?	No

**Fall Risk**

**Fall Risk Assessment Flowchart**

<b>*WORSE FALL RISK</b>		A. Age over 85	--
History of Falls	0	B. Bone Related	--
Secondary Impact	0	C. Confuse/Multiple of Hip Fracture	--
Antibiotic/IV	0	D. Dehydration/Coagulopathy	--
Intravenous	30	E. Prior of Surgical Complications	--
Medication Discontinuation	20	F. Risk for Injury	--
Foot Transferring	20	Response to Education Fall Injury Risk	--
Mental Status	0	<b>SAFE PATIENT HANDLING</b>	
Score	40	LR Equipment Needed	--
<b>*HIGH RISK FOR INJURY (ABCS) TOOL</b>			

**Braden Scale**

**Braden Scale Assessment Flowchart**

<b>*BRADEN SCALE</b>		Mobility	--
Sensory Perception	--	Activity	--
Moisture	--	Sensory Perception	--
Activity	--	Moisture	--
Transfer	--	Friction and Shear	--
Moisture and Nutrition	--	Nutrition	--
Braden Scale Score	--	Issues with Airway/Oxygenation	--
<b>*BRADEN Q SCALE (PEDS)</b>		Score	--

**Sepsis Screening**

**Sepsis Screen Flowchart**

<b>SEPSIS CATEGORY 1: GENERAL</b>	Suspected Infection	No
-----------------------------------	---------------------	----

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**Sepsis Screening (continued)**

**AND INFLAMMATORY VARIABLES (MEETS CRITERIA IF YES TO 2 OR MORE)**

Temp 37.3 °C (99.1 °F)  
 Temp  $\geq 38.3$  °C (101 °F) or  $\leq 36.1$  °C (97 °F) or other abnormality  
 WBC 16  
 RBC count No  
 Platelets 78  
 Hemoglobin Yes  
 WBC  $> 4000$  OR  $< 4000$  No Current Result Available  
 Lactate  $> 2$  mmol/L No Current Result Available  
 Serum creatinine  $> 1.5$  mg/dL or  $> 1.5$  times baseline or acute increase in creatinine No Current Result Available  
 New acute renal failure (change in creatinine) No  
 Urine WBC --

**SEPSIS CATEGORY 2: SUSPECTED INFECTION (MEETS CRITERIA IF YES TO 1 OR MORE)**

Intravenous antibiotic therapy No  
 Antibiotic therapy No

**IF SEPSIS CATEGORIES 1 AND 2 MEET SCREENING CRITERIA NOTIFY PROVIDER OF POSSIBLE SEPSIS AND REQUEST LACTATE ORDER**

Did Sepsis categories 1 and 2 meet screening criteria? No

**SEPSIS CATEGORY 3: HEMODYNAMIC AND TISSUE PERFUSION VARIABLES (MEETS CRITERIA IF YES TO 1 OR MORE)**

BP 167/77 mmHg  
 BP (systolic)  $< 90$  mmHg or  $> 40$  mmHg baseline drop OR MAP  $< 65$  No  
 Lactate  $> 2$  mmol/L No Current Result Available  
 Urine output  $< 0.5$  mL/hr --

**IF ALL 3 SEPSIS CATEGORIES MEET CRITERIA, PATIENT MAY HAVE SEVERE SEPSIS- IMMEDIATELY CONTACT PROVIDER/RAPID RESPONSE TEAM**

Did all three Sepsis categories meet criteria? No

**Bedside Swallow**

**Modified Massey Swallow Study Flowchart**

MODIFIED MASSEY BEDSIDE SWALLOW

Complete Swallow Screening? --

**Discharge Planning**

**Discharge Planning Flowchart**

**DISCHARGE PLANNING**

Living Arrangements --  
 Support System --  
 Insurance Needs --  
 Transportation Needs --  
 Medication Needs --

Type of Home Care Services --  
 Patient expects to be discharged to --  
 Expected D/C mode of transportation --  
 Terminate discharge transportation services --  
 Expected Discharge Date --

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Scanned Documents

Encounter-Level Documents - 04/15/2016:

Ambulance - Scan on 4/25/2016 3:46 PM (below)

TRINITY REGIONAL HEALTH SYSTEM  
QUAD CITIES, ILLINOIS, WEST CAMPUS  
EMERGENCY MEDICAL SERVICES RADIO REPORT

NELSON, PRINCE  
MAR: 320972020  
CSN: 625420990  
DOB: 6/7/1959 (56 yrs) M  
MRN: 96313876  
Adm Date: 4/15/2016

PAT No

Date: 4/15/16 Time: 0150  
EMS Service: 1319 A/C OILS OBLIS  
Type #: Pt. Physician:  
Age: 57 Sex: M DF

Chief Complaint: POSS OPIATE OVERDOSE

Assessment Abnormalities

Skin color/temp:  WNL Allergies:  None

Head/Neck:  WNL  OBERL

Chest:  WNL  PMH  None

Abdomen:  WNL

Pelvis/Extremities:  WNL Pertinent Med's:  None  See list

Back:  WNL

VITAL SIGNS	
Time	
BP	131/82 151/116
P	150 112
Resp	3 12
PO	(b)(7)(C)
BG	
GCS	
TS	

MANDATORY FOR ALL TRAUMA PATIENTS (if none checked, does not meet mandatory reporting criteria):

- |   |   |
|---|---|
| <p><b>Category I</b></p> <p>Initiate Trauma Alert if either checked</p> <p><input type="checkbox"/> SBP &lt; 90 X 2 adult, &lt; 80 X 2 ped - 5 minutes apart</p> <p><input type="checkbox"/> Cervical Pain Torso/Neck</p> <p><b>Additional Category I</b></p> <p><input type="checkbox"/> SBP &lt; 90 &lt; 80 peds</p> <p><input type="checkbox"/> RR &lt; 10 &gt; 29</p> <p><input type="checkbox"/> Flail Chest</p> <p><input type="checkbox"/> &gt; 20% Burn w/trauma</p> <p><input type="checkbox"/> &gt; 2 peds Long bone fx</p> <p><input type="checkbox"/> GCS &lt; 10</p> <p><input type="checkbox"/> &gt; 2 regions life limb 1 wrist/ankle sensory deficit or limp</p> <p><input type="checkbox"/> Cavty penetration head, neck, torso, groin</p> | <p><b>Category II</b></p> <p><input type="checkbox"/> High speed auto crash: initial speed &gt; 40mph</p> <p><input type="checkbox"/> Rollover</p> <p><input type="checkbox"/> MCA &gt; 20mph or w/separation of rider from bike</p> <p><input type="checkbox"/> Extrication time &gt; 20min</p> <p><input type="checkbox"/> Major auto deformity &gt; 20" or intrusion into passenger compartment &gt; 12"</p> <p><input type="checkbox"/> Auto-Pedestrian/Auto-bike injury w/significant impact &gt; 5mph</p> <p><input type="checkbox"/> Pedestrian thrown or run over</p> <p><input type="checkbox"/> Pj &gt; 45yr, vehic. system or high energy MOI</p> <p><input type="checkbox"/> Ejection from motor vehicle</p> <p><input type="checkbox"/> Death in same passenger compartment</p> <p><input type="checkbox"/> Falls &gt; 20ft, or peds &gt; 3x body length</p> <p><input type="checkbox"/> Pregnancy &gt; 34 weeks</p> |
|---|---|

- Glasgow Coma Scale**
- Eye Opening:
- 4 - Spontaneous
  - 3 - To Voice
  - 2 - To Pain
  - 1 - None
- Verbal Response:
- 5 - Oriented
  - 4 - Confused
  - 3 - Incomp. Words
  - 2 - Incomp. Sounds
  - 1 - None
- Motor Response:
- 6 - Obeys commands
  - 5 - Localizes pain
  - 4 - Withdraws pain
  - 3 - Flexion pain
  - 2 - Extension pain
  - 1 - None
- Revised Trauma Score**
- |       |        |       |
|-------|--------|-------|
| GCS   | Sys BP | RR    |
| 13-15 | ≥ 90   | 10-29 |
| 9-12  | 76-89  | ≥ 30  |
| 4-8   | 50-75  | 6-9   |
| 1-3   | 1-49   | 1-5   |
| 1-1   | 0      | 0     |

INTERVENTIONS:

Oxygen  L pr  Cannula  Mask  HRB  BVM  ETT  Combitube

Monitor

IV  Saline Lock  LR  DNS

Spinal Immobilization  Collar  Backboard  Spider straps  Head Blocks  EKEDS

Splinting/Tracton.  Right  Left  Other  Sager  Manual

Medications given: 2 mg NARCAN / 2 mg NARCAN

EIA: 2 Follow-up or MD Orders: \_\_\_\_\_ Of follow SMO's

SIGNATURES REQUIRED

Receiving RN: \_\_\_\_\_ ER/ECRN (Radio report)

EMS Personnel: \_\_\_\_\_ ERP (Required for any orders given and ALL ALS calls)

\* Asterik when report changed after Ambulance arrival.  
Original to: Patient Chart Yellow to: Trinity EMS System

#206-EMS-07/13



QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Scanned Documents (continued)

Refusal For Treatment - Scan on 4/22/2016 10:30 AM (below)

NELSON, PRINCE  
HAR: 320972020  
CSN: 628420960  
DOB: 6/7/1959 (56 yrs) M  
MRN: 96313876  
Adm Date: 4/15/2016



Pvt? No

Trinity Medical Center

Refusal of Exam/Treatment OR  
Transfer

Distribution: White-Medical Record Yellow-Patient Pink-Department

You have the right:

- To receive medical examination AND treatment, within the capabilities of the Hospital staff and facilities, to stabilize an emergency medical condition AND
- If necessary, to be transferred to another medical facility

You have the right to be informed of:

- The risks of the examination and treatment.
- The benefits of the examination and treatment

You have the right to refuse the examination and treatment. This care and treatment is offered even if you cannot pay, do not have medical insurance or are not entitled to Medicare or Medicaid.

