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COURT OF APPEALS,
DIVISION II
OF THE STATE OF WASHINGTON

DOUG HERMANSON, an individual,
Respondent/Cross-Appellant,

vs.

MULTI-CARE HEALTH SYSTEM d/b/a TACOMA GENERAL
HOSPITAL, a Washington Corporation
Appellant/Cross-Respondent.

RESPONDENT'S/CROSS-APPELLANT'S BRIEF

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1. Hermanson's records from MultiCare, pages 1 - 88

I. Overview

MultiCare wants this Court to rewrite Youngs v. Peace Health, 179 Wn.2d 645 (2014) under the guise of interpretation to create protections Youngs explicitly refused. Youngs expressly rejected what MultiCare claims Youngs provides; that its defense attorney may have ex parte, privileged communications with all its employee care providers:

The defendants maintain that Upjohn recognized a blanket privilege for communications between corporate counsel and corporate employees at all levels, regardless of a given employee's relationship to potential corporate liability. This perspective—which in the era of rapidly consolidating healthcare systems would all but eviscerate Loudon—reads too much into the Upjohn decision. Upjohn does not say that every corporate employee is necessarily a “party” to a lawsuit naming the employee's corporate employer. Nor it does not say that every employee is corporate counsel's “client.”

Id. at 661 (internal citations omitted, quotation marks in original).

MultiCare persistently cites Upjohn v. US, 449 US 383 (1981) arguing if a corporation may have privileged, ex parte communications with an employee under Upjohn, a hospital's defense attorney may do the same for any of a plaintiff's hospital health care providers. MultiCare errs; both asserting that is the result under Upjohn and assuming it is, that it would be tolerated by Youngs. Both wrong.

Youngs cited Upjohn but MultiCare ignores Youngs did not simply adopt Upjohn with no limitation. Instead, Youngs was clear Loudon v.

Mhyre, 110 Wn.2d 675 (1988) remained “binding precedent,” Youngs, 179 Wn.2d at 660, and its intention was to “strike the proper balance” between Upjohn and Loudon. Id. at 664-665.

MultiCare ignored below and here that Youngs was a compromise. The “proper balance” Youngs struck was allowing ex parte, privileged communication only “physician-employees.” On that Youngs was clear, explicitly repeating hospital counsel “may engage in privileged (ex parte) communications with the corporation's physician-employee where the physician-employee has firsthand knowledge of the alleged negligent event and where the communications are limited to the facts of the alleged negligent event.” Id. at 671. Thus, the employee must be (1) a “physician-employee” and (2) have “firsthand knowledge” of the “alleged negligent event”: what the court described as the specific “triggering” event.” Id.

As an additional limitation, Youngs restricted contact, when it can happen, to only the triggering event. In other words, once a physician-employee meets the test, it is not game on for any topic. Only the “facts of the alleged negligent incident” may be discussed to the exclusion of all else; not even care “provided before or after the event triggering litigation” may be discussed despite its relevance to the case. Id. at 671-672.

That Youngs actually did consider the ability of hospital defense counsel to have ex parte, privileged communications with hospital

employees other than physicians and rejected it as a brightline rule is clear given the scope of the trial court's order and the portion that was reversed:

In Mr. Youngs' case, the trial court ruled that "counsel for PeaceHealth may have ex parte contact with PeaceHealth employees who provided health care to plaintiff Marc Youngs." We affirm the portion of the trial court's order permitting defense counsel's ex parte communications with Mr. Youngs' nonparty treating physicians.

Id at 672. (internal quotations in original). Note: only the portion allowing contact with "physicians" was upheld. The portion of the order allowing contact more broadly "with PeaceHealth employees who provided health care" was reversed.

If Youngs intended to allow contact with hospital healthcare providers other than physician-employees as MultiCare argues, it would not have reversed the trial court's order allowing contact with those other employees. Instead, Youngs would have remanded for proceedings consistent with the only limitation that contact must be limited to employees with "firsthand knowledge" of the triggering event. There would have been no reversal on the scope of employees (physicians versus non-physicians) with whom the contact may be had, as Youngs clearly articulated.

The trial court in the case at bar clearly erred. Not a single one of plaintiff's health care providers at Tacoma general were "physician-employees." The medical doctor was an independent contractor and the others were nurses or a social worker. Additionally, only two of those

individuals actually had “firsthand knowledge” of the triggering event: the disclosure of Mr. Hermanson’s confidential healthcare information. Those were Dr. Patterson (the independent contractor) and social worker VanSlyke (apparently a MultiCare employee) both of whom illegally disclosed Mr. Hermanson’s confidential healthcare information.

Despite that, the only limitation the trial court levied was to restrict contact with the nonemployee, independent contractor physician (Patterson) and social worker (VanSlyke). Worse, the trial court allowed MultiCare’s attorney to have full contact on any issue with two nurses (Wheeler and Definbaugh) despite the fact they had no knowledge of “triggering event.” Youngs would not even allow contact with a physician-employee who had firsthand knowledge of the triggering event, on any topic other than the actual triggering event itself.

Given the nature of those witnesses, it was not error for the trial court to restrict contact with Dr. Patterson because he was not an employee nor with VanSlyke because although an employee she was not a “physician.” It was error to allow contact with any other MultiCare employee: none had knowledge of the specific triggering event and even if they did they are not physicians other than one resident.

Youngs was a thoughtful, detailed dissection and reconciliation of the law of ex parte healthcare contact and corporate privilege. Youngs was

not merely an opinion fixing error. It spent substantial time discussing the history of both Loudon and Upjohn, the permutations of various courses of action, and drew a very narrow exception to Loudon. It defies logic that if the Supreme Court wanted to draw the exception any larger or leave open the door for extension, that it would not have expressly said such particularly given the, for lack of a better word, “energy” of the dissent saying the majority went far too far with even its very narrow exception.

As a fallback, MultiCare argues a hospital can circumvent Youngs as long as it can persuade witnesses to agree to be represented by the hospital’s attorney. The law does not tolerate such subterfuges. In this area of the law, the Courts will not “permit defense attorneys to accomplish indirectly what they cannot accomplish directly.” Smith v. Orthopedics Intern., 170 Wn.2d 939, 944 (2010). Lady justice may be blind, but she is not dumb. Albeit, for MultiCare to even offer the argument ignores the reasoning of both Loudon and Youngs.

The prohibition of a hospital’s defense attorney speaking with a plaintiff’s health care providers does not arise over the lack of a formalized representation agreement. Instead, the prohibition in Loudon arises from the fact the attorney may not have ex parte contact, at all, for any reason with a plaintiff’s health care providers. Youngs did not change that rule, it only created the exquisitely narrow exception described above. If a doctor

such as Patterson does not meet the limited exception in Youngs, his supposedly agreeing to be represented by MultiCare's attorney does not change that.

In short, MultiCare's argument its joint defense agreement allows it to get around Youngs puts the cart before the horse. Even if the rules of professional conduct were ignored and MultiCare's attorney could have an attorney-client relationship with Dr. Patterson arising out of a joint defense agreement, Youngs would still be prohibit him from speaking with Dr. Patterson by the physician-patient privilege under the Loudon rule because he is not a "physician *employee*." At very best, MultiCare's attorney could hypothetically "represent" Dr. Patterson, but Loudon and Youngs would prevent the attorney from speaking with him.

But, the point is academic. Not even a criminal defendant has an absolute right to choose a particular attorney and a putative client's desire to select an attorney does not override that attorney's obligation to not represent that person as a client if precluded by the RPCs. Here, even if this court assumes Dr. Patterson wants the representation (there is no admissible evidence to that effect), the attorney's ethics would prevent the attorney agreeing to do so for the reason described more fully below.

As relief, respondent asks this court to remand with an instruction that MultiCare may only speak to its physician employees who have

knowledge of the “facts of the alleged negligent incident” and then, limited to those facts. It is suggested that should not be a controversial as it is exactly the holding of Youngs.

In practical effect, that requires an instruction that MultiCare (1) cannot speak to Dr. Patterson because although he has knowledge of the “facts of the alleged negligent incident,” he is not an employee; (2) cannot speak to VanSlyke because although she has facts of the triggering event involving her she is not a physician; and (3) cannot speak with any other health care provider because they have no knowledge of the “facts of the alleged negligent incident” nor are they “physician-employees.”

It seems likely counsel for appellants must withdraw on remand given an attorney in a joint representation who is required to withdraw from the representation of one over a conflict, may not continue with the representation of any. Further, their knowledge of privileged information they never should have had, on an intensely secure issue as the physician-patient privilege, appears to make withdrawal the only appropriate remedy available. See In re Firestorm 1991, 129 Wn.2d 130, 140 (1996) (“One situation requiring the drastic remedy of disqualification arises when counsel has access to privileged information of an opposing party.”) They have also made themselves exactly what Loudon warned could happen: now defense counsel are impeachment witnesses. However, an appropriate

remedy is not before this court as it was not reached given discretionary review. It is suggested this court should identify the issue of a remedy as needing resolution upon remand along with any other relief necessary given MultiCare's inappropriate ex parte contact of plaintiff's health care providers.

A final point bears mentioning as the Court gives consideration to MultiCare's extended argument that is, for lack of a better phrase, simply asking this Court to save it from an untenable situation it created itself.

Even assuming MultiCare has academic appellate arguments for an extension of Youngs, there is no question as to what Youngs in fact says: a hospital's lawyer may only have ex parte contact with physician-employees with firsthand knowledge of the triggering event.

MultiCare is a sophisticated entity. It knew what the law was, as did its attorneys. Despite that, they charged headlong having, by their admission, substantial contact with Mr. Hermanson's healthcare providers Youngs expressly said it could not have. The law is the law until it is not. See State v. Meredith, 178 Wn.2d 180, 184 (2013) ("Until five justices agree... the previous rule remains in effect.")

The only appropriate course by MultiCare and its counsel when the summons and complaint were received, and faced with Youngs, was to go to court before having contact and seek an order.

Instead, MultiCare acted in accord with what it hoped or wanted the law to be, ignoring what the law was, betting that once it had the contact the trial court would rescue it from its decision. Indeed, that is the gist of a substantial part of MultiCare’s brief. The trial court saw through that (mostly) and now asks this court fix the situation it is in, under the guise of interpretation, asking this court to grant corporate hospitals rights and privileges Youngs did not simply not provide, but considered and rejected. That is not well taken. MultiCare’s, as it says “untenable position,” cannot be considered in mitigation of the proper application of Youngs.

II. Assignment Of Error

The Court erred in its original protective order and order on reconsideration when it permitted ex parte, privileged contact with providers who are not physician-employees of MultiCare with firsthand knowledge of the triggering event.

III. Facts

A. MultiCare’s Illegal Disclosure Of Confidential Health Care Information Damaged Mr. Hermanson

Based on what little discovery took place before review was granted, David Patterson, MD, and Lori VanSlyke, a Social Worker, without a warrant or even a request by police, and after Mr. Hermanson was already discharged, contacted the Tacoma Police Department and disclosed Mr.

Hermanson's confidential healthcare information: results of a trauma blood screen¹ showing an elevated blood alcohol level.² CP 107-108, 81, 90.

Two TPD Officers had extensive contact with Mr. Hermanson in the hospital; neither detected an odor of intoxicants nor made any mention of a suspicion he was drinking. CP 77-81. They cited Mr. Hermanson for negligent driving; he was perhaps driving too fast and struck a car. Id.

The EMTs who attended to Mr. Hermanson and transported him to the hospital also did not note any sign of intoxication. CP 84-86.

Despite repeated interactions between MultiCare employees and Mr. Hermanson, not only did a single one not note any sign of intoxication, when Mr. Hermanson was discharged the nurse indicated he had "clear speech" and "amb(ulated) with steady gate." (Appendix, p. 43)³

Despite that, after Mr. Hermanson was discharged VanSlyke and Dr. Patterson contacted TPD and disclosed the results of the otherwise inadmissible trauma blood test. The alcohol level result was one component of that blood test. Supra.

¹ This was not a "legal blood draw" in the context of a DUI blood test. This was a standard, broad based trauma screen blood draw.

² The results of that trauma blood screen would not even be admissible on a DUI charge. See generally RCW 46.61.506, inter alia.

³ Whether Mr. Hermanson was stone sober or drunk was not germane to the discrete legal issue below so neither party filed the full medical record. It is perhaps only little relevant here but lest MultiCare create the impression its leak of confidential medical information was because of a clear and present danger to public safety to color the propriety of the release and the need to defend itself from a baseless and frivolous claim, this is offered.

MultiCare protested Dr. Patterson and Ms. VanSlyke disclosed that because of an alleged fear over community safety. MultiCare ignores its records indicating Mr. Hermanson had no signs of intoxication and was being discharged with his fiancée to drive him home. (Appendix, p. 43)

Although not for this court to resolve, it appears evident Dr. Patterson and VanSlyke were motivated by some type of personal animus founded upon a belief that Mr. Hermanson was driving drunk; really drunk.

What is worse, what VanSlyke disclosed was information she obtained while conducting an even more confidential and sensitive substance abuse consultation. While presenting herself in an even more confidential and sensitive setting, contacting Mr. Hermanson to offer him help him in the event he needed substance abuse treatment, she immediately turned around and disclosed information to the TPD. CP 81. Not only did her conduct violate the law regarding confidential healthcare information, it is a total betrayal of the more sensitive substance counseling process. It undermines the care of every person who may need counseling or assistance if, when laying in a hospital bed and being encouraged by staff to bear their soul to receive help and counseling, everything they say is immediately

turned over to the police. No person will seek the assistance they need. It undermines every aspect of public policy.⁴

After Dr. Patterson and VanSlyke disclosed Mr. Hermanson's confidential healthcare information to the TPD, the officers recorded the information in an addendum to their report. CP 81.

When Mr. Hermanson appeared for arraignment on his negligent driving charge, the District Court Judge already issued basic terms of release for negligent driving; he was preparing to move on when he asked the prosecutor if he had anything to add. CP 90 (p. 4 of the transcript)

At that point, the deputy prosecutor expounded at length the confidential healthcare information disclosed by Dr. Patterson and VanSlyke urging terms of release consistent with a DUI. The Court agreed. CP 91. Effectively, Mr. Hemanson was placed on house arrest for months and ordered to wear an ankle monitoring bracelet until his attorney was able to unwind the issue. Id.

Although MultiCare denies that cause and effect, the transcript could not be any more clear. The district court already ordered only basic, negligent driving terms and it was only argument based on the illegally disclosed information that resulted in months of household arrest.

⁴ Obviously there are per se exceptions affirmatively requiring disclosure. It is enough to observe this is not one of them.

While the foregoing may not be core to the issues, it is the context of the disclosure, underscores the importance of preserving the confidentiality of healthcare, and why protections and privileges once created, such as in Loudon, should not be casually ignored. The illegal disclosures of Dr. Patterson and VanSlyke had precisely the harmful impact the privilege is intended to protect against:

The purpose of the physician-patient privilege, set forth in RCW 5.60.060(4), is twofold: (1) to surround patient-physician communications with a ‘cloak of confidentiality’ to promote proper treatment by facilitating full disclosure of information and (2) to protect the patient from embarrassment or scandal which may result from revelation of intimate details of medical treatment.

Smith, 170 Wn.2d at 667. (internal citations omitted).

B. Core Facts Material To Appeal

MultiCare wants full contact, on all topics, with every hospital employee providing health care without regard to whether they had “firsthand knowledge” of the triggering event. That is explicitly what it asks for here and is what it outlined below. VRP 8/11/17, 4-7, 22-23. That, despite MultiCare conceding only Dr. Patterson and VanSlyke had firsthand knowledge of the triggering event. MultiCare justifies that arguing those other providers may have useful information about other aspects of the case such as whether Mr. Hermanson had an “odor of intoxicants,” VRP 8/11/17, 7 and CP 121.

C. Response To MultiCare’s “Facts”

There is no need to respond to MultiCare’s extended “fact” section setting forth the argument below. Arguments are not facts; purporting to recite them does not make them so. Legal issues will be addressed below.

MultiCare spends substantial time purporting to relate what the trial court said. Respondent need not address that either. Assertions a trial court made “statements” in its “oral decision” that were error “do not constitute proper assignments of error” nor may they be used to “impeach the findings or the judgment.” Rutter v. Estate of Rutter, 59 Wn.2d 781, 784 (1966). When a court issues its order in writing, the written order is reviewed. Id.

At pages 6-7 MultiCare asserts Drs. Patterson, Wheeler and PA-C Boeger agreed to be represented by the hospital’s lawyer. It had no evidence of that, it only had hearsay offered through its lawyer. MultiCare goes further to assert Dr. Patterson not merely agreed, but that he wanted Multi-Care’s lawyer to represent him. There was no evidence of that; the only ‘evidence’ was a hearsay assertion to that affect by MultiCare’s internal risk manager. No declaration of Dr. Patterson was provided.

IV. Authority And Argument

A. STANDARD OF REVIEW

MultiCare argues the trial court made an error of law which it contends is reviewed de novo but concedes this is a discovery order

reviewed for an abuse of discretion. It is what it is. To review anything, this court will have to determine what the law is. Having done that, and remanding with such direction, the trial court will need to apply the law to the facts.

However, one thing is clear: the parties agree there was error. Respondent would go as far as to say, with the greatest of respect to the trial court who worked diligently, the order is internally inconsistent.

The trial court allowed MultiCare’s lawyer to speak to two nurses (Wheeler and Defibaugh) despite their not being physicians or have first-hand knowledge of the triggering event. That presents three layers of error. (1) they were not physicians so there should have been no contact, (2) they had no firsthand knowledge of the triggering event so even if they were physicians they could not be contacted, and (3) the court allowed full and unfettered contact with them without restriction of content despite the fact even if contact was appropriate it must be limited to the “triggering” event.

B. Youngs Is A Brightline Rule Not Subject To Interpretation

1. Youngs Did Not Wholesale Adopt Upjohn – It Is A Compromise Between Upjohn And Loudon

The only intention of Youngs was to reconcile a facial conflict between Loudon and Wright/Upjohn. It did not create greater privileges for hospitals. Youngs defined the issue as “on the one hand,” Upjohn “would

allow corporate counsel to have privileged (confidential and private) discussions with corporate employees” but on the other hand “Loudon would bar confidential discussions between counsel” and those same employees. Youngs, 179 Wn.2d at 651. Youngs sought to “balance” both interests. Id.

Thus, two important bear noting preliminarily:

(1) If the contact MultiCare desires to have would not be privileged under Wright/Upjohn, Youngs does not make it privileged;

(2) Youngs did not wholesale adopt Upjohn in the context of corporate hospitals. Throughout, Youngs indicated it was engaging in a “balance” of the values of both Loudon and Upjohn. (“The majority arrived at something of a compromise.” 5A Wash. Prac., Evidence Law and Practice § 501.15 (6th ed.)) Youngs balanced the long-standing Loudon rule where no ex parte contact may occur at all, versus some level of corporate privilege provided by Upjohn. Youngs recognized the conflict and sought a compromise. However, as in every compromise, both sides must give a little. Youngs took some of Loudon, some of Upjohn; it made a compromise drawing bright lines neither side of the debate was happy with and indeed throughout the opinion expressly said it was rejecting various arguments by both the plaintiff and defense bar. That is the nature of compromise. Here, the compromise was to allow contact with physician-

employees only because to go any further would, as the quote from page 661 in the overview states, “eviscerate” Loudon; even then, the dissent decried that as an enormous and unnecessary erosion of Loudon.

