Gordon Watts

Patient Health Summary, generated on Oct. 02, 2022

Patient Demographics - Male; born May 16, 1966

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
2046 Pleasant Acre Drive PLANT CITY, FL 33566-7511	863-687-6141 (Mobile) 863-688-9880 (Work) gww1210@gmail.com	English (Preferred)	White / Not Hispanic or Latino	Single

Note from Tampa General Hospital

This document contains information that was shared with Gordon Watts. It may not contain the entire record from Tampa General Hospital.

Allergies

Not on File

Medications

butalbital-ACETAminophen-caffeine (FIORICET, ESGIC) 50-325-40 mg per tablet (Started 9/14/2022)
Take 1 tablet by mouth every 4 (four) hours as needed for Headache. No more than 6 tabs in 24 hours

Ended Medications

amoxicillin-clavulanate (AUGMENTIN) 875-125 mg per tablet (Started 9/14/2022) **(Expired)**
Take 1 tablet by mouth every 12 (twelve) hours for 14 days.

predniSONE (DELTASONE) 10 mg tablet (Started 9/14/2022) **(Expired)**
Take 40 mg (4 tablets) by mouth daily for 3 days,
THEN 30 mg (3 tablets) daily for 3 days,
THEN 20 mg (2 tablets) daily for 3 days,
THEN 10 mg (1 tablet) daily for 3 days.

Active Problems

Sinus infection (Noted 9/13/2022)

Immunizations

INFLUENZA TRIVALENT/PRESERVE FREE/IM/ALL DOSE (Given 11/25/2014)

SARS-COV-2 (COVID-19) VACCINE, MRNA SPIKE PROTEIN, LNP, PF, (30MCG/0.3ML),TRI-SUC (12 & OLDER) IM (PZR) (Given 4/1/2022)

SARS-COV-2 (COVID-19) VACCINE, MRNA SPIKE PROTEIN, PF, (100MCG/0.5ML DOSE), IM (Given 5/30/2021, 5/5/2021)

SARS-COV-2 (COVID-19) VACCINE, VECTOR NON-REP, RECOMBINANT SPIKE PROTEIN-AD26, PF, 0.5 ML (Given 12/1/2021)

Tdap (Given 11/25/2014)

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				

Tobacco Cessation: Counseling Given: Not Answered

Alcohol Use	Standard Drinks/Week
Never	0 (1 standard drink = 0.6 oz pure alcohol)

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	9/12/2022 10:44 PM EDT

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	108/56	09/14/2022 3:00 PM EDT	
Pulse	60	09/14/2022 3:00 PM EDT	
Temperature	36.3 °C (97.3 °F)	09/14/2022 3:00 PM EDT	
Respiratory Rate	16	09/14/2022 3:00 PM EDT	
Oxygen Saturation	100%	09/14/2022 3:00 PM EDT	
Inhaled Oxygen Concentration	-	-	
Weight	54.4 kg (120 lb)	09/13/2022 6:23 AM EDT	
Height	172.7 cm (5' 8")	09/13/2022 6:23 AM EDT	
Body Mass Index	18.25	09/13/2022 6:23 AM EDT	

Results

(ABNORMAL) CBC AND AUTO DIFF WITH REFLEX (CBC AND AUTOMATED DIFFERENTIAL RFLX MANUAL DIFF) - Final result (09/14/2022 8:19 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	7.04	4.6 - 10.2 10*3/uL			TGH (SUNQUEST)	
RBC	**4.36 (L)**	4.69 - 6.13 10*6/uL			TGH (SUNQUEST)	
HEMOGLOBIN	**13.8 (L)**	14.1 - 18.1 g/dL			TGH (SUNQUEST)	
HEMATOCRIT	**42.2 (L)**	43.5 - 53.7 %			TGH (SUNQUEST)	
MCV	96.8	80 - 97 fL			TGH (SUNQUEST)	
MCH	**31.7 (H)**	27.0 - 31.2 pg			TGH (SUNQUEST)	
MCHC	32.7	31.8 - 35.4 g/dL			TGH (SUNQUEST)	
PLATELET COUNT	230	142.0 - 424.0 10*3/uL			TGH (SUNQUEST)	
MPV	10.4	9.4 - 12.4 fL			TGH (SUNQUEST)	
RDW	13.2	11.6 - 14.8 %			TGH (SUNQUEST)	
NUCLEATED RBCS	0.0	0 /100 WBCS			TGH (SUNQUEST)	
TOTAL NRBCS	0.00	0.0 10*3/uL			TGH (SUNQUEST)	
DIFFERENTIAL TYPE	AUTOMATED DIFFERENTIAL				TGH (SUNQUEST)	
% NEUTROPHILS	51.7	39 - 77 %			TGH (SUNQUEST)	
% IMMATURE GRANULOCYTES	0.1	0.0 - 0.9 %			TGH (SUNQUEST)	
% LYMPHOCYTES	28.0	15 - 47 %			TGH (SUNQUEST)	
% MONOCYTES	8.9	3 - 13 %			TGH (SUNQUEST)	
% EOSINOPHILS	**10.7 (H)**	0 - 6 %			TGH (SUNQUEST)	
% BASOPHILS	0.6	0 - 2 %			TGH (SUNQUEST)	
TOTAL NEUTROPHILS	3.64	1.79 - 7.85 10*3/uL			TGH (SUNQUEST)	
TOTAL IMMATURE GRANULOCYTES	0.01	0.0 - 0.99 10*3/uL			TGH (SUNQUEST)	
TOTAL LYMPHOCYTES	1.97	0.69 - 4.79 10*3/uL			TGH (SUNQUEST)	
TOTAL MONOCYTES	0.63	0.14 - 1.33 10*3/uL			TGH (SUNQUEST)	
TOTAL EOSINOPHILS	**0.75 (H)**	0.00 - 0.61 10*3/uL			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TOTAL BASOPHILS	0.04	0.00 - 0.20 10*3/uL			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/14/2022 8:19 AM EDT	09/14/2022 8:36 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/14/2022 8:40 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Nicole Brandon	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) BMP (BASIC METABOLIC PANEL (BMP)) - Final result (09/14/2022 8:19 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	143	135 - 148 MEQ/L			TGH (SUNQUEST)	
Potassium	3.6	3.5 - 5.3 MEQ/L			TGH (SUNQUEST)	
Chloride	**111 (H)**	98 - 107 MEQ/L			TGH (SUNQUEST)	
CO2	**21 (L)**	22 - 29 MEQ/L			TGH (SUNQUEST)	
BUN	7	6 - 20 MG/DL			TGH (SUNQUEST)	
Glucose	94	70 - 110 MG/DL			TGH (SUNQUEST)	
CREATININE,BLOOD	0.8	0.72 - 1.25 MG/DL			TGH (SUNQUEST)	
CALCIUM	9.0	8.4 - 10.2 MG/DL			TGH (SUNQUEST)	
ANION GAP	11	5 - 13 MEQ/L			TGH (SUNQUEST)	
BUN / CREAT RATIO	9				TGH (SUNQUEST)	
GFR	104	ML/ MIN/ 1.73 M2			TGH (SUNQUEST)	