**REFUSAL OF EXAM/ TREATMENT: COMPLETE ONLY WHEN PATIENT IS PRESENT**

Benefits of Exam/Treatment: Ability to diagnose and treat your chief complaint of overdose

• Benefits include: checkin, aspirin levels, tylenol levels, blood counts, electrolytes

Risks of Refusing of Exam/Treatment: Inability to determine cause of your chief complaint of overdose

• Risks include: death, liver failure, kidney failure, disability

• RISKS TO YOUR UNBORN CHILD, IF APPLICABLE, INCLUDE:

The type of examination or treatment, or both, that were refused: bloodwork, etc.

Reason(s) for the refusal of treatment:

**REFUSAL OF MEDICAL TREATMENT** I have been offered medical examination or treatment at the hospital. The risks and benefits of the examination or treatment, and risks of refusing treatment, have been explained to me, and I fully understand them. However, I do not wish to receive any further medical care or treatment at this Hospital. I release the hospital, its employees and the physicians from any liability that may arise as a result of my refusal to consent to the examination or treatment.

Signature of Individual or Authorized Representative: [Signature] Relationship to Individual: S2LF Date and Time: 4-15-16 03:50

(b)(7)(C) Signature of Individual or Authorized Representative: [Signature] Relationship to Individual: [Signature] Date and Time: 4-15-16 03:50

**PATIENT LEFT BEFORE RISKS / BENEFITS GIVEN: COMPLETE WHEN PATIENT NOT PRESENT**

Reason signature could not be obtained:  Patient/authorized representative left the area without telling anyone.  Other: (list) \_\_\_\_\_

Signature of Clinician Completing Form: \_\_\_\_\_ Date and Time: \_\_\_\_\_

#4122-NC 07/13



ERF T

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**Scanned Documents (continued)**

After Visit Summary - Electronic signature on 4/15/2016 9:23 AM

After Visit Summary - Document on 4/15/2016 9:17 AM - AVS (below)

Nelson, Prince (MR # 96313876)

Encounter Date: 04/15/2016



UnityPoint Health

Trinity Rock Island Emergency Department  
2701 17th St  
Rock Island IL 61201  
Phone: 309-779-2230

**After Visit Summary**

**Prince Nelson**

MRN: 96313876  
DOB: 6/7/1959

**Diagnoses this visit**

Your diagnosis was Drug overdose

**Treatment Team**

You were seen by (b)(7)(C) MD

**Allergies as of 4/15/2016**

No Known Allergies

**Follow-up Information**

Follow up with Trinity Rock Island Emergency Department.

Specialty: Emergency Medicine

Why, as needed

Location: Emergency

2701 17th St

Rock Island Illinois 61201

309-779-2230

Follow up with Contact your doctor tomorrow.

**Procedures and tests performed during your visit**

insert peripheral IV

**Prescriptions**

No prescriptions found for this encounter

**ED Medication Administration from 04/15/2016 1:55 AM to 04/15/2016 9:17 AM**

Date/Time	Dose	Route	Action	Administered by
04/15/2016 8:02 AM	sodium chloride 0.9 % bolus 1,000 mL	0 ml intraven ous	Intraven tious	07

If you are a smoker or have smoked in the last 12 months, please:

- Do not smoke, do not use Tobacco.
- Avoid second hand smoke.
- For more help, call **1-800-QUIT NOW, (1-800-784-8669)**

**MyUnityPoint**

Nelson, Prince (MR # 96313876)

Page 1 of 7

After Visit Summary - Document on 4/15/2016 9:17 AM - AVS (below)

Generated on 5/10/2016 2:08 PM

Page 25

CONFIDENTIAL 025



QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 98313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**Scanned Documents (continued)**

Nelson, Prince (MR # 98313876)  
MyUnityPoint (continued)

Encounter Date: 04/15/2016

**How Do I Sign Up?**

1. In your internet browser, go to [Chart.MyUnityPoint.org](http://Chart.MyUnityPoint.org)
2. Click on the **Sign up Now** link under **New User?**
3. Enter your MyUnityPoint Access Code exactly as it appears below. You will not need to use this code after you have completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyUnityPoint Access Code: (b)(7)(C)  
Expires: 6/14/2016 5:40 AM

4. Enter the last four digits of your Social Security Number (xxxx) and Date of Birth (mm/dd/yyyy) as indicated and click **Next**. You will be taken to the next sign-up page.
5. Create a MyUnityPoint ID. This will be your MyUnityPoint login ID and cannot be changed, so think of one that is secure and easy to remember.
6. Create a MyUnityPoint password. You can change your password at any time.
7. Enter your Password Reset Question and Answer and click **Next**. This can be used at a later time if you forget your password.
8. Select your communication preference, and if applicable enter your e-mail address. You will receive e-mail notification when new information is available in MyUnityPoint by choosing to receive e-mail notifications and filling in your e-mail.
9. Click **Sign In**. You can now view your medical record.

**Additional Information**

If you have technical questions, you can email [MyUnityPointSupport@unitypoint.org](mailto:MyUnityPointSupport@unitypoint.org) or call (877) 224-4430 to talk to our MyUnityPoint staff who are available Monday through Friday 8am-5pm CST. Remember, MyUnityPoint is NOT to be used for urgent needs. For medical emergencies, dial 911.

**About Your Care**

**About Your Care Today in the Emergency Department**

Today we checked and treated you for your emergency health care needs. We gave you care mainly for your emergency problem. This emergency care does not take the place of the complete medical care your own doctor can give you. It is very important that you call your own doctor to make an appointment for follow-up care (or call the doctor listed in your going home papers for this appointment). If your symptoms get worse, and you cannot reach your doctor, come back to the Emergency Department. We are here for you 24 hours a day, 7 days a week.

**Lab and X-ray Test Results**

Some lab tests take several days to finish. All X-rays are reviewed by a Radiology Doctor. An Emergency Department doctor will get your test results. If the test results show you need a change in your treatment, an Emergency Department nurse will call you. This is why it is very important you give us your phone number.

**Need Help Finding a Doctor?**

We care about you and your health care needs. If you do not have a doctor, please call My UnityPoint Nurse at 1-800-424-3258 for help in finding a doctor.

**Tell Us How We Did**

You might get a survey in the mail that asks about the service in our emergency department. Your comments  
Nelson, Prince (MR # 98313876) Page 2 of 7

After Visit Summary - Document on 4/15/2016 9:17 AM AVS (below)

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

---

Scanned Documents (continued)

Nelson, Prince (MR # 96313876)

Encounter Date: 04/15/2016

About Your Care (continued)

are very important to us. Please take a few minutes to fill out this survey. You do not have to sign your name. We just want to know what we can do to serve you better.

I know why I was in the hospital. I know what I need to do when I get home. I have a copy of this paper.

Please take this After Visit Summary to all of your post discharge follow-up appointments.

Nelson, Prince (MR # 96313876)

Page 3 of 7

After Visit Summary - Document on 4/15/2016 9:17 AM - AVS (below)

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Page 27

CONFIDENTIAL 027

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

---

**Scanned Documents (continued)**

Nelson, Prince MRN # 96313876

Encounter Date: 04/15/2016

**BEST AVAILABLE COPY**

Nelson, Prince MRN # 96313876

Page 4 of 7

After Visit Summary - Document on 4/15/2016 9:17 AM AVS (below)

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, DJC: 4/15/2016

**Scanned Documents (continued)**

Nelson, Prince (MR # 96313876)  
Discharge Instructions

Encounter Date: 04/15/2016

**Opiate Overdose: Care Instructions**

**Your Care Instructions**

You have had treatment to help your body recover from taking too much of an opiate. You are getting better, but you may not feel well for a while. It takes time for the medicine to leave your body. How long it takes to feel better depends on which drug you took and how much you took of it.

Opiates include illegal drugs such as heroin, often called smack, junk, H, and ska. Opiates also include medicines that doctors prescribe to treat pain. These are medicines such as oxycodone, methadone, and buprenorphine. They are sometimes sold and used illegally.

Taking too much of an opiate can be dangerous. It may cause:

- Trouble breathing.
- Low blood pressure.
- A low heart rate.
- A coma.

When the doctor treated you for the overdose, he or she may have:

- Watched your symptoms or done tests to find out what kind of drug you took.
- Given you fluids.
- Given you oxygen to help you breathe.
- Given you a medicine called naloxone to help reverse the effects of the opiate.
- Done several tests, including blood tests, to see how you're responding to treatment.

The doctor also watched you carefully to make sure you were recovering safely.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

**How can you care for yourself at home?**

- If you take opiates regularly, your body gets used to them. This is called dependency. If you are dependent on this drug, you may have withdrawal symptoms when you stop taking it. These can include nausea, sweating, chills, diarrhea, stomach cramps, and muscle aches. Withdrawal can last up to several weeks, depending on which drug you took. You may feel very ill, but you are probably not in medical danger.
- Your doctor may give you medicine to help you feel better. To help get through withdrawal, you can also:
  - Get plenty of rest
  - Drink plenty of fluids
  - Stay active, but don't tire yourself.
  - Eat a healthy diet.
- If you had a tube in your throat to help you breathe, you may have a sore throat or hoarseness that can last a few days. Sip liquids to help soothe your throat.
- Do not drink alcohol or take illegal drugs
- Do not drive if you feel sleepy or groggy while you recover from your overdose.
- Get help to stop using drugs. Talk to your doctor about drug counseling programs.