2. MultiCare Exaggerates The Extent Of Corporate Privilege Even Apart From The Health Care Setting

No discussion of corporate privilege in the state of Washington is complete without consideration of Wright v. Group Health, 103 Wn.2d 192 (1984). That is notable because MultiCare relies exclusively on Upjohn. The law of privilege is substantive state law

Although often cited for privilege issues, that was not Wright’s focus; its focus was to determine the extent a plaintiff’s attorney could have ex parte contact with a defendant corporation’s employees. But by resolving that, Wright resolved the other side of the coin: what scope of a corporation’s employees could a hospital lay claim to a confidential, attorney-client relationship between them and the hospital’s defense attorney because a plaintiff’s attorney cannot not have contact with that class of employee as they are effectively the “party.” Wright, 103 Wn.2d at 195. It is worth noting Wright resolved that with heavy reliance on the attorney’s obligations under the RPCs and CPRs given MultiCare’s argument it can sidestep Youngs by a convenient joint representation

agreement. Wright held an attorney's ethical restrictions apply to, and limit, the permissible scope of an attorney's representation.

Wright prohibited a plaintiff's attorney speaking to corporate employees who could be classified a "party" and thus defined for the case at bar what class of hospital employee may properly be considered within the scope of the hospital's attorney-client privilege. According to Wright the

interpretation of "party" in litigation involving corporations is only those employees who have the legal authority to "bind" the corporation in a legal evidentiary sense, i.e., those employees who have "speaking authority" for the corporation.

Wright, 103 Wn.2d at 200 (internal quotation marks in original). Wright continued, noting only "*current* group health employees should be considered parties... (when) they have managing authority sufficient to give them the right to speak for, and bind a Corporation." Id. at 201 (italics in original). That is required because "former employees cannot possibly speak for the corporation," therefore there is an insufficient nexus between them and the need for privilege. Id. Only employees can do that. See id.

Turning back to Youngs, the Supreme Court indicated it would allow limited privileged, ex parte communications with some hospital employees. However, contrary to what MultiCare claims, Youngs did not create what would constitute a new privilege, allowing hospitals to speak with any of its employees provided they had information relevant to the

defense. Youngs expressly rejected that notion at the section from page 661 cited in detail in the overview; in part saying:

Upjohn does not say that every corporate employee is necessarily a “party” to a lawsuit naming the employee's corporate employer. Nor it does not say that every employee is corporate counsel’s “client.”

Youngs at 661. (Quotation marks in original).

Even if Loudon never existed and the corporate privilege applied without restriction in the healthcare setting, it has long been the law in this State that mere fact witnesses, such as nurses, social workers, or other mere employees are not entitled to corporate privilege as they lack the “managing authority sufficient to give them the right to speak for, and bind (the) Corporation,” Wright, 103 at 200. None are properly considered a “party” for the assertion of privilege. Id.

Further, independent contractors as Dr. Patterson have never been within the scope of corporate privilege because as a nonemployee, they “cannot possibly speak for the corporation.” Wright, 103 Wn.2d at 201. As discussed in detail below, Youngs made that clear by its rule that whatever exception to Loudon it endorsed, was limited to “physician-employees.”

MultiCare errs asserting that because it may be liable for Patterson’s conduct, it is entitled to a privilege with him. A hospital’s vicarious liability for a doctor/agent relies on long-standing principles of agency. See Perkins v. Children’s Orthopedic Hosp., 72 Wn.App. 149 (1993). However,

issues of privilege are determined by the status of a person as a party. See Wright, supra, and Youngs, infra.

MultiCare has vicarious liability because although it had an independent contractor relationship with Dr. Patterson, that independent contractual relationship was not disclosed to Mr. Hermanson; Dr. Patterson was simply someone else walking around in a white coat and stethoscope. But, that MultiCare clothed Dr. Patterson in the trappings of ostensible authority thus creating liability for his actions, see Bergin v. Thomas, 30 Wn.App. 967, 969 (1981) does not render Dr. Patterson MultiCare's employee much less a party. See Wright.

Youngs indicated it agreed with Upjohn's logic on the need for a corporate attorney-client privilege. Youngs cited those values as articulated by Upjohn. However, given the long-standing nature of Wright and it clearly being the leading Washington case on this issue, that Youngs did not indicate it was abrogating Wright or even modifying it cannot be ignored. Youngs' adoption of the logic of Upjohn regarding the need to have and protect a corporate privilege, is not a repudiation of Wright.

Having said that, respondent stresses that neither its position nor the outcome of this case necessarily rely on this court finding Wright applies without modification. The result argued herein is found within the four corners of Youngs without necessarily needing to parse a reconciliation of

Wright, versus Upjohn, versus Youngs. Youngs is clear standing alone.

All positions taken herein are based on Youngs.

3. The Brightline Rule Of Youngs

Much of the reasoning behind Youngs is set forth above. Its bright line rule can be easily stated:

...an attorney hired by a corporate defendant to investigate or litigate an alleged negligent event may engage in privileged (ex parte) communications with the corporation's physician-employee where the physician-employee has firsthand knowledge of the alleged negligent event and where the communications are limited to the facts of the alleged negligent event. We emphasize that “the facts of the alleged negligent incident” do not encompass health care that was provided before or after the event triggering the litigation, such as care for preexisting conditions or postevent recovery. This is true even where such care bears on the issue of damages.

Youngs, 179 Wn.2d at 671 (internal quotations in original).

Said more succinctly, Youngs held: When a hospital (1) “employs the plaintiff’s non-treating physician,” with (2) “firsthand knowledge” of the “triggering event” at issue in the case, (3) Loudon’s prohibition of ex parte, privilege communication with that employee physician “must yield” to the corporate privilege, however (4) that contact is strictly limited to “the facts of the alleged negligent incident,” nothing else may be discussed. Id.

Between pages 13 and 17 of its brief MultiCare sets forth a general statement of Youngs’ reconciliation of Loudon and Wright/Upjohn. Respondent generally agrees with that analysis but two things are critical.

First, MultiCare persistently refers only to the rule of Upjohn but as noted above, it ignores Wright (1984) came after Upjohn (1981). Wright did not adopt Upjohn wholesale nor did Youngs.

Second, while MultiCare's analysis between pages 13 and 17 is generally correct, the section title MultiCare provided it is erroneous. MultiCare asserts in its caption Washington law "allows corporate counsel to conduct privileged ex parte interviews of corporate employees and agents determined what happened to trigger the litigation." Nothing in Wright or Youngs, nor even Upjohn, supports that claim. Indeed, the block quotation of Youngs on the first page of this memo rejects it.

What MultiCare closes its eyes to is Youngs was sensitive to the protections of Loudon and the policy it furthered. Respondent will not take this court's time identifying those issues here; they are adequately expounded upon in Youngs and Loudon. Suffice it to say, there are a great many public policy reasons to prohibit ex parte contact with a plaintiff's medical providers including but not limited to the protection of the plaintiff. Those protections also extend to the providers and the defense lawyer his or herself.

If Youngs did not intend on balancing those values, it simply would have adopted the rule of Upjohn as MultiCare argues this court should do. Instead, as inherent in any balance, Youngs reached a compromise and a

portion of that compromise was to allow communication with only physician-employees. Youngs was sensitive to the need to not, in its words, “eviscerate” Loudon which it said would happen if a rule was adopted, as MultiCare wants, that any hospital employee is eligible for this level of privilege. Youngs held such a rule, “in the era of rapidly consolidating healthcare systems would all but eviscerate Loudon.” Id. at 661.

Instead of the being grateful for the narrow exception to Loudon that Youngs created over the very vocal objection of the dissent, MultiCare wants to have its cake and eat it too. It now wants the court to “eviscerate” Loudon by allowing ex parte, privileged contact with all provider-employees without limitation. Youngs already rejected that.

4. Youngs Rejected Extension Of An Exception To Loudon To Hospital Staff *Other Than* Physician-Employees

This is largely set forth above but is so important it bears specific consideration. Cited above, the trial court in Mr. Youngs’ case expressly allowed hospital defense counsel to have ex parte, privileged contact with all of the hospital’s employees. Youngs at 672. Youngs by applying the bright line rule set forth above reversed that order except insofar as the trial court allowed ex parte, privileged contact with “physician-employees.” Id.

If Youngs intended its logic could be extended to any hospital employee as MultiCare urges, Youngs would not have reversed the trial

court's order allowing contact with those other employees. Instead, Youngs would have left intact the trial court's order allowing contact with all the hospital's employees but subject to their having "firsthand knowledge" of the triggering event. Youngs did not do that. Instead, it reversed the trial court's order, prohibited contact with anyone other than "physician-employees" with "firsthand knowledge" of the "triggering event." MultiCare's asking this Court to ignore that is not well taken.

This is not a collateral issue. Indeed, it is in some respects the most important issue on appeal. And having ignored it, MultiCare should not be allowed to offer an argument on this issue for the first time.

There is no way to reconcile around this portion of Youngs. Respondent will not cite endless homilies on the rules of construction: plain language may not be rewritten under the guise of interpretation; the context of language has meaning; and the Supreme Court is deemed to know the content of its own decisions.

In Youngs there was a trial court order the majority in Youngs took time to specifically cite as allowing an exception to Loudon for all hospital employees and reversed that except as to physician-employees. That cannot be ignored.

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C. **That VanSlyke And The Nurses Are Not Physicians Precludes Any Contact**

Preliminarily it must be noted that perhaps a full one third of MultiCare's argument is based on issues it did not raise below. For instance, for the first time it argues to this court VanSlyke is not within the scope of the Loudon rule because she is not a physician. MultiCare may not rely on issues not raised below. In an abundance of caution and without waiver, respondent will respond. However, as MultiCare did not raise the issue below, respondent must rely somewhat on the appendix for contextual information to respond.

MultiCare argues any restriction on contact with VanSlyke is error because she is not even within the Loudon rule because she is not a physician. MultiCare reasons; she is not a physician, therefore: (1) there is no physician-patient privilege and (2) Loudon's ex parte contact prohibition does not apply because it only applies to physicians. This argument is at best without merit and at worse a knowing ignoring of the law.

The physician-patient privilege includes not only medical doctors, but every provider or person facilitating that overall treatment. State v. Cahoon, 59 Wn.App. 606, 610 (1990). Even a "security guard" is subject to the physician-patient privilege if present with a doctor administering treatment. Id. citing State v. Gibson, 3 Wn.App. 596 (1970).

The physician need not be present for the privilege to attach to another provider if the “physician or surgeon had (already)... been in attendance or had seen the patient.” Cahoon citing State v. McCoy, 707 Wn.2d 964, 966 (1967). Once a medical doctor sees the patient and establishes the course of care, all providers providing that care fall within the physician-patient privilege already established. Id.

Providing a contrast that proves the rule, McCoy held the patient’s contact with a nurse was not subject to the physician-patient privilege because when they had their encounter, “no physician or surgeon had yet been in attendance or had seen the patient... therefore, the relationship of physician and patient had not yet been affected.” McCoy, 70 Wn.2d at 966.

All health care providers at MultiCare were within Dr. Patterson’s physician-patient privilege that attached within minutes of Mr. Hermanson arriving at the hospital.

MultiCare’s records indicate Mr. Hermanson arrived at Tacoma General at 7:27 p.m. (Appendix, p. 20). He was first seen by Dr. Patterson at 7:35. (Appendix p. 28). The physician-patient relationship attached then. As to VanSlyke, her progress note indicates she did not see Mr. Hermanson until after the blood trauma blood screen result (that is why he was referred to her), (Appendix, p. 44). That test was ordered by Christopher Boeger, PA-C, at 7:42, after care was initiated by Patterson at 7:35. (Appendix p.

46). That privilege was attached when VanSlyke had her interaction and continued until discharged.

Thus, MultiCare's attempt to salvage contact with VanSlyke by taking her out of the scope of Loudon because she owed no physician-patient privilege founders on the fundamental fact that she did: she was subject to Patterson's.

However, for the sake of argument, even if the physician-patient privilege had not attached, VanSlyke owed an independent duty of confidentiality to Mr. Hermanson under RCW 5.60.060(9) establishing the same healthcare privilege for communications with any "social worker" which is what VanSlyke was; she was a Licensed Independent Clinical Social Worker. (Appendix p. 28). She may also qualify under RCW 5.60.060(10) but clearly does under (9).

As a further aside, the nurses also owe Mr. Hermanson a duty of confidentiality under RCW 5.62.020. Wheeler and Difenaugh are Registered Nurses. (Appendix pps. 11 and 40). Boeger as a PA-C has a privilege as well. RCW 70.02, et. seq., protected all of Mr. Hermanson's confidential healthcare information without regard to who was doing the illegal releasing. Finally, RCW 70.41.200 is a blanket protection against disclosure of Mr. Hermanson's confidential healthcare information by anyone, physician or not.

Finally, MultiCare’s argument only medical doctors are within the ex parte prohibition of Loudon is not merely frivolous it is dangerous and should not go without comment by this court. MultiCare is challenged to reply whether it believes it’s attorney may have ex parte contact with a plaintiff’s podiatrist, dentist, psychologist, or any other of the myriad of health care providers an adverse counsel clearly may not have ex parte contact with under Loudon. The principle of Loudon reaches all health care providers; adverse counsel shall not have contact with them: for the protection of their respective privileges, so as to not imperil the provider, and to not make defense counsel an impeachment witness.

D. RESPONSE TO MULTICARE’S ARGUMENTS

1. The Trial Court Did Not Apply The Wrong Standard In Prohibiting Contact With Dr. Patterson

Between pages 17 and 33 MultiCare makes three different arguments why its hospital defense counsel should be able to have ex parte contact with him. In the order of MultiCare’s brief, the following is offered.

a. Merely Being A Hospital Agent Does Not Give Rise To An Ex Parte Privilege

MultiCare argues between pages 17 and 18 the bare fact Dr. Patterson was “an admitted agent of the hospital... whose conduct is at issue in the litigation” justifies a privileged, ex parte relationship. Again,

MultiCare ignores the plain language of Youngs – as well as Wright and Upjohn.

The nonemployee, independent contractor Dr. Patterson does not qualify as a “party” under Wright as only “employees” have speaking authority to bind a corporation. Wright, 103 Wn.2d at 201. He would not qualify as a party under Upjohn for the same reason. Both cases are clear a corporate privilege extends to employees only.

MultiCare reasons that because it would be helpful to speak with Dr. Patterson, it should be entitled to do so in a privileged, ex parte manner. Youngs expressly rejected that broad of either an exception to Loudon or the creation of a privilege by allowing a corporate hospital to throw a blanket of secrecy over every person a hospital thinks may be helpful; Youngs held that would “eviscerate” the protections of Loudon.

Youngs only allowed an ex parte, privileged relationship for physician-employees with knowledge of “the facts of the alleged negligent incident.” Dr. Patterson either fits within that narrow scope or he does not. The fact that he is, in the words of MultiCare, “an admitted agent of the hospital... whose conduct is at issue” does not enlarge Youngs.

Related to this, MultiCare between pages 24 and 31 engages in an extended and irrelevant discussion of how the assistance of witnesses such as Dr. Patterson are of value to corporate defendant hospitals and would

further the intention of the attorney-client privilege. Upjohn did not create a privilege for any witness a corporate defendant thinks would simply be helpful and Youngs absolutely did not extend the privilege that far even if Upjohn could be read in that matter.

If it was the intention of Youngs to create an ex parte, privileged relationship outside of Loudon for any healthcare provider employee that was simply helpful to the defense, Youngs would have simply said that. Indeed, that was exactly what the defense bar asked the Court to do in the portion cited in the overview – which Youngs clearly rejected.

If that was the intention of Youngs it would not have reversed that portion of Mr. Young’s trial court order that would have allowed that contact (reversing the trial court’s order allowing contact with all hospital employees, not merely physician-employee). Youngs would have affirmed the trial court order to the extent any of those other employees had firsthand knowledge of the triggering event.

Despite that, the gist of MultiCare’s analysis between pages 24 and 31 is to argue exactly the position the defense bar argued in Youngs but which Youngs expressly rejected; that simply because Dr. Patterson would be of assistance to the defense, the hospital should be able to have privileged conversations with him:

The defendants contend that the corporate attorney-client privilege guarantees their right to communicate ex parte

with any of their employees, regardless of the Loudon rule. For the reasons given below, we reject the defendants' application of the corporate attorney-client privilege in this context but hold that Loudon must yield where it would infringe on the privilege as properly construed.

Youngs, 179 Wn.2d at 661, see also the extended conversation “reject[ing] the suggestion of defendants and amicus Washington Defense Trial Lawyers” that a hospital should have corporate privilege anytime it would “further the values upon which the attorney-client privilege is based, such as “the corporate defendant [having] a right to advice, counsel, and litigation expertise.”

To work around that, MultiCare cites general authority such as Adamski v. Tacoma General Hosp., 20 Wn.App. 98 (1978) arguing it is a “troublesome situation” where a plaintiff seeks remuneration for injury caused by a hospital’s “an independent contractor.” That may be a troublesome situation for Tacoma General, but it does not create any ambiguity in Youngs.

MultiCare, a billion-dollar company, felt it advantageous to use an independent contractor to staff its emergency room. It may do that. However, as an enormous and sophisticated entity, MultiCare cannot be heard to complain it did not understand the import of that decision.

Youngs was decided in 2014. And despite the clarity of Youngs explicitly saying only physician-employees are entitled to the privilege, MultiCare still decided to hire a non-employee, independent contractor.

MultiCare took advantage of a wide variety of benefits using an independent contractor: it need not provide healthcare insurance, it need not do withholdings or pay payroll matching taxes, an independent contractor is no doubt not eligible for the hospital's retirement plan, fringe benefits that are paid to employees are not paid to independent contractors, the hospital has no responsibility for professional training, etc. The list is endless.

MultiCare, having sought the benefit of that bargain, may not be heard to disclaim the disadvantages of it after the fact. See Yakima County Fire Prot. Dist. No. 12 v. City of Yakima, 122 Wn.2d 371, 389 (1993) (a party is held to read and understand the import of its contract).

MultiCare's long complaint that it should be able to have outside contractors and enjoy the limited protection of Youngs reserved only for employees, culminates on page 30 asserting that before it entered into that independent contractor relationship there was no "level II trauma care in Pierce County." Not only is that a false equivalence and abject fear mongering, it creates no exception from a Supreme Court opinion.

MultiCare may provide any level of care it wants. That it decided to save money by using an independent contractor does not mean it could not

have provided that same care, even if at a greater – but unidentified - cost before. Indeed, if anything it is suggested MultiCare actually digs itself a deeper hole on this point by describing at great lengths the supposedly “integral part” the independent contractor service is to MultiCare; it uses common bookkeeping, has offices in the building, etc. If it is that integral and integrated, clearly MultiCare could easily integrate those individuals as employees as the infrastructure already exist within MultiCare. Far from justifying a broader privilege, MultiCare’s argument reveals the independent contract as the payroll, tax, and benefit subterfuge it is.