Comment:

```
Effective 4/13/22. eGFR are now using the CKD EPI 2021 equation with no required race coefficient. For
most patients the eGFRcr result will be similar, however, for some, the values may differ by more than
10% particularly at higher values of eGFRcr and
for younger adult ages.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/14/2022 8:19 AM EDT	09/14/2022 8:36 AM EDT

Narrative

TGH (SUNQUEST) - 09/14/2022 9:01 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Nicole Brandon	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

CT SINUS WO CONTRAST - Final result (09/13/2022 5:09 PM EDT)

Anatomical Region	Laterality	Modality
Head		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/13/2022 5:09 PM EDT	

Narrative

09/14/2022 8:24 AM EDT

Narrative

EXAMINATION: CT SINUS WO CONTRAST

HISTORY: Head/neck cancer, assess treatment response

TECHNIQUE: Axial CT of the paranasal sinuses without contrast. Multiplanar reformations were reviewed at the workstation.

DOSE: CTDIvol: 21.0 mGy. DLP: 502 mGy-cm.

This exam was performed according to our departmental dose-optimization program which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

COMPARISON: September 12, 2022

FINDINGS:
Paranasal sinuses: The paranasal sinuses are normally developed and aerated. There is almost complete opacification of the left maxillary sinus with mild aeration. There are areas noted of increased attenuation within the sinus. There is hyperostosis of the left maxillary sinus. There is complete opacification of the left ethmoid air cells. There is soft tissue material noted extending into the superior left nasal passage. There is thinning of the roof of the left-sided ethmoid sinuses. The left frontal sinus is almost completely opacified with minimal aeration. There is complete opacification of the left sphenoid sinus and almost complete opacification of the right sphenoid sinus with dehiscence of the septum between the sphenoid sinuses. There is expansion of the sphenoid sinuses with thinning of the bone involving the roof. There is minimal mucosal thickening of the right maxillary sinus and right ethmoid sinuses. The right frontal sinus is well aerated although hypoplastic.
Nasal septum and nasal cavity: The anterior nasal septum is deviated to the left. The mid septum is deviated to the right. There is a bony spur which deforms the right inferior turbinate.
Brain: Visualized portions appear unremarkable
Orbits: Normal
Nasopharynx: Normal

IMPRESSION:
Extensive paranasal sinus disease mostly involving the left side. There are chronic changes with hyperostosis mostly involving the left maxillary sinus. There is thinning of the roof of the left-sided ethmoid sinuses and bilateral sphenoid sinuses suggestive of dehiscence. There does appear to be expansion of the sphenoid sinuses suggestive of a mucocele.
There is erosion of the middle septum between the sphenoid sinuses. The soft tissue material is extending from the left ethmoid sinuses and to the left nasal passage consistent with polypoid disease. The possibility of a mass such as inverting papilloma cannot be completely excluded. MRI would be helpful to exclude. There are areas of increased attenuation noted in the mucosal thickening which most likely represents inspissated mucus although can be seen with fungal colonization

Nasal septal deviation. There is a prominent bony spur to the right which deforms the right inferior turbinate.

Minimal right-sided paranasal sinuses

RADIATION DOSE REDUCTION: All CT scans are performed using radiation dose reduction techniques, when applicable. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to just the radiation doses to minimize exposure while achieving diagnostic quality images.

Procedure Note

Rodriguez, Douglas - 09/14/2022

Procedure Note

Formatting of this note might be different from the original.

EXAMINATION: CT SINUS WO CONTRAST

HISTORY: Head/neck cancer, assess treatment response

TECHNIQUE: Axial CT of the paranasal sinuses without contrast. Multiplanar reformations were reviewed at the workstation.

DOSE: CTDIvol: 21.0 mGy. DLP: 502 mGy-cm.

This exam was performed according to our departmental dose-optimization program which includes automated exposure control, adjustment of the mA and/or kV according to patient size
and/or use of iterative reconstruction technique.

COMPARISON: September 12, 2022

FINDINGS:
Paranasal sinuses: The paranasal sinuses are normally developed and aerated. There is almost complete opacification of the left maxillary sinus with mild aeration. There are areas
noted of increased attenuation within the sinus. There is hyperostosis of the left maxillary sinus. There is complete opacification of the left ethmoid air cells. There is soft
tissue material noted extending into the superior left nasal passage. There is thinning of the roof of the left-sided ethmoid sinuses. The left frontal sinus is almost completely
opacified with minimal aeration. There is complete opacification of the left sphenoid sinus and almost complete opacification of the right sphenoid sinus with dehiscence of the
septum between the sphenoid sinuses. There is expansion of the sphenoid sinuses with thinning of the bone involving the roof. There is minimal mucosal thickening of the right
maxillary sinus and right ethmoid sinuses. The right frontal sinus is well aerated although hypoplastic.
Nasal septum and nasal cavity: The anterior nasal septum is deviated to the left. The mid septum is deviated to the right. There is a bony spur which deforms the right inferior
turbinate.
Brain: Visualized portions appear unremarkable
Orbits: Normal
Nasopharynx: Normal

IMPRESSION:
Extensive paranasal sinus disease mostly involving the left side. There are chronic changes with hyperostosis mostly involving the left maxillary sinus. There is thinning of the
roof of the left-sided ethmoid sinuses and bilateral sphenoid sinuses suggestive of dehiscence. There does appear to be expansion of the sphenoid sinuses suggestive of a mucocele.
There is erosion of the middle septum between the sphenoid sinuses. The soft tissue material is extending from the left ethmoid sinuses and to the left nasal passage consistent
with polypoid disease. The possibility of a mass such as inverting papilloma cannot be completely excluded. MRI would be helpful to exclude. There are areas of increased
attenuation noted in the mucosal thickening which most likely represents inspissated mucus although can be seen with fungal colonization

Nasal septal deviation. There is a prominent bony spur to the right which deforms the right inferior turbinate.

Minimal right-sided paranasal sinuses

RADIATION DOSE REDUCTION: All CT scans are performed using radiation dose reduction techniques, when applicable. Technical factors are evaluated and adjusted to ensure appropriate
moderation of exposure. Automated dose management technology is applied to just the radiation doses to minimize exposure while achieving diagnostic quality images.

Authorizing Provider	Result Type
Jenna Evelyn Bergman	IMG CT ORDERABLES

OPIATES SCREEN, URINE (OPIATE SCREEN, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Opiates	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:
Cut off 300 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

COCAINE SCREEN, URINE (COCAINE METABOLITES, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Cocaine (Metab.) Screen, Urine	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Comment:
Cut off 300 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

BENZODIAZEPINES SCREEN, URINE (DRUG SCREEN, BENZODIAZEPINE CONFIRMATION, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
BENZODIAZEPINES	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Comment:
Cut off 200 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

AMPHETAMINE/METHAMPHETAMINE SCREEN, URINE (AMPHETAMINE/METHAMPHETAMINE, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
AMPHETAMINE	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Comment:
Cut off 1000 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

SARS-COV-2 (COVID-19), NP/OP (SARS-COV-2 (COVID-19) PCR, NP/OP) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SARS-COV-2 (COVID-19), NUCLEIC ACID AMPLIFICATION PCR SWAB	NOT DETECTED				TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	NASOPHARYNGEAL STRUCTURE / Unknown		09/13/2022 1:10 AM EDT	09/13/2022 1:26 AM EDT

Authorizing Provider	Result Type
Constantine Zaharis	MICROBIOLOGY - GENERAL ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

CANDIDA AURIS PCR - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CANDIDA AURIS PCR, FLUID/SWAB	NOT DETECTED	NOT DETECTED			TGH (SUNQUEST)	

Comment: THE REAGENTS USED IN THIS TEST ARE LABELED BY THE MANUFACTURER AS ANALYTE SPECIFIC REAGENTS(ASRs).

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Other	SPECIMEN FROM SKIN / Unknown		09/13/2022 1:10 AM EDT	09/13/2022 1:25 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 11:34 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Constantine Zaharis	BODY FLUIDS AND STOOLS ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) BLOOD GAS-ELECTRO-LACTATE - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SPECIMEN TYPE	VENOUS				TGH (SUNQUEST)	
PO2	**74 (L)**	75 - 110 MM HG			TGH (SUNQUEST)	
PCO2	**32 (L)**	35 - 45 MM HG			TGH (SUNQUEST)	
PH	**7.47 (H)**	7.35 - 7.45			TGH (SUNQUEST)	
Measured O2 SAT	**94 (L)**	>95 %			TGH (SUNQUEST)	
BASE EXCESS	1	0 - 2 MEQ/L			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HCO3	**23 (L)**	24 - 27 MEQ/L			TGH (SUNQUEST)	
O2 DEVICE	UNKNOWN				TGH (SUNQUEST)	
PATIENT TEMP	37.0	DEG C			TGH (SUNQUEST)	
TECH ID	RN				TGH (SUNQUEST)	
SITE	UNKNOWN				TGH (SUNQUEST)	
TIME COLLECTED	120				TGH (SUNQUEST)	
NA, PULMONARY	140	135 - 148 MEQ/L			TGH (SUNQUEST)	
K, PULMONARY	3.8	3.7 - 5.3 MEQ/L			TGH (SUNQUEST)	
Comment: Whole blood testing, unable to verify specimen integrity, i.e. hemolysis. Please verify result utilizing the clinical laboratory potassium.						
IONIZED CALCIUM	1.26	1.15 - 1.38 MMOL/L			TGH (SUNQUEST)	
CHLORIDE, PULMONARY	108	100 - 112 MEQ/L			TGH (SUNQUEST)	
GLUCOSE, PULMONARY	94	85 - 125 MG/DL			TGH (SUNQUEST)	
LACTIC ACID	0.6	<2.3 MMOL/L			TGH (SUNQUEST)	
PF RATIO	Unable to calculate PF Ratio due to unknown/ unavailable FIO2				TGH (SUNQUEST)	
CALCULATED CO2, PULMONARY	24.2	22 - 29			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/13/2022 1:10 AM EDT	09/13/2022 1:42 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 1:43 AM EDT
Test performed by
Tampa General Hospital Pulmonary Laboratory
1 Tampa General Circle
Tampa, FL  33606
Brenda Juan-Guardela M.D., Laboratory Director
Phone: (813) 844-7451
CLIA 10D0689890
```

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) UA W/ MICRO (URINALYSIS (UA) W/ RFLX TO MICROSCOPIC) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
URINE GLUCOSE	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
PROTEIN	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
URINE UROBILINOGEN	<2	<2 mg/dL			TGH (SUNQUEST)	
BILIRUBIN	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
URINE PH	7.5	mg/dL			TGH (SUNQUEST)	
URINE KETONES	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
URINE HEMOGLOBIN	NEGATIVE	NEGATIVE			TGH (SUNQUEST)	
NITRITES	NEGATIVE	NEGATIVE			TGH (SUNQUEST)	
LEUKOCYTES	NEGATIVE	NEGATIVE Leu/uL			TGH (SUNQUEST)	
SPECIFIC GRAVITY	**1.001 (L)**	1.007 - 1.030			TGH (SUNQUEST)	
Comment: PERFORMED BY REFRACTOMETER						
Appearance	CLEAR	CLEAR			TGH (SUNQUEST)	
COLOR	**COLORLESS (A)**	YELLOW			TGH (SUNQUEST)	
URINALYSIS COMMENT	SEE NOTES				TGH (SUNQUEST)	
Comment: AUTOMATED MICROSCOPY PERFORMED, NOTHING DETECTED						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Other			09/13/2022 1:10 AM EDT	09/13/2022 1:36 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 1:42 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Constantine Zaharis	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

PROTHROMBIN TIME WITH INR (PROTHROMBIN TIME (PT) WITH INR) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PROTIME	11.5	10.0 - 14.4 SEC			TGH (SUNQUEST)	
INR	0.9				TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

```
SUGGESTED INR THERAPEUTIC REFERENCE RANGES FOR PATIENTS ON ORAL ANTICOAGULANT THERAPY.
LOW INTENSITY ORAL ANTICOAGULANT THERAPY:  1.5-2.0
MODERATE INTENSITY ORAL ANTICOAGULANT THERAPY:  2.0-3.0
HIGH INTENSITY ORAL ANTICOAGULANT THERAPY:  2.5-3.5 OR 3.0-4.0
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) CBC AND AUTO DIFF WITH REFLEX (CBC AND AUTOMATED DIFFERENTIAL RFLX MANUAL DIFF) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.53	4.6 - 10.2 10*3/uL			TGH (SUNQUEST)	
RBC	**4.10 (L)**	4.69 - 6.13 10*6/uL			TGH (SUNQUEST)	
HEMOGLOBIN	**13.0 (L)**	14.1 - 18.1 g/dL			TGH (SUNQUEST)	
HEMATOCRIT	**38.3 (L)**	43.5 - 53.7 %			TGH (SUNQUEST)	
MCV	93.4	80 - 97 fL			TGH (SUNQUEST)	
MCH	**31.7 (H)**	27.0 - 31.2 pg			TGH (SUNQUEST)	
MCHC	33.9	31.8 - 35.4 g/dL			TGH (SUNQUEST)	
PLATELET COUNT	227	142.0 - 424.0 10*3/uL			TGH (SUNQUEST)	
MPV	10.3	9.4 - 12.4 fL			TGH (SUNQUEST)	
RDW	13.0	11.6 - 14.8 %			TGH (SUNQUEST)	
NUCLEATED RBCS	0.0	0 /100 WBCS			TGH (SUNQUEST)	
TOTAL NRBCS	0.00	0.0 10*3/uL			TGH (SUNQUEST)	
DIFFERENTIAL TYPE	AUTOMATED DIFFERENTIAL				TGH (SUNQUEST)	
% NEUTROPHILS	70.3	39 - 77 %			TGH (SUNQUEST)	
% IMMATURE GRANULOCYTES	0.3	0.0 - 0.9 %			TGH (SUNQUEST)	
% LYMPHOCYTES	19.1	15 - 47 %			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
% MONOCYTES	6.6	3 - 13 %			TGH (SUNQUEST)	
% EOSINOPHILS	3.2	0 - 6 %			TGH (SUNQUEST)	
% BASOPHILS	0.5	0 - 2 %			TGH (SUNQUEST)	
TOTAL NEUTROPHILS	4.59	1.79 - 7.85 10*3/uL			TGH (SUNQUEST)	
TOTAL IMMATURE GRANULOCYTES	0.02	0.0 - 0.99 10*3/uL			TGH (SUNQUEST)	
TOTAL LYMPHOCYTES	1.25	0.69 - 4.79 10*3/uL			TGH (SUNQUEST)	
TOTAL MONOCYTES	0.43	0.14 - 1.33 10*3/uL			TGH (SUNQUEST)	
TOTAL EOSINOPHILS	0.21	0.00 - 0.61 10*3/uL			TGH (SUNQUEST)	
TOTAL BASOPHILS	0.03	0.00 - 0.20 10*3/uL			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 1:37 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

MAGNESIUM, SERUM - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MAGNESIUM	2.1	1.6 - 2.6 MG/DL			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 9:37 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 10:34 AM EDT
```

Narrative

Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Nicole Brandon	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