**When should you call for help?**

Call 911 anytime you think you may need emergency care. For example, call if:

- You feel you cannot stop from hurting yourself or someone else.

Call your doctor now or seek immediate medical care if:

- You have new or worse withdrawal symptoms, such as:
  - Stomach cramps.
  - Vomiting
  - Diarrhea
  - Muscle aches
  - Sweating.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You do not get better as expected.

Nelson, Prince (MR # 96313876)

Page 5 of 7

After Visit Summary - Document on 4/15/2016 9:17 AM - AVS (below)

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

---

Scanned Documents (continued)

Nelson, Prince (MRN # 96313876)

Encounter Date: 04/15/2016



**Where can you learn more?**

Go to the "Search Health Library" box on MyUnityPoint <https://chart.myunitypoint.org/mychart/> by clicking on the magnifying glass tab.

Enter Z171 in the search box to learn more about "Opiate Overdose: Care Instructions."

Not on MyUnityPoint? Go to <https://chart.myunitypoint.org/mychart/> and click the "Sign Up Now" link to request an activation code.

Current as of: February 20, 2015

Content Version: 108

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Nelson, Prince (MRN # 96313876)

Page 6 of 7

After Visit Summary - Document on 4/15/2016 9:17 AM AVS (below)

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CONFIDENTIAL 030

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct # 320972020  
Adm: 4/15/2016, DIC: 4/15/2016

---

**Scanned Documents (continued)**

Nelson, Prince MRN: 96313876

Encounter Date: 04/15/2016

Nelson, Prince MRN: 96313876

Page 1 of 7

After Visit Summary - Document on 4/15/2016 5:40 AM AVS (below)

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Scanned Documents (continued)

Nelson, Prince (MR # 96313876)

Encounter Date: 04/15/2016



UnityPoint Health

Trinity Rock Island Emergency Department  
2701 17th St  
Rock Island IL 61201  
Phone: 309-779-2230

After Visit Summary

Prince Nelson

MRN: 96313876  
DOB: 6/7/1959

Diagnoses (this visit)

Your diagnosis was Drug overdose

Treatment Team

You were seen by (b)(7)(C) MD.

Allergies as of 4/15/2016

No Known Allergies

Follow up information

Follow up with Trinity Rock Island Emergency Department.

Specialty: Emergency Medicine

When: as needed

Department: ER

2701 17th St  
Rock Island Illinois 61201  
309-779-2230

Follow up with Contact your doctor tomorrow.

Procedures and tests performed during your visit

Insert peripheral IV

Prescriptions

No prescriptions found for this encounter.

If you are a smoker or have smoked in the last 12 months, please:

- Do not smoke, do not use Tobacco.
- Avoid second hand smoke.
- For more help, call **1-800-QUIT NOW, (1-800-784-8669)**

MyUnityPoint

How Do I Sign Up?

1. In your Internet browser, go to [Chart.MyUnityPoint.org](http://Chart.MyUnityPoint.org)
2. Click on the **Sign up Now** link under **New User?**

Nelson, Prince (MR # 96313876)

Page 1 of 7

After Visit Summary - Document on 4/15/2016 5:40 AM - AVS (below)

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2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**Scanned Documents (continued)**

Nelson, Prince (MR # 96313876) Encounter Date: 04/15/2016  
MyUnityPoint (continued)

3. Enter your MyUnityPoint Access Code exactly as it appears below. You will not need to use this code after you have completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyUnityPoint Access Code: (b)(7)(C)  
Expires: 6/14/2016 5:40 AM

4. Enter the last four digits of your Social Security Number (xxxx) and Date of Birth (mm/dd/yyyy) as indicated and click **Next**. You will be taken to the next sign-up page.
5. Create a MyUnityPoint ID. This will be your MyUnityPoint login ID and cannot be changed, so think of one that is secure and easy to remember.
6. Create a MyUnityPoint password. You can change your password at any time.
7. Enter your Password Reset Question and Answer and click **Next**. This can be used at a later time if you forget your password.
8. Select your communication preference, and if applicable enter your e-mail address. You will receive e-mail notification when new information is available in MyUnityPoint by choosing to receive e-mail notifications and filling in your e-mail.
9. Click **Sign In**. You can now view your medical record.

Additional Information

If you have technical questions, you can email [MyUnityPointSupport@unitypoint.org](mailto:MyUnityPointSupport@unitypoint.org) or call (877) 224-4430 to talk to our MyUnityPoint staff who are available Monday through Friday 8am-5pm CST. Remember, MyUnityPoint is NOT to be used for urgent needs. For medical emergencies, dial 911.

About Your Care

About Your Care Today in the Emergency Department

Today we checked and treated you for your emergency health care needs. We gave you care mainly for your emergency problem. This emergency care does not take the place of the complete medical care your own doctor can give you. It is very important that you call your own doctor to make an appointment for follow-up care (or call the doctor listed in your going-home papers for this appointment). If your symptoms get worse, and you cannot reach your doctor, come back to the Emergency Department. We are here for you 24 hours a day, 7 days a week.

Lab and X-ray Test Results

Some lab tests take several days to finish. All X-rays are reviewed by a Radiology Doctor. An Emergency Department doctor will get your test results. If the test results show you need a change in your treatment, an Emergency Department nurse will call you. This is why it is very important you give us your phone number.

Need Help Finding a Doctor?

We care about you and your health care needs. If you do not have a doctor, please call My UnityPoint Nurse at 1-800-424-3258 for help in finding a doctor.

Tell Us How We Did

You might get a survey in the mail that asks about the service in our emergency department. Your comments are very important to us. Please take a few minutes to fill out this survey. You do not have to sign your name. We just want to know what we can do to serve you better.

Nelson, Prince (MR # 96313876)

Page 2 of 7

After Visit Summary - Document on 4/15/2016 5:40 AM : AVS (below)



QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct # 320972020  
Adm. 4/15/2016, D/C. 4/15/2016

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**Scanned Documents (continued)**

Nelson, Prince (MRN: 96313876)      Encounter Date: 4/15/2016  
About Your Care (continued)

I know why I was in the hospital. I know what I need to do when I get home. I have a copy of this paper.

Please take this After Visit Summary to all of your post discharge follow-up appointments.

**BEST AVAILABLE COPY**

Nelson, Prince (MRN: 96313876)

Page 3 of 7

After Visit Summary Document on 4/15/2016 5:40 AM AVS (below)

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct # 320972020  
Adm. 4/15/2016, D/C: 4/15/2016

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**Scanned Documents (continued)**

Nelson, Prince MRN: 96313876

Encounter Date: 4/15/2016

Nelson, Prince MRN: 96313876

Page 4 of 7

After Visit Summary - Document on 4/15/2016 5:40 AM AVS (below)

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Page 35

CONFIDENTIAL 035

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**Scanned Documents (continued)**

Nelson, Prince (MRN # 96313876)  
Discharge Instructions

Encounter Date: 04/15/2016

**Opiate Overdose: Care Instructions**  
**Your Care Instructions**

You have had treatment to help your body recover from taking too much of an opiate. You are getting better, but you may not feel well for a while. It takes time for the medicine to leave your body. How long it takes to feel better depends on which drug you took and how much you took of it.

Opiates include illegal drugs such as heroin, often called smack, junk, H, and ska. Opiates also include medicines that doctors prescribe to treat pain. These are medicines such as oxycodone, methadone, and buprenorphine. They are sometimes sold and used illegally.

Taking too much of an opiate can be dangerous. It may cause:

- Trouble breathing.
- Low blood pressure.
- A low heart rate.
- A coma.

When the doctor treated you for the overdose, he or she may have:

- Watched your symptoms or done tests to find out what kind of drug you took.
- Given you fluids.
- Given you oxygen to help you breathe.
- Given you a medicine called naloxone to help reverse the effects of the opiate.
- Done several tests, including blood tests, to see how you're responding to treatment.

The doctor also watched you carefully to make sure you were recovering safely.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

**How can you care for yourself at home?**

- If you take opiates regularly, your body gets used to them. This is called dependency. If you are dependent on this drug, you may have withdrawal symptoms when you stop taking it. These can include nausea, sweating, chills, diarrhea, stomach cramps, and muscle aches. Withdrawal can last up to several weeks, depending on which drug you took. You may feel very ill, but you are probably not in medical danger.
- Your doctor may give you medicine to help you feel better. To help get through withdrawal, you can also:
  - Get plenty of rest.
  - Drink plenty of fluids.
  - Stay active, but don't tire yourself.
  - Eat a healthy diet.
- If you had a tube in your throat to help you breathe, you may have a sore throat or hoarseness that can last a few days. Sip liquids to help soothe your throat.
- Do not drink alcohol or take illegal drugs.
- Do not drive if you feel sleepy or groggy while you recover from your overdose.
- Get help to stop using drugs. Talk to your doctor about drug counseling programs.

**When should you call for help?**

Call 911 anytime you think you may need emergency care. For example, call if:

- You feel you cannot stop from hurting yourself or someone else.

Call your doctor now or seek immediate medical care if:

- You have new or worse withdrawal symptoms, such as:
  - Stomach cramps.
  - Vomiting.
  - Diarrhea.
  - Muscle aches.
  - Sweating.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You do not get better as expected.