Not enlarging Youngs in a manner Youngs considered and refused does not impact patient care. It does not even impact MultiCare’s ability to learn facts; as Loudon explained, the Court has no patience for arguments a hospital must at times learn facts through a discovery deposition no differently than an injured patient must. Loudon, 110 Wn.2d at 680.

Finally, at page 31 MultiCare argues “Dr. Patterson is the functional equivalent of a MultiCare employee...” That stumbles on the fundamental failing that he is not an employee. Again, this is simply the same argument that MultiCare would really, really, really like to have privileged, ex parte communications with Dr. Patterson and therefore this Court should somehow see its way clear of throwing MultiCare the favor of enlarging Youngs to include non-employees. Not only should this court reject that

plea because Youngs is clear, that level of privilege does not even exist under Wright or Upjohn even if Loudon never existed. As a nonemployee, Dr. Patterson would never be within the protected group under either Wright or Upjohn. That Youngs has more recently reconciled the conflict between Loudon and Wright/Upjohn does not create more privileges.

b. The Subtrafuge Of Asserting Dr. Patterson Wants MultiCare’s Attorney To Represent Him Does Not Provide MultiCare Greater Privileges Or Dr. Patterson The Right To Ignore His Duties

MultiCare utilizes hearsay to argue Dr. Patterson wanted its attorney to represent him and that: (1) entitles MultiCare to have ex parte, privileged communication with him and (2) Dr. Patterson may disregard his own statutory privilege and confidentiality requirements because he has a personal desire for a particular attorney. This fails for a number of reasons.

First, the trial court properly did not consider MultiCare’s hearsay. The claim Dr. Patterson supposedly wanted MultiCare’s lawyer to represent him was not offered by Dr. Patterson. It was hearsay through MultiCare’s risk manager. MultiCare did not offer the joint representation agreement as evidence albeit if it did that would only show Dr. Patterson acquiesced to the request, not that he particularly “wanted” it as MultiCare asserts. Thus, not only was MultiCare’s “offer” for an in camera review of the agreement pointless as it would not have shown a “want” by Patterson as claimed, it was unnecessary and its declination not error as MultiCare could have

easily provided a declaration from Patterson to prove the same thing; assuming he could honestly attest to what MultiCare wanted to make the argument.⁵

Second, even assuming Dr. Patterson wanted the representation, that fails to justify the conduct for a number of independent reasons.

First, the question is not whether a witness wants to be represented by the hospital's attorney, it is whether the hospital's attorney can represent that witness in the first place. Wright relied heavily on rules of attorney ethics to resolve the extent to which a hospital witness can have contact with an adverse attorney. Wright held a plaintiff's attorney cannot have contact with party witnesses because of the attorney's prohibition from ex parte contact with a represented party even if the witness wants the contact. Wright, 103 Wn.2d at 200-201. ("[T]he rule's function is to preclude the interviewing of those corporate employees who have the authority to bind the corporation.") Wright does not allow a plaintiff's attorney to have contact with a corporate party witnesses as long as the witness wants the contact: the attorney is precluded from the contact by their own ethics for the protection of the third person – the hospital. The hospital witness who qualifies as a party cannot "waive" that protection of the hospital's.

⁵ Given the very high caliber of counsel it is notable indeed a declaration by Patterson was not provided if this is as important an issue as MultiCare claims. The absence of such an obvious piece of evidence should not escape this Court's attention.

Similarly, under Youngs a hospital's attorney is precluded by Loudon from speaking with any of plaintiff's care providers except under the narrow exception of Youngs because of that attorney's own ethical restriction for the protection of the third person – the patient. The doctor cannot “waive” that protection of his patient's. Youngs did not change that.

Youngs acknowledged the critical nature of preserving the physician-patient relationship and protecting against the many dangers ex parte contact presented by creating only its singular, narrow exception for physician-employees as necessary to balance the corporate hospital's need to defend itself, against the public interest in maintaining the patient privilege. Youngs, 179 Wn.2d at 651 (“The physician-patient privilege and the bar on defense counsel's ex parte contacts with a plaintiff-patient's nonparty treating physician thus also remain the law of our state.”).

Those privileges “remain the law of our state” except to the limited extent Youngs created an exception. Id. As discussed above, Youngs did not abrogate respondent's patient privilege with the non-employee independent contractor Dr. Patterson. Thus, even if Dr. Patterson wanted MultiCare's attorney to represent him, the attorney is ethically restricted from having ex parte contact with Dr. Patterson by Loudon. And, Dr. Patterson is restricted by his privilege owed to respondent from disclosing to an adverse party's attorney privileged information. Neither MultiCare's

attorney or Dr. Patterson may “waive” their duties owed to respondent; only respondent may do that and he clearly did not: MultiCare admits respondent persistently insisted both the attorney and his providers honor their duties.

But even if all of that is ignored and purely as an academic exercise, even assuming MultiCare’s lawyer agreed to not speak with his putative client Dr. Patterson so he (the lawyer) did not engage in an inappropriate ex parte contact, he is ethically prohibited from engaging in such a representation by both his duty to zealously advocate for his client and his duty of loyalty. It is suggested to be novel for any attorney to argue they can properly represent a client zealously and with total loyalty when they cannot even speak with them.⁶ Indeed, counsel for MultiCare has already admitted that is true. VRP 8/11/17, p. 28 (“we can’t adequately represent our client without being able to communicate with him...”

Between pages 23 and 24 MultiCare argues this representation is not prohibited by the RPCs because conflicts can be waived. Again, MultiCare misses the point. A client might be able to waive a conflict that arises between the lawyer and the client. But, a client cannot waive for his attorney, the attorney’s own conflicts with the law and RPCs as to other persons. Nor can a doctor waive for his patient, the doctor’s own duties.

⁶ No doubt a creative advocate to come up with a number of examples where attorneys represent clients in absentia. It is sufficient to say none of those situations exist here.

Or said another, when an attorney is ethically prohibited from contacting Dr. Patterson because he does not fall within the limited scope of an physician-employee under Youngs, no waiver agreement between MultiCare, Dr. Patterson, and the lawyer can cure that ethical conflict because the duty the lawyer is breaching is owed to respondent and as importantly the law itself. Nor can Dr. Patterson waive his conflict for the same reasons. Those conflicts do not arise out of duties owed to the lawyer, hospital, or doctor. They are owed to Mr. Hermanson.

The second reason Dr. Patterson's alleged desire to have MultiCare's attorney represent him violates Youngs is that no assertion of "due process" is superior to the duties Dr. Patterson and the attorney owe. Despite MultiCare's vague due process arguments, no civil litigant has an unfettered right to select any attorney they choose. Not even criminal defendants, with that heightened protection, may make that claim. See State v. Aguirre, 168 Wn.2d 350, 365 (2010) ("[T]he right to retain counsel of one's own choice has limits.") When a particular attorney may be accessed a party may have a general "due process" right to select them. However, "due process" will not make "available" an attorney who is not otherwise "available," Attorneys in civil cases cannot ignore their ethical bounds simply because someone wants them to represent them. Where "joint representation" is not possible because of attorney ethics, it cannot be

made possible merely by “corporate consent.” Hicks v. Edwards, 75 Wn.App. 156, 165 (1994).

Ignoring there is no admissible evidence, assuming Dr. Patterson wants MultiCare’s lawyer representing him as opposed to having that forced on him, his ability of choice is not unfettered. Here, there is no exception in Youngs to allow Dr. Patterson to breach his privilege owed to respondent nor to allow the attorney ex parte contact except as allowed by Youngs. Dr. Patterson’s alleged desire to have MultiCare’s attorney represent him creates no exception to the physician-patient privilege or Youngs. MultiCare’s attorney is simply not one of the nearly 40,000 attorneys licensed to practice law in Washington that are available to Dr. Patterson.

Indeed, having worked through this issue it is now clear Dr. Patterson breached his physician patient privilege not once, but twice. The first was when without a warrant or even request, Dr. Patterson told TPD respondent’s trauma screen result. The second, when he spoke with MultiCare’s attorney. Youngs was clear: nothing in case law abrogates the physician-patient privilege. Youngs is an exquisitely limited circumstance that will allow the privilege to yield provided it can be invoked. Here, Dr. Patterson was not within the excuse provided by Youngs. His speaking to

MultiCare's attorney was without legal excuse and thus an unexcused, second violation of his physician-patient privilege.

The third reason why a convenient "joint representation" agreement does not make this contact permissible is it is clearly the subterfuge it is. As cited above, the law will not "permit defense attorneys to accomplish indirectly what they cannot accomplish directly." Smith, 170 Wn.2d at 944. If a Supreme Court decision can be obviated by this type of sharp conduct the law is no longer the law. If corporate hospitals are allowed to work around Youngs by a convenient joint representation agreement, every relevant witness will be brought into the hospital's General Counsel's office and "asked" if they would "like" the hospital's attorney to also represent them. At no cost, of course. If that workaround is tolerated, it is an entrée to overbearing tactics indeed and moots both Youngs and Loudon.

2. The Balance of MultiCare's Arguments Are Of No Weight

At page 19 MultiCare argues none of Loudon's "policy concerns are implicated" by its attorney having privileged, ex parte communications with Dr. Patterson because he only saw respondent once for a short time. That is such an odd statement it requires no particular response. It strains credulity for MultiCare to argue the litany of policy concerns articulated by Loudons are not at play here. Indeed, it is suggested to not simply be misplaced but objectively offensive for MultiCare to argue there is no privilege concern

because “Dr. Patterson did not treat Hermanson on any occasion other than the emergency room visit...” While a troubling comment, it is a substantial insight on how little weight MultiCare provides the privilege: as long as MultiCare only leaks ‘a little’ confidential information, that is acceptable.

At page 21 MultiCare claims respondent “himself breached the sanctity of the doctor-patient relationship by putting Dr. Patterson’s conduct at issue...” This has no more merit than MultiCare’s other overreaches. There is of course a limited physician-patient waiver when a person puts their physical condition at issue and it is at best arguable whether Mr. Hermanson has done that here. But even if he has, MultiCare ignores the issue is not simply one of privilege but the extreme peril both Loudon and Youngs seek to avoid caused by defense attorney ex parte contact with a plaintiff’s treating health care physician that both cases expound on in too great of detail to set forth here. See Youngs, 179 Wn.2d at 677-679. And worse, not only is the issue the perilous ex parte contact MultiCare desires, it is MultiCare’s desire to keep it secret by calling it “privileged.”

MultiCare’s protestation that “by placing Dr. Patterson’s conduct at issue, Hermanson himself has made Dr. Patterson a natural and necessary witness for the defense” does not entitle a corporate defendant hospital to any greater privileges or protections than those articulated by Youngs. Of course Mr. Hermanson put Dr. Patterson’s conduct at issue. And, he may

be an important witness. But, it is frivolous for MultiCare to persist in ignoring the difference between a person's status as a witness versus their being party. Simply because a person might be a witness, even a core and critical one, does not mean a defense attorney can have unfettered, privileged, ex parte contact with them. Also, MultiCare's argument ignores it was not Mr. Hermanson who has made Dr. Patterson a witness, it was the conduct of MultiCare illegally disclosing Mr. Hermansons' health care information that made any of those health care providers witnesses.

At its core, really what all of these arguments are is MultiCare's complaint it would be much easier for it to defend its illegal disclosure of confidential information if it could have ex parte, privileged conversations. Loudon debunked the notion that any less than an unfettered privilege and ex parte access to healthcare providers deprives a defendant the ability to defend itself. Loudon explained; Loudon, 110 Wn.2d at 680:

We are unconvinced that any hardship caused the defendants by having to use formal discovery procedures outweighs the potential risks involved with ex parte interviews. Defendants may still reach the plaintiff's relevant medical records, and the cost and scheduling problems attendant with oral depositions can be minimized (though perhaps not as satisfactorily) by using depositions upon written questions pursuant to CR 31. Moreover, plaintiff's counsel may agree to an informal interview with both counsel present. Furthermore, the argument that depositions unfairly allow plaintiffs to determine defendants' trial strategy does not comport with a purpose behind the discovery rules-to prevent surprise at trial.

Finally, MultiCare complains the trial court erred in not considering a Superior Court decision from King County. The issue is moot. This court must make its decision based on this record. However, there was no abuse of discretion. As the trial court noted, providing a order in isolation with none of the record that court relied on provides no context to consider the ruling. Further, given GR 14.1 a trial court ruling is not citable as authority.

E. The Trial Court's Decision As To VanSlyke Was Correct

As noted in the fact section, Dr. Patterson saw respondent almost immediately upon presentation in the emergency room and VanSlyke did not see him until an hour later. By the time Van Slyke saw respondent, Dr. Patterson's physician-patient privilege attached and covered all subsequent health care encounters in the hospital.

That one point entirely moots all of MultiCare's arguments between pages 33 and 39 that rely on the proposition only physicians owe a duty under Loudon therefore its lawyer's ex parte contact with VanSlyke was appropriate. All health care providers providing care within the agency of a medical doctor after that doctor's privilege attaches are within the scope of that medical doctor's physician-patient privilege and are no less subject to Loudon. Therefore, any protection that attached as to Dr. Patterson by Loudon attached to VanSlyke.

Moving past that, it is suggested to be contrary to custom and practice as well as an inappropriate reading of Loudon for MultiCare to argue an attorney may have ex parte contact with any health care provider as long as that person does not hold a medical degree. The law is rife with patient protections besides the physician-patient privilege identified above.

It is understood Loudon framed the issue in the context of the physician-patient privilege, and respondent has no intention of being a hypocrite by on the one hand decrying MultiCare's ignoring the plain language of Youngs while on the other hand arguing a common sense application of Loudon to any health care provider. But, it is what it is. It is suggested to be poorly taken indeed if it is MultiCare's position a defense attorney can have ex parte contact with a plaintiff's dentist, podiatrist, osteopath, chiropractor, or any of those individual's medical staff because they do not have medical degrees. While MultiCare has identified an interesting aspect of language contained in Loudon, its attempt to exploit it to justify its ex parte contact with VanSlyke is not well taken.

Moving past that, between pages 34 and 38 MultiCare argues that even if not a physician, Van Slyke would still qualify for a corporate privilege under Upjohn therefore MultiCare is entitled to privileged, ex parte contact with her under a basic corporate privilege theory. Youngs did say a rigid "control group" test was inappropriate because "low and mid

level employees might well be the only source of information relevant to legal advice.” Youngs, 179 Wn.2d at 662. However, Youngs did not say every low and mid-level hospital employee with information relevant to the case is therefore covered by privilege. Yet again, MultiCare ignores Youngs’ actual language:

But the Upjohn Court did not articulate a fixed set of criteria by which to determine what specific conversations with lower-level employees must remain privileged in order to protect those values. Although the Court identified specific factors as relevant to its decision in that case, it expressly “decline[d] to lay down a broad rule ... to govern all conceivable future questions [of corporate attorney-client privilege].”

Youngs, 179 Wn.2d at 663–664 (citing Upjohn).

Youngs expressly rejected the hospital’s argument that privilege attaches to any hospital employee who may have information relevant to the defense. Id. at 661. (Rejecting that “every corporate employee is a necessary party to a lawsuit,” and rejecting “that every employee is a corporate counsel’s client.”).

MultiCare’s argument that VanSlyke would qualify for privilege under Upjohn so she should qualify here ignores that while Youngs indicated Upjohn “did not articulate a fixed set of criteria by which to determine what specific conversations with lower-level employees must remain privileged in order to protect those values,” Youngs in fact did

articulate a “fixed set of criteria” for this determination in the hospital setting.

Youngs, as a compromise between Loudon and Upjohn, expressly set the “fixed criteria” in the hospital requiring the witness must be both (1) a physician-employee and (2) have “firsthand knowledge” of the “triggering” event before a privilege attaches. Even assuming VanSlyke would qualify under Upjohn, which is not conceded, she does not qualify under Youngs.

MultiCare decries that outcome interrupts the logic of an exception at all, reasoning the values of a corporate corporate defense Youngs sought to advance would be advanced even more if this exception to Loudon is extended to all employees. While that is perhaps understood in an esoteric sense, the simple fact is Youngs rejected that invitation when expressly made there (cited above, both the defendants and amicus asked for that outcome) and MultiCare offers neither logic or law as to why Youngs with the ink still wet on the paper can be expanded in a manner the Supreme Court just freshly refused to do. There is no reason. Youngs intended a very narrow exception to Loudon. It drew the line where it did, but no further holding to draw it further would “eviscerate” Loudon.

MultiCare asks too much. It is not the only party with valuable interests the Court sought to protect.

Thus, even assuming an argument might be made that (1) if this was not a hospital, (2) if there was no privilege between the provider and Mr. Hermanson, and (3) if Loudon did not exist, that if MultiCare was any other garden variety corporation it might be able to have privileged, ex parte contact with a witness such as Van Slyke, the simple fact remains (1) this is a hospital, (2) there is privilege, and (3) Loudon does exist and Youngs' bright line rule prohibits the contact in this precise setting.

In that context, MultiCare's extended conversation between pages 35 and 38 of what it believes the outcome of this question would be if only Upjohn was applied is not relevant. Youngs compromised Upjohn against Loudon. Youngs is what must be considered. Not Upjohn in isolation.

F. **It Was Not Error To Order MultiCare to Seek Leave Of Court Before Speaking With Other MultiCare Healthcare Providers**

Even if the foregoing issues are considered de novo as a question of law, this issue must be reviewed for an abuse of discretion as it is not the application of a legal concept per se; it is the Court exercising its discretion to ensure orderly discovery.

MultiCare complains it should not need to seek leave of court before speaking with employees who qualify for the corporate attorney-client privilege. While true Youngs did not levy that requirement, absent from Youngs but present in this case is the admission by the corporate hospital

that it has already engaged in ex parte contact of plaintiff's health care providers that was prohibited by Loudon and not allowed by Wright/Upjohn. Notably, Youngs does not appear to indicate defense counsel already had the ex parte contact.

On this point MultiCare ignores it admitted having full contact with respondent's healthcare providers Youngs said it could not have. Faced with that the trial court was well within its discretion to enter a protective order so that additional ex parte violations did not take place.

MultiCare offers no argument that it was an abuse of discretion by the trial court to issue that protection in light of the hospital's and its attorneys' actions. Instead, MultiCare only identifies the issue, asserts it was not required in Youngs as the only reason why it should not have been required here, and ignores its own conduct that was the reason for the order it assigns error to. MultiCare should not be heard to offer new argument the trial court abused its discretion in that context, for the first time in reply.

V. Conclusion

MultiCare would like this court to create some type of corporate privilege along the lines of: if the witness would be helpful, then there is an ex parte, privileged, attorney-client privilege. Not only is that not supported by even Upjohn or Wright, it fails for the simple reason Youngs was asked to do that and already said: no.

The simple fact is defense lawyers have full access to all the witnesses and evidence a plaintiff generally needs. The only way a plaintiff's lawyer can learn what such witnesses know is by deposition because either the employer inappropriately tells the employees not to talk with them, or even if nothing is said the employee still fear for their job and refuses to talk. A third variation sometimes seen is the defense lawyer "explains," nod-nod, wink-wink, to the company's employees "they do not have to" speak to the plaintiff's lawyer, and it is probably better if they do not so the defense lawyer can be there to be sure they are not misunderstood. These dynamics are even more true in the hospital setting.