LIPASE, SERUM - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
LIPASE	18	4 - 78 U/L			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 1:52 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) CMP (COMPREHENSIVE METABOLIC PANEL (CMP), SERUM) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	135 - 148 MEQ/L			TGH (SUNQUEST)	
Potassium	3.8	3.5 - 5.3 MEQ/L			TGH (SUNQUEST)	
Chloride	**108 (H)**	98 - 107 MEQ/L			TGH (SUNQUEST)	
CO2	22	22 - 29 MEQ/L			TGH (SUNQUEST)	
BUN	**4 (L)**	6 - 20 MG/DL			TGH (SUNQUEST)	
Glucose	98	70 - 110 MG/DL			TGH (SUNQUEST)	
CREATININE,BLOOD	**0.7 (L)**	0.72 - 1.25 MG/DL			TGH (SUNQUEST)	
CALCIUM	9.0	8.4 - 10.2 MG/DL			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
AST (SGOT)	15	5 - 34 U/L			TGH (SUNQUEST)	
ALT (SGPT)	9	5 - 55 U/L			TGH (SUNQUEST)	
TOTAL BILIRUBIN	0.5	0.1 - 1.2 MG/DL			TGH (SUNQUEST)	
ALKALINE PHOSPHATASE	72	40 - 150 U/L			TGH (SUNQUEST)	
TOTAL PROTEIN	**6.1 (L)**	6.4 - 8.3 GM/DL			TGH (SUNQUEST)	
ALBUMIN	3.5	3.5 - 5.0 GM/DL			TGH (SUNQUEST)	
ANION GAP	10	5 - 13 MEQ/L			TGH (SUNQUEST)	
BUN / CREAT RATIO	6				TGH (SUNQUEST)	
GLOBULIN	3	GM/DL			TGH (SUNQUEST)	
ALB/GLOB RATIO	1				TGH (SUNQUEST)	
GFR	108	ML/MIN/1.73 M2			TGH (SUNQUEST)	

Comment:

Effective 4/13/22. eGFR are now using the CKD EPI 2021 equation with no required race coefficient. For most patients the eGFRcr result will be similar, however, for some, the values may differ by more than 10% particularly at higher values of eGFRcr and
for younger adult ages.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 1:55 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Self Referred	PCP - General		9/13/22	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Anne Watts	Unknown	863-686-3411 (Mobile) 813-495-4709 (Work)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Self Referred (Sep. 13, 2022 - Present) **Tampa General Hospital** 1 Tampa General Circle Tampa, FL 33606		May 16, 1966 - Oct. 02, 2022

Custodian Organization

Tampa General Hospital
1 Tampa General Circle
Tampa, FL 33606

If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

Copyright ©2022 Epic

Gordon Watts

Summary of Care, generated on Oct. 02, 2022

Patient Demographics - Male; born May 16, 1966

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
2046 Pleasant Acre Drive PLANT CITY, FL 33566-7511	863-687-6141 (Mobile) 863-688-9880 (Work) gww1210@gmail.com	English (Preferred)	White / Not Hispanic or Latino	Single

Note from Tampa General Hospital

This document contains information that was shared with Gordon Watts. It may not contain the entire record from Tampa General Hospital.

Reason for Visit

Auth/Cert

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
	Diagnoses Mass of sphenoid sinus		4b4-Mother Baby Unit 1 Tampa General Circle Tampa, FL 33606-3571

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
7567562					1	1

Encounter Details

Date	Type	Department	Care Team
09/12/2022 - 09/14/2022	Emergency	4B4-MOTHER BABY UNIT 1 Tampa General Circle Tampa, FL 33606-3571	**Constantine Zaharis** 3100 E FLETCHER AVE TAMPA, FL 33613 813-971-6000 (Work) 813-972-5753 (Fax) **Kerrie Fearon Pounall** 2810 W SAINT ISABEL ST STE 201 TAMPA, FL 33607 813-971-5343 (Work) 813-971-5343 (Fax)

Allergies - documented as of this encounter (statuses as of 10/02/2022)

Not on File

Medications - documented as of this encounter (statuses as of 10/02/2022)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
butalbital-ACETAminophen-caffeine (FIORICET, ESGIC) 50-325-40 mg per tablet	Take 1 tablet by mouth every 4 (four) hours as needed for Headache. No more than 6 tabs in 24 hours	90 tablet	0	09/14/2022		Active
amoxicillin-clavulanate (AUGMENTIN) 875-125 mg per tablet	Take 1 tablet by mouth every 12 (twelve) hours for 14 days.	28 tablet	0	09/14/2022	09/28/2022	Expired
predniSONE (DELTASONE) 10 mg tablet	Take 40 mg (4 tablets) by mouth daily for 3 days, THEN 30 mg (3 tablets) daily for 3 days, THEN 20 mg (2 tablets) daily for 3 days, THEN 10 mg (1 tablet) daily for 3 days.	30 tablet	0	09/14/2022	09/26/2022	Expired

Active Problems - documented as of this encounter (statuses as of 10/02/2022)

Problem	Noted Date
Sinus infection	09/13/2022

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
INFLUENZA TRIVALENT/ PRESERVE FREE/IM/ALL DOSE	11/25/2014	
SARS-COV-2 (COVID-19) VACCINE, MRNA SPIKE PROTEIN, LNP, PF, (30MCG/ 0.3ML),TRI-SUC (12 & OLDER) IM (PZR)	04/01/2022	
SARS-COV-2 (COVID-19) VACCINE, MRNA SPIKE PROTEIN, PF, (100MCG/0.5ML DOSE), IM	05/30/2021, 05/05/2021	
SARS-COV-2 (COVID-19) VACCINE, VECTOR NON-REP, RECOMBINANT SPIKE PROTEIN-AD26, PF, 0.5 ML	12/01/2021	
Tdap	11/25/2014	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				

Tobacco Cessation: Counseling Given: Not Answered

Alcohol Use	Standard Drinks/Week
Never	0 (1 standard drink = 0.6 oz pure alcohol)

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	9/12/2022 10:44 PM EDT

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	108/56	09/14/2022 3:00 PM EDT	
Pulse	60	09/14/2022 3:00 PM EDT	
Temperature	36.3 °C (97.3 °F)	09/14/2022 3:00 PM EDT	
Respiratory Rate	16	09/14/2022 3:00 PM EDT	
Oxygen Saturation	100%	09/14/2022 3:00 PM EDT	
Inhaled Oxygen Concentration	-	-	
Weight	54.4 kg (120 lb)	09/13/2022 6:23 AM EDT	
Height	172.7 cm (5' 8")	09/13/2022 6:23 AM EDT	
Body Mass Index	18.25	09/13/2022 6:23 AM EDT	

Discharge Summaries - documented in this encounter

Kerrie Fearon Pounall, MD - 09/14/2022 3:32 PM EDT

Formatting of this note is different from the original.
Images from the original note were not included.

Physician Discharge Summary

Patient ID:
Gordon Watts
101222864
56 y.o.
5/16/1966

Admit date: 9/12/2022

Discharge date and time: 9/14/22

Admitting Physician: Kerrie Fearon Pounall, MD

Discharge Physician: Fearon pounall

Problem List: Present on Admission:
Sinusitis

Problem List:
Patient Active Problem List
Diagnosis
Sinusitis

Admission Diagnoses: Mass of left sphenoid sinus [J34.89]

Discharge Diagnoses: Fearon pounall

Admission Condition: fair

Discharged Condition: fair

Indication for Admission: as above

Hospital Course: Patient is a 56 y.o. male presents with pain around left eye for 9 days , severity 9 out of 10 , only relieved by 1500 mg of tylenol and caffeine . He denies any slurred speech, double vision , difficulty swallowing , focal weakness, he has numbness in right hand 4 th and 5 th fingers . He also had nausea, induced vomiting

pansinusitis on outside ct brain- seen by ent , for ct sinuses
Augmentin po

ENT
Imaging reviewed with Dr. Tabor. No inpatient intervention indicated at this time. Patient should discharge with 2 weeks antibiotics and a steroid taper.

Patient will follow up with Dr. Tabor in 2-4 weeks after discharge. We have sent a message to the clinic to make this appointment for the patient. Follow up information has been placed into the discharge instructions.

Surgical/Procedural Cases on this Admission (From admission, onward)

None

Consults: ENT

Significant Diagnostic Studies: CT SINUSES
IMPRESSION:
Extensive paranasal sinus disease mostly involving the left side. There are chronic changes with hyperostosis mostly involving the left maxillary sinus. There is thinning of the
roof of the left-sided ethmoid sinuses and bilateral sphenoid sinuses suggestive of dehiscence. There does appear to be expansion of the sphenoid sinuses suggestive of a mucocele.
There is erosion of the middle septum between the sphenoid sinuses. The soft tissue material is extending from the left ethmoid sinuses and to the left nasal passage consistent
with polypoid disease. The possibility of a mass such as inverting papilloma cannot be completely excluded. MRI would be helpful to exclude. There are areas of increased
attenuation noted in the mucosal thickening which most likely represents inspissated mucus although can be seen with fungal colonization

Nasal septal deviation. There is a prominent bony spur to the right which deforms the right inferior turbinate.

Minimal right-sided paranasal sinuses

Treatments: AS ABOVE

Discharge Exam:
BP 110/64 (BP Location: Left arm, Patient Position: Supine) | Pulse 62 | Temp 97.5 °F (36.4 °C) (Oral) | Resp 16 | Ht 172.7 cm (5' 8") | Wt 54.4 kg (120 lb) | SpO2 100% | BMI 18.25 kg/m^2

General Appearance: Alert, cooperative, no distress, appears stated age

Head: Normocephalic, without obvious abnormality, atraumatic
Eyes: PERRL, conjunctiva/corneas clear, EOM's intact, fundi
benign, both eyes
Ears: Normal TM's and external ear canals, both ears
Nose: Nares normal, septum midline, mucosa normal, no drainage or sinus tenderness
Throat: Lips, mucosa, and tongue normal; teeth and gums normal
Neck: Supple, symmetrical, trachea midline, no adenopathy;
thyroid: No enlargement/tenderness/nodules; no carotid
bruit or JVD
Back: Symmetric, no curvature, ROM normal, no CVA tenderness
Lungs: Clear to auscultation bilaterally, respirations unlabored
Chest wall: No tenderness or deformity
Heart: Regular rate and rhythm, S1 and S2 normal, no murmur, rub or gallop
Abdomen: Soft, non-tender, bowel sounds active all four quadrants,
no masses, no organomegaly
Genitalia: Normal male without lesion, discharge or tenderness
Rectal: Normal tone, normal prostate, no masses or tenderness;
guaiac negative stool
Extremities: Extremities normal, atraumatic, no cyanosis or edema
Pulses: 2+ and symmetric all extremities
Skin: Skin color, texture, turgor normal, no rashes or lesions
Lymph nodes: Cervical, supraclavicular, and axillary nodes normal
Neurologic: CNII-XII intact. Normal strength, sensation and reflexes
throughout

Disposition: HOME

Recommended Discharge Medications:
Current Discharge Medication List

START taking these medications
Details
amoxicillin-clavulanate (AUGMENTIN) 875-125 mg per tablet Take 1 tablet by mouth every 12 (twelve) hours for 14 days.
Qty: 28 tablet, Refills: 0

butalbital-ACETAminophen-caffeine (FIORICET, ESGIC) 50-325-40 mg per tablet Take 1 tablet by mouth every 4 (four) hours as needed for Headache. No more than 6 tabs in 24 hours
Qty: 90 tablet, Refills: 0

predniSONE (DELTASONE) 10 mg tablet pack Take 40 mg po oral for 3 days then 30 mg po oral for 3 days then 20 mg po oral for 3 days then 10 mg po oral for 3 days
Qty: 30 tablet, Refills: 0

Patient Instructions:

Patient Instructions

ENT discharge instructions

Follow up with Dr. Tabor in 2-4 weeks for your nasal polyps. We have sent a message to the clinic to make an appointment for you. Please call the clinic when you are discharged to confirm the appointment was made. Please call the clinic if you have any questions or concerns. If you have a serious concern go to your nearest emergency room.