Nelson, Prince (MRN # 96313876)

Page 5 of 7

After Visit Summary - Document on 4/15/2016 5:40 AM - AVS (below)

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

**Scanned Documents (continued)**

Nelson, Prince (MR # 96313876)

Encounter Date: 04/15/2016



**Where can you learn more?**

Go to the "Search Health Library" box on MyUnityPoint <https://chart.myunitypoint.org/mychart/> by clicking on the magnifying glass tab.

Enter Z171 in the search box to learn more about "Opiate Overdose: Care Instructions."

Not on MyUnityPoint? Go to <https://chart.myunitypoint.org/mychart/> and click the "Sign Up Now" link to request an activation code.

Current as of: February 20, 2015

Content Version: 108

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Nelson, Prince (MR # 96313876)

Page 6 of 7

After Visit Summary - Document on 4/15/2016 5:40 AM : AVS (below)

Generated on 5/10/2016 2:08 PM

Page 37

CONFIDENTIAL 037

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C 4/15/2016

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**Scanned Documents (continued)**

Order: Prince, MRN # 96313876

Private Law 1M-163018

Order: Prince, MRN # 96313876

Page 2 of 7

**Order-Level Documents:**

There are no order-level documents

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CONFIDENTIAL 038

QCR EMERGENCY  
2701 17th St  
Rock Island IL 61201-5393

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

---

**Scanned Documents (continued)**

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**Hospital Account-Level E-Signatures:**

E-Sig Conditions of Admission - Received on 4/15/2016

---

**Consent for Treatment**

- I agree to all nursing care, x-rays, tests and treatments done by hospital staff or doctors in the hospital
- If I need more than one visit for my care, my consent is good for all visits

**Results of Treatment**

I know that care, tests, and treatments may have risks. These risks can be injury or even death. I, or someone responsible for me, understand that no guarantees have been made to me.

**Drug and Alcohol Tests**

Drug and alcohol tests might be needed to find out what is wrong and to treat me.

**Release of Health Records for Payment**

I agree to let the hospital give information about my care and treatment to:

- Health insurance companies,
- Health plans,
- Workers' compensation insurance companies and/or Employers,
- Other health programs that process and pay for the care and treatment given or,
- Other companies that agree to do work for these companies.

They need this information to know what payments to make to the hospital for my care and to find out if the hospital is allowed a discount under a United States law, Section 340B of the Public Health Service Act.

I agree that if I have testing for HIV/AIDS the hospital can give testing information, but not the test results, to the companies for payment.

This release is good until all the bills are paid.

**Direct Payment to Hospital**

For the health care services given to me, I agree payment can go directly to the hospital. This includes all payments to be paid for my health care and charges for the doctor services billed by the hospital. Payments may come from these sources but are not limited to:

- Primary and secondary health insurance, accident insurance, disability or loss-of-time insurance, Medicare, Medicaid, and CHAMPUS;
- Health plans such as HMOs (Health Maintenance Organizations) and PPOs (Preferred Provider Organizations);
- Workers' compensation or work related disease claims; and
- Money that I have gotten from a lawsuit or from settling a claim.

I know that I, or another person responsible for me, must pay the rest of the money that is not paid from insurance companies or other sources.

**Insurance, Health Plan or Program Rules**

I know that I need to follow all the rules of any insurance company or program that pays for my medical bills.



Scanned Documents (continued)

Hospital Account-Level E-Signatures: (continued)

Rules can be these or others:

- Getting a second opinion from another doctor
- Calling the insurance company before having tests or treatments

If I do not follow the rules of the insurance company or program, they may not pay for my health care. I agree that I must pay for all bills not paid by the insurance company or program.

**Agreement to File an Appeal on My Behalf**

I know the level of care or medical need for services decided by my doctor may differ from that of my insurance company. My insurance company may deny payment for part of my hospital bill.

To help me if this happens, I agree the hospital can act for me to file a grievance or appeal the payment denial by my insurance company.

I agree to notify the hospital of the results of the grievance or appeal.

**Pay Agreement**

- I agree to pay the hospital on time.
- I know that I must pay the full amount for any and all bills that my insurance or program does not pay for.
- If I do not pay my hospital bill on time, I agree to pay other fair costs the hospital may have like collection bills, legal fees, and other costs.
- I know that if I cannot pay my bill, I can ask the hospital about a plan for helping patients who cannot pay their bills.

By providing us with your landline or cell phone number(s), I agree that:

- I give my consent for UnityPoint, their agents, and to their collection agents, to contact me at these numbers, or, at any number that is later acquired for me or anyone responsible for my account(s).
- I may be called by UnityPoint staff or collection agents who may leave live or pre-recorded messages regarding any accounts or services. For greater efficiency, calls may be delivered by an autodialer.
- I will receive health care services even if I do not provide any phone numbers.

**Doctor Services**

I acknowledge and understand that most physicians who provide physician services at UnityPoint Health are not employees or agents of UnityPoint Health, but instead are independent medical practitioners and independent contractors. I understand that each of these medical practitioners exercises his or her own, independent medical judgment and is solely responsible for the care, treatment, and services that they order, request, direct, or provide. I acknowledge that these practitioners are not subject to the supervision or control of UnityPoint Health and that the employment or agency status of physicians who treat me is not relevant to my selection of UnityPoint Health for my care. I also understand that I will receive, and am solely responsible for payment of, a separate bill from each of these independent practitioners, or groups of practitioners, for care, treatment, or services provided.

**Agreement to Pay for Doctor Services**

- I know that the doctor bills are separate from the hospital bills.



UnityPoint Health

UPH QUAD CITIES ROCK ISLAND  
2701 17th St  
Rock Island IL 61201-5393  
E-Sig Documents

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1989, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Scanned Documents (continued)

Hospital Account-Level E-Signatures: (continued)

- I will get a separate bill from the doctors for their services.
- I agree to pay the doctor bills if my insurance or other program does not pay them, unless not allowed by state or federal law.

Doctor and Health Care Training

I understand that the hospital is a teaching hospital. This means there are doctors, nurses, and others who are in training at the hospital. As part of their training, they may help with my care, tests, and treatment.

Residents are licensed medical school graduates and are employees of the hospital that provides their training. As part of their training, they may help with my care, tests, and treatment.

Personal Property

- I understand my personal property may not be secure in my room or other care areas.
- I understand valuable items should be left at home or I should send them home.

Hospital Rules

I agree to follow all hospital rules, including the no smoking rule.

Consent

Be sure you have your questions answered before you sign this form.

I agree the information I have given is correct:

- My Name
- Street address, City, State
- All phone numbers
- Insurance information
- All other information

This is consent for treatment, release of information to insurance, and financial responsibility.

Legal Consent Relationship: Power of Attorney

Patient or Guardian Signature

I have been given a brochure about my Patient Rights and Responsibilities, Notice of Privacy Practices, and Advance Directives.

Patient or Guardian Signature





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Rock Island IL 61201-5393  
E-Sig Documents

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Scanned Documents (continued)

Hospital Account-Level E-Signatures: (continued)

I do not want a brochure about my Patient Rights and Responsibilities, Notice of Privacy Practices, and Advance Directives.

Patient or Guardian Signature

4/15/2016 6:06 AM

Encounter-Level E-Signatures:

After Visit Summary - Received on 4/15/2016



UnityPoint Health

Trinity Rock Island Emergency  
Department  
2701 17th St  
Rock Island IL 61201  
Phone: 309-779-2230

After Visit Summary

Prince Nelson

MRN: 96313876  
DOB: 6/7/1959

Diagnoses this visit  
Your diagnosis was Drug overdose.

Treatment Team  
You were seen by (b)(7)(C)  
MD.

Allergies as of 4/15/2016  
No Known Allergies

Follow-up Information  
Follow up with Trinity Rock Island Emergency  
Department.  
Specialty: Emergency Medicine  
Why: as needed



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Scanned Documents (continued)

Encounter-Level E-Signatures: (continued)

Contact information:  
2701 17th St  
Rock Island Illinois 61201  
309-779-2230

Follow up with Contact your doctor tomorrow.

Procedures and tests performed during your visit

Insert peripheral IV

Prescriptions

No prescriptions found for this encounter.

ED Medication Administration from 04/15/2016 1:55 AM to 04/15/2016 9:22 AM

Date/Time	Order	Dose	Route	Action	Action by
04/15/2016 8:02 AM	sodium chloride 0.9 % bolus 1,000 mL	0 mL	Intravenous	Infused	(b)(7)(C)

If you are a smoker or have smoked in the last 12 months, please:

- Do not smoke, do not use Tobacco.
- Avoid second hand smoke.
- For more help, call **1-800-QUIT NOW. (1-800-784-8669)**

MyUnityPoint

How Do I Sign Up?

1. In your Internet browser, go to [Chart.MyUnityPoint.org](http://Chart.MyUnityPoint.org)
2. Click on the **Sign up Now** link under **New User?**
3. Enter your MyUnityPoint Access Code exactly as it appears below. You will not need to use this code after you have completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyUnityPoint Access Code: (b)(7)(C)  
Expires: 6/14/2016 5:40 AM



**Scanned Documents (continued)**

Encounter-Level E-Signatures: (continued)

4. Enter the last four digits of your Social Security Number (xxxx) and Date of Birth (mm/dd/yyyy) as indicated and click **Next**. You will be taken to the next sign-up page.
5. Create a MyUnityPoint ID. This will be your MyUnityPoint login ID and cannot be changed, so think of one that is secure and easy to remember.
6. Create a MyUnityPoint password. You can change your password at any time.
7. Enter your Password Reset Question and Answer and click **Next**. This can be used at a later time if you forget your password.
8. Select your communication preference, and if applicable enter your e-mail address. You will receive e-mail notification when new information is available in MyUnityPoint by choosing to receive e-mail notifications and filling in your e-mail.
9. Click **Sign In**. You can now view your medical record.