Corporate defendants such as MultiCare already hold all of the switches and levers to justice for an injured party. Loudon created a much needed protection as to healthcare providers. Youngs provided a very exquisitely narrow exception to the only real protection people injured by hospitals have left: the prohibition of ex parte contact. In a sharply divided opinion whereby the dissent complaint loudly of the injury to patients, the majority provided a very narrow exception to Loudon. The narrowness of that exception must be respected. If the Supreme Court desires to revisit the issue that is of course to its discretion. It is not however to the discretion of the trial court nor, with the greatest of respect to this Court of Appeals, this

court to enlarge protections Youngs clearly considered and denied corporate hospitals, under the guise of interpretation.

Respondent asks for a remand consistent with the relief requested above.

DATED this 9th day of July, 2018.

McGAUGHEY BRIDGES DUNLAP, PLLC

A handwritten signature in blue ink, appearing to read "Dan L. W. Bridges", written over a horizontal line.

By:

Dan'L W. Bridges, WSBA 24179

Attorneys for respondent/cross-appellant Hermanson

Certificate of Service

I, Ceci Campagna, certify under oath and the penalty of perjury under the laws of the state of Washington that on July 9, 2018 I caused a copy of this brief with records identified in the appendix to be filed with the court and to attorneys of record for appellant/cross appellant by way of the court's electronic service portal.

July 9, 2018 /s/ Ceci Campagna

MCGAUGHEY BRIDGES DUNLAP

July 09, 2018 - 3:42 PM

Transmittal Information

Filed with Court: Court of Appeals Division II
Appellate Court Case Number: 51387-1
Appellate Court Case Title: Doug Hermanson, Res/Cross-App v. Multi-Care Health System, App/Cross-Resp
Superior Court Case Number: 16-2-13725-9

The following documents have been uploaded:

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FILED
 Court of Appeals
 Division II
 State of Washington
 7/9/2018 3:42 PM



MultiCare Health System
 737 Fawcett Ave
 Tacoma, WA 98415
 253.459.7956
 Printed On: March 29, 2016

Hermanson, Douglas J
 2318 120TH STREET EAST
 TACOMA, WA 98445

Guarantor ID: 60116195
 Patient Age: No DOB on File.
 Patient DOB:
 Patient Sex:

Visit Coverages:

PRIMARY: Premera BC
 PREMERA BLUE CARD
 Subscriber ID: FIT001040634
 Group Number: 3102000FIT936

This is not a bill. This is an itemization of your hospital services for:

Patient: Hermanson, Douglas J **Admission Date:** 09/11/2015
Visit Number: 322887847 **Discharge Date:** 09/14/2015

Discharge Location:

Current Balance for Visit: **\$34.35**

Professional Charges

Date	Procedure Code	Description	Qty	Amount
09/11/15	99282	P EMERGENCY DEPT VISIT,LEVEL II	1	229.00

Professional Payments and Adjustments

Description	Amount
Commerical Payments	-194.65

Visit Number: 322887847

1 of 1

Please refer to this visit number for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this date of service.





MultiCare Health System
 737 Fawcett Ave
 Tacoma, WA 98415
 253.459.7956
 Printed On: March 29, 2016

Hermanson, Douglas J
 2318 120TH STREET EAST
 TACOMA, WA 98445

Guarantor ID: 60116195
 Patient Age: No DOB on File.
 Patient DOB: 9/11/1975
 Patient Sex: Male

Visit Coverages:

PRIMARY: Commerical
 AVECTUS-TERMED
 Subscriber ID: HERMANSON
 Group Number: 3513548

SECONDARY: Premera BC
 PREMERA BLUE CARD
 Subscriber ID: FIT001040634
 Group Number: 3102000FIT936

This is not a bill. This is an itemization of your hospital services for:

Patient: Hermanson, Douglas J **Admission Date:** 09/11/2015
Visit Number: 700230087 **Discharge Date:** 09/11/2015
Discharge Location: TACOMA GENERAL HOSPITAL

Current Balance for Visit: **\$0.00**

Hospital Charges

09/11/2015	0250		TETRACAINE 0.5 % SOLN 2 ML BOTTLE	2	30.55
09/11/2015	0300	36415 (CPT®)	P VENIPUNCTURE	1	45.00
09/11/2015	0301	80048 (CPT®)	O BASIC METABOLIC PANEL	1	78.00
09/11/2015	0301	80301 (CPT®)	C DRUG SCREEN MULTIPLE DRUGS	1	448.00
09/11/2015	0301	80301 (CPT®)	C ETHANOL	1	132.00
09/11/2015	0301	83735 (CPT®)	O MAGNESIUM	1	81.00
09/11/2015	0302	86850 (CPT®)	O ANTIBODY SCREEN	1	202.00
09/11/2015	0302	86900 (CPT®)	O ABO BLOOD GROUP	1	62.00
09/11/2015	0302	86901 (CPT®)	O RH GROUP	1	67.00
09/11/2015	0305	85025 (CPT®)	O CBC WITH DIFF	1	95.00
09/11/2015	0305	85610 (CPT®)	O PROTHROMBIN (PT)	1	48.00
09/11/2015	0307	81001 (CPT®)	C UA W/MICROSCOPIC	1	39.00
09/11/2015	0324	71010 (CPT®)	C XR CHEST 1 VIEW - PA OR AP	1	475.00
09/11/2015	0351	70450 (CPT®)	C CT HEAD W/O CONTRAST	1	3,228.00
09/11/2015	0352	72125 (CPT®)	C CT CSPINE W/O CONTRAST	1	3,282.00
09/11/2015	0352	72131 (CPT®)	C CT LSPINE W/O CONTRAST	1	3,282.00
09/11/2015	0352	74177 (CPT®)	C CT ABDOMEN&PELVIS W/CONTRAST	1	7,156.00

Visit Number: 700230087

1 of 2

Please refer to this visit number for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this date of service.



DATE	PROVIDER	PROFIT	CD	QUANTITY	AMOUNT
09/11/2015	0450		C ED-PROCEDURE-MINOR	1	977.00
09/11/2015	0450		C ED-PROCEDURE-MINOR	1	977.00
09/11/2015	0450	99291 (CPT®)	C VISIT- ADULT ED,LEVEL VI	1	12,035.00
09/11/2015	0636	Q9967	C ISOVUE 300-399 MG/ML PER ML	75	450.00
09/11/2015	0682	G0390	C TT TRAUMA ACTIVATION MODIFIED WITH CRITICAL CARE	1	11,373.00

Hospital Payments and Adjustments

Commerical Payments	-8,810.35
Premera BC Adjustments	-28,990.68
Premera BC Payments	-6,761.52
Total insurance payments and adjustments	-44,562.55

Visit Number: 700230087

2 of 2

Please refer to this visit number for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this date of service.



0003

Hermanson, Douglas J (MR # 323724)

ED
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Patient Information

Patient Name	HAR	Sex	DOB	SSN
Hermanson, Douglas J (323724)	700230087	Male	10/17/1968	xxx-xx-2911
Unit	Room	Bed	Code	Status
TGED	TGED17	T17		Not on file

Inpatient Info

Contact Serial #
107486836

Hospital Admission Summary

Encounter-Level Documents:

Conditions for Treatment Inp/Amb and Emergency V0314 - Electronic signature on 9/11/2015 2212

Financial Agreement-Hospital v0715 - Electronic signature on 9/11/2015 2212

Ambulance - Scan on 9/15/2015 2030 by HIM SCANNED DOCUMENT : Ambulance (below)

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR TOCLH v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: ██████1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

BEST POSSIBLE REPRODUCTION
FROM POOR SOURCE DOCUMENT

Hospital Admission Summary (continued)

Tacoma Fire Department Tacoma General Hospital (162540100)

HERMANSON, DOUGLAS J 3513548

19:59 09/11/2015 07:38 PM

MRN ~~3513548~~
CSN 107486826



Batch No: 9/11/2015 7:07:38 PM

Incident Number: 162540100
Patient 1 of 1
Report Number:

Finalized: No

PATIENT

Hermanson, Doug 48 Years (Actual) Not Known
Chief Complaint: Head Pain

COMMENTS

pt was the unrestrained driver of veh that hit a utility pole. There is 3 feet of intrusion to front of vehicle and windshield is smashed from inside. The pt. is out of veh talking on cell phone. His face is covered in small lacer and swollen. Pt answers questions approx, but cannot explain how collision occurred. cc, lhb, cid, iv x2 Brain otherwise normal; transport to hospital

SUBJECTIVE

Symptoms	ACTUAL	PERTINENT NEGATIVES
	General: Headache;	RESP: No Shortness of Breath; Cardiovascular: No Chest Pain;

FIRST VITAL SIGNS													
Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Otc	TE/AP	Pain: Numeric	Pain: Visual	GCS	Position	Done By
M-7:21:40 PM	100	16	112	69	97%								BK

INITIAL ASSESS - OBJECTIVE		
	ACTUAL	PERTINENT NEGATIVES
Gen	Location Patient Found: Other Location: ambulatory	
A	Airway Status: Patent (Open);	
B	Breath Sounds: Left Upper: Clear; Left Lower: Clear; Right Upper: Clear; Right Lower: Clear;	
C	Skin: Temperature: Warm; Color: Pink; Moisture: Dry;	

VITAL SIGNS													
Time	HR	RR	BP-Sys	BP-Dia	SPO2	ETCO2	Otc	TE/AP	Pain: Numeric	Pain: Visual	GCS	Position	Done By
M-7:22:00 PM	100	16	112	69	97%								BK

ONGOING ASSESSMENT					
Start Time	Stop Time	Section	Item	Summary	Done By
9/11/2015 7:45:10 PM		Treatment	Bleeding / Burn Care	Location: Head (Front); Type: Dressing applied;	Barry Kaperlick
9/11/2015 7:45:14 PM		Treatment	IV / IO Access	Side: Left; Site: AC; Successful; Yes; Attempts: 1; Size (G): 18;	Adam Chamberlin
9/11/2015 7:45:14 PM		Treatment	IV / IO Access	Side: Right; Site: AC; Successful; Yes; Attempts: 1; Size (G): 14;	Adam Chamberlin
9/11/2015 7:45:21 PM		Treatment	Spinal Immobilization	Type: C-Collar / Spine Board / CID;	Barry Kaperlick

Batch No: 9/11/2015 7:07:38 PM

Incident Number: 162540100

file://C:\Program Files\Medical\Server\6934 Faxing Request .17035.html

9/11/2015

TACOMA GENERAL HOSPITAL
315 Marlin Luther King Jr Way
Tacoma WA 98415-0299
EMR TOCLH v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

BEST POSSIBLE REPRODUCTION
FROM POOR SOURCE DOCUMENT

Hospital Admission Summary (continued)

HERMANSON, DOUGLAS J 3513548

To: Tacoma Fire Department To: Tacoma General Hospital (1251901517)

19:58 09/11/2015 09:37:30

VEHICLE(S)

Agency Name	Agency Number	District/Region	Unit Number	Unit Call Sign	Vehicle Number	CMS Service Level	Vehicle Type	Primary Role of Unit	Station
Tacoma Fire Department	01	Tacoma Fire Department 27M10	M04				Medic	ALS Transport	Station 4

CREW MEMBERS

Name	Crew Role	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
Kapartick Barry	Crew Member	Paramedic	Officer	537	111934		Yes
Chamberlin Adam	Crew Member	Paramedic	Driver	308	1168869		Yes

INCIDENT

Incident Date / Time	Time	Distance	Details	Complications / Misc
9/11/2015 7:05:35 PM			Location Type: Street or Highway; Address: 12501 E D ST City / Town: Tacoma County: Pierce Province / State: Washington Postal Code / Zip: 98408 Country: U.S.A. Telephone #: 2532289733 Longitude: -122.429299 Latitude: 47.239653	
Call Received:				
Call Entered:				
Pre-Alert:				
Call Dispatched:	9/11/2015 7:06:46 PM		Dispatch Complaint: 29D-MVA (ALS) Code: MVA1 Type of Service Requested: Medical Transport	
Enroute:	9/11/2015 7:08:06 PM		Incident Number: 1152540100 Response Mode: Priority: Number of Patients: 1	
Unit Cancelled:				
On Scenes:	9/11/2015 7:12:41 PM			
Arrive Patient on scene:				
Transfer:	9/11/2015 7:21:12 PM		Transport Mode: ALS;	Response Outcome: Transported by Tacoma Fire Dept;
RL ETA:				
RL Alert:				
Transport Complete:	9/11/2015 7:26:41 PM	3.00 mi	Destination Type: Hospital; Postal Code / Zip: 98408 Receiving Facility: Tacoma General Hospital	
Care Transfer:				
Depart Destination:				
Incident Closed:	09/11/2015			

Batch No: 9/11/2015 7:37:30 PM

Incident Number: 1152540100

file://C:\Program Files\Medusa\Server\46954 Faxing Request 37005.html

9/11/2015

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR TOCLH v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: ██████████ 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Hospital Admission Summary (continued)

HERMANSON, DOUGLAS J 3513548

Tacoma Fire Department Tacoma General Hospital (162840103)

19:58 03/11/2015 107486834

	7:34:30 PM			
Unit Back at Home:				
Wheel Check:				
Staging:				
Arrive Scene 2:				
Depart Scene 1:				
Depart Scene 2:				

OUTCOMES

GENERAL

Reason for Choosing Destination: Protocol;

DEMOGRAPHICS

Last Name: HERMANSON	First Name: Doug	Middle Name:
DOB: 10/17/1968	SSN: 536-90-2911	MedicAlert #:
Address: 2316 120th St E	Address2:	City: Tacoma
County:	Prov/State: Washington	Zip: 98445
Country: U.S.A.	Tel1:	Tel2:

SIGNATURE

Assignment of Benefits (Non R)
ASSIGNMENT OF BENEFITS (NON-RESIDENT) I consent to the disclosure and use of medical records to agents and assigns of the City of Tacoma (the City) for the purpose of reimbursements. I give **LIFETIME AUTHORIZATION** to the City to obtain and receive my health care information to third party payors such as insurance carriers. I herein acknowledge services rendered by The Tacoma Fire Department. I authorize the City to use this original or a copy to bill and obtain direct payment to the City for these services via assignment of medical benefits for myself or family members. I understand that I am ultimately responsible for payment for services rendered. Should I or a family member receive payment from any medical benefit provider for such ambulance services, I will immediately forward this payment to the City. For all other purposes, this authorization shall be effective for 90 days. I am not a resident of the City of Tacoma. I will be responsible for any charges that insurance or any other benefits do not cover. RECEIPT OF NOTICE OF PRIVACY PRACTICES I hereby acknowledge receipt of the City of Tacoma Fire Department's Notice of Privacy Practices, titled Notice of Your Rights to Medical Services.
 Reason For Not Signing: cc,bb,cid

Receiving Facility
 Receiving Facility Representative Signature The above-named patient was received by this facility at the date and time indicated above.

Authorized By
 Name: Kapslock Barry

Batch No: 011/2015 7:07:38 PM Incident Number: 1162840103

file://C:\Program Files\Medusa\Server\60954 Faxing Request 37005.html 9/11/2015

Emergency Visit - Trauma - Scan on 9/16/2015 1918 by HIM SCANNED DOCUMENT : Emergency Visit - Trauma (below)

TACOMA GENERAL HOSPITAL
 315 Martin Luther King Jr Way
 Tacoma WA 98415-0299
 EMR TOCLH v5.0

HERMANSON, DOUGLAS J
 MRN: 323724
 DOB: [REDACTED] 1968, Sex: M
 Adm: 9/11/2015, D/C: 9/11/2015
 Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

BEST POSSIBLE REPRODUCTION
FROM POOR SOURCE DOCUMENT

Hospital Admission Summary (continued)

HERMANSON, DOUGLAS J 3513548

**Trauma Team Activation Log
Tacoma General Emergency Department**

Trauma Team	Name	Time Page Returned	Time Arrived	Comments
Trauma Surgeon		2	19:25	
Trauma Mid Level		CB	4	
ED Physician				
Primary RN	C. H. G. S. H.			
Trauma Back-Up RN				
EST				
EST				
RT	M. G.			
RT				
X-Ray	J. H.	19:28		
X-Ray	Alex	19:25		
Pharmacy				
Security				
Phlebotomy				
OR Nurse				
Social Services	Loai			
Anesthesiologist				

DELTA TG 8564
MAR: 700230087 CEN: 107430036 TOHH
SEX: unknown
MRN: 3513548
CEN: 

HERMANSON, DOUGLAS
9/11/2015 MARE

10/15/2014

Emergency Visit - Scan on 9/16/2015 1918 by HIM SCANNED DOCUMENT : Emergency Visit (below)

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR TOCLH v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

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Hospital Admission Summary (continued)

HERMANSON, DOUGLAS J 3513548

Medic 4

Medic Agency/Number: _____ Age: 40 Sex: M Bariatric: Y N

Medic Name: telephone

Chief Complaint: Pickup truck v.s. pole, 3rd intrusion
facial injury/laceration answering some questions appropriately
date, etc.

VITALS

BP: 127/70 HR: 100 R: 16 T: _____ SaO₂: 96

BP: _____ HR: _____ R: _____ T: _____ SaO₂: _____

Monitor: _____

ETCO₂: _____

TRAUMA

Mechanism: _____

Injuries: _____

STEP (circle one): 1 2 3 4

CODE STEMI

Time of symptom onset: _____

EMS 12 lead changes: _____

FIELD INTERVENTIONS

O₂ _____ L IVs _____ Dext: _____

Collar Backboard Splint _____

PTA Meds: _____

Other: _____

ETA: 5 minutes

To room: _____

INCLUSION CRITERIA:

- Narrow QRS only
- 2mm or more ST elevation in 2 or more contiguous leads

EXCLUSION CRITERIA:

- Wide Complex Rhythm or BBB
- CVA patient
- Active GI bleed
- DNR

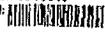
Time STEMI activated: _____

CODE NEURO

Time of symptom onset: _____

Deficits: _____

Patient Identification - Always Attach Patient Label

DELTA, TG 6554
 HAR: 10033097 CSN: 107468930
 SEX: unknown
 MRN: 3513548
 CSN: 

HERMANSON, DOUGLAS J
 TGHM
 9/11/15
 MALE

Age/Sex: _____

TGED EMS REPORT

MultiCare



88-2844-2 (Rev. 6/12)

Discharge Instruction - Scan on 9/16/2015 1920 by HIM SCANNED DOCUMENT : Discharge Instruction (below)

TACOMA GENERAL HOSPITAL
 315 Martin Luther King Jr Way
 Tacoma WA 98415-0299
 EMR TOCLH v5.0

HERMANSON, DOUGLAS J
 MRN: 323724
 DOB:  1968, Sex: M
 Adm: 9/11/2015, D/C: 9/11/2015
 Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Hospital Admission Summary (continued)

HERMANSON, DOUGLAS J 3513548

Tacoma General Hospital, 315 Milk Jr Way, Tacoma WA 98405-4234 Ph:253-403-1000

Patient Signature: [Signature]
Date: _____

Staff Signature: _____
Date: _____



MyChart Activation

MyChart is a free, secure online way for you to schedule your appointments, see your test results, review and refill your medications, get trusted health advice, contact your provider, pay bills, and do so much more.