813-974-4683 Appointments
813-236-5250 Appointments 30th Street Clinic (call this number if having problems with insurance)

Follow-up Information

Self Referred, MD .

USF Health Department of Otolaryngology - Head and Neck Surgery Follow up in 1 week(s).
Specialty: Otorhinolaryngology

Contact information:
2 Tampa General Cir
Tampa Florida 33606-3603
813-821-8012

Andrew Joseph Spencer, MD .
Specialty: Emergency Medicine
Contact information:
1 Tampa General Circle
Tampa FL 33606-3571
813-974-2201

9/14/2022
3:32 PM

Electronically signed by Kerrie Fearon Pounall, MD at 09/14/2022 3:34 PM EDT

Discharge Instructions - documented in this encounter

Discharge Instructions

Jourdan Gabriel, MSW - 09/13/2022 5:01 AM EDT
Formatting of this note might be different from the original.
Images from the original note were not included.

ENT discharge instructions

Follow up with Dr. Tabor in 2-4 weeks for your nasal polyps. We have sent a message to the clinic to make an appointment for you. Please call the clinic when you are discharged to confirm the appointment was made. Please call the clinic if you have any questions or concerns. If you have a serious concern go to your nearest emergency room.

813-974-4683 Appointments
813-236-5250 Appointments 30th Street Clinic (call this number if having problems with insurance)

CM APPROVES LYFT VIA DEPARTURE LOUNGE TO HOME ADDRESS ON FILE
Electronically signed by Jourdan Gabriel, MSW at 09/14/2022 3:55 PM EDT

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Refills	Start Date	End Date
butalbital-ACETAminophen-caffeine (FIORICET, ESGIC) 50-325-40 mg per tablet	Take 1 tablet by mouth every 4 (four) hours as needed for Headache. No more than 6 tabs in 24 hours	90 tablet	0	09/14/2022	
amoxicillin-clavulanate (AUGMENTIN) 875-125 mg per tablet	Take 1 tablet by mouth every 12 (twelve) hours for 14 days.	28 tablet	0	09/14/2022	09/28/2022
predniSONE (DELTASONE) 10 mg tablet	Take 40 mg (4 tablets) by mouth daily for 3 days, THEN 30 mg (3 tablets) daily for 3 days, THEN 20 mg (2 tablets) daily for 3 days, THEN 10 mg (1 tablet) daily for 3 days.	30 tablet	0	09/14/2022	09/26/2022

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Refills	Start Date	End Date
butalbital-ACETAminophen-caffeine (FIORICET, ESGIC) 50-325-40 mg per tablet	Take 1 tablet by mouth every 4 (four) hours as needed for Headache. No more than 6 tabs in 24 hours	90 tablet	0	09/14/2022	
predniSONE (DELTASONE) 10 mg tablet	Take 40 mg (4 tablets) by mouth daily for 3 days, THEN 30 mg (3 tablets) daily for 3 days, THEN 20 mg (2 tablets) daily for 3 days, THEN 10 mg (1 tablet) daily for 3 days.	30 tablet	0	09/14/2022	09/26/2022
amoxicillin-clavulanate (AUGMENTIN) 875-125 mg per tablet	Take 1 tablet by mouth every 12 (twelve) hours for 14 days.	28 tablet	0	09/14/2022	09/28/2022

H&P Notes - documented in this encounter

Kerrie Fearon Pounall, MD - 09/13/2022 4:33 PM EDT

Formatting of this note is different from the original.

Patient Identification:
Gordon Watts is a 56 y.o. male.
DOB: 5/16/1966
Admit Date: 9/12/2022
Attending Provider: Kerrie Fearon Pounall, MD
Primary Care Physician: Self Referred, MD
Admitting Diagnosis: Mass of left sphenoid sinus [J34.89]

Patient is a 56 y.o. male presents with pain around left eye for 9 days , severity 9 out of 10 , only relieved by 1500 mg of tylenol and caffeine . He denies any slurred speech, double vision , difficulty swallowing , focal weakness, he has numbness in right hand 4 th and 5 th fingers . He also had nausea, induced vomiting .
Patient Active Problem List
Diagnosis Date Noted
Mass of left sphenoid sinus 09/13/2022

History reviewed. No pertinent past medical history.
History reviewed. No pertinent surgical history.
Social History

Tobacco Use
Smoking status: Never
Smokeless tobacco: Not on file
Substance Use Topics
Alcohol use: Never

No family history on file.
No medications prior to admission.

Scheduled Meds:
Boost Plus (oral supplement) 1 Container Oral Daily with dinner

Continuous Infusions:
PRN Meds:.acetaminophen, bisacodyL, butalbital-ACETAminophen-caffeine, calcium carbonate, dextrose 10%, hydrALAZINE, magnesium oxide, ondansetron, potassium bicarb-citric acid, potassium bicarb-citric acid, potassium chloride SA, potassium chloride SA
Not on File

Review of Systems
Constitutional: NEGATIVE for fever, chills, weight loss, malaise/fatigue and diaphoresis.
HENT: NEGATIVE for hearing loss, ear pain, nosebleeds, congestion, sore throat, neck pain, tinnitus and ear discharge.
Eyes: NEGATIVE for blurred vision, double vision, photophobia, pain, discharge and redness.
Respiratory: NEGATIVE for cough, hemoptysis, sputum production, shortness of breath, wheezing and stridor.
Cardiovascular: NEGATIVE for chest pain, palpitations, orthopnea, claudication, leg swelling and PND.
Gastrointestinal: NEGATIVE for heartburn, abdominal pain, diarrhea, constipation, blood in stool and melena.
Genitourinary: NEGATIVE for dysuria, urgency, frequency, hematuria and flank pain.
Musculoskeletal: NEGATIVE for myalgias, back pain, joint pain and falls.
Skin: NEGATIVE for itching and rash.

Neurological: Endo/Heme/Allergies: NEGATIVE for environmental allergies and polydipsia. Bruises/bleeds easily.
Psychiatric/Behavioral: NEGATIVE for depression, suicidal ideas, hallucinations, memory loss and substance abuse. The patient is nervous/anxious and has insomnia.

Objective:

Patient Vitals for the past 8 hrs:
BP Temp Temp src Pulse Resp SpO2
09/13/22 1205 106/62 97.7 °F (36.5 °C) Oral 82 18 100 %

No intake/output data recorded.
No intake/output data recorded.

Physical Exam:
Constitutional: Alert and oriented to person, place, and time. Appears well-developed.
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat: Oropharynx is clear and moist.
Eyes: EOM are normal. Pupils are equal, round, and reactive to light.
Neck: Normal range of motion. Neck supple. No tracheal deviation, thyromegaly
Cardiovascular: Normal rate and regular rhythm. No gallop, friction rub, Murmur.
Pulmonary/Chest: No Stridor, respiratory distress, wheezes, rales.
Abdominal: Soft. No Distension, mass. No Tenderness, rebound , guarding.
Musculoskeletal: Normal range of motion.
Lymphadenopathy: None
Neurological: Alert and oriented to person, place, and time. No focal weakness
Skin: Skin is warm.
Psychiatric: Pt has a normal mood and affect. Behavior is normal. Judgment and thought content normal.

Data Review:
Recent Labs
Lab 09/13/22
0110
WBC 6.53
HGB 13.0*
PLT 227
NA 140
POTASSIUM 3.8
CL 108*
CO2 22
BUN 4*
CREATININE 0.7*
LABALBU 3.5
BILITOT 0.5
AST 15
ALT 9
ALKPHOS 72
PROTIME 11.5
LABINR 0.9
]
Recent Labs
09/13/22
0110
CALCIUM 9.0

No results found for: CKTOTAL, CKMB, CKMBINDEX, TROPONINI
No results found for: HGBA1C

ASSESSMENT:
~
PLAN:
~ pansinusitis on outside ct brain- seen by ent , for ct sinuses
Augmentin po

Time spent on counseling/coordination of care: 30 Minutes
Total time spent with patient: 30 Minutes

9/13/2022

Electronically signed by Kerrie Fearon Pounall, MD at 09/13/2022 4:36 PM EDT

Consult Notes - documented in this encounter

Lashawn Smith - 09/13/2022 9:18 PM EDT

Associated Order(s): IP CONSULT TO SPIRITUAL HEALTH

Formatting of this note might be different from the original.

Chaplain received a consult for spiritual support.

When I arrived the patient was on his way to the restroom. When he returned he sat up in the bed and welcomed the visit.

Throughout the time shared together, we processed many things including his thoughts, beliefs and ideas on spirituality and the things of God. He shared his websites that contain research he has conducted on many topics including theology and politics, both of which he spoke in detail about.

He also shared scripture and his interpretation as it related to each. At the end of the visit, we prayed together for salvation, guidance, blessings, physical health, praise, respect, financial wealth, social interactions, food portions, his mother, friends and relationships.

The patient was grateful for the discussion, processing and the prayer.

No further recommendations.

Chaplain LaShawn Smith
9/13/2022

Electronically signed by Lashawn Smith at 09/13/2022 9:35 PM EDT

Cheyenne Roohani, MD - 09/13/2022 10:36 AM EDT

Associated Order(s): IP CONSULT TO OTOLARYNGOLOGY (ENT)

Formatting of this note is different from the original.

Otolaryngology - Head and Neck Surgery Consult

REASON FOR CONSULT: Sinusitis/sinonasal mass

HPI:
56 y.o. male with a 1 week history of severe headaches clustered on the left eye. The patient tried many things to help with this such as eliminating caffeine, other common headache triggers and many foods from his diet. He was also taking acetaminophen as well as what sounds like Fioricet which did help with his pain however the headaches kept recurring. He then had tingling in his right hand which concerned him for the stroke for which she presented to an outside hospital. At the outside hospital imaging was done which showed sinonasal disease and the patient was transferred to Tampa General Hospital for further evaluation and management of this. He does not have any history of sinus surgery or sinus infections.

ROS: 10 point ROS performed, pertinent findings documented in HPI.

No current facility-administered medications on file prior to encounter.

No current outpatient medications on file prior to encounter.

Not on File

No past medical history on file.

No past surgical history on file.

No family history on file.

Physical Exam:
Recent Vitals
09/13/22 0608 09/13/22 0623 09/13/22 0700
BP: 118/80 118/63 116/65
Pulse: 67 92 68
Resp: 18 18 18
Temp: 98.1 °F (36.7 °C) 98.1 °F (36.7 °C) 97.7 °F (36.5 °C)
SpO2: 98% 98% 99%

GEN - NAD. Pressured speech, grandiose ideologies, pleasant patient however.
NEURO - CN 2-12 intact
HEAD - Normocephalic, atraumatic.
FACE - Symmetric, sinuses non-tender to palpation.
EYES - PERRL, EOMI

EARS:
RIGHT - Auricle well formed.
LEFT - Auricle well formed.
NOSE -right nasal cavity is patent, left side is obstructed and there is polyp visible on anterior rhinoscopy.
OC -very poor dentition. Oral cavity without lesions concerning for malignancy.
RESP - Non-labored. No stridor. Voice is strong.