**Additional Information**

If you have technical questions, you can email [MyUnityPointSupport@unitypoint.org](mailto:MyUnityPointSupport@unitypoint.org) or call (877) 224-4430 to talk to our MyUnityPoint staff who are available Monday through Friday 8am-5pm CST. Remember, MyUnityPoint is NOT to be used for urgent needs. For medical emergencies, dial **911**.

**About Your Care**

**About Your Care Today in the Emergency Department**

Today we checked and treated you for your emergency health care needs. We gave you care mainly for your emergency problem. This emergency care does not take the place of the complete medical care your own doctor can give you.

It is very important that you call your own doctor to make an appointment for follow-up care (or call the doctor listed in your going-home papers for this appointment).

If your symptoms get worse, and you cannot reach your doctor, come back to the Emergency Department. We are here for you 24 hours a day, 7 days a week.

**Lab and X-ray Test Results**

Some lab tests take several days to finish. All X-rays are reviewed by a Radiology Doctor. An Emergency Department doctor will get your test results. If the test results show you need a change in your treatment, an Emergency Department nurse will call you. This is why it is very important you give us your phone number.

**Need Help Finding a Doctor?**



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**Scanned Documents (continued)**

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Encounter-Level E-Signatures: (continued)

We care about you and your health care needs. If you do not have a doctor, please call My UnityPoint Nurse at 1-800-424-3258 for help in finding a doctor.

**Tell Us How We Did**

You might get a survey in the mail that asks about the service in our emergency department. Your comments are very important to us. Please take a few minutes to fill out this survey. You do not have to sign your name. We just want to know what we can do to serve you better.

I know why I was in the hospital. I know what I need to do when I get home. I have a copy of this paper.

Please take this After Visit Summary to all of your post discharge follow-up appointments.

**Discharge Instructions**

**Opiate Overdose: Care Instructions**

**Your Care Instructions**

You have had treatment to help your body recover from taking too much of an opiate. You are getting better, but you may not feel well for a while. It takes time for the medicine to leave your body. How long it takes to feel better depends on which drug you took and how much you took of it.

Opiates include illegal drugs such as heroin, often called smack, junk, H, and ska. Opiates also include medicines that doctors prescribe to treat pain. These are medicines such as oxycodone, methadone, and buprenorphine. They are sometimes sold and used illegally.

Taking too much of an opiate can be dangerous. It may cause:

- Trouble breathing.
- Low blood pressure.
- A low heart rate.
- A coma.

When the doctor treated you for the overdose, he or she may have:

- Watched your symptoms or done tests to find out what kind of drug you took.
- Given you fluids.
- Given you oxygen to help you breathe.



Scanned Documents (continued)

Encounter-Level E Signatures: (continued)

- Given you a medicine called naloxone to help reverse the effects of the opiate.
- Done several tests, including blood tests, to see how you're responding to treatment.

The doctor also watched you carefully to make sure you were recovering safely. **Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

**How can you care for yourself at home?**

- If you take opiates regularly, your body gets used to them. This is called dependency. If you are dependent on this drug, you may have withdrawal symptoms when you stop taking it. These can include nausea, sweating, chills, diarrhea, stomach cramps, and muscle aches. Withdrawal can last up to several weeks, depending on which drug you took. You may feel very ill, but you are probably not in medical danger.
- Your doctor may give you medicine to help you feel better. To help get through withdrawal, you can also:
  - ◆ Get plenty of rest.
  - ◆ Drink plenty of fluids.
  - ◆ Stay active, but don't tire yourself.
  - ◆ Eat a healthy diet.
- If you had a tube in your throat to help you breathe, you may have a sore throat or hoarseness that can last a few days. Sip liquids to help soothe your throat.
- Do not drink alcohol or take illegal drugs.
- Do not drive if you feel sleepy or groggy while you recover from your overdose.
- Get help to stop using drugs. Talk to your doctor about drug counseling programs.

**When should you call for help?**

Call 911 anytime you think you may need emergency care. For example, call if:

- You feel you cannot stop from hurting yourself or someone else.

Call your doctor now or seek immediate medical care if:

- You have new or worse withdrawal symptoms, such as:
  - ◆ Stomach cramps.
  - ◆ Vomiting.
  - ◆ Diarrhea.
  - ◆ Muscle aches.
  - ◆ Sweating.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You do not get better as expected.

graphic

**Where can you learn more?**

Go to the "Search Health Library" box on MyUnityPoint

<https://chart.myunitypoint.org/mychart/> by clicking on the magnifying glass tab.

Enter Z171 in the search box to learn more about "Opiate Overdose: Care



UnityPoint Health

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E-Sig Documents

NELSON, PRINCE  
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Adm: 4/15/2016, D/C: 4/15/2016

Scanned Documents (continued)

Encounter-Level E-Signatures: (continued)

Instructions.

Not on MyUnityPoint? Go to <https://chart.myunitypoint.org/mychart/> and click the "Sign Up Now" link to request an activation code.

Current as of: February 20, 2015

Content Version: 108

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Patient signature:

Section for a Patient who is a minor, or is not legally able to sign. Signature is from a person who has legal rights to consent for the patient.

Signature of person:

Legal Consent Relationship:

Nurse signature:

Patient Care Timeline (4/15/2016 01:53 to 4/15/2016 09:34)

Date	Event	User
4/15/2016 01:53:03	Patient expected in ED	(b)(7)(C)
4/15/2016 01:53:26	ED Notes Addendum	(b)(7)(C) RN
	Patient reported to have taken an overdose of Percocet on	(b)(7)(C)
		(b)(7)(C) RN

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Scanned Documents (continued)

Patient Care Timeline (4/15/2016 01:53 to 4/15/2016 09:34) (continued)

flight home becoming unresponsive. Patient's plane had to make emergency landing in Quad Cities meeting EMS at airport. 4mg total Narcan given. Patient presents with eyes closed but arousable by voice. Patient is maintaining oxygen levels above 95% on room air. Patient will respond to commands.

01 53 31 Assign Attending  
01 53 33 Assign Physician  
01 54 Vitals

(b)(7)(C) MD assigned as Attending

(b)(7)(C) MD  
(b)(7)(C) MD  
(b)(7)(C) RN

01 54 Anthropometrics  
01 54 Custom Formula Data

Vitals - Temp: 37.3 °C (99.1 °F); Temp Source: Oral; Heart Rate: 109; Heart Rate Source: Monitor; Resp: 18; SpO2: 96%; BP Location: Right arm; BP Method: Automatic; Patient Position: Lying Pain Assessment - Currently in Pain: Unable to assess Oxygen Therapy - Is Patient Receiving Oxygen?: Room Air Height and Weight - Height: 162.6 cm (5' 4"); Height Method: Estimated; Weight: 53.1 kg (117 lb 1 oz)

Anthropometrics - Weight Change (%): 0

Height and Weight - Percent Weight Change Since Admission: 0% Relevant Labs and Vitals - Temp (in Celsius): 37.3 Sleep Apnea Screening - BMI >35 = "1" . BMI <=35 = "0": 0 Other flowsheet entries - BMI (Calculated): 20; BSA (Calculated - sq m): 1.55 sq meters; BMI (Calculated): 20.1; IBW/kg (Calculated) Male: 59.2 kg; Low Range Vt 6cc/kg MALE: 355.2 mL; Adult Moderate Range Vt 8cc/kg MA: 473.6 mL; Adult High Range Vt 10cc/kg MALE: 592 mL; IBW/kg (Calculated) FEMALE: 54.7 kg; Low Range Vt 6cc/kg FEMALE: 328.2 mL; Adult Moderate Range vt 8cc/kg FEMALE: 437.6 mL; Percent Weight Change Since Birth: 0; IBW/kg (Calculated): 59.2; Low Range Vt 6cc/kg : 355.2 mL; Adult Moderate Range Vt 8cc/kg : 473.6 mL; Adult High Range Vt 10cc/kg : 592 mL; 7-Day Average weight gain: 0 Grams; Difference in Last Recorded Weight: 53100 Grams; BMI: 20.14; BMI Frailty: 20.1; Male Grasp Threshold: 29; Female Grasp Threshold: 17

(b)(7)(C)  
(b)(7)(C) RN  
(b)(7)(C)  
(b)(7)(C)RN

01 55 Patient arrived in ED  
01 56 Charting Complete  
01 56 Arrival Documentation

Prehospital Treatment - Prehospital Treatment: Yes Arrival Transport Service - Mode of Arrival: Ambulance; Level: EMT-P Prehospital IV Access - IV Orientation: Left; IV Site: Wrist; Size-Type Catheter: 20g; IV Solution: Normal saline Communication Needs - Communication Needs: No Barrier to Communication

(b)(7)(C)  
(b)(7)(C) RN  
(b)(7)(C) RN  
(b)(7)(C) RN

01 56 45 Patient roomed in ED  
01 56 45 ED Notes

To room RM22  
Bed: RM22-01  
Expected date:  
Expected time:

(b)(7)(C)  
(b)(7)(C) RN  
RN



UPH QUAD CITIES ROCK ISLAND  
2701 17th St  
Rock Island IL 61201-5393  
IP Transfer Report

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Scanned Documents (continued)

Patient Care Timeline (4/16/2016 01:53 to 4/15/2016 09:34) (continued)