Go to www.multicare.org/my and click the "Sign Up Now" link. For security reasons, when you first sign up, you must provide your social security number, date of birth, and the following access code:

BVHFB-T7QNY
Expires: 12/10/2015 11:18 PM

For more information visit MyChart at www.multicare.org/my.

DELTA, TG 6854
ID#: 100230037 CSN: 107488536 TQHH
SEX: unknown
MRN: 3513548
CGN: [Barcode]
9/11/1975 MARE

Hospital Facesheet

Hospital Facesheet Information

PCP and Center

Primary Care Provider
No Pcp Selected

Center
TACOMA GENERAL HOSPITAL

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR TOCLH v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [Redacted] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Hospital Admission Summary (continued)

Hospital Admission Information

Admission

Admission Date	Admission Type	Discharge Date
9/11/2015 (Initial)	Trauma Center	9/11/2015

Treatment Team

Provider	Role	From	To
Carla Lynn Defibaugh	ED Nurse	09/11/15 1928	09/11/15 2316
Pauleen Wheeler, RN	ED Nurse	09/11/15 2130	--

Reviewed On: 9/11/2015 By: Carla Lynn Defibaugh

Allergies as of 9/11/2015

No Known Allergies

Current Medications

Current Medications Report (as of 09/11/15)

Visit Summary

Care Plans

Care Plans Report

Patient Education

Patient Education Report

All Flowsheet Templates (all recorded)

- Adult ED Complex Assessment
- Adult GCS
- ED Falls Risk
- ED Risk/Intake Complete
- PTA Care
- Social Work Intervention
- Trauma Assessment
- Trauma Classification
- Trauma CT Times
- Triage Location
- Triage Start Time
- Vital Signs/Pain
- Vitals
- Warming Measures

Encounter Transcription

Encounter Transcriptions

No notes of this type exist for this encounter.

Orders

Order Information

Medications Report	Lab and Imaging Orders Report	Other Orders Report
--------------------	-------------------------------	---------------------

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR TOCLH v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Orders (continued)

Order Information (continued)

Immunizations	Never Reviewed
IPV (POLIO)	12/1/1968
MMR	12/1/1968
TD IMMUNIZATION - ADULT	1/1/2003

All Notes

- 09/25/15 1207 Ancillary Notes signed by Lori J Van Slyke, LICSW
- 09/12/15 0214 Discharge Summaries signed by Stephanie L Wheeler, MD
- 09/11/15 2350 ED Notes signed by Pauleen Wheeler, RN
- 09/11/15 2324 ED Notes addendum by Carla Lynn Defibaugh
- 09/11/15 2124 H&P addendum by Stephanie L Wheeler, MD
- 09/11/15 2318 ED Notes signed by Pauleen Wheeler, RN
- 09/11/15 2250 ED Notes signed by Leslie M Tran, RN
- 09/11/15 2232 ED Notes signed by Pauleen Wheeler, RN
- 09/11/15 2208 ED Notes signed by Pauleen Wheeler, RN
- 09/11/15 2138 ED Notes signed by Pauleen Wheeler, RN
- 09/11/15 2136 ED Notes signed by Carla Lynn Defibaugh
- 09/11/15 2130 ED Notes signed by Pauleen Wheeler, RN
- 09/11/15 2124 H&P signed by Stephanie L Wheeler, MD
- 09/11/15 2059 ED Notes signed by Carla Lynn Defibaugh
- 09/11/15 2028 ED Notes signed by Carla Lynn Defibaugh
- 09/11/15 2001 ED Notes signed by Carla Lynn Defibaugh

Patient Instructions

Patient Instructions

None

Level of Service

Document List

Patient Document List

- MHS NOTICE OF PRIVACY PRACTICE (Document Not Signed)
- MHS NOTICE OF PRIVACY PRACTICE (Document Not Signed)
- MHS NOTICE OF PRIVACY PRACTICE signed on: 09/11/2015 10:12 PM
- HIM ROI Authorization (Document Not Signed)
- HIM ROI Authorization (Document Not Signed)

Document List

Encounter Document List

- Conditions for Treatment Inp/Amb and Emergency V0314 signed on: 09/11/2015 10:12 PM
- Financial Agreement-Hospital v0715 signed on: 09/11/2015 10:12 PM
- Patient Rights & Responsibilities (Document Not Signed)

TACOMA GENERAL HOSPITAL
 315 Martin Luther King Jr Way
 Tacoma WA 98415-0299
 EMR TOCLH v5.0

HERMANSON, DOUGLAS J
 MRN: 323724
 DOB: ██████████ 968, Sex: M
 Adm: 9/11/2015, D/C: 9/11/2015
 Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Level of Service (continued)

- Ambulance (Document Not Signed)
- Emergency Vislt - Trauma (Document Not Signed)
- Emergency Vislt (Document Not Signed)
- Discharge Instruction (Document Not Signed)

ED Arrival Info

Arrival Time	Means of Arrival	Escorted By	Chief Complaint
7:27 PM	Ambulance Fire Department	EMS	

Discharge Information

Discharge Provider	Date/Time	Disposition	Destination
David K Patterson, MD / 253- [REDACTED]	09/11/15 2350	HOME	Home

Comments
(none)

Discharge Diag
trauma

Chart Review Routing History

No Routing History on File

END OF TABLE OF CONTENTS REPORT

ED

9/11/2015

Mr. Douglas J Hermanson

MRN: 323724

Patient Information

Patient Name	HAR	Sex	DOB
Hermanson, Douglas J (323724)	700230087	Male	[REDACTED] 1968

TACOMA GENERAL HOSPITAL

Unit	Room	Bed	Code Status
TGED	TGED17	T17	Not on file

Inpatient info

Contact Serial #
107486836

PCP and Center

Primary Care Provider	Center
No Pcp Selected	TACOMA GENERAL HOSPITAL

Scanned Documents

Encounter-Level Documents:

Scan on 9/16/2015 1920 by HIM SCANNED DOCUMENT : Discharge Instruction (below)

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR TOCLH v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Scanned Documents (continued)

HERMANSON, DOUGLAS J 3513548

Tacoma General Hospital, 315 Mlk Jr Way, Tacoma WA 98405-4234 Ph:253-403-1000

Patient Signature: [Handwritten Signature]
Date: _____

Staff Signature: _____
Date: _____



MyChart Activation

MyChart is a free, secure online way for you to schedule your appointments, see your test results, review and refill your medications, get trusted health advice, contact your provider, pay bills, and do so much more.

Go to www.multicare.org/my and click the "Sign Up Now" link. For security reasons, when you first sign up, you must provide your social security number, date of birth, and the following access code:

BVHFB-77QNY
Expires: 12/10/2015 11:18 PM

For more information visit MyChart at www.multicare.org/my.

DELTA TG 6554
PAT: 760330087 CSN: 107465838 TGH
SEX: unknown
MRN: 3513548
CEN:

9/11/1975 MALE

Scan on 9/16/2015 1918 by HIM SCANNED DOCUMENT : Emergency Visit - Trauma (below)

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [Redacted] 968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Scanned Documents (continued)

HERMANSON, DOUGLAS J 3513548

Trauma Team Activation Log
Tacoma General Emergency Department

Trauma Team	Name	Time Page Returned	Time Arrived	Comments
Trauma Surgeon		2	19:25	
Trauma Mid Level		CB	↓	
ED Physician				
Primary RN	C. G. G. S. H.			
Trauma Back-Up RN				
EST				
EST				
RT	M. G.			
RT				
X-Ray	J. H.	19:25		
X-Ray	Alex	19:25		
Pharmacy				
Security				
Phlebotomy				
OR Nurse				
Social Services	Loai			
Anesthesiologist				

DELTA, TG 5564
 MAR#: 70239097 CBN#: 107408836 TGHH
 SEX: 10505011
 MRN: 3513548
 CSH: 

HERMANSON, DOUGLAS
9/11/2015 MZE

10/15/2014

Scan on 9/16/2015 1918 by HIM SCANNED DOCUMENT : Emergency Visit (below)

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Scanned Documents (continued)

HERMANSON, DOUGLAS J 3513548

Medic 4

Medic Agency/Number: _____ Age: 40 Sex: M Bariatric: CY UN

Medic Name: _____

Chief Complaint: Pickup truck vs. pole, 3rd intrusion
Facial injury/laceration answering some questions appropriately
Date, etc.

VITALS				TRAUMA			
BP	<u>107/70</u>	HR	<u>100</u>	R	<u>16</u>	T	<u>96</u>
BP	_____	HR	_____	R	_____	T	_____
Monitor: _____				Mechanism: _____			
ETCO2: _____				Injuries: _____			

Eyes		Temp		Wet	
Spot	4	Temp	_____	Cold	_____
To Voice	3	Color	Normal	Hot	_____
None	1	Color	Pale	_____	_____
				Cyanotic	

Mental		Mucous		PUPILS	
Oriented	5	Moist	Normal	Size: R	_____
Confused	4	Moist	Dry	Size: L	_____
Insp Words	3	Moist	Diaparetic		
Incomp Words	2				
None	1				

STEP (circle one): 1 2 3 4

Time of symptom onset: _____

EMS 12 lead changes: _____

Inclusion Criteria:

- Narrow QRS only
- 2mm or more ST elevation in 2 or more contiguous leads

Exclusion Criteria:

- Wide Complex Rhythm or BBB
- CVA patient
- Active GI bleed
- DNR

Time STEMI activated: _____

FIELD INTERVENTIONS

O2 _____ L IVs _____ Dext _____

Collar Backboard Splint _____

PIA Meds: _____

Other: _____

ETA: 5 minutes

To room: _____

Patient Identification - Always Attach Patient Label

DELTA TG 5554
 MAR: 70323067 CSN: 107466930
 SEX: unknown
 MRN: 3513548
 CGN: _____

HERMANSON, DOUGLAS J
 TGH
 9/11/15
 MALE

TGED EMS REPORT

MultiCare



00-2644-2 (Rev. 6/12)

Scan on 9/15/2015 2030 by HIM SCANNED DOCUMENT : Ambulance (below)

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: _____ 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Scanned Documents (continued)

Tacoma Fire Department Tacoma General Hospital (1625401517)

HERMANSON, DOUGLAS J 3513548

19:58 09/11/2015 07:38 PM 31-3

MRN # 3513548
CSN 167486826



Batch No: 9/11/2015 7:07:38 PM

Incident Number: 1162540101
Patient 1 of 1
Report Number:

Finalized: No

PATIENT

Hermanson, Doug 48 Years (Actual) Not Known
Chief Complaint: Head Pain:

COMMENTS

pt was the unrestrained driver of veh that hit a utility pole. There is 3 feet of intrusion to front of vehicle and windshield is smashed from inside. The pt. is out of veh talking on cell phone. His face is covered in small lacer and swollen. Pt answers questions approx, but cannot explain how collision occurred. cc, lhb, od, iv x2 Breat otherwise normal; transport to hospital

SUBJECTIVE

ACTUAL		PERTINENT NEGATIVES
Symptoms	General: Headache;	RESP: No Shortness of Breath; Cardiovascular: No Chest Pain;

PRSVITAL SIGNS													
Time	HR	RR	BP+ Sys	BP+ Dia	SPO2	ETCO2	O2cc	FE1/F2	Pain: Numeric	Pain: Visual	GCS	Position	Done By
M- 7:21:40 PM	100	16	112	69	97 %								BK

INITIAL ASSESS - OBJECTIVE		
ACTUAL		PERTINENT NEGATIVES
Gen	Location Patient Found:	Other Location: ambulance
A	Airway Status:	Patent (Open);
a	Breath Sounds:	Left Upper: Clear; Left Lower: Clear; Right Upper: Clear; Right Lower: Clear;
c	Skin:	Temperature: Warm; Color: Pink; Moisture: Dry;

VITAL SIGNS													
Time	HR	RR	BP+ Sys	BP+ Dia	SPO2	ETCO2	O2cc	FE1/F2	Pain: Numeric	Pain: Visual	GCS	Position	Done By
M- 7:25:03 PM	100	16	112	69	97 %								BY

ONGOING ASSESSMENT					
Start Time	Stop Time	Section	Item	Summary	Done By
9/11/2015 7:16:10 PM		Treatment	Bleeding / Burn Care	Location: Head (Front); Type: Dressing applied;	Barry Kaperick
9/11/2015 7:45:14 PM		Treatment	IV / IO Access	Side: Left; Site: AC; Successful: Yes; Attempts: 1; Size (G): 18;	Adam Chamberlin
9/11/2015 7:45:14 PM		Treatment	IV / IO Access	Side: Right; Site: AC; Successful: . Yes; Attempts: 1; Size (G): 14;	Adam Chamberlin
9/11/2015 7:45:21 PM		Treatment	Spinal immobilization	Type: C-Collar/ Spine Board/ CID;	Barry Kaperick

Batch No: 9/11/2015 7:07:38 PM

Incident Number: 1162540109

file:///C:/Program Files/Medusa/Server/46954/Exam/Request_17005.html

9/11/2015

TACOMA GENERAL HOSPITAL
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Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Scanned Documents (continued)

HERMANSON, DOUGLAS J 3513548

To: Tacoma Fire Department To: Tacoma General Hospital (15254010)

19:58 09/11/2015 09:07:33

VEHICLE(S)

Agency Name	Agency Number	District/Region	Unit Number	Unit Call Sign	Vehicle Number	EMS Service Level	Vehicle Type	Primary Role of Unit	Station
Tacoma Fire Department	01	Tacoma Fire Department	1404				Medic	ALS Transport	Station 4

CREW MEMBERS

Name	Crew Role	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
Kaperick Barry	Crew Member	Paramedic	Officer	537	111534		Yes
Chamberlin Adam	Crew Member	Paramedic	Driver	368	118869		Yes

INCIDENT

Incident Date / Time	Time	Order/aler	Details	Complications / Misc
9/11/2015 7:03:35 PM			Location Type: Street or Highway; Address 1: 2501 E D ST City / Town: Tacoma County: Pierce Province / State: Washington Postal Code / Zip: 98408 Country: U.S.A. Telephone #: 2532289733 Longitude: -122.429298 Latitude: +047.239633	
Call Received:				
Call Entered:				
Pre-Alert:				
Call Dispatched:	9/11/2015 7:06:46 PM		Dispatch Complaint: 29D-MVA (ALS) Code: MVA1 Type of Service Requested: Medical Transport	
Enroute:	9/11/2015 7:08:06 PM		Incident Number: 1152540100 Response Mode: Prio/ry; Number of Patients: 1	
Call Cancelled:				
On Scene:	9/11/2015 7:12:41 PM			
Arrive Patient on scene				
Transfer:	9/11/2015 7:21:12 PM		Transport Mode: ALS;	Response Outcome: Transported by Tacoma Fire Dept;
RL ETA:				
RL Alert:				
Transport Complete:	9/11/2015 7:28:41 PM	3.00 mi	Destination Type: Hospital; Postal Code / Zip: 98408 Receiving Facility: Tacoma General Hospital	
Care Transfer:				
Depart Destination:				
Incident Closed:	9/11/2015			

Batch No: 9/11/2015 7:07:33 PM

Incident Number: 1152540100

file://C:\Program Files\Medusa\Server\45954 Faxing Request .37005.html

9/11/2015

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J

MRN: 323724

DOB: [REDACTED] 1968, Sex: M

Adm: 9/11/2015, D/C: 9/11/2015

Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Scanned Documents (continued)

HERMANSON, DOUGLAS J 3513548

Tacoma Fire Department To: Tacoma General Hospital (12340)517

10/11/2015 7:07:38 PM

107486836

	7:34:30 PM			
Unit Back of Home:				
Wheel Check:				
Staging:				
Arrive Scene 2:				
Depart Scene 1:				
Depart Scene 2:				

OUTCOMES
GENERAL

Reason for Choosing Destination: Protocol;

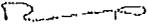
DEMOGRAPHICS

Last Name: Hermanson	First Name: Doug	Middle Name:
DOB: 10/17/1988	SSN: 536-90-2911	MediAlert #:
Address1: 2318 120th SE	Address2:	City: Tacoma
County:	Prov/State: Washington	Zip: 98445
Country: U.S.A.	Tel1:	Tel2:

SIGNATURE

Assignment of Benefits (Non R)
ASSIGNMENT OF BENEFITS (NON-RESIDENT) I consent to the disclosure and use of medical records to agents and assigns of the City of Tacoma (the City) for the purpose of reimbursements. I give LIFETIME AUTHORIZATION to the City to obtain and receive my health care information to third party payors such as insurance carriers. I herein acknowledge services rendered by The Tacoma Fire Department. I authorize the City to use this original or a copy to bill and obtain direct payment to the City for these services via assignment of medical benefits for myself or family members. I understand that I am ultimately responsible for payment for services rendered. Should I or a family member receive payment from any medical benefit provider for such ambulance services, I will immediately forward this payment to the City. For all other purposes, this authorization shall be effective for 90 days. I am not a resident of the City of Tacoma. I will be responsible for any charges that insurance or any other benefits do not cover. RECEIPT OF NOTICE OF PRIVACY PRACTICES I hereby acknowledge receipt of the City of Tacoma Fire Department's Notice of Privacy Practices, titled Notice of Your Rights to Medical Services.
Reason For Not Signing: cc,lb,cid

Receiving Facility
Receiving Facility Representative Signature The above-named patient was received by this facility at the date and time indicated above. 

Authorized By
Name: Kaperlick Barry 

Batch No: 9/11/2015 7:07:38 PM Incident Number: 1182640100

file://CA/Program Files/Medusa/Server/v6054 Feeding Request 37005.html 9/11/2015

Electronic signature on 9/11/2015 2212

Electronic signature on 9/11/2015 2212

Order-Level Documents:

There are no order-level documents.

TACOMA GENERAL HOSPITAL
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Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Scanned Documents (continued)

Order-Level Documents: (continued)

Hospital Admission Information

Admission

Admission Date/Time	Admission Type	Discharge Date/Time
9/11/2015 7:27 PM (Initial)	Trauma Center	9/11/2015 11:50 PM

Treatment Team

Provider	Role	From	To
Carla Lynn Defibaugh	ED Nurse	09/11/15 1928	09/11/15 2316
Pauleen Wheeler, RN	ED Nurse	09/11/15 2130	--

Reviewed On: 9/11/2015 By: Carla Lynn Defibaugh

Allergies as of 9/11/2015

No Known Allergies

Immunizations

Never Reviewed

IPV (POLIO)	12/1/1968
MMR	12/1/1968
TD IMMUNIZATION - ADULT	1/1/2003

TACOMA GENERAL HOSPITAL
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Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Discharge Summary Notes

Discharge Summaries by Stephanie L Wheeler, MD at 09/12/15 0204

Version 1 of 1

Author: Stephanie L Wheeler, MD Service: (none)
Filed: 09/12/15 0214 Note Time: 09/12/15 0204
Editor: Stephanie L Wheeler, MD (Resident)

Author Type: Resident
Status: Attested
Cosigner: David K Patterson, MD at
09/21/15 1048

Attestation signed by David K Patterson, MD at 09/21/15 1048

Trauma Staff Note:

DATE: 9/21/2015 TIME: 10:48 AM
9/11/2015

I have seen and examined the patient and have reviewed the problems:

Active Problems:

- Motor vehicle accident
- Alcohol intoxication
- Superficial laceration of face
- 2 pieces of glass R eye

I agree with the note and plan above edited by me as detailed by Dr Wheeler.