Flexible nasal endoscopy:
After verbal consent was obtained, comprehensive upper airway exam was performed using a flexible fiberoptic scope under topical anesthesia. The naris was anesthetized using oxymetazoline with lidocaine nasal spray. The endoscope was passed gently along in the inferior border of the nose. The left nasal cavity was evaluated and immediately we saw white polyp obstructing the nasal cavity. We were unable to pass the scope past the polyp. On the right side there was no evidence of polyp disease however when we went medial to the middle turbinate we could see a stream of mucopurulence emanating from the sphenoid sinus on the side.

Labs:
Recent Labs
Lab 09/13/22
0110
WBC 6.53
RBC 4.10*
HGB 13.0*
HCT 38.3*
MCV 93.4
MCH 31.7*
MCHC 33.9
RDW 13.0
PLT 227

Recent Labs
Lab 09/13/22
0110
NA 140
POTASSIUM 3.8
CL 108*
CO2 22
BUN 4*
GLU 98
CREATININE 0.7*

Recent Labs
Lab 09/13/22
0110
PROTIME 11.5
LABINR 0.9

Imaging:
Only a CT head from the outside hospital which demonstrates pansinusitis on the left

Assessment/Plan
Patient is a 56 y.o. male who was transferred from an outside hospital after CT head was obtained to rule out stroke which demonstrated left-sided sinusitis. On exam patient has nasal polyposis. Likely either chronic sinusitis with nasal polyps, also possibly inverted papilloma. Less likely on the differential would be malignancy

-We will staff with our rhinologist, Dr. Tabor.
-CT sinus without contrast ordered. This likely does not require inpatient management however final plan will be dependent on the final results of the imaging
-Reasonable to treat with antibiotics to treat chronic sinusitis. Also consider 2-week prednisone taper if otherwise medically appropriate.
- UDS ordered in case OR is required

Cheyenne Roohani, M.D.
PGY 5
USF Otolaryngology/Head and neck surgery
Electronically signed by Mark Tabor, MD at 09/21/2022 5:25 PM EDT

ED Notes - documented in this encounter

Nurse Michelle - 09/13/2022 6:09 AM EDT

Formatting of this note might be different from the original.

Pt. Alert and oriented, respirations even and unlabored. Pt. Ambulatory. Admission information reviewed with patient and verbalized understanding. Plan of care updated

Electronically signed by Nurse Michelle at 09/13/2022 6:09 AM EDT

Constantine Zaharis, MD - 09/12/2022 11:49 PM EDT

Formatting of this note is different from the original.

History limited by none.

Listed PCP: No primary care provider on file.

HPI

Gordon Watts is a 56 y.o. male who presents as a transfer accepted by ENT for a sphenoid/ethmoid mass concerning either for a neoplasm or malignant fungal infection. The patient reports a headache over the past week which has progressively worsened as the week went on. He would wake without a headache, but as the day progressed, his headache would worsen. He has no changes in vision and has no fevers or chills. No neck pain or stiffness. No history of brain aneurysms and not sudden and thunderclap in nature.

Review of Systems
Constitutional: Negative for chills and fever.
HENT: Negative for congestion.
Respiratory: Negative for chest tightness and shortness of breath.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea, nausea and vomiting.
Genitourinary: Negative for flank pain.
Musculoskeletal: Negative for back pain, neck pain and neck stiffness.
Skin: Negative for rash and wound.
Neurological: Positive for headaches. Negative for light-headedness.
All other systems reviewed and are negative.

No Known Allergies

Past surgical history:

Left wrist surgery
Cataract surgery

Social History:

Denies smoking drinking or drugs

Past Medical History:

Migraines

Vital Signs

ED Triage Vitals [09/12/22 2244]
Temp Temp Source Heart Rate Heart Rate Source Resp
98.2 °F (36.8 °C) Oral 76 -- 16

BP BP Location Patient Position Oxygen Concentration (%) SpO2
118/76 -- -- -- 99 %

Recent Vitals
09/12/22 2244 09/13/22 0124
BP: 118/76 116/82
Pulse: 76 68
Resp: 16 18
Temp: 98.2 °F (36.8 °C)
SpO2: 99% 98%

Physical Exam
Physical Exam
Vitals and nursing note reviewed.

Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is not ill-appearing.
HENT:
Head: Normocephalic and atraumatic.
Comments: No temporal artery ttp

Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Eyes:
Extraocular Movements: Extraocular movements intact.
Pupils: Pupils are equal, round, and reactive to light.
Comments: Fovi
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No stridor. No rhonchi.
Abdominal:
General: There is no distension.
Palpations: Abdomen is soft. There is no mass.
Tenderness: There is no abdominal tenderness.
Hernia: No hernia is present.
Musculoskeletal:
General: No swelling or tenderness. Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Skin:
General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Findings: No rash.
Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time.
Sensory: No sensory deficit.
Psychiatric:
Comments: Pressured speech

ED Course & Medical Decision Making
Procedures

MDM:

Patient presents as a transfer accepted by ENT for sphenoid mass. Currently neurologically intact without focal findings. No fevers, rashes or neck discomfort warranting LP at this time. Will obtain basic labs, upload imaging and contact accepting team.

Constantine Zaharis 11:49 PM

Labs:
Results for orders placed or performed during the hospital encounter of 09/12/22
CBC and Automated Differential w/reflex
Result Value Ref Range
WBC 6.53 4.6 - 10.2 10*3/uL
RBC 4.10 (L) 4.69 - 6.13 10*6/uL
HEMOGLOBIN 13.0 (L) 14.1 - 18.1 g/dL
HEMATOCRIT 38.3 (L) 43.5 - 53.7 %
MCV 93.4 80 - 97 fL
MCH 31.7 (H) 27.0 - 31.2 pg
MCHC 33.9 31.8 - 35.4 g/dL
PLATELET COUNT 227 142.0 - 424.0 10*3/uL
MPV 10.3 9.4 - 12.4 fL
RDW 13.0 11.6 - 14.8 %
NUCLEATED RBCS 0.0 0 /100 WBCS
TOTAL NRBCS 0.00 0.0 10*3/uL
DIFFERENTIAL TYPE AUTOMATED DIFFERENTIAL
% NEUTROPHILS 70.3 39 - 77 %
% IMMATURE GRANULOCYTES 0.3 0.0 - 0.9 %
% LYMPHOCYTES 19.1 15 - 47 %

% MONOCYTES 6.6 3 - 13 %
% EOSINOPHILS 3.2 0 - 6 %
% BASOPHILS 0.5 0 - 2 %
TOTAL NEUTROPHILS 4.59 1.79 - 7.85 10*3/uL
TOTAL IMMATURE GRANULOCYTES 0.02 0.0 - 0.99 10*3/uL
TOTAL LYMPHOCYTES 1.25 0.69 - 4.79 10*3/uL
TOTAL MONOCYTES 0.43 0.14 - 1.33 10*3/uL
TOTAL EOSINOPHILS 0.21 0.00 - 0.61 10*3/uL
TOTAL BASOPHILS 0.03 0.00 - 0.20 10*3/uL
CMP
Result Value Ref Range
Sodium 140 135 - 148 MEQ/L
Potassium 3.8 3.5 - 5.3 MEQ/L
Chloride 108 (H) 98 - 107 MEQ/L
CO2 22 22 - 29 MEQ/L
BUN 4 (L) 6 - 20 MG/DL
Glucose 98 70 - 110 MG/DL
CREATININE,BLOOD 0.7 (L) 0.72 - 1.25 MG/DL
CALCIUM 9.0 8.4 - 10.2 MG/DL
AST (SGOT) 15 5 - 34 U/L
ALT (SGPT) 9 5 - 55 U/L
TOTAL BILIRUBIN 0.5 0.1 - 1.2 MG/DL
ALKALINE PHOSPHATASE 72 40 - 150 U/L
TOTAL PROTEIN 6.1 (L) 6.4 - 8.3 GM/DL
ALBUMIN 3.5 3.5 - 5.0 GM/DL
ANION GAP 10 5 - 13 MEQ/L
BUN / CREAT RATIO 6
GLOBULIN 3 GM/DL
ALB/GLOB RATIO 1
GFR 108 ML/MIN/1.73 M2
Lipase
Result Value Ref Range
LIPASE 18 4 - 78 U/L
PT only with INR
Result Value Ref Range
PROTIME 11.5 10.0 - 14.4 SEC
INR 0.9
Urinalysis
Result Value Ref Range
URINE GLUCOSE NEGATIVE NEGATIVE mg/dL
PROTEIN NEGATIVE NEGATIVE mg/dL
URINE UROBILINOGEN <2 <2 mg/dL
BILIRUBIN NEGATIVE NEGATIVE mg/dL
URINE PH 7.5 mg/dL
URINE KETONES NEGATIVE NEGATIVE mg/dL
URINE HEMOGLOBIN NEGATIVE NEGATIVE
NITRITES NEGATIVE NEGATIVE
LEUKOCYTES NEGATIVE NEGATIVE Leu/uL
SPECIFIC GRAVITY 1.001 (L) 1.007 - 1.030
Appearance CLEAR CLEAR
COLOR COLORLESS (A) YELLOW
URINALYSIS COMMENT SEE NOTES
Blood Gas-Electro-Lactate
Result Value Ref Range
SPECIMEN TYPE VENOUS
PO2 74 (L) 75 - 110 MM HG
PCO2 32 (L) 35 - 45 MM HG
PH 7.47 (H) 7.35 - 7.45
Measured O2 SAT 94 (L) >95 %
BASE EXCESS 1 0 - 2 MEQ/L
HCO3 23 (L) 24 - 27 MEQ/L
O2 DEVICE UNKNOWN
PATIENT TEMP 37.0 DEG C
TECH ID RN
SITE UNKNOWN
TIME COLLECTED 120
NA, PULMONARY 140 135 - 148 MEQ/L
K, PULMONARY 3.8 3.7 - 5.3 MEQ/L
IONIZED CALCIUM 1.26 1.15 - 1.38 MMOL/L
CHLORIDE, PULMONARY 108 100 - 112 MEQ/L

GLUCOSE, PULMONARY 94 85 - 125 MG/DL
LACTIC ACID 0.6 <2.3 MMOL/L
PF RATIO
Unable to calculate PF Ratio due to unknown/unavailable FIO2
CALCULATED CO2, PULMONARY 24.2 22 - 29

All Labs were reviewed and interpreted by the Emergency Physician

Imaging: Imaging Results

LOAD TRANSFERRED PATIENT FILMS CT (In process)

EKG: None ordered

Consults: USF ENT, Internal Medicine

Reevaluation and ED Course: Patient was reevaluated multiple times and remained stable in the ED.

ED Course as of 09/13/22 0622
Tue Sep 13, 2022
0029 Discussed with ENT and they would like for the patient to be admitted to a medical service. They plan on obtaining a biopsy, but the patient does not require to be NPO at this time.
[CZ]

ED Course User Index
[CZ] Constantine Zaharis, MD

1:11 AM

Patient was given fiorocet at the OSH and is requesting more pain medications specifically fiorocet.

Clinical Impression & Disposition

Final diagnoses:
Mass of left sphenoid sinus

Electronically signed by Constantine Zaharis 09/12/2022 11:49 PM.

ADMISSION- Care of patient transferred to admitting team at 2:40 AM. Discussed care provided and results of the current work up, including lab work and imaging studies, as well as pending items. The patient is in guarded condition. The patient and/or family have been informed of the decision for admission.