Means of arrival:  
Comments:  
1J19

01 58	Charting Complete		(b)(7)(C) (b)(7)(C) RN
01 58	Travel/Exposure	Viral Exposure - Have you traveled outside the US in the last 21 days?: <b>Yes</b> ; In the last 21 days; has the patient been to the following countries: <b>None of the Above</b> ; Has the patient been near persons, or remains of persons, with Ebola?: <b>No</b>	(b)(7)(C) (b)(7)(C) RN
01 59	Triage Completed		(b)(7)(C) RN
01 59	Triage Plan	Triage Plan - Patient Acuity: <b>2</b> ; ED Destination: <b>Main</b> ; Triage Complete: <b>Triage Complete</b>	(b)(7)(C) RN
01 59	Triage Plan	Triage Plan - Security Notified: <b>Not applicable</b>	(b)(7)(C) RN
01 59	Infection Hx Screen	Infection control - Active Infection: <b>No</b>	(b)(7)(C) (b)(7)(C) RN
01 59	Suicide Risk	IP Suicide Screen - Is Patient Being Treated For Emotional or Behavioral Disorder?: <b>No</b> ; Have You Attempted Suicide in the Past?: <b>No</b> ; Are You Currently Thinking About Hurting/Harming Self?: <b>No</b>	(b)(7)(C) (b)(7)(C) RN
02 00	Cardiac/Telemetry	Cardiac - Cardiac (WDL): <b>Exceptions to WDL</b> ; Cardiac Rhythm: <b>ST</b>	(b)(7)(C) (b)(7)(C) RN
02 00	Peripheral Vascular	Peripheral Vascular - Peripheral Vascular (WDL): <b>Within Defined Limits</b>	(b)(7)(C) (b)(7)(C) RN
02 00	Resp/Cough	Airway - Airway (WDL): <b>Within Defined Limits</b> Respiratory - Respiratory (WDL): <b>Within Defined Limits</b>	(b)(7)(C) (b)(7)(C) RN
02 00	Immunization Status	Immunization Status - Tetanus up to date?: <b>No</b> ; Flu vaccine up to date?: <b>No</b> ; Have you ever had a pneumococcal (pneumonia) vaccination?: <b>Yes</b>	(b)(7)(C) (b)(7)(C) RN
02 00	GCS	Glasgow Coma Scale - Eye Opening: <b>To speech</b> ; Best Verbal Response: <b>Oriented</b> ; Best Motor Response: <b>Obeys commands</b> ; Glasgow Coma Scale Score: <b>14</b>	(b)(7)(C) (b)(7)(C) RN
02 01 01	Assign Nurse	(b)(7)(C) RN assigned as Registered Nurse	(b)(7)(C) (b)(7)(C) RN
02 01 30	Abuse Indicators	Domestic Abuse Screen - Are you currently in danger of being physically, mentally or sexually abused?: <b>No</b> ; Are you safe in your relationship?: <b>Yes</b> Dependent Adult Abuse Screen - Is there any reason to suspect dependent adult abuse of the patient?: <b>No</b>	(b)(7)(C) (b)(7)(C) RN
02 01 38	Healthcare Directives	Advance Directives (For Healthcare) - *Healthcare Directive: <b>No, patient does not have an advance directive for healthcare treatment</b> ; (Calculated MU Data Element): <b>Met</b>	(b)(7)(C) (b)(7)(C) RN
02 01 53	Custom Formula Data	*Morse Fall Risk - Score: <b>40</b>	(b)(7)(C) (b)(7)(C) RN
02 01 53	Fall Risk Assessment	*Morse Fall Risk - History of Falling: <b>No</b> ; Secondary Diagnosis: <b>No</b> ; Ambulatory Aids: <b>None/bedrest/nurse assist</b> ; Intravenous Therapy/Heparin/Saline Lock: <b>Yes</b> ; Gait/Transferring: <b>Impaired</b> ; Mental Status: <b>Oriented to own ability</b> ; Score: <b>40</b>	(b)(7)(C) (b)(7)(C) RN
02 02 06	Sepsis Screen	Sepsis Category 1: General and Inflammatory Variables (Meets	(b)(7)(C)





Scanned Documents (continued)

Patient Care Timeline (4/15/2016 01:53 to 4/15/2016 09:34) (continued)

		criteria if YES to 2 or more) - Temp < 36 Degrees C (96.8 Degrees F) OR > 38.3 Degrees C (101 Degrees F); No ; RR > 20: No ; HR > 90: Yes ; WBC < 4000 OR > 12000: <b>No Current Result Available</b> ; Blood glucose > 140 mg/dL in the absence of diabetes: <b>No Current Result Available</b> ; New, acute mental status changes: <b>No Sepsis Category 2: Suspected Infection (Meets criteria if yes to 1 or more) - Suspected Infection: No ; Procedure within 3 months: No ; Antibiotic Therapy: No If Sepsis Categories 1 and 2 meet screening criteria notify provider of possible sepsis and request lactate order - Did Sepsis categories 1 and 2 meet screening criteria: No Sepsis Category 3: Hemodynamic and Tissue Perfusion Variables (Meets criteria if YES to 1 or more) - BP (systolic &lt; 90 mmHg or &gt; 40 mmHg baseline drop OR MAP &lt; 65: No ; Lactate &gt; 2 mmol/L: No Current Result Available</b> If all 3 Sepsis categories meet criteria, patient may have SEVERE SEPSIS- Immediately contact Provider/Rapid Response Team - Did all three Sepsis categories meet criteria?: <b>No</b>	(b)(7)(C) RN
02 08	Provider at Bedside		(b)(7)(C) MD
02 08	Provider at Bedside	Provider at Bedside - Provider In: Provider In	(b)(7)(C) MD
02 10	Devices Testing Template	Device Data - Heart Rate: <b>97 (Device Time: 02:10:29)</b> ; Resp: <b>17 (Device Time: 02:10:29)</b> ; BP: 179/94 mmHg (Device Time: 02:10:22) ; MAP (mmHg): <b>118 (Device Time: 02:10:22)</b>	(b)(7)(C) RN
02 13 45	Orders Placed	CBC and differential ; Comprehensive metabolic panel ; UA Culture Sensitivity if Indicated ; Prottime-INR ; EKG 12 lead ; Insert peripheral IV ; Cardiac monitoring ; Troponin I ; Ethanol ; Toxicology screen, urine ; Acetaminophen level ; Salicylate level ; CK ; Osmolality	(b)(7)(C) MD
02 13 46	Lab Ordered	OSMOLALITY, CK, SALICYLATE LEVEL, ACETAMINOPHEN LEVEL, TOXICOLOGY SCREEN, URINE, ETHANOL, TROPONIN I, PROTINE-INR, UA CS IF INDICATED, COMPREHENSIVE METABOLIC PANEL, CBC AND DIFFERENTIAL	(b)(7)(C) MD
02 13 46	EKG Ordered	EKG 12-LEAD	(b)(7)(C) MD
02 13 46	Orders Placed	sodium chloride 0.9 % bolus 1,000 mL	(b)(7)(C) MD
02 23 09	Orders Acknowledged	New - CBC and differential ; Comprehensive metabolic panel ; UA Culture Sensitivity if Indicated ; Prottime-INR ; EKG 12 lead ; Insert peripheral IV ; Cardiac monitoring ; Troponin I ; Ethanol ; Toxicology screen, urine ; Acetaminophen level ; Salicylate level ; CK ; Osmolality ; sodium chloride 0.9 % bolus 1,000 mL	(b)(7)(C) RN
02 25	ED Notes Addendum	Patient states that he does not want any testing and states that he just wants to be warm. Dr (b)(7)(C) informed. Accompanied Dr (b)(7)(C) into room to explain reasons for ordering these tests. Dr (b)(7)(C) explained to patient that they were only in his best interests and (b)(7) was not wishing to perform any tests on him that (b)(7) wouldn't order on any other patient in the same situation. Patient continued to	(b)(7)(C) RN



Scanned Documents (continued)

Patient Care Timeline (4/15/2016 01:53 to 4/15/2016 09:34) (continued)

refuse testing.