David K Patterson, MD

DC summary and tertiary survey

Patient Name: Douglas J Hermanson
MRN: 3513548
DOB: 9/11/1975
Admission Date: 9/11/2015
Admitting Physician: No admitting provider for patient encounter.
Midlevel Provider: Stephanie Wheeler TFM resident

Date of Assessment: 9/12/2015 Time: 2:05 AM

Brief Hx update/chief complaint: s/p MVC while intoxicated, no major injuries

OBJECTIVE:

Current Facility-Administered Medications

Medication	Dose	Route	Frequency
• iopamidol (ISOVUE 370) inj *BULK BOTTLE* 75 mL	75 mL	Intravenous	once
• saline flush (NS) 0.9% NaCl inj 50 mL	50 mL	Intravenous	once
• tetanus, diphtheria, acellular pertussis	0.5 mL	Intramuscular	once

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Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Discharge Summary Notes (continued)

Discharge Summaries by Stephanie L. Wheeler, MD at 09/12/15 0204 (continued)

Version 1 of 1

vaccine (ADACEL) 5-
2-15.5 LF-MCG/0.5 inj
0.5 mL

Current Outpatient Prescriptions

Medication

- oxycodone (ROXICODONE) 5 MG Tab

Temp (24hrs), Avg:97.8 °F (36.6 °C), Min:97.7 °F (36.5 °C), Max:97.8 °F (36.6 °C)

BP: 101/66 mmHg

Temp: 97.7 °F (36.5 °C)

Resp: 17

Pulse: 104

Heart Rate (Monitor) (OLD): --

SpO2: 95 %

Height: 5' 7" (170.2 cm)

Weight: 214 lb (97.07 kg)

HC: --

No intake or output data in the 24 hours ending 09/12/15 0205

Glasgow Coma Scale:

Last documented Glasgow Coma Scale

Eyes Open: Spontaneous

Best Verbal Response: Oriented

Best Motor Response: Obeys commands

GCS Total: 15

Glasgow Coma Scale: Eyes -4 - Opens eyes on own. Verbal -5 - Alert and oriented. Motor - 6 - Follows simple motor commands. Score: 15

Tertiary Physical Exam

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Head is with abrasion and with laceration.

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Printed by 1003136 at 3/29/16 1:23 PM

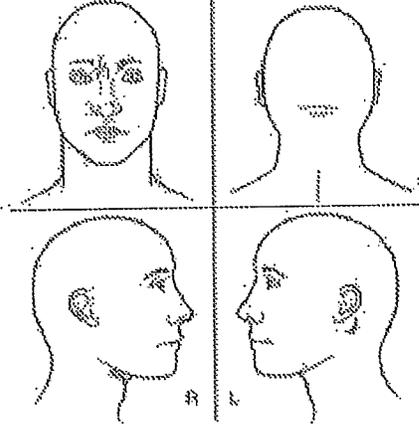


Hermanson, Douglas J (MR # 323724)

Discharge Summary Notes (continued)

Discharge Summary by Stephanie L. Wheeler, MD at 09/12/15 0204 (continued)

Version 1 of 1



Multiple superficial small abrasions over entire face, most prominent L superior eyelid laceration, hemostatic, laceration to inferior periauricular, midline laceration superficial to the neck under the chin s/p dermabond

Eyes: EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus. B/I reactive pupils, 2-1

Neck:

In cervical collar

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

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

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness. There is no rebound and no guarding.

Genitourinary: Penis normal.

Musculoskeletal: He exhibits no edema or tenderness.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit.

Skin: He is not diaphoretic.

Laceration to RLE medial leg, hemostatic, superficial puncture to plantar R foot, abrasion to L shoulder all clean and hemostatic

Additional Physical Exam

Lab:

Tests in the last 24 hours

TYPE AND SCREEN

Collection Time: 09/11/15 7:31 PM

Result	Units	Ref Range
ABO/Rh(D)	A	
	Positive	
Antibody screen	Negative	
Expiration date	09/14/2015	

ALCOHOL

Collection Time: 09/11/15 7:31 PM

TACOMA GENERAL HOSPITAL
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Hermanson, Douglas J (MR # 323724)

Discharge Summary Notes (continued)

Discharge Summaries by Stephanie L. Wheeler, MD at 09/12/15 0204 (continued)

Version 1 of 1

Result	Value	Ref Range
Alcohol	330 (H)	<10 mg/dL

○ CBC WITH DIFF

Collection Time: 09/11/15 7:31 PM

Result	Value	Ref Range
WBC	9.55	4.00-12.00 K/uL
RBC	4.19 (L)	4.50-6.00 mil/uL
Hgb	14.1	14.0-18.0 g/dL
Hct	41.7	40-54 %
MCV	99.5 (H)	80-98 fL
MCH	33.7 (H)	27-33 pg
MCHC	33.8	32-37 g/dL
RDW	13.2	11.5-15.0 %
Plt	143 (L)	150-450 K/uL
Differential type	Automated	
Abs neuts	3.86	1.80-7.80 K/uL
Abs immature grans	0.03	0.00-0.05 K/uL
Abs lymphs	4.55 (H)	0.80-3.30 K/uL
Abs monos	0.90	0.10-1.00 K/uL
Abs eos	0.09	0.00-0.40 K/uL
Abs basos	0.12	0.00-0.20 K/uL
Abs NRBCs	0.00	0.00 K/uL
Neuts	40.5	%
Immature grans	0.3	0.0-0.6 %
Lymphs	47.6	%
Monos	9.4	%
Eos	0.9	%
Basos	1.3	%
NRBC	0.0	0.0 /100 WBC

○ BASIC METABOLIC PANEL

Collection Time: 09/11/15 7:31 PM

Result	Value	Ref Range
Na	138	135-145 mmol/L
K	3.5 (L)	3.6-5.3 mmol/L
Cl	107	98-109 mmol/L
CO2	23	21-28 mmol/L
Anion gap w/o K	8	7-15
BUN	18	8-24 mg/dL
Creatinine	1.08	0.7-1.5 mg/dL
GFR non African Amer	76	>59 mL/min
GFR African American	92	>59 mL/min
Glucose	107	65-120 mg/dL
Calcium	8.7	8.5-10.5 mg/dL

○ PROTHROMBIN (PT)

Collection Time: 09/11/15 7:31 PM

Result	Value	Ref Range
Prottime	13.9	11.3-15.2 sec

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Hermanson, Douglas J (MR # 323724)

Discharge Summary Notes (continued)

Discharge Summaries by Stephanie L. Wheeler, MD at 09/12/15 0204 (continued)

Version 1 of 1

INR 1.06 0.0-3.5

○ MAGNESIUM

Collection Time: 09/11/15 7:31 PM

Result	Value	Ref Range
Magnesium	2.7 (H)	1.5-2.6 mg/dL

○ DRUG SCREEN URINE ED

Collection Time: 09/11/15 10:41 PM

Result	Value	Ref Range
Amphetamine scr ur	Negative (ng/mL)	(<1000)
Barbiturate scr ur	Negative (ng/mL)	(<300)
Benzodiazepin scr ur	Negative (ng/mL)	(<300)
Cocaine metabol ur	Negative (ng/mL)	(<300)
Ethanol scr urine	**Positive** (mg/dL)	(>=30)
Methadone scr urine	Negative (ng/mL)	(<300)
Morph/Codeine ur QL	Negative (ng/mL)	(<300)
Phencyclidine scr ur	Negative (ng/mL)	(<25)
Cannabinoid scr ur	Negative (ng/mL)	(<50)
Oxycodone ur	Negative (ng/mL)	(<100)

Comment

Negative = no drug detected at defined sensitivity limits. Confirm positives by alternate method if medically indicated. Test results for medical purposes only, not for forensic, evidentiary, employment, criminal prosecution.

○ UA CULTURE IF INDICATED

Collection Time: 09/11/15 10:41 PM

Result	Value	Ref Range
Color	Yellow	
Appearance	Clear	
Specific gravity	>1.030 (H)	1.003-1.030
pH urine	5.0	5.0-8.0
Protein	Negative	mg/dL
Glucose	Negative	mg/dL
Ketones	Negative	mg/dL
Bilirubin	Negative	
Occult blood	3+ (A)	N

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
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Hermanson, Douglas J (MR # 323724)

Discharge Summary Notes (continued)

Discharge Summaries by Stephanie L. Wheeler, MD at 09/12/15 02:04 (continued) Version 1 of 1

Urobilinogen	<1.1	<1.1 mg/dL
Leukocyte esterase	Negative	
Nitrite	Negative	
Culture	Not indicated	
RBC automated	3-10 (A)	/hpf
WBC automated	0-2	/hpf
Squamous cells	0-3	/hpf
Hyaline casts	2-4	/lpf

Diagnostic Data:

CXR:

Negative

CT Head

1. There is no evidence of acute intracranial hemorrhage, transcortical infarction or mass.
2. There are no depressed or widely separated calvarial fractures identified.
3. There are 2 radiopaque foreign bodies measuring 1-2 mm within the superior and lateral aspects of the right orbit adjacent to the globe likely underneath the superior eyelid as detailed above. There is no evidence of a traumatic globe injury.
4. Additional radiopaque foreign bodies identified along the dermis of the forehead and face as detailed above.

CT Cervical Spine:

1. No acute cervical spine fracture or malalignment.
2. Mild degenerative changes are identified within the cervical spine as detailed above.

Abdomen and pelvis CT:

1. There is no evidence of a traumatic injury to the solid abdominal organs.
2. There is no free fluid or gas within the abdomen or pelvis. Extent
3. Severe fatty infiltration of the liver.
4. There is a small ventral wall abdominal hernia just to the right of midline at the T11-T12 level measuring 1.8 x 2.5 x 4.4 cm containing omental fat.

Lumbar spine CT:

1. There is no acute fracture or malalignment to the lumbar spine.
2. Prominent degenerative changes are identified within the lumbar spine as detailed above.

Consultations:

1. None

Procedures:

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Hermanson, Douglas J (MR # 323724)

Discharge Summary Notes (continued)

Discharge Summaries by Stephanie L. Wheeler, MD at 09/12/15 0204 (continued)

Version 1 of 1

1. Dermabond to superficial laceration midline throat

Injuries/Diagnoses/Problems and Plans:

Active Problems:

- Motor vehicle accident (9/11/2015)
- Alcohol intoxication (9/11/2015)
- Superficial laceration of face (9/11/2015)
- 2 pieces of glass R eye (9/11/2015)

1. MVC/superficial lacerations
 - stable and hemostatic
 - home with cervical collar
 - instructions to call clinic for C-spine clearance Monday
2. Foreign body to eye
 - s/p removal of two complete pieces of glass and thorough exam
 - full eye exam without abnormality noted
3. D/C home, stable

Injury Summary:

1. Superficial lacerations
2. Removal of foreign body, eye, without corneal abrasion

Stephanie L. Wheeler, MD

The above will be discussed with my attending Dr. Patterson

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes

H&P by Stephanie L Wheeler, MD at 09/11/15 1953

Version 2 of 2

Author: Stephanie L Wheeler, MD Service: (none) Author Type: Resident
Filed: 09/11/15 2124 Note Time: 09/11/15 1953 Status: Attested Addendum
Editor: Stephanie L Wheeler, MD (Resident)
Related Notes: Original Note by Stephanie L Wheeler, MD (Resident) filed at 09/11/15 2124
Cosigner: David K Patterson, MD
at 09/11/15 2320

Attestation signed by David K Patterson, MD at 09/11/15 2320

Trauma Staff Note:

DATE: 9/11/2015 TIME: 11:19 PM
9/11/2015

I have seen and examined the patient and have reviewed the problems:

- Active Problems:
- Motor vehicle accident
- Alcohol intoxication
- Superficial laceration of face
- 2 pieces of glass R eye

I agree with the note and plan above edited by me as detailed by Dr Wheeler.

David K Patterson, MD

Trauma History and Physical

Patient Name: Tg 5554 Delta
MRN: 3513548
DOB: 9/11/1975
Admission Date: 9/11/2015
Admitting Physician: No admitting provider for patient encounter.
Midlevel Provider: Boeger
Trauma Activation: Yes, Full
Level of Trauma Activation: 3
Seen by: Trauma
Trauma Consult, Referring Physician:
Trauma Transfer Facility:
Provider Arrival: Trauma Surgeon at 1930
Trauma Start Time (time patient enters room):1935

Arrival VS:

ED First Vitals		
BP	09/11/15 1935	139/79 mmHg

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1935 (continued)

Version 2 of 2

Pulse	09/11/15 1935	114
Temp	09/11/15 1935	97.8 °F (36.6 °C)
Temp src	09/11/15 1935	Oral
Resp	09/11/15 1935	18
SpO2	09/11/15 1935	97 %
Weight	--	
Weight Method	--	
Height	--	

Glasgow Coma Scale

Eyes Open: Spontaneous
Best Verbal Response: Oriented
Best Motor Response: Obeys commands
GCS Total: 15

Glasgow Coma Scale: Eyes -4 - Opens eyes on own. Verbal -4 - Seems confused, disoriented. Motor -6 - Follows simple motor commands. Score: 14

Chief Complaint:

Chief Complaint

Reason Present with

- TRAUMA

facial pain

Safety: None

Position: Driver

History of Present Illness: 40 yo male was driver of pickup truck, side swiped a car then drove head on into a pole with 3 feet of intrusion, he was unrestrained per police report, however he claims to have been wearing his seatbelt. He was found standing and conscious talking on his phone outside the car but with a broken windshield, glass everywhere, and multiple facial lacerations with lots of dried blood on his face, hands and legs. Per patient report he was not drinking or doing any drugs on first report then claimed to have had 2 beers a few hours ago. He was on his way home from work. He states he drinks occasionally, not everyday.

Approximate time from scene or trauma occurrence: 3 (minutes)

Transport hemodynamics: stable

Pre Hospital Interventions: Cervical spine collar and Backboard

Patient complaints: facial pain

Was additional history obtained from another source? Yes, EMS and police

Claims to have no other medical condition

Falls History: No

Past Surgical History: states to have never had surgery in the past, fiance says patient has had past R

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 2 of 2

shoulder history for biceps injury

Medications: does not take any medications

Patients documented allergies

No Known Allergies

Allergies: NKDA

Social:

History

Smoking status:

Not on file

Smokeless tobacco:

Not on file

Alcohol Use:

Not on file

Social History: Tobacco: does not smoke cigarettes

Alcohol: occasionally

Recreational drugs: none

Other: none

Screening brief alcohol intervention referral: Ordered

No family history on file.

Family History: Reviewed and non contributory

Last PO Intake: this afternoon

Last Tetanus: 1.5 years ago with an injury to his foot

PCP: No primary care provider on file.

Review of Systems

Constitutional: Negative for diaphoresis.

HENT: Negative for ear pain, facial swelling, hearing loss and nosebleeds.

Eyes: Negative for photophobia and pain.

Respiratory: Negative for apnea, cough and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for nausea, abdominal pain and abdominal distention.

Genitourinary: Negative for flank pain.

Musculoskeletal: Negative for back pain, neck pain and neck stiffness.

Skin: Negative for wound.

Allergic/Immunologic: Negative for environmental allergies and food allergies.

Neurological: Negative for dizziness, tremors, light-headedness, numbness and headaches.

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Head is with abrasion and with laceration.

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Adm: 9/11/2015, D/C: 9/11/2015
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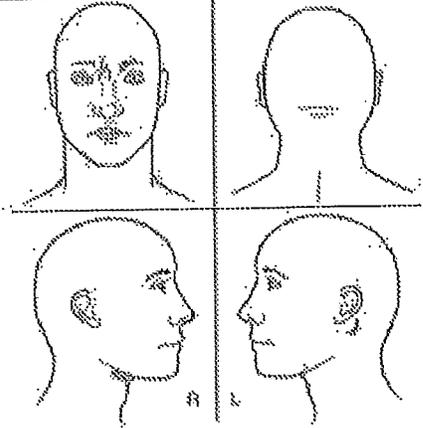


Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 2 of 2



Multiple superficial small abrasions over entire face, most prominent L superior eyelid laceration, hemostatic, laceration to Inferior periauricular, midline laceration superficial to the neck under the chin
 Eyes: EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

R eye was 5-3mm, L 2-1mm, reactive but unequal

Neck:

In cervical collar

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

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

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness. There is no rebound and no guarding.

Genitourinary: Penis normal.

Musculoskeletal: He exhibits no edema or tenderness.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit.

Skin: He is not diaphoretic.

Laceration to RLE medial leg, hemostatic, superficial puncture to plantar R foot, abrasion to L shoulder with multiple glass shards

Foley in place: No

UTI: Unknown

Pressure ulcer(s): NO

Lab:

SERIAL CBC:

Recent Labs

Lab	09/11/15
WBC	12.11
HGB	9.59
HCT	31.1
PLT	143

COAGULATION:

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 2 of 2

Recent Labs	09/11/15
NSI	1.06

CMP:

Recent Labs	09/11/15
NA	1.9
K	3.6*
Cl	107
Ca	1.3
BUN	18
CREA	1.38
GLU	107
CA	8.7
MA	2.7

ETOH: 330

Lab data for transfer patient:

Imaging:

CXR:

Negative

CT Head

1. There is no evidence of acute intracranial hemorrhage, transcortical infarction or mass.
2. There are no depressed or widely separated calvarial fractures identified.
3. There are 2 radiopaque foreign bodies measuring 1-2 mm within the superior and lateral aspects of the right orbit adjacent to the globe likely underneath the superior eyelid as detailed above. There is no evidence of a traumatic globe injury.
4. Additional radiopaque foreign bodies identified along the dermis of the forehead and face as detailed above.

CT Cervical Spine:

1. No acute cervical spine fracture or malalignment.
2. Mild degenerative changes are identified within the cervical spine as detailed above.

Abdomen and pelvis CT:

1. There is no evidence of a traumatic injury to the solid abdominal organs.
2. There is no free fluid or gas within the abdomen or pelvis. Extent
3. Severe fatty infiltration of the liver.
4. There is a small ventral wall abdominal hernia just to the right of

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 2 of 2

midline at the T11-T12 level measuring 1.8 x 2.5 x 4.4 cm containing omental fat.

Lumbar spine CT:

1. There is no acute fracture or malalignment to the lumbar spine.
2. Prominent degenerative changes are identified within the lumbar spine as detailed above.