Constantine Zaharis, MD
09/13/22 0623

Electronically signed by Constantine Zaharis, MD at 09/13/2022 6:23 AM EDT

Nurse Tamara - 09/12/2022 10:59 PM EDT

Formatting of this note might be different from the original.
Pt to ed by ems as transfer from baptist ED for ENT consult r/t left sided mass per CT. #20g piv L AC, 1 liter NS pta. gcs15.
Electronically signed by Nurse Tamara at 09/12/2022 11:02 PM EDT

Nurse Allyson - 09/12/2022 10:40 PM EDT

Formatting of this note might be different from the original.
Patient to local ed for headache 1 week, CT of head shows small growth in his sinus cavity. Being transferred for a ent consult. 126/63, HR 76, 98.1 temp, 16rr
Electronically signed by Nurse Allyson at 09/12/2022 10:43 PM EDT

Miscellaneous Notes - documented in this encounter

Discharge Patient Education Summary - Nurse Ron - 09/14/2022 4:16 PM EDT

Formatting of this note might be different from the original.

Gordon Watts received a copy of the After Visit Summary and Drug Teaching sheets for all of the drugs listed in the discharge medication list, unless stated otherwise. Information was reviewed, patient/ family were allowed to ask questions which were addressed to their satisfaction. Understanding was expressed regarding discharge diet, activity, any special instructions or procedures, parameters to monitor (like vital signs, weight, signs and symptoms, etc), when to call the doctor and follow up appointments as indicated in After Visit Summary. Pt discharged home. All questions answered. Pt transferred to the departure lounge to await meds 2 beds and a LYFT ride.

Electronically signed by Nurse Ron at 09/14/2022 4:17 PM EDT

Plan of Care - Nurse Ron - 09/14/2022 3:42 PM EDT

Formatting of this note might be different from the original.

Pt cleared for discharge. Awaiting script to be sign, MD aware.
Pt states he needs a ride home, SW notified.

Electronically signed by Nurse Ron at 09/14/2022 3:51 PM EDT

Plan of Care - Cheyenne Roohani, MD - 09/14/2022 1:31 PM EDT

Formatting of this note might be different from the original.

ENT Plan of Care

Imaging reviewed with Dr. Tabor. No inpatient intervention indicated at this time. Patient should discharge with 2 weeks antibiotics and a steroid taper.

Patient will follow up with Dr. Tabor in 2-4 weeks after discharge. We have sent a message to the clinic to make this appointment for the patient. Follow up information has been placed into the discharge instructions.

Please page ENT on call pager with any questions or concerns

Cheyenne Roohani, M.D.
PGY 5
USF Otolaryngology/Head and neck surgery

Electronically signed by Cheyenne Roohani, MD at 09/14/2022 1:32 PM EDT

Plan of Care - Nurse Angelica - 09/14/2022 6:28 AM EDT

Formatting of this note might be different from the original.

Problem: Adult Inpatient Plan of Care
Goal: Plan of Care Review
Outcome: Ongoing, Progressing
Flowsheets (Taken 9/14/2022 0627)
Progress: no change
Outcome Summary: CT exam results still pending. Patient c/o of headache overnight that was not relieved by fiorcet. RN spoke with dr and patient received a headache cocktail and patient has been sleeping through the night comfortably. Patient has been NPO since midnight. VSS. No acute distress noted.
Goal: Patient-Specific Goal (Individualization)
Outcome: Ongoing, Progressing
Goal: Absence of Hospital-Acquired Illness or Injury
Outcome: Ongoing, Progressing
Goal: Optimal Comfort and Wellbeing
Outcome: Ongoing, Progressing
Goal: Readiness for Transition of Care
Outcome: Ongoing, Progressing

Electronically signed by Nurse Angelica at 09/14/2022 6:28 AM EDT

Plan of Care - Nurse Annette - 09/13/2022 6:20 PM EDT

Formatting of this note might be different from the original.

Pleasant patient with multiple questions for team. Wanting to know if he will be on antibiotics, steroids, how to prevent this from coming back, if surgery is needed. Very concerned about wasting food and has stated that he is satisfied and does not need any dinner. When dinner tray arrives will see if he will take the Boost ordered. Patient is very thin even though he has only had issues with nausea and vomiting over the past few days. Pant is very loose on him.

Electronically signed by Nurse Annette at 09/13/2022 6:25 PM EDT

Plan of Care - Michelle Meyer, RD - 09/13/2022 1:22 PM EDT

Formatting of this note is different from the original.

Patient at risk: nutritional at risk (RD will continue to follow).

Clinical Nutrition
Initial Assessment

Assessment

Subjective: Nutrition assessment due to MST of 1. Patient interviewed at bedside. Reports good appetite prior to admission and usual body weight of 115lb. Denies any nutrition issues. Ate well at breakfast this morning. Will add oral nutrition supplements to optimize nutrient intake.
Current Medical Problem:
Mass of left sphenoid sinus [J34.89]
Past Medical HX: No past medical history on file.
Discharge Plan: Pending
Age: 56 y.o.
Height: 172.7 cm (5' 8")
Admission Weight: 120lb
(Method): stated
Ideal Body Weight: 68.4 kg
Body Mass Index: (!) 18.25 -underweight

Recent Weights

9/12/2022
2244 9/13/2022
0623

Weight: 56.7 kg (125 lb) 54.4 kg (120 lb)
Adult Weight Method: Estimated Patient Stated Weight

Current Nutrition Support/Diet Order:
Diet 7 Regular -

Food Related Allergies: nkfa

Current Intake/Output:No intake or output data in the 24 hours ending 09/13/22 1326
Pertinent Nutrition Related Meds: reviewed
Pertinent Nutrition Related Labs: reviewed
Recent Labs
Lab 09/13/22
0110
NA 140
POTASSIUM 3.8
CL 108*
CO2 22
BUN 4*
GLU 98
CREATININE 0.7*
CALCIUM 9.0
AST 15
ALT 9
BILITOT 0.5
ALKPHOS 72
TOTPRO 6.1*
LABALBU 3.5
ANIONGAP 10

Skin Assessment: reviewed
GI / BM: 09/11/22

Estimated Nutrition Requirements

Nutrition Calculation Weight: 54.4 kg (119 lb 14.9 oz) (stated)
Calories: 1600-1900 (30-35 cal/kg) per day
Protein: 80-90 (1.5g/kg) grams per day
Fluid: (per MD) milliliters per day

Nutrition Diagnosis

Increased nutrient needs (NI-5.1) due to increased demand of nutrients as evidenced by low BMI

Intervention

Recommended Diet/Nutrition Prescription & Interventions:
1. Regular diet. Add Boost plus daily
2. Monitor and replete electrolytes as appropriate
3 Document daily weights on properly zeroed scale, or standing scale as able and appropriate with other activities/therapies

Monitoring and Evaluation
Nutritional intake and tolerance, weights, labs, GI function, and POC

RD to follow and adjust recommendations based on changes in clinical course. Please contact with questions or concerns.

Michelle Meyer RD, CSO, LDN
Clinical Nutrition Specialist
Office: 813-844-8981

Electronically signed by Michelle Meyer, RD at 09/13/2022 1:36 PM EDT

Plan of Treatment - documented as of this encounter

Health Maintenance	Due Date	Last Done	Comments
Hepatitis C Screening	**05/16/1984**		
Annual Exam	**05/16/2006**		
Colonoscopy	**05/16/2016**		
Flu Shot	**08/01/2022**	11/25/2014	
Covid-19 Vaccine	Completed	04/01/2022, 12/01/2021, 05/30/2021, Additional history exists	
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Results - documented in this encounter

(ABNORMAL) BMP (BASIC METABOLIC PANEL (BMP)) - Final result (09/14/2022 8:19 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	143	135 - 148 MEQ/L			TGH (SUNQUEST)	
Potassium	3.6	3.5 - 5.3 MEQ/L			TGH (SUNQUEST)	
Chloride	**111 (H)**	98 - 107 MEQ/L			TGH (SUNQUEST)	
CO2	**21 (L)**	22 - 29 MEQ/L			TGH (SUNQUEST)	
BUN	7	6 - 20 MG/DL			TGH (SUNQUEST)	
Glucose	94	70 - 110 MG/DL			TGH (SUNQUEST)	
CREATININE,BLOOD	0.8	0.72 - 1.25 MG/DL			TGH (SUNQUEST)	
CALCIUM	9.0	8.4 - 10.2 MG/DL			TGH (SUNQUEST)	
ANION GAP	11	5 - 13 MEQ/L			TGH (SUNQUEST)	
BUN / CREAT RATIO	9				TGH (SUNQUEST)	
GFR	104	ML/ MIN/ 1.73 M2			TGH (SUNQUEST)	

Comment:
Effective 4/13/22. eGFR are now using the CKD EPI 2021 equation with no required race coefficient. For most patients the eGFRcr result will be similar, however, for some, the values may differ by more than 10% particularly at higher values of eGFRcr and
for younger adult ages.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/14/2022 8:19 AM EDT	09/14/2022 8:36 AM EDT

Narrative

TGH (SUNQUEST) - 09/14/2022 9:01 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Nicole Brandon	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) CBC AND AUTO DIFF WITH REFLEX (CBC AND AUTOMATED DIFFERENTIAL RFLX MANUAL DIFF) - Final result (09/14/2022 8:19 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	7.04	4.6 - 10.2 10*3/uL			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RBC	**4.36 (L)**	4.69 - 6.13 10*6/uL			TGH (SUNQUEST)	
HEMOGLOBIN	**13.8 (L)**	14.1 - 18.1 g/dL			TGH (SUNQUEST)	
HEMATOCRIT	**42.2 (L)**	43.5 - 53.7 %			TGH (SUNQUEST)	
MCV	96.8	80 - 97 fL			TGH (SUNQUEST)	
MCH	**31.7 (H)**	27.0 - 31.2 pg			TGH (SUNQUEST)	
MCHC	32.7	31.8 - 35.4 g/dL			TGH (SUNQUEST)	
PLATELET COUNT	230	142.0 - 424.0 10*3/uL			TGH (SUNQUEST)	
MPV	10.4	9.4 - 12.4 fL			TGH (SUNQUEST)	
RDW	13.2	11.6 - 14.8 %			TGH (SUNQUEST)	
NUCLEATED RBCS	0.0	0 /100 WBCS			TGH (SUNQUEST)	
TOTAL NRBCS	0.00	0.0 10*3/uL			TGH (SUNQUEST)	
DIFFERENTIAL TYPE	AUTOMATED DIFFERENTIAL				TGH (SUNQUEST)	
% NEUTROPHILS	51.7	39 - 77 %			TGH (SUNQUEST)	
% IMMATURE GRANULOCYTES	0.1	0.0 - 0.9 %			TGH (SUNQUEST)	
% LYMPHOCYTES	28.0	15 - 47 %			TGH (SUNQUEST)	
% MONOCYTES	8.9	3 - 13 %			TGH (SUNQUEST)	
% EOSINOPHILS	**10.7 (H)**	0 - 6 %			TGH (SUNQUEST)	
% BASOPHILS	0.6	0 - 2 %			TGH (SUNQUEST)	
TOTAL NEUTROPHILS	3.64	1.79 - 7.85 10*3/uL			TGH (SUNQUEST)	
TOTAL IMMATURE GRANULOCYTES	0.01	0.0 - 0.99 10*3/uL			TGH (SUNQUEST)	
TOTAL LYMPHOCYTES	1.97	0.69 - 4.79 10*3/uL			TGH (SUNQUEST)	
TOTAL MONOCYTES	0.63	0.14 - 1.33 10*3/uL			TGH (SUNQUEST)	
TOTAL EOSINOPHILS	**0.75 (H)**	0.00 - 0.61 10*3/uL			TGH (SUNQUEST)	
TOTAL BASOPHILS	0.04	0.00 - 0.20 10*3/uL			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/14/2022 8:19 AM EDT	09/14/2022 8:36 AM EDT

Narrative

TGH (SUNQUEST) - 09/14/2022 8:40 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Nicole Brandon	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

CT SINUS WO CONTRAST - Final result (09/13/2022 5:09 PM EDT)

Anatomical Region	Laterality	Modality
Head		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/13/2022 5:09 PM EDT	

Narrative

09/14/2022 8:24 AM EDT

Narrative

EXAMINATION: CT SINUS WO CONTRAST

HISTORY: Head/neck cancer, assess treatment response

TECHNIQUE: Axial CT of the paranasal sinuses without contrast. Multiplanar reformations were reviewed at the workstation.