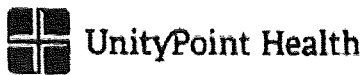
02 25	Devices Testing Template	Device Data - Heart Rate: 106 (Device Time: 02:25:58) ; Resp: 17 (Device Time: 02:25:58) ; SpO2: 100 % (Device Time: 02:25:58) ; BP: 167/90 mmHg (Device Time: 02:25:23) ; MAP (mmHg): 111 (Device Time: 02:25:23)	(b)(7)(C) (b)(7)(C) RN
02 40	Devices Testing Template	Device Data - Heart Rate: 103 (Device Time: 02:40:59) ; Resp: 11 (Device Time: 02:40:59) ; BP: 162/90 mmHg (Device Time: 02:40:22) ; MAP (mmHg): 109 (Device Time: 02:40:22)	(b)(7)(C) (b)(7)(C) RN
02 43 35	ED Notes Addendum	Dr (b)(7)(C) again went into room to give a more detailed list and explanations of tests (b)(7)(C) wished to run on the patient. Patient still refused any testing. (b)(7)(C) At this time, the pill sent to pharmacy to be identified was found to be 10-325 Acetaminophen/Hydrocodone.	(b)(7)(C) (b)(7)(C) RN
02 50	ED Notes	Again accompanied Dr (b)(7)(C) into patient room. Witnessed Dr (b)(7)(C) explain the Refusal of Treatment form to patient and his (b)(7)(C) in the room. After Dr (b)(7)(C) left room, RN reinforced teaching about form and its contents. Asked patient if there were any questions he had and extended same question (b)(7)(C) had no questions and patient signed Refusal of Treatment form witnessed by RN.	(b)(7)(C) (b)(7)(C) RN
03 10	Devices Testing Template	Device Data - BP: 158/78 mmHg (Device Time: 03:10:28) ; MAP (mmHg): 100 (Device Time: 03:10:28)	(b)(7)(C) (b)(7)(C) RN
03 11	Devices Testing Template	Device Data - Heart Rate: 95 (Device Time: 03:11:03) ; Resp: 12 (Device Time: 03:11:03) ; SpO2: 95 % (Device Time: 03:11:03)	(b)(7)(C) (b)(7)(C) RN
03 27 18	Orders Completed	Insert peripheral IV	(b)(7)(C) (b)(7)(C) RN
03 27 19	Orders Completed	Cardiac monitoring	(b)(7)(C) (b)(7)(C) RN
03 36	Devices Testing Template	Device Data - Heart Rate: 94 (Device Time: 03:36:38) ; Resp: 15 (Device Time: 03:36:38) ; SpO2: 93 % (Device Time: 03:36:38)	(b)(7)(C) (b)(7)(C) RN
03 40	Devices Testing Template	Device Data - Heart Rate: 93 (Device Time: 03:40:39) ; Resp: 20 (Device Time: 03:40:39) ; SpO2: 94 % (Device Time: 03:40:39) ; BP: 155/75 mmHg (Device Time: 03:40:31) ; MAP (mmHg): 98 (Device Time: 03:40:31)	(b)(7)(C) (b)(7)(C) RN
03 55 32	ED Notes	Friend of patient requesting plastic bag. Entered room to get bag for patient. Patient stated, "I'm actually starting to feel normal." Explained what the cardiac monitoring was monitoring to patient to which he expressed verbal understanding.	(b)(7)(C) (b)(7)(C) RN
04 10	Devices Testing Template	Device Data - Heart Rate: 90 (Device Time: 04:10:41) ; Resp: 21 (Device Time: 04:10:41) ; SpO2: 95 % (Device Time: 04:10:41)	(b)(7)(C) (b)(7)(C) RN



Scanned Documents (continued)

Patient Care Timeline (4/15/2016 01:53 to 4/15/2016 09:34) (continued)

		04:10:41 ; BP: 159/78 mmHg (Device Time: 04:10:29) ; MAP (mmHg): 102 (Device Time: 04:10:29)	
04 20 30	Registration Completed		(b)(7)(C)
04 24 50	Orders Discontinued	CBC and differential ; Comprehensive metabolic panel ; UA Culture Sensitivity if Indicated ; Protime-INR ; EKG 12 lead ; Troponin I ; Ethanol ; Toxicology screen, urine ; Acetaminophen level ; Salicylate level ; CK ; Osmolality ; CBC and differential ; Comprehensive metabolic panel ; UA Culture Sensitivity if Indicated ; Protime-INR ; EKG 12 lead ; Troponin I ; Ethanol ; Toxicology screen, urine ; Acetaminophen level ; Salicylate level ; CK ; Osmolality	(b)(7)(C) MD
04 24 50	Complete EKG 12 lead Discontinued	EKG 12 lead	(b)(7)(C) MD
04 24 50	Print Label/Collect Toxicology screen, urine Discontinued	Toxicology screen, urine	(b)(7)(C) MD
04 24 50	Print Label/Collect UA Culture Sensitivity if Indicated Discontinued	UA Culture Sensitivity if Indicated	(b)(7)(C) MD
04 37 24	Orders Acknowledged	Discontinued - CBC and differential ; Comprehensive metabolic panel ; UA Culture Sensitivity if Indicated ; Protime-INR ; EKG 12 lead ; Troponin I ; Ethanol ; Toxicology screen, urine ; Acetaminophen level ; Salicylate level ; CK ; Osmolality	(b)(7)(C) RN
04 40	Devices Testing Template	Device Data - BP: 152/79 mmHg (Device Time: 04:40:35) ; MAP (mmHg): 99 (Device Time: 04:40:35)	(b)(7)(C) RN
04 42	Devices Testing Template	Device Data - Heart Rate: 87 (Device Time: 04:42:33) ; Resp: 14 (Device Time: 04:42:33) ; SpO2: 95 % (Device Time: 04:42:33)	(b)(7)(C) RN
04 58	ED Notes	Again accompanied DR (b)(7)(C) into patient room. Dr (b)(7)(C) explained to patient that leaving would probably be able to happen around 0530. Dr (b)(7)(C) again reinforced the teaching that patient would benefit greatly from some basic blood work.	(b)(7)(C) RN
05 37 57	ED AMA/LWBS Disposition Select	ED Disposition set to AMA	(b)(7)(C) MD
05 37 57	Disposition Selected		(b)(7)(C) MD
05 40	Devices Testing Template	Device Data - BP: 139/71 mmHg (Device Time: 05:40:35) ; MAP (mmHg): 89 (Device Time: 05:40:35)	(b)(7)(C) RN
05 40 44	AVS Printed	AVS	(b)(7)(C) MD
05 40 44	AVS Printed		(b)(7)(C)



UPH QUAD CITIES ROCK ISLAND  
2701 17th St  
Rock Island IL 61201-5393  
IP Transfer Report

NELSON, PRINCE  
MRN: 96313876  
DOB: 6/7/1959, Sex: M  
Acct #: 320972020  
Adm: 4/15/2016, D/C: 4/15/2016

Scanned Documents (continued)

Patient Care Timeline (4/15/2016 01:53 to 4/15/2016 09:34) (continued)

05:41	Devices Testing Template	Device Data - Heart Rate: 78 (Device Time: 05:41:18) ; Resp: 16 (Device Time: 05:41:18) ; SpO2: 94 % (Device Time: 05:41:18)	(b)(7)(C) MD (b)(7)(C) RN
06:10	Devices Testing Template	Device Data - BP: 137/74 mmHg (Device Time: 06:10:37) ; MAP (mmHg): 92 (Device Time: 06:10:37)	(b)(7)(C) RN
06:11	Devices Testing Template	Device Data - Heart Rate: 75 (Device Time: 06:11:21) ; Resp: 19 (Device Time: 06:11:21) ; SpO2: 94 % (Device Time: 06:11:21)	(b)(7)(C) RN
06:36:38	ED Notes Addendum	Spoke with (b)(7)(C) of patient who stated that he had been in contact with different agencies and it was looking like (b)(7)(C) would be arranging a plane to meet them at the airport and his best guess at this time was 10:00 AM for that.	(b)(7)(C) RN
06:40	Devices Testing Template	Device Data - Heart Rate: 72 (Device Time: 06:40:32) ; Resp: 17 (Device Time: 06:40:32) ; SpO2: 93 % (Device Time: 06:40:32) ; BP: 138/69 mmHg (Device Time: 06:40:40) ; MAP (mmHg): 89 (Device Time: 06:40:40)	(b)(7)(C) RN
07:10	Devices Testing Template	Device Data - Heart Rate: 69 (Device Time: 07:10:35) ; Resp: 12 (Device Time: 07:10:35) ; SpO2: 93 % (Device Time: 07:10:35) ; BP: 139/75 mmHg (Device Time: 07:10:39) ; MAP (mmHg): 93 (Device Time: 07:10:39)	(b)(7)(C) RN
07:22	Devices Testing Template	Device Data - Heart Rate: 76 (Device Time: 07:22:53) ; Resp: 13 (Device Time: 07:22:53) ; SpO2: 97 % (Device Time: 07:22:53)	(b)(7)(C) RN
07:31	Charting Complete		(b)(7)(C) MD
07:31:41	ED Provider Notes	Note filed at this time	(b)(7)(C) MD
07:32	Peripheral IV 04/15/16 Left Forearm Removed	Removal Date/Time: 04/15/16 0732 Placement Date: 04/15/16 Placed by External Staff?: PTA Size (Gauge): 20 G IV Catheter Length: 1 in. Orientation: Left Location: Forearm Removal Reason : Per protocol Tip Intact on Removal: Yes	(b)(7)(C) RN
07:32:49	ED Notes	PATIENT DECLINED HAVING A BREAKFAST TRAY BUT WANTED FRESH SQUEEZE ORANGE JUICE BUT SINCE WE DON'T OFFER IT HE ACCEPTED ICE WATER. PATIENT TAKEN OFF ALL VITALS AND IV LINE D/C'D.	(b)(7)(C) RN
07:41:29	Assign Nurse	(b)(7)(C) RN, TNS assigned as Registered Nurse	(b)(7)(C) RN, TNS
07:42	Remove Nurse	(b)(7)(C) RN removed as Registered Nurse	(b)(7)(C) RN, TNS
07:58:41	ED Notes	Pt awake up in room gait steady dressed and ready to go when able. Requesting that linen be changed. Changed per (b)(7)(C) Pt given water continues to refuse offer of breakfast.	(b)(7)(C) RN, TNS
08:02	Medication Infused	sodium chloride 0.9 % bolus 1,000 mL - Route: Intravenous ; Scheduled Time: 0802	(b)(7)(C) RN, TNS
08:06	Charting		(b)(7)(C)



Scanned Documents (continued)

Patient Care Timeline (4/15/2016 01:53 to 4/15/2016 09:34) (continued)

09:17:31	Complete AVS Printed	AVS		RN, TNS (b)(7)(C)
09:17:31	AVS Printed			(b)(7)(C) RN, TNS (b)(7)(C)
09:24	Vitals	Vitals - Heart Rate: 78 ; Heart Rate Source: Monitor ; Resp: 16 ; SpO2: 97 % ; BP: 157/77 mmHg ; MAP (mmHg): 100 ; BP Location: Right arm ; BP Method: Automatic		(b)(7)(C) RN, TNS (b)(7)(C) Tech
09:34	Patient discharged			(b)(7)(C) (b)(7)(C) RN, TNS
09:34	LACE Score at Discharge	Other flowsheet entries - LACE Score at Discharge: 3		(b)(7)(C) RN, TNS