Imaging data for transfer patient:

N/A

Radiology results discussed with radiologist? Yes, confirming foreign bodies

Radiology images reviewed personally on a viewing monitor? Yes

Injuries/Diagnoses/Problems and Plans:

Active Problems:

- Motor vehicle accident (9/11/2015)
- Alcohol intoxication (9/11/2015)
- Superficial laceration of face (9/11/2015)
- 2 pieces of glass R eye (9/11/2015)

1. MVC/ETOH
 - C-collar until able to clear C-spine
 - CT/labs c/w chronic alcoholism
2. Superficial lacerations
 - s/p lavage with glass removal
 - dermabond to neck laceration
3. Foreign bodies
 - two pieces of glass removed

Cervical spine clearance: Not cleared

Which new diagnoses threaten organ function, organ viability or patient's life? None

Pre-existing diagnoses that are being addressed during this admission or are risk factors for this admission: ETOH use

Are pre-existing diagnoses a risk to organ function, viability or life? No

Discussion with consultants: none

Additional Plans: none

Critical care time: 30 minutes

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L Wheeler, MD at 09/11/15 1953 (continued)

Version 2 of 2

H&P by Stephanie L Wheeler, MD at 09/11/15 1953

Version 1 of 2

Author: Stephanie L Wheeler, MD Service: (none) Author Type: Resident
 Filed 09/11/15 2124 Note Time 09/11/15 1953 Status Signed
 Editor: Stephanie L Wheeler, MD (Resident)
 Related Notes: Addendum by Stephanie L Wheeler, MD (Resident) filed at 09/11/15 2124

Trauma History and Physical

Patient Name: Tg 5554 Delta
 MRN: 3513548
 DOB: 9/11/1975
 Admission Date: 9/11/2015
 Admitting Physician: No admitting provider for patient encounter.
 Midlevel Provider: Boeger
 Trauma Activation: Yes, Full
 Level of Trauma Activation: 3
 Seen by: Trauma
 Trauma Consult, Referring Physician:
 Trauma Transfer Facility:
 Provider Arrival: Trauma Surgeon at 1930
 Trauma Start Time (time patient enters room):1935

Arrival VS:

ED First Vitals		
BP	09/11/15 1935	139/79 mmHg
Pulse	09/11/15 1935	114
Temp	09/11/15 1935	97.8 °F (36.6 °C)
Temp src	09/11/15 1935	Oral
Resp	09/11/15 1935	18
SpO2	09/11/15 1935	97 %
Weight	--	
Weight Method	--	
Height	---	

Glasgow Coma Scale

Eyes Open: Spontaneous
 Best Verbal Response: Oriented

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 1 of 2

Best Motor Response: Obeys commands

GCS Total: 15

Glasgow Coma Scale: Eyes -4 - Opens eyes on own. Verbal -4 - Seems confused, disoriented. Motor - 6 - Follows simple motor commands. Score: 14

Chief Complaint:

Chief Complaint

History Present Illness

- TRAUMA

facial pain

Safety: None

Position: Driver

History of Present Illness: 40 yo male was driver of pickup truck, side swiped a car then drove head on into a pole with 3 feet of intrusion, he was unrestrained per police report, however he claims to have been wearing his seatbelt. He was found standing and conscious talking on his phone outside the car but with a broken windshield, glass everywhere, and multiple facial lacerations with lots of dried blood on his face, hands and legs. Per patient report he was not drinking or doing any drugs on first report then claimed to have had 2 beers a few hours ago. He was on his way home from work. He states he drinks occasionally, not everyday.

Approximate time from scene or trauma occurrence: 3 (minutes)

Transport hemodynamics: stable

Pre Hospital Interventions: Cervical spine collar and Backboard

Patient complaints: facial pain

Was additional history obtained from another source? Yes, EMS and police

Claims to have no other medical condition

Falls History: No

Past Surgical History: states to have never had surgery in the past, fiance says patient has had past R shoulder history for biceps injury

Medications: does not take any medications

Patients documented allergies

No Known Allergies

Allergies: NKDA

Social:

History

Substance Use/Abuse

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol Use: Not on file

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 08/11/15 1953 (continued)

Version 1 of 2

Social History: Tobacco: does not smoke cigarettes
Alcohol: occasionally
Recreational drugs: none
Other: none

Screening brief alcohol intervention referral: Ordered
No family history on file.

Family History: Reviewed and non contributory

Last PO intake: this afternoon

Last Tetanus: 1.5 years ago with an injury to his foot

PCP: No primary care provider on file.

Review of Systems

Constitutional: Negative for diaphoresis.

HENT: Negative for ear pain, facial swelling, hearing loss and nosebleeds.

Eyes: Negative for photophobia and pain.

Respiratory: Negative for apnea, cough and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for nausea, abdominal pain and abdominal distention.

Genitourinary: Negative for flank pain.

Musculoskeletal: Negative for back pain, neck pain and neck stiffness.

Skin: Negative for wound.

Allergic/Immunologic: Negative for environmental allergies and food allergies.

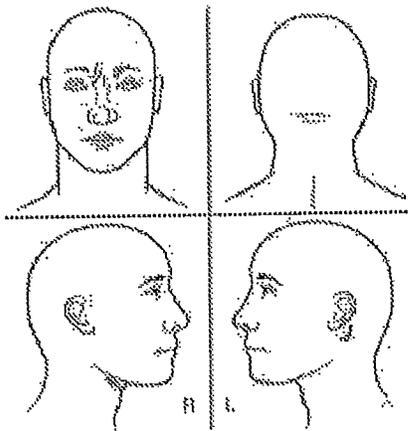
Neurological: Negative for dizziness, tremors, light-headedness, numbness and headaches.

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Head is with abrasion and with laceration.



Multiple superficial small abrasions over entire face, most prominent L superior eyelid laceration,

TACOMA GENERAL HOSPITAL
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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 1 of 2

hemostatic, laceration to inferior periauricular, midline laceration superficial to the neck under the chin

Eyes: EOM are normal. Right eye exhibits no discharge. Left eye exhibits no discharge. No scleral icterus.

R eye was 5-3mm, L 2-1mm, reactive but unequal

Neck:

In cervical collar

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

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

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness. There is no rebound and no guarding.

Genitourinary: Penis normal.

Musculoskeletal: He exhibits no edema or tenderness.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit.

Skin: He is not diaphoretic.

Laceration to RLE medial leg, hemostatic, superficial puncture to plantar R foot, abrasion to L shoulder with multiple glass shards

Foley in place: No

UTI: Unknown

Pressure ulcer(s): NO

Lab:

SERIAL CBC:

Recent Labs

	09/11/15
WBC	13.1
HGB	9.5
HCT	18.1
PLT	427
SI	149

COAGULATION:

Recent Labs

	09/11/15
INR	1.09

CMP:

Recent Labs

	09/11/15
NA	138
K	3.9
CL	107
CO2	35
BUN	15
CREA	1.08
GLU	107
CA	9.7
MG	2.7

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 1 of 2

ETOH: 330

Lab data for transfer patient:

Imaging:

CXR:

Negative

CT Head

1. There is no evidence of acute intracranial hemorrhage, transcortical infarction or mass.
2. There are no depressed or widely separated calvarial fractures identified.
3. There are 2 radiopaque foreign bodies measuring 1-2 mm within the superior and lateral aspects of the right orbit adjacent to the globe likely underneath the superior eyelid as detailed above. There is no evidence of a traumatic globe injury.
4. Additional radiopaque foreign bodies identified along the dermis of the forehead and face as detailed above.

CT Cervical Spine:

1. No acute cervical spine fracture or malalignment.
2. Mild degenerative changes are identified within the cervical spine as detailed above.

Abdomen and pelvis CT:

1. There is no evidence of a traumatic injury to the solid abdominal organs.
2. There is no free fluid or gas within the abdomen or pelvis. Extent
3. Severe fatty infiltration of the liver.
4. There is a small ventral wall abdominal hernia just to the right of midline at the T11-T12 level measuring 1.8 x 2.5 x 4.4 cm containing omental fat.

Lumbar spine CT:

1. There is no acute fracture or malalignment to the lumbar spine.
2. Prominent degenerative changes are identified within the lumbar spine as detailed above.

Imaging data for transfer patient:

N/A

Radiology results discussed with radiologist? Yes, confirming foreign bodies

Radiology images reviewed personally on a viewing monitor? Yes

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Hermanson, Douglas J (MR # 323724)

H&P & Consult Notes (continued)

H&P by Stephanie L. Wheeler, MD at 09/11/15 1953 (continued)

Version 1 of 2

Injuries/Diagnoses/Problems and Plans:

Active Problems:

- Motor vehicle accident (9/11/2015)
- Alcohol intoxication (9/11/2015)
- Superficial laceration of face (9/11/2015)
- 2 pieces of glass R eye (9/11/2015)

1. MVC/ETOH

- C-collar until able to clear C-spine
- CT/labs c/w chronic alcoholism

2. Superficial lacerations

- s/p lavage with glass removal
- dermabond to neck laceration

3. Foreign bodies

- two pieces of glass removed

Cervical spine clearance: Not cleared

Which new diagnoses threaten organ function, organ viability or patient's life? None

Pre-existing diagnoses that are being addressed during this admission or are risk factors for this admission: ETOH use

Are pre-existing diagnoses a risk to organ function, viability or life? No

Discussion with consultants: none

Additional Plans: none

Critical care time: 30 minutes

TACOMA GENERAL HOSPITAL
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Adm: 9/11/2015, D/C: 9/11/2015
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Hermanson, Douglas J (MR # 323724)

ED Arrival Info

Arrival Time	Means of Arrival	Escorted By	Chief Complaint
7:27 PM	Ambulance Fire Department	EMS	

ED Provider Notes

ED Provider Notes

No notes of this type exist for this encounter.

ED Nursing Notes

ED Notes by Carla Lynn Deffbaugh at 09/11/15 2027

Version 1 of 1

Author: Carla Lynn Deffbaugh	Service: (none)	Author Type: Registered Nurse
Filed: 09/11/15 2028	Note Time: 09/11/15 2027	Status: Signed
Editor: Carla Lynn Deffbaugh (Registered Nurse)		

MD and EST remain at bedside irrigating/cleaning wounds

ED Notes by Carla Lynn Deffbaugh at 09/11/15 2057

Version 1 of 1

Author: Carla Lynn Deffbaugh	Service: (none)	Author Type: Registered Nurse
Filed: 09/11/15 2059	Note Time: 09/11/15 2057	Status: Signed
Editor: Carla Lynn Deffbaugh (Registered Nurse)		

Glass shards x2 removed from eye by MD

EMS C-collar replaced with vista collar; small lac noted to neck, covered with 4x4

Pt remains alert, answering questions. Pt family remains at bedside

ED Notes by Pauleen Wheeler, RN at 09/11/15 2127

Version 1 of 1

Author: Pauleen Wheeler, RN	Service: (none)	Author Type: Registered Nurse
Filed: 09/11/15 2130	Note Time: 09/11/15 2127	Status: Signed
Editor: Pauleen Wheeler, RN (Registered Nurse)		

Report received from Carla RN. Assumed care.

ED Notes by Carla Lynn Deffbaugh at 09/11/15 2135

Version 1 of 1

Author: Carla Lynn Deffbaugh	Service: (none)	Author Type: Registered Nurse
Filed: 09/11/15 2136	Note Time: 09/11/15 2135	Status: Signed
Editor: Carla Lynn Deffbaugh (Registered Nurse)		

Pt moved to room 17. Report to Pauleen RN. Pt aware of need for UA.

ED Notes by Pauleen Wheeler, RN at 09/11/15 2137

Version 1 of 1

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: 10/11/1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

ED Nursing Notes (continued)

ED Notes by Pauleen Wheeler, RN at 09/11/15 2137 (continued)

Version 1 of 1

Author: Pauleen Wheeler, RN Service: (none) Author Type: Registered Nurse
Filed: 09/11/15 2138 Note Time: 09/11/15 2137 Status: Signed
Editor: Pauleen Wheeler, RN (Registered Nurse)

Pt encouraged to provide urine sample, urinal provided to family. SWS made aware of pt's need for SBIRT consult--SBIRT not here today.

ED Notes by Pauleen Wheeler, RN at 09/11/15 2207

Version 1 of 1

Author: Pauleen Wheeler, RN Service: (none) Author Type: Registered Nurse
Filed: 09/11/15 2208 Note Time: 09/11/15 2207 Status: Signed
Editor: Pauleen Wheeler, RN (Registered Nurse)

c-collar replaced, lac to chin glued by PA. Pt preparing to go home, SO to drive him home.

ED Notes by Pauleen Wheeler, RN at 09/11/15 2232

Version 1 of 1

Author: Pauleen Wheeler, RN Service: (none) Author Type: Registered Nurse
Filed: 09/11/15 2232 Note Time: 09/11/15 2232 Status: Signed
Editor: Pauleen Wheeler, RN (Registered Nurse)

Pt encouraged to provide urine sample prior to going home. SO at bedside helping pt.

ED Notes by Leslie M Tran, RN at 09/11/15 2250

Version 1 of 1

Author: Leslie M Tran, RN Service: (none) Author Type: Registered Nurse
Filed: 09/11/15 2250 Note Time: 09/11/15 2250 Status: Signed
Editor: Leslie M Tran, RN (Registered Nurse)

Urine obtained, labeled at bedside and sent to lab.

ED Notes by Pauleen Wheeler, RN at 09/11/15 2317

Version 1 of 1

Author: Pauleen Wheeler, RN Service: (none) Author Type: Registered Nurse
Filed: 09/11/15 2318 Note Time: 09/11/15 2317 Status: Signed
Editor: Pauleen Wheeler, RN (Registered Nurse)

Pt ready to go home per MD.

ED Notes by Carla Lynn Defibaugh at 09/11/15 1928

Version 2 of 2

Author: Carla Lynn Defibaugh Service: (none) Author Type: Registered Nurse
Filed: 09/11/15 2324 Note Time: 09/11/15 1928 Status: Addendum
Editor: Carla Lynn Defibaugh (Registered Nurse)
Related Notes: Original Note by Carla Lynn Defibaugh (Registered Nurse) filed at 09/11/15 2001

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Hermanson, Douglas J (MR # 323724)

ED Nursing Notes (continued)

ED Notes by Carla Lynn Defibaugh at 09/11/15 1928 (continued)

Version 2 of 2

7:29 PM Pt arrived via Fire for CC car vs. utility pole; per Fire pt was unrestrained driver vs; 3ft intrusion, states pt was alert upon arrival.
Pt arrived via BB, C-collar; alert, answering questions upon arrival.

7:29 PM Airway clear bilat

Lac to RL extremity ; small superficial puncture wound to R foot +pulses in all extremities; superficial lacs to face; abrasion to L shoulder

7:29 PM X-ray at bedside; pt placed on cardiac monitor - ST 100's

7:31 PM 96% SPO2 on 3L

7:36 PM Pt log rolled off BB maintaining C-spine precautions

Pt denies allergies, denies medical hx, denies drug etoh

7:47 PM Pt to CT roundtrip; upon return from CT pt admits to "two beers"

Douglas Hermanson
10/17/68

Social: 536902911

2318 120 st e tacoma 98445

8:01 PM MD and EST at bedside for wound irrigation

"Due to the nature of trauma resuscitation, times listed may be approximated unless otherwise specified."

ED Notes by Carla Lynn Defibaugh at 09/11/15 1928

Version 1 of 2

Author: Carla Lynn Defibaugh	Service: (none)	Author Type: Registered Nurse
Filed: 09/11/15 2001	Note Time: 09/11/15 1928	Status: Signed
Editor: Carla Lynn Defibaugh (Registered Nurse)		
Related Notes: Addendum by Carla Lynn Defibaugh (Registered Nurse) filed at 09/11/15 2324		

7:29 PM Pt arrived via Fire for CC car vs. utility pole; per Fire pt was unrestrained driver vs; 3ft intrusion, states pt was alert upon arrival.
Pt arrived via BB, C-collar; alert, answering questions upon arrival.

7:29 PM Airway clear bilat

Lac to RL extremity ; small superficial puncture wound to R foot +pulses in all extremities; superficial lacs to

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Hermanson, Douglas J (MR # 323724)

ED Nursing Notes (continued)

ED Notes by Carla Lynn Desfibaugh at 09/11/15 1928 (continued)

Version 1 of 2

face; abrasion to L shoulder

7:29 PM X-ray at bedside; pt placed on cardiac monitor - ST 100's

7:31 PM 96% SPO2 on 3L

7:36 PM Pt log rolled off BB maintaining C-spine precautions

Pt denies allergies, denies medical hx, denies drug etoh

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Douglas Hermanson
10/17/68

Social: 536902911

2318 120 st e tacoma 98445

8:01 PM MD and EST at bedside for wound irrigation

ED Notes by Pauleen Wheeler, RN at 09/11/15 2349

Version 1 of 1

Author: Pauleen Wheeler, RN	Service: (none)	Author Type: Registered Nurse
Filed: 09/11/15 2350	Note Time: 09/11/15 2349	Status: Signed
Editor: Pauleen Wheeler, RN (Registered Nurse)		

Upon discharge, pt's SO states they think his R middle finger might be broken. When told they might have to wait some time till the Trauma Team can see them as there is currently a trauma patient, pt's SO stated "It's ok, we will follow up with his PMD. We don't want to wait." Discharge instructions reviewed, pt verbalizes understanding. x1 prescription given. Pt left with easy resp, skin pwd, clear speech. Amb with steady gait.

Progress & Ancillary Notes

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Hermanson, Douglas J (MR # 323724)

Progress & Ancillary Notes

Ancillary Notes by Lori J Van Slyke, LICSW at 09/11/15 2328

Version 1 of 1

Author: Lori J Van Slyke, LICSW Service: (none)
Filed: 09/25/15 1207 Note Time: 09/11/15 2328
Editor: Lori J Van Slyke, LICSW (PHP-SW)

Author Type: Social Worker
Status: Signed

Douglas J Hermanson
3513548
40 year old.

FACILITY: Tacoma General Emergency Department
CRISIS INTERVENTION PROGRESS NOTE:

REASON: Referral received on 40 year old male admitted for trauma
Referred to Crisis Intervention Social Work due to trauma activation.

RELEVANT HISTORY: Pt. And wife were traveling back from Everett where patient has been working for the past several months. They were traveling in separate vehicles. Pt was in a single car MVC, he reportedly struck a parked car.

Additional history: Pt. Was found to have a high BAL on admission. He and his wife deny that he drinks, they state they had a beer together in Everett and pt wife states there is no way he could have stopped as they were following each other. Pt had a drinking issue in the past, however he denies ETOH use except on occasion now and never excessively

ASSESSMENT: Pt denies heavy ETOH use. It may be that due to the presence of his wife he was reluctant to disclose. Pt wife very supportive. Pt was agreeable to SBIRT contacting him post d/c.

INTERVENTION: Provided support and information to wife, met with patient and wife, consulted with law enforcement

> 60 minutes of direct contact with patient and/or wife

PLAN: Pt. D/c home. SBIRT to follow up via phone. Pt aware.

Lori Van Slyke, LICSW
Crisis Intervention Social Worker
Tiger Text: (253) [REDACTED]

Orders

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Hermanson, Douglas J (MR # 323724)

All Orders (09/11/15 - 09/11/15)

O XR CHEST 1 VIEW - PA OR AP [227581132]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
2211

Mode: Ordering In Verbal with read back mode Communicated by: Carla Lynn Deffbaugh

This order may be acted on in another encounter.

Ordering user: Carla Lynn Deffbaugh 09/11/15 1934 Ordering provider: Christopher R Boeger, PA-C

Authorized by: Christopher R Boeger, PA-C

Questions:

Reason for order trauma
Radiologist can change order? Yes
Location? MHSPACSCMBC

tetanus, diphtheria, acellular pertussis vaccine (ADACEL) 5-2-15.5 LF-MCG/0.5 inj 0.5 ml. [227581133]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Discontinued**
1942

Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942

Authorized by: Christopher R Boeger, PA-C

Frequency: once 09/11/15 2000 - 1 Occurrences Discontinued by: Processing. Auto 09/12/15 0350
[Patient discharged]

O TYPE AND SCREEN [227581151]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942

Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942

Authorized by: Christopher R Boeger, PA-C

O XR CHEST 1 VIEW - PA OR AP [227581152]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Discontinued**
1942

Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942

Authorized by: Christopher R Boeger, PA-C

Discontinued by: Alexander Mark Jones, RT 09/11/15
1951 [Duplicate]

Questions:

Reason for test trauma
Transfer mode PORTABLE

O XR PELVIS 1-2 VIEW [227581153]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Discontinued**
1942

Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942

Authorized by: Christopher R Boeger, PA-C

Discontinued by: Alexander Mark Jones, RT 09/11/15
1951 [Canceled by Physician]

Questions:

Reason for test trauma
Transfer mode PORTABLE
Radiologist can change order? Yes

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Hermanson, Douglas J (MR # 323724)

All Orders (09/11/15 - 09/11/15) (continued)

O ALCOHOL [227581154]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942
Authorized by: Christopher R Boeger, PA-C

O CBC WITH DIFF [227581155]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942
Authorized by: Christopher R Boeger, PA-C

O BASIC METABOLIC PANEL [227581156]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942
Authorized by: Christopher R Boeger, PA-C

O PROTHROMBIN (PT) [227581157]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942
Authorized by: Christopher R Boeger, PA-C

O MAGNESIUM [227581158]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942
Authorized by: Christopher R Boeger, PA-C

O DRUG SCREEN URINE ED [227581159]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942
Authorized by: Christopher R Boeger, PA-C

O UA CULTURE IF INDICATED [227581160]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 Ordering provider: Christopher R Boeger, PA-C
1942
Authorized by: Christopher R Boeger, PA-C

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Hermanson, Douglas J (MR # 323724)

All Orders (09/11/15 - 09/11/15) (continued)

Q UA CULTURE IF INDICATED [227581160] (continued)

Q CT HEAD W/O CONTRAST [227581161]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942

This order may be acted on in another encounter.

Ordering user: Christopher R Boeger, PA-C 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C

Authorized by: Christopher R Boeger, PA-C

Questions:

Reason for test trauma
Transfer mode STRETCHER
Location? MHSPACSDOC3

Q CT OSPINE W/O CONTRAST [227581162]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942

This order may be acted on in another encounter.

Ordering user: Christopher R Boeger, PA-C 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C

Authorized by: Christopher R Boeger, PA-C

Questions:

Reason for test trauma
Transfer mode STRETCHER

Q CT TSPINE W/O CONTRAST [227581163]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Discontinued**
1942

Ordering user: Christopher R Boeger, PA-C 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C

Authorized by: Christopher R Boeger, PA-C

Discontinued by: David Haupt, RT(R) 09/11/15 1950

[Duplicate]

Questions:

Reason for test trauma
Transfer mode STRETCHER

Q CT PELVIS W/ IV CONTRAST [227581164]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Discontinued**
1942

Ordering user: Christopher R Boeger, PA-C 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C

Authorized by: Christopher R Boeger, PA-C

Discontinued by: David Haupt, RT(R) 09/11/15 2000

[Duplicate]

Questions:

Reason for test trauma
Transfer mode STRETCHER

Q CT LSPINE W/O CONTRAST [227581165]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
1942

This order may be acted on in another encounter.

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DOB: [REDACTED] 968, Sex: M
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Hermanson, Douglas J (MR # 323724)

All Orders (09/11/15 - 09/11/15) (continued)

O CT LSPINE W/O CONTRAST [227581165] (continued)

Ordering user: Christopher R Boeger, PA-C 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C 1942
Authorized by: Christopher R Boeger, PA-C
Questions:
Reason for test trauma
Transfer mode STRETCHER

O CT ABDOMEN W/ IV CONTRAST [227581166]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Discontinued**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C 1942
Authorized by: Christopher R Boeger, PA-C
Discontinued by: David Haupt, RT(R) 09/11/15 2000
[Changed order]
Questions:
Reason for order trauma
Transfer mode STRETCHER
Radiologist can change order? Yes
Comments:
May initiate oral contrast per protocol if indicated.

O CONSULT TO SOCIAL SVCS [227581167]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Discontinued**
1942
Ordering user: Christopher R Boeger, PA-C 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C 1942
Authorized by: Christopher R Boeger, PA-C
Discontinued by: Processing, Auto 09/12/15 0350 [Patient discharged]
Questions:
Reason for consult: OTHER
Comments:
Screening Brief Intervention Referral Treatment (SBIRT).

O CT ABDOMEN & PELVIS W/ IV CONTRAST [227581169]

Electronically signed by: **David Haupt, RT(R) on 09/11/15 1942** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: David Haupt, RT(R) 09/11/15 1942 Ordering provider: Christopher R Boeger, PA-C 1942
Authorized by: Christopher R Boeger, PA-C
Questions:
Transfer mode STRETCHER
Radiologist can change order? Yes
Location? MHSPACSDOC3
Comments:
May initiate oral contrast per protocol if indicated.

Iopamidol (ISOVUE 370) Inj *BULK BOTTLE* 75 mL [227581170]

Electronically signed by: **David Haupt, RT(R) on 09/11/15 2001** Status: **Discontinued**
Ordering user: David Haupt, RT(R) 09/11/15 2001 Ordering provider: David K Patterson, MD
Authorized by: David K Patterson, MD
Frequency: once 09/11/15 2015 - 1 Occurrences Discontinued by: Processing, Auto 09/12/15 0350 [Patient discharged]

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Hermanson, Douglas J (MR # 323724)

All Orders (09/11/15 - 09/11/15) (continued)

lopanidol (ISOVUE 370) inj *BULK BOTTLE* 75 mL [227581170] (continued)

saline flush (NS) 0.9% NaCl inj 50 mL [227581171]

Electronically signed by: **David Haupt, RT(R) on 09/11/15 2001** Status: **Discontinued**
Ordering user: David Haupt, RT(R) 09/11/15 2001 Ordering provider: David K Patterson, MD
Authorized by: David K Patterson, MD
Frequency: once 09/11/15 2015 - 1 Occurrences Discontinued by: Processing. Auto 09/12/15 0350
[Patient discharged]

tetracaine (OPTICANE) 0.5 % ophth soln 1 Drop [227581172]

Electronically signed by: **Christopher R Boeger, PA-C on 09/11/15** Status: **Completed**
2211
Mode: Ordering In Telephone with read back mode Communicated by: Yijing He, PHARM D
Ordering user: Yijing He, PHARM D 09/11/15 2031 Ordering provider: Christopher R Boeger, PA-C
Authorized by: Christopher R Boeger, PA-C
Frequency: once 09/11/15 2045 - 1 Occurrences

oxycodone (ROXICODONE) 5 MG Tab [227581174]

Electronically signed by: **Stephanie L Wheeler, MD on 09/11/15** Status: **Active**
2231
Ordering user: Stephanie L Wheeler, MD 09/11/15 2231 Ordering provider: Stephanie L Wheeler, MD
Authorized by: Stephanie L Wheeler, MD
PRN reasons:
pain
Frequency: q4h PRN 09/11/15 - Until Discontinued

O DISCHARGE PATIENT [227581175]

Electronically signed by: **Stephanie L Wheeler, MD on 09/11/15** Status: **Completed**
2231
Ordering user: Stephanie L Wheeler, MD 09/11/15 2231 Ordering provider: Stephanie L Wheeler, MD
Authorized by: Stephanie L Wheeler, MD

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Hermanson, Douglas J (MR # 323724)

Operative/Procedure Notes

Operative/Procedure Notes

No notes of this type exist for this encounter.

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Hermanson, Douglas J (MR # 323724)

Results

EKG Results

No results of this type exist for this admission

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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15)

Resulted: 09/11/15 1949, Result status: In process
Q CT ABDOMEN W/ IV CONTRAST [227581166]
Ordering provider: Christopher R Boeger, PA-C Performed: 09/11/15 1947 - 09/11/15 1947
09/11/15 1942

Resulted: 09/11/15 2021, Result status: Final result
Q CT HEAD W/O CONTRAST [227581161]
Ordering provider: Christopher R Boeger, PA-C Resulted by: Aaron Zima, MD
09/11/15 1942
Performed: 09/11/15 1933 - 09/11/15 2003
Narrative: EXAM: CT Head without contrast, CT cervical spine without contrast,
9/11/2015 8:03 PM.

HISTORY: Head and neck pain status post trauma.

TECHNIQUE:

CT Head: Axial images of the head were obtained without the use of intravenous contrast.

CT Cervical Spine: Axial images were obtained of the cervical and upper thoracic spine without intravenous contrast. Sagittal and coronal reformations were generated.

COMPARISON: None available at the time of dictation.

FINDINGS:

CT Head:

There is no evidence of acute intracranial hemorrhage, transcortical infarction or mass. The gray-white differentiation is normal. There is no abnormality of gray or white matter. The ventricles and sulci are normal for the patients age. There is no midline shift. There are no extra-axial fluid collections. The visible vascular structures are unremarkable.

A tiny mucus retention cysts versus polyps present within the sphenoid sinus. There is partial opacification of the ethmoidal air cells. The mastoid air cells are clear. There are no depressed or widely separated calvarial fractures identified.

There are 2 radiopaque foreign bodies measuring 1-2 mm are identified within the superior and lateral aspects of the right orbit adjacent to the globe as identified on image #71 and image #81 of series 9. There is

no evidence of a traumatic lobe injury. Additional radiopaque foreign bodies are identified along the dermis of the forehead and face as identified on image #99, image #78 and image #66 of series 9. Focal contusions are identified to the forehead.

CT Cervical Spine:

Axial images extend from skull base through the T1 vertebra.

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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2021, Result status: Final result

O CT HEAD W/O CONTRAST [227581161] (continued)

There is diffuse straightening of the cervical spine. There is no prevertebral soft tissue swelling identified. The alignment at the craniovertebral junction is normal. The lateral masses of C1 are intact with respect to C2. There are no acute fractures identified to the cervical spine. There are no locked or perched facets identified. There is no suspicious lytic or sclerotic osseous lesion. Mild to moderate disc space narrowing with prominent anterior osteophyte stenosis is identified at the C6-C7 level. Mild anterior osteophytosis is present at the C3-C4 level. There is mild facet arthropathy present throughout the facet joints of the cervical spine. No areas of central canal stenosis identified.

Paraspinal soft tissues are unremarkable. Imaged portions of the upper thorax are normal.

Impression:

IMPRESSION:

CT Head:

1. There is no evidence of acute intracranial hemorrhage, transcortical infarction or mass.
2. There are no depressed or widely separated calvarial fractures identified.
3. There are 2 radiopaque foreign bodies measuring 1-2 mm within the superior and lateral aspects of the right orbit adjacent to the globe likely underneath the superior eyelid as detailed above. There is no evidence of a traumatic globe injury.
4. Additional radiopaque foreign bodies identified along the dermis of the forehead and face as detailed above.

CT Cervical Spine:

1. No acute cervical spine fracture or malalignment.
2. Mild degenerative changes are identified within the cervical spine as detailed above.

Results of this examination were discussed with Dr. Patterson at 2019 on 9/11/2015 by Dr. Zima.

.....
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Providers: Please call (253) 761-4200 for any questions/concerns.
Patient: Please discuss clinical significance with your provider.

Specimen Information

Type	Source	Collected On
		09/11/15 2011

Resulted: 09/11/15 2021, Result status: Final result

O CT CSPINE W/O CONTRAST [227581162]

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2021, Result status: Final result

Q CT CSPINE W/O CONTRAST (227581162) (continued)

Ordering provider: Christopher R Boeger, PA-C Resulted by: Aaron Zima, MD
09/11/15 1942
Performed: 09/11/15 1933 - 09/11/15 2003
Narrative: EXAM: CT Head without contrast, CT cervical spine without contrast,
9/11/2015 8:03 PM.

HISTORY: Head and neck pain status post trauma.

TECHNIQUE:

CT Head: Axial images of the head were obtained without the use of intravenous contrast.

CT Cervical Spine: Axial images were obtained of the cervical and upper thoracic spine without intravenous contrast. Sagittal and coronal reformations were generated.

COMPARISON: None available at the time of dictation.

FINDINGS:

CT Head:

There is no evidence of acute intracranial hemorrhage, transcortical infarction or mass. The gray-white differentiation is normal. There is no abnormality of gray or white matter. The ventricles and sulci are normal for the patients age. There is no midline shift. There are no extra-axial fluid collections. The visible vascular structures are unremarkable.

A tiny mucus retention cysts versus polyps present within the sphenoid sinus. There is partial opacification of the ethmoidal air cells. The mastoid air cells are clear. There are no depressed or widely separated calvarial fractures identified.

There are 2 radiopaque foreign bodies measuring 1-2 mm are identified within the superior and lateral aspects of the right orbit adjacent to the globe as identified on image #71 and image #81 of series 9. There is no evidence of a traumatic lobe injury. Additional radiopaque foreign bodies are identified along the dermis of the forehead and face as identified on image #99, image #78 and image #66 of series 9. Focal contusions are identified to the forehead.

CT Cervical Spine:

Axial images extend from skull base through the T1 vertebra.

There is diffuse straightening of the cervical spine. There is no prevertebral soft tissue swelling identified. The alignment at the craniovertebral junction is normal. The lateral masses of C1 are intact with respect to C2. There are no acute fractures identified to the

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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2021, Result status: Final

O CT CSPINE W/O CONTRAST [227581162] (continued)

result

cervical spine. There are no locked or perched facets identified.

There

is no suspicious lytic or sclerotic osseous lesion. Mild to moderate disc space narrowing with prominent anterior osteophyte stenosis is identified at the C6-C7 level. Mild anterior osteophytosis is present at the C3-C4 level. There is mild facet arthropathy present throughout the facet joints of the cervical spine. No areas of central canal stenosis identified.

Paraspinal soft tissues are unremarkable. Imaged portions of the upper thorax are normal.

Impression:

IMPRESSION:

CT Head:

1. There is no evidence of acute intracranial hemorrhage, transcortical infarction or mass.
2. There are no depressed or widely separated calvarial fractures identified.
3. There are 2 radiopaque foreign bodies measuring 1-2 mm within the superior and lateral aspects of the right orbit adjacent to the globe likely underneath the superior eyelid as detailed above. There is no evidence of a traumatic globe injury.
4. Additional radiopaque foreign bodies identified along the dermis of the forehead and face as detailed above.

CT Cervical Spine:

1. No acute cervical spine fracture or malalignment.
2. Mild degenerative changes are identified within the cervical spine as detailed above.

Results of this examination were discussed with Dr. Patterson at 2019 on 9/11/2015 by Dr. Zima.

.....
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Patient: Please discuss clinical significance with your provider.

Specimen Information

Type	Source	Collected On
		09/11/15 2011

Resulted: 09/11/15 2030, Result status: Final

O XR CHEST 1 VIEW - PA OF AP [227581132]

result

Ordering provider:	Christopher R Boeger, PA-C	Resulted by:	Amaya Ormazabal, MD
	09/11/15 1934		
Performed:	09/11/15 1935 - 09/11/15 1935		
Narrative:			

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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2030, Result status: Final result

O XR CHEST 1 VIEW - PA OR AP [227561132] (continued)

EXAM: XR CHEST 1 VIEW - PA OR AP 9/11/2015 7:36 PM

HISTORY: trauma;

TECHNIQUE: AP radiograph of the chest was obtained.

COMPARISON: None.

FINDINGS:

Examination is limited by portable technique and artifact from the backboard.

Lungs are clear.

No effusion or pneumothorax.

Cardiomediastinal contour is normal.

Impression:

IMPRESSION:

1. Normal chest radiograph.

.....
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Patient: Please discuss clinical significance with your provider.

Specimen Information

Type	Source	Collected On
		09/11/15 2030

Resulted: 09/11/15 2030, Result status: Final result

O CT LSPINE W/O CONTRAST [227561165]

Ordering provider: Christopher R Boeger, PA-C Resulted by: Aaron Zima, MD
09/11/15 1942

Performed: 09/11/15 1932 - 09/11/15 2002

Narrative: EXAM: Abdomen Pelvis CT With Contrast; reformatted lumbar spine CT

HISTORY: Abdominal pain status post trauma.

TECHNIQUE:

Abdomen pelvis CT: Axial CT sections were obtained from the lung bases through the pubic symphysis after the uneventful administration of 75 cc of Isovue-370 intravenous contrast, 9/11/2015 8:02 PM. Sagittal and coronal reformatted images were obtained from the axial CT data.

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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2030, Result status: Final

O CT LSPINE W/O CONTRAST [227581165] (continued)

result

Lumbar spine CT: Axial, sagittal and coronal reformatted images of the lumbar spine were obtained from the CT data from abdomen and pelvis CT.

COMPARISON: No studies available for review at the time of dictation.

FINDINGS:

Abdomen pelvis CT:

Atelectasis is present at the lung bases.

There is severe fatty infiltration of the liver, otherwise the liver is appears normal. The spleen, pancreas, adrenal glands and kidneys are normal.

There is no hiatal hernia. The caliber of the abdominal aorta is normal.

There are no dilated loops of small bowel to suggest ileus or obstruction. A normal air-filled appendix is present within the right lower quadrant. There is no inflammatory stranding identified along the margins of the colon.

There is no free fluid or gas within the abdomen or pelvis.

There is a ventral wall abdominal hernia just to the right of midline at the T11-T12 level as identified on image #80 of series 2. The defect within the fascia measures 2.6 cm. This hernia measures 1.8 x 2.5 x 4.4 cm (AP, transverse and craniocaudal dimensions). This hernia contains omental fat.

There are no displaced pelvic fractures identified.

Lumbar spine CT:

Axial images extend from T12 through S2.

Spinal alignment is normal. There are no acute fractures. There is no suspicious lytic or sclerotic osseous lesion. Mild disc space narrowing

is present at the L2-L3, L3-L4 and L4-L5 levels. There is mild anterior osteophytosis from the L1-L2 level through the L5-S1 level. Diffuse disc

bulges are present at the L2-L3, L3-L4 and L4-L5 levels. There is mild to moderate central canal stenosis at the L3-L4 and L4-L5 levels. There is mild to moderate facet arthropathy present throughout the mid and lower portions of the lumbar spine.

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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2030, Result status: Final result

Q CT LSPINE W/O CONTRAST [227581165] (continued)

Impression: IMPRESSION:
 Abdomen and pelvis CT:
 1. There is no evidence of a traumatic injury to the solid abdominal organs.
 2. There is no free fluid or gas within the abdomen or pelvis. Extent
 3. Severe fatty infiltration of the liver.
 4. There is a small ventral wall abdominal hernia just to the right of midline at the T11-T12 level measuring 1.8 x 2.5 x 4.4 cm containing omental fat.

Lumbar spine CT:
 1. There is no acute fracture or malalignment to the lumbar spine.
 2. Prominent degenerative changes are identified within the lumbar spine as detailed above.

.....
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 Patient: Please discuss clinical significance with your provider.

Specimen Information

Type	Source	Collected On