DOSE: CTDIvol: 21.0 mGy. DLP: 502 mGy-cm.

This exam was performed according to our departmental dose-optimization program which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

COMPARISON: September 12, 2022

FINDINGS:
Paranasal sinuses: The paranasal sinuses are normally developed and aerated. There is almost complete opacification of the left maxillary sinus with mild aeration. There are areas noted of increased attenuation within the sinus. There is hyperostosis of the left maxillary sinus. There is complete opacification of the left ethmoid air cells. There is soft tissue material noted extending into the superior left nasal passage. There is thinning of the roof of the left-sided ethmoid sinuses. The left frontal sinus is almost completely opacified with minimal aeration. There is complete opacification of the left sphenoid sinus and almost complete opacification of the right sphenoid sinus with dehiscence of the septum between the sphenoid sinuses. There is expansion of the sphenoid sinuses with thinning of the bone involving the roof. There is minimal mucosal thickening of the right maxillary sinus and right ethmoid sinuses. The right frontal sinus is well aerated although hypoplastic.
Nasal septum and nasal cavity: The anterior nasal septum is deviated to the left. The mid septum is deviated to the right. There is a bony spur which deforms the right inferior turbinate.
Brain: Visualized portions appear unremarkable
Orbits: Normal
Nasopharynx: Normal

IMPRESSION:
Extensive paranasal sinus disease mostly involving the left side. There are chronic changes with hyperostosis mostly involving the left maxillary sinus. There is thinning of the roof of the left-sided ethmoid sinuses and bilateral sphenoid sinuses suggestive of dehiscence. There does appear to be expansion of the sphenoid sinuses suggestive of a mucocele.
There is erosion of the middle septum between the sphenoid sinuses. The soft tissue material is extending from the left ethmoid sinuses and to the left nasal passage consistent with polypoid disease. The possibility of a mass such as inverting papilloma cannot be completely excluded. MRI would be helpful to exclude. There are areas of increased attenuation noted in the mucosal thickening which most likely represents inspissated mucus although can be seen with fungal colonization

Nasal septal deviation. There is a prominent bony spur to the right which deforms the right inferior turbinate.

Minimal right-sided paranasal sinuses

RADIATION DOSE REDUCTION: All CT scans are performed using radiation dose reduction techniques, when applicable. Technical factors are evaluated and adjusted to ensure appropriate moderation of exposure. Automated dose management technology is applied to just the radiation doses to minimize exposure while achieving diagnostic quality images.

Procedure Note

Rodriguez, Douglas - 09/14/2022

Procedure Note

Formatting of this note might be different from the original.

EXAMINATION: CT SINUS WO CONTRAST

HISTORY: Head/neck cancer, assess treatment response

TECHNIQUE: Axial CT of the paranasal sinuses without contrast. Multiplanar reformations were reviewed at the workstation.

DOSE: CTDIvol: 21.0 mGy. DLP: 502 mGy-cm.

This exam was performed according to our departmental dose-optimization program which includes automated exposure control, adjustment of the mA and/or kV according to patient size
and/or use of iterative reconstruction technique.

COMPARISON: September 12, 2022

FINDINGS:
Paranasal sinuses: The paranasal sinuses are normally developed and aerated. There is almost complete opacification of the left maxillary sinus with mild aeration. There are areas
noted of increased attenuation within the sinus. There is hyperostosis of the left maxillary sinus. There is complete opacification of the left ethmoid air cells. There is soft
tissue material noted extending into the superior left nasal passage. There is thinning of the roof of the left-sided ethmoid sinuses. The left frontal sinus is almost completely
opacified with minimal aeration. There is complete opacification of the left sphenoid sinus and almost complete opacification of the right sphenoid sinus with dehiscence of the
septum between the sphenoid sinuses. There is expansion of the sphenoid sinuses with thinning of the bone involving the roof. There is minimal mucosal thickening of the right
maxillary sinus and right ethmoid sinuses. The right frontal sinus is well aerated although hypoplastic.
Nasal septum and nasal cavity: The anterior nasal septum is deviated to the left. The mid septum is deviated to the right. There is a bony spur which deforms the right inferior
turbinate.
Brain: Visualized portions appear unremarkable
Orbits: Normal
Nasopharynx: Normal

IMPRESSION:
Extensive paranasal sinus disease mostly involving the left side. There are chronic changes with hyperostosis mostly involving the left maxillary sinus. There is thinning of the
roof of the left-sided ethmoid sinuses and bilateral sphenoid sinuses suggestive of dehiscence. There does appear to be expansion of the sphenoid sinuses suggestive of a mucocele.
There is erosion of the middle septum between the sphenoid sinuses. The soft tissue material is extending from the left ethmoid sinuses and to the left nasal passage consistent
with polypoid disease. The possibility of a mass such as inverting papilloma cannot be completely excluded. MRI would be helpful to exclude. There are areas of increased
attenuation noted in the mucosal thickening which most likely represents inspissated mucus although can be seen with fungal colonization

Nasal septal deviation. There is a prominent bony spur to the right which deforms the right inferior turbinate.

Minimal right-sided paranasal sinuses

RADIATION DOSE REDUCTION: All CT scans are performed using radiation dose reduction techniques, when applicable. Technical factors are evaluated and adjusted to ensure appropriate
moderation of exposure. Automated dose management technology is applied to just the radiation doses to minimize exposure while achieving diagnostic quality images.

Authorizing Provider	Result Type
Jenna Evelyn Bergman	IMG CT ORDERABLES

OPIATES SCREEN, URINE (OPIATE SCREEN, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Opiates	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:
Cut off 300 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

COCAINE SCREEN, URINE (COCAINE METABOLITES, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Cocaine (Metab.) Screen, Urine	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Comment:
Cut off 300 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

BENZODIAZEPINES SCREEN, URINE (DRUG SCREEN, BENZODIAZEPINE CONFIRMATION, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
BENZODIAZEPINES	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Comment:
Cut off 200 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

AMPHETAMINE/METHAMPHETAMINE SCREEN, URINE (AMPHETAMINE/METHAMPHETAMINE, URINE) - Final result (09/13/2022 1:13 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
AMPHETAMINE	NEGATIVE	NEGATIVE NG/ML			TGH (SUNQUEST)	

Comment:
Cut off 1000 ng/ml
All positive results are presumptive and are for clinical use only. Confirmation by alternative methodology (TLC,GC,GC/MS) is available only by Physician request.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine			09/13/2022 1:13 PM EDT	09/13/2022 1:51 PM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 2:23 PM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Cheyenne Roohani	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

MAGNESIUM, SERUM - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MAGNESIUM	2.1	1.6 - 2.6 MG/DL			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 9:37 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 10:34 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Nicole Brandon	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) BLOOD GAS-ELECTRO-LACTATE - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SPECIMEN TYPE	VENOUS				TGH (SUNQUEST)	
PO2	**74 (L)**	75 - 110 MM HG			TGH (SUNQUEST)	
PCO2	**32 (L)**	35 - 45 MM HG			TGH (SUNQUEST)	
PH	**7.47 (H)**	7.35 - 7.45			TGH (SUNQUEST)	
Measured O2 SAT	**94 (L)**	>95 %			TGH (SUNQUEST)	
BASE EXCESS	1	0 - 2 MEQ/L			TGH (SUNQUEST)	
HCO3	**23 (L)**	24 - 27 MEQ/L			TGH (SUNQUEST)	
O2 DEVICE	UNKNOWN				TGH (SUNQUEST)	
PATIENT TEMP	37.0	DEG C			TGH (SUNQUEST)	
TECH ID	RN				TGH (SUNQUEST)	
SITE	UNKNOWN				TGH (SUNQUEST)	
TIME COLLECTED	120				TGH (SUNQUEST)	
NA, PULMONARY	140	135 - 148 MEQ/L			TGH (SUNQUEST)	
K, PULMONARY	3.8	3.7 - 5.3 MEQ/L			TGH (SUNQUEST)	
Comment: Whole blood testing, unable to verify specimen integrity, i.e. hemolysis. Please verify result utilizing the clinical laboratory potassium.						
IONIZED CALCIUM	1.26	1.15 - 1.38 MMOL/L			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CHLORIDE, PULMONARY	108	100 - 112 MEQ/L			TGH (SUNQUEST)	
GLUCOSE, PULMONARY	94	85 - 125 MG/DL			TGH (SUNQUEST)	
LACTIC ACID	0.6	<2.3 MMOL/L			TGH (SUNQUEST)	
PF RATIO	Unable to calculate PF Ratio due to unknown/ unavailable FIO2				TGH (SUNQUEST)	
CALCULATED CO2, PULMONARY	24.2	22 - 29			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/13/2022 1:10 AM EDT	09/13/2022 1:42 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 1:43 AM EDT
Test performed by
Tampa General Hospital Pulmonary Laboratory
1 Tampa General Circle
Tampa, FL  33606
Brenda Juan-Guardela M.D., Laboratory Director
Phone: (813) 844-7451
CLIA 10D0689890
```

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) UA W/ MICRO (URINALYSIS (UA) W/ RFLX TO MICROSCOPIC) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
URINE GLUCOSE	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
PROTEIN	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
URINE UROBILINOGEN	<2	<2 mg/dL			TGH (SUNQUEST)	
BILIRUBIN	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
URINE PH	7.5	mg/dL			TGH (SUNQUEST)	
URINE KETONES	NEGATIVE	NEGATIVE mg/dL			TGH (SUNQUEST)	
URINE HEMOGLOBIN	NEGATIVE	NEGATIVE			TGH (SUNQUEST)	
NITRITES	NEGATIVE	NEGATIVE			TGH (SUNQUEST)	
LEUKOCYTES	NEGATIVE	NEGATIVE Leu/uL			TGH (SUNQUEST)	
SPECIFIC GRAVITY	**1.001 (L)**	1.007 - 1.030			TGH (SUNQUEST)	

Comment: PERFORMED BY REFRACTOMETER

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Appearance	CLEAR	CLEAR			TGH (SUNQUEST)	
COLOR	**COLORLESS (A)**	YELLOW			TGH (SUNQUEST)	
URINALYSIS COMMENT	SEE NOTES				TGH (SUNQUEST)	

Comment: AUTOMATED MICROSCOPY PERFORMED, NOTHING DETECTED

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Other			09/13/2022 1:10 AM EDT	09/13/2022 1:36 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 1:42 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Constantine Zaharis	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

PROTHROMBIN TIME WITH INR (PROTHROMBIN TIME (PT) WITH INR) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PROTIME	11.5	10.0 - 14.4 SEC			TGH (SUNQUEST)	
INR	0.9				TGH (SUNQUEST)	

Comment:

```
SUGGESTED INR THERAPEUTIC REFERENCE RANGES FOR PATIENTS ON ORAL ANTICOAGULANT THERAPY.
LOW INTENSITY ORAL ANTICOAGULANT THERAPY:  1.5-2.0
MODERATE INTENSITY ORAL ANTICOAGULANT THERAPY:  2.0-3.0
HIGH INTENSITY ORAL ANTICOAGULANT THERAPY:  2.5-3.5 OR 3.0-4.0
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

LIPASE, SERUM - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
LIPASE	18	4 - 78 U/L			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 1:52 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) CMP (COMPREHENSIVE METABOLIC PANEL (CMP), SERUM) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	135 - 148 MEQ/L			TGH (SUNQUEST)	
Potassium	3.8	3.5 - 5.3 MEQ/L			TGH (SUNQUEST)	
Chloride	**108 (H)**	98 - 107 MEQ/L			TGH (SUNQUEST)	
CO2	22	22 - 29 MEQ/L			TGH (SUNQUEST)	
BUN	**4 (L)**	6 - 20 MG/DL			TGH (SUNQUEST)	
Glucose	98	70 - 110 MG/DL			TGH (SUNQUEST)	
CREATININE,BLOOD	**0.7 (L)**	0.72 - 1.25 MG/DL			TGH (SUNQUEST)	
CALCIUM	9.0	8.4 - 10.2 MG/DL			TGH (SUNQUEST)	
AST (SGOT)	15	5 - 34 U/L			TGH (SUNQUEST)	
ALT (SGPT)	9	5 - 55 U/L			TGH (SUNQUEST)	
TOTAL BILIRUBIN	0.5	0.1 - 1.2 MG/DL			TGH (SUNQUEST)	
ALKALINE PHOSPHATASE	72	40 - 150 U/L			TGH (SUNQUEST)	
TOTAL PROTEIN	**6.1 (L)**	6.4 - 8.3 GM/DL			TGH (SUNQUEST)	
ALBUMIN	3.5	3.5 - 5.0 GM/DL			TGH (SUNQUEST)	
ANION GAP	10	5 - 13 MEQ/L			TGH (SUNQUEST)	
BUN / CREAT RATIO	6				TGH (SUNQUEST)	
GLOBULIN	3	GM/DL			TGH (SUNQUEST)	
ALB/GLOB RATIO	1				TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
GFR	108	ML/ MIN/ 1.73 M2			TGH (SUNQUEST)	

Comment:
Effective 4/13/22. eGFR are now using the CKD EPI 2021 equation with no required race coefficient. For most patients the eGFRcr result will be similar, however, for some, the values may differ by more than 10% particularly at higher values of eGFRcr and
for younger adult ages.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Narrative

TGH (SUNQUEST) - 09/13/2022 1:55 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL 33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

(ABNORMAL) CBC AND AUTO DIFF WITH REFLEX (CBC AND AUTOMATED DIFFERENTIAL RFLX MANUAL DIFF) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.53	4.6 - 10.2 10*3/uL			TGH (SUNQUEST)	
RBC	**4.10 (L)**	4.69 - 6.13 10*6/uL			TGH (SUNQUEST)	
HEMOGLOBIN	**13.0 (L)**	14.1 - 18.1 g/ dL			TGH (SUNQUEST)	
HEMATOCRIT	**38.3 (L)**	43.5 - 53.7 %			TGH (SUNQUEST)	
MCV	93.4	80 - 97 fL			TGH (SUNQUEST)	
MCH	**31.7 (H)**	27.0 - 31.2 pg			TGH (SUNQUEST)	
MCHC	33.9	31.8 - 35.4 g/ dL			TGH (SUNQUEST)	
PLATELET COUNT	227	142.0 - 424.0 10*3/uL			TGH (SUNQUEST)	
MPV	10.3	9.4 - 12.4 fL			TGH (SUNQUEST)	
RDW	13.0	11.6 - 14.8 %			TGH (SUNQUEST)	
NUCLEATED RBCS	0.0	0 /100 WBCS			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TOTAL NRBCS	0.00	0.0 10*3/uL			TGH (SUNQUEST)	
DIFFERENTIAL TYPE	AUTOMATED DIFFERENTIAL				TGH (SUNQUEST)	
% NEUTROPHILS	70.3	39 - 77 %			TGH (SUNQUEST)	
% IMMATURE GRANULOCYTES	0.3	0.0 - 0.9 %			TGH (SUNQUEST)	
% LYMPHOCYTES	19.1	15 - 47 %			TGH (SUNQUEST)	
% MONOCYTES	6.6	3 - 13 %			TGH (SUNQUEST)	
% EOSINOPHILS	3.2	0 - 6 %			TGH (SUNQUEST)	
% BASOPHILS	0.5	0 - 2 %			TGH (SUNQUEST)	
TOTAL NEUTROPHILS	4.59	1.79 - 7.85 10*3/uL			TGH (SUNQUEST)	
TOTAL IMMATURE GRANULOCYTES	0.02	0.0 - 0.99 10*3/uL			TGH (SUNQUEST)	
TOTAL LYMPHOCYTES	1.25	0.69 - 4.79 10*3/uL			TGH (SUNQUEST)	
TOTAL MONOCYTES	0.43	0.14 - 1.33 10*3/uL			TGH (SUNQUEST)	
TOTAL EOSINOPHILS	0.21	0.00 - 0.61 10*3/uL			TGH (SUNQUEST)	
TOTAL BASOPHILS	0.03	0.00 - 0.20 10*3/uL			TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood			09/13/2022 1:10 AM EDT	09/13/2022 1:30 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 1:37 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Constantine Zaharis	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

CANDIDA AURIS PCR - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CANDIDA AURIS PCR, FLUID/SWAB	NOT DETECTED	NOT DETECTED			TGH (SUNQUEST)	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment: THE REAGENTS USED IN THIS TEST ARE LABELED BY THE MANUFACTURER AS ANALYTE SPECIFIC REAGENTS(ASRs).

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Other	SPECIMEN FROM SKIN / Unknown		09/13/2022 1:10 AM EDT	09/13/2022 1:25 AM EDT

Narrative

```
TGH (SUNQUEST) - 09/13/2022 11:34 AM EDT
Test performed by
Tampa General Hospital Clinical Laboratory
1 Tampa General Circle
Tampa, FL  33606
Lugen Chen M.D., Laboratory Director
CLIA 10D0290071
```

Authorizing Provider	Result Type
Constantine Zaharis	BODY FLUIDS AND STOOLS ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

SARS-COV-2 (COVID-19), NP/OP (SARS-COV-2 (COVID-19) PCR, NP/OP) - Final result (09/13/2022 1:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
SARS-COV-2 (COVID-19), NUCLEIC ACID AMPLIFICATION PCR SWAB	NOT DETECTED				TGH (SUNQUEST)	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
	NASOPHARYNGEAL STRUCTURE / Unknown		09/13/2022 1:10 AM EDT	09/13/2022 1:26 AM EDT

Authorizing Provider	Result Type
Constantine Zaharis	MICROBIOLOGY - GENERAL ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
TGH (SUNQUEST)			

Visit Diagnoses - documented in this encounter

Diagnosis
Sinus infection - Primary
Mass of sphenoid sinus

Admitting Diagnoses - documented in this encounter

Diagnosis
Mass of sphenoid sinus

Administered Medications - documented in this encounter

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
0.9% NaCl infusion at 125 mL/hr, Intravenous, CONTINUOUS, Starting on Wed 9/14/22 at 0100	New Bag	09/14/2022 12:25 AM EDT	1,000 mLs	125 mL/hr	
amoxicillin-clavulanate (AUGMENTIN) 875-125 mg per tablet 1 tablet 1 tablet, Oral, EVERY 12 HOURS SCHEDULED (2 times per day), STAT, First dose on Tue 9/13/22 at 1900, Until Discontinued	Given Given	09/14/2022 8:02 AM EDT 09/13/2022 8:32 PM EDT	1 tablet 1 tablet		
Boost Plus (oral supplement) 237 mL (1 Container), Oral, DAILY WITH DINNER, First dose on Tue 9/13/22 at 1700, Until Discontinued, What Flavor? Chocolate - 30710					
butalbital-ACETAminophen-caffeine (FIORICET, ESGIC) per tablet 1 tablet 1 tablet, Oral, ONCE, STAT, 1 dose, On Tue 9/13/22 at 0122	Given	09/13/2022 1:21 AM EDT	1 tablet		
butalbital-ACETAminophen-caffeine (FIORICET, ESGIC) per tablet 1 tablet 1 tablet, Oral, EVERY 4 HOURS PRN, Headache, Starting on Tue 9/13/22 at 0746, Until Wed 9/14/22 at 1852	Given Given Given	09/14/2022 4:14 PM EDT 09/13/2022 8:30 PM EDT 09/13/2022 4:05 PM EDT	1 tablet 1 tablet 1 tablet		
diphenhydrAMINE (BENADRYL) capsule 25-50 mg 25-50 mg, Oral, EVERY 6 HOURS PRN, Sleep, Itching, Starting on Tue 9/13/22 at 2250, Until Wed 9/14/22 at 1852					
diphenhydrAMINE HCL (BENADRYL) injection 25 mg 25 mg, Intravenous, ONCE, 1 dose, On Wed 9/14/22 at 0100	Given	09/14/2022 12:25 AM EDT	25 mg		
potassium bicarb-citric acid (EFFER-K) 20 mEq effervescent tablet 20 mEq 20 mEq, Oral, PRN, Electrolyte Replacement, for K 3.5-3.9 mg/dL, Starting on Tue 9/13/22 at 0452, Until Wed 9/14/22 at 1852	Given	09/13/2022 12:28 PM EDT	20 mEq		
potassium chloride SA (K-DUR,KLOR-CON) CR tablet 20 mEq 20 mEq, Oral, PRN, Other, for K 3.5-3.9 mg/dL, Starting on Tue 9/13/22 at 0452, Until Wed 9/14/22 at 1852	Given	09/14/2022 10:43 AM EDT	20 mEq		
prochlorperazine Edisylate (COMPAZINE) injection 10 mg 10 mg, Intravenous, ONCE, 1 dose, On Wed 9/14/22 at 0100	Given	09/14/2022 12:24 AM EDT	10 mg		

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Self Referred	PCP - General		9/13/22	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Anne Watts	Unknown	863-686-3411 (Mobile) 813-495-4709 (Work)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Self Referred (Sep. 13, 2022 - Present) **Tampa General Hospital** 1 Tampa General Circle Tampa, FL 33606		Sep. 12, 2022 - Sep. 14, 2022

Custodian Organization

Tampa General Hospital
1 Tampa General Circle
Tampa, FL 33606

Encounter Providers		Encounter Date
Constantine Zaharis (Attending) 813-971-6000 (Work) 813-972-5753 (Fax) 3100 E FLETCHER AVE TAMPA, FL 33613 Emergency Medicine	**Kerrie Fearon Pounall** (Attending, Admitting) 813-971-5343 (Work) 813-971-5343 (Fax) 2810 W SAINT ISABEL ST STE 201 TAMPA, FL 33607 Internal Medicine	Sep. 12, 2022 - Sep. 14, 2022