END OF REPORT

**Comprehensive Report (W/O Billing)**

**Moline Fire Department**  
 1630-8th Ave  
 Moline, IL 61265

Incident Date: 04/15/2016

Call #: (b)(7)(C)

Patient Care #: 628420990

Patient Information		
<b>Name:</b> nelson, princxe	<b>Age:</b> 61 Years	<b>D.O.B:</b> 06/07/1954 (mm/dd/yyyy)
<b>Address:</b> 7801 audubon rd CHANHASSEN, CARVER, MN 55317	<b>Gender:</b> Male	<b>SSN:</b>
	<b>Weight:</b> 50.000 KG / 110.23 LB	<b>Race:</b> Not Available
	<b>Phone:</b>	<b>Ethnicity:</b> Not Available

Call Type and Location	Call Disposition	Response Times and Mileage	
<b>Call Type:</b> Overdose <b>Resp. Mode:</b> Lights and Siren <b>Urgency:</b> <b>Response:</b> 911 Response <b>Location:</b> Airport <b>Address:</b> 2200 69TH AV MOLINE, Rock Island, IL 61265 <b>Zone:</b> MOS3	<b>Disposition:</b> Treated, Transported by EMS (ALS) <b>Resp. Mode:</b> Lights and Siren <b>Destination:</b> Trinity Medical Center (West), Rock Island, IL 61201 <b>Dest. Determination:</b> Closest Facility <b>Diverted From:</b> <b>Transport Delay:</b> None <b>TurnAround Delay:</b> None <b>Patient Barriers:</b> None	<b>1st Resp. Arr.:</b> <b>PSAP:</b> 01:15 <b>Disp. Notified:</b> 01:17 <b>Unit Disp.:</b> 01:17 <b>Enroute:</b> 01:21 <b>At Scene:</b> 01:26 <b>At Patient:</b> 01:26 <b>Depart:</b> 01:34 <b>Arrive Dest:</b> 01:46 <b>In Service:</b> 02:16 <b>In Quarters:</b> <b>Cancelled:</b>	<b>Incident #:</b> (b)(7)(C) <b>Start Miles:</b> <b>Scene Miles:</b> 242.2 <b>To Scene:</b> <b>Dest. Miles:</b> 254.1 <b>To Dest:</b> 11.9 <b>End Miles:</b> <b>To End:</b> <b>Call Sign:</b> AMB13 <b>Veh. #:</b> 253703 <b>Veh. Type:</b> Ambulance <b>Primary Role:</b> ALS Ground Transport

Unit Personnel		
Crew Member	Crew Member Level	Crew Member Role
(b)(7)(C)	Paramedic	Secondary Caregiver
	Paramedic	Primary Caregiver
	Paramedic	

**Personal Protective Equipment Used:** Gloves

Call Information	
<b>Destination Name:</b> Trinity Medical Center (West) <b>Destination Type:</b> Hospital <b>Destination Determination:</b> Closest Facility <b>Vehicle Type:</b> Ambulance	<b>Response Request:</b> 911 Response (Scene) <b>Response Disposition:</b> Treated, Transported by EMS (ALS) <b>Lights Sirens To Scene:</b> Lights and Siren <b>Lights Sirens From Scene:</b> Lights and Siren

**Factors Affecting Response**  
 Not Applicable

Patient Condition
<b>Provider Impression:</b> Poisoning / Drug Ingestion <b>Chief Complaint:</b> overdose X <b>Onset Date/Time:</b> <b>Alcohol/Drug Use:</b> <b>Injury Intent:</b> Not Applicable <b>Cause of Injury:</b> Not Applicable <b>Dispatch Reason:</b> Overdose

**Primary Symptom**  
**Other Associated Symptoms**

CONFIDENTIAL 055

Inc. Date: 04/15/2016

Patient Name: nelson, princxe

Moline Fire Department

Page: 1

Incident #: (b)(7)(C)

Call #: (b)(7)(C)

Date Printed: 04/26/2016 13:26

Patient Vitals																
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scd	PTA	B.G.	RTS	Limb	Patient Position
01:26	161/82	150	RR	5	Normal	99	On Room Air		9		Cincinnati Stroke Scale Normal				R Right Arm	Semi-Fowlers
01:26	150/100	110	RR	16		99	On Room Air								Right Arm	Semi-Fowlers

Glasgow Coma Score				
Date/Time	Glasgow Eye Opening	Glasgow Verbal	Glasgow Motor	Glasgow Coma Score
01:26	2	2	5	9
01:26				

Past Medical History			
MEDICATION ALLERGIES	Generic Name	Description	
NKDA (No Known Drug Allergies)	NKDA (No Known Drug Allergies)	NKDA (No Known Drug Allergies)	
Patient Medications	Generic Name	Dosage	
none stated			
Medical Surgery History			
Patient Denies PHH			
History Primarily Obtained From	Pregnancy	Advanced Directives	Practitioner Name
Patient			

Procedures and Treatments								
Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
01:26	AR	Venous Access - Extremity	Forearm-Right	20g	1	Unchanged	Yes	

Medication Administered							
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments
01:26	AR	Normal Saline (0.9%)	Intravenous	ml/hr	Unchanged	No	
01:26	AR	Naloxone (Narcan)	Intravenous	2 MG	Unchanged		
01:26	AR	Naloxone (Narcan)	Intravenous	2 MG	Improved		

ECG Monitor					
Time	ECG Type	ECG Lead	ECG Interpretation	ECG Rhythm	Cause For Change

**Assessment Exam**

**Time of Assessment: 2016-04-15T02:31:00-05:00**

Abdomen-left-lower: Normal (Soft, Non-Tender)  
 Abdomen-left-upper: Normal (Soft, Non-Tender)  
 Abdomen-right-lower: Normal (Soft, Non-Tender)  
 Abdomen-right-upper: Normal (Soft, Non-Tender)

Back-cervical: Normal (No Pain or Deformities)  
 Back-lumbar: Normal (No Pain or Deformities)  
 Back-thoracic: Normal (No Pain or Deformities)

Chest: Symmetrical Chest Rise. Clear & Equal Breath Sounds

Ext-left-low: C.M.S. Normal  
 Ext-left-up: C.M.S. Normal  
 Ext-right-low: C.M.S. Normal  
 Ext-right-up: C.M.S. Normal

Eyes-left: Reactive  
 Eyes-right: Reactive

GU: Normal  
 Head: Normal  
 Heart: Normal Sounds

Mental: Normal Mental Status for Patient. Oriented-Person, Oriented-Place, Oriented-Time. Oriented-Events

Neck: Normal  
 Neuro: Normal Gait / Movement  
 Skin: Normal

**Narrative**

Inc. Date: 04/15/2016

Patient Name: nelson, princxe

Moline Fire Department

Page: 2

Incident #: (b)(7)(C)

Call #: (b)(7)(C)

Date Printed: 04/26/2016 13:26

CONFIDENTIAL 056

**Summary of Events**

Dispatched to location for a male patient arriving on the plane at the quad cities airport. When we arrive a man is carrying him out of the plane. He is placed on the cot. Once in the ambulance the man who spoke for him (b)(7)(C) (b)(7)(C) The patient is completely unresponsive with a respiratory rate declining and falling very quickly. His respiratory rate is between 3 and 5 breaths per minute. All ALS interventions are put in place rapidly. Cardiac monitor is applied his heart rate is very elevated as documented. Narcan is administered as documented w. no change. Another 2 mg of Narcan is administered. He takes a big gasp and breathes spontaneously at a normal rate, about 12 breaths per minute. His heart rate lowers. His eyes open spontaneously. His only verbalization the entire transport is "I feel fuzzy". Respirations remain spontaneous and unassisted through transport. Neurological function is normal. Cincinnati pre-hospital stroke scale is unremarkable. 12 lead ECG is unremarkable. All further medical treatment is as listed. (b)(7)(C) Care was transferred to ED ERN ED w/o incident

Prior Aid		
Prior Aid	Performed By	Outcome
		N/A
Safety Equipment Used		
Not Applicable		
Vehicular Information		
Vehicular Injury Indicators: Not Applicable		
Area of Vehicle Impacted: Not Applicable		
Seat Row Location of Patient:		Position of Patient: Not Applicable
Airbag Deployment: Not Applicable		
Injury Details		
Serial - Defined Questions		
Handoff Narrative		

CONFIDENTIAL 057

Inc. Date: 04/15/2016

Patient Name: nelson, pncxk

Moline Fire Department

Page: 3

Incident #: (b)(7)(C)

Call #: (b)(7)(C)

Date Printed: 04/26/2016 13:26



Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

Signature

(b)(7)(C)

Printed Name

(b)(7)(C)

Date

Reason Pt. Unable to Sign

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Signature

(b)(7)(C)

Printed Name

(b)(7)(C)

Date

Inc. Date: 04/15/2016

Patient Name: nelson, prince

Moline Fire Department

Page: 4

Incident #: (b)(7)(C)

Call #: (b)(7)(C)

Date Printed: 04/26/2016 13:25

CONFIDENTIAL 058

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree

I Disagree

Not Applicable

Signature

(b)(7)(C)

Printed Name

(b)(7)

Date

Valuables

Valuables:

Inc. Date: 04/15/2016

Incident #: (b)(7)(C)

Patient Name: nelson, princxe

Call #: (b)(7)(C)

Moline Fire Department

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Date Printed: 04/26/2016 13:26

CONFIDENTIAL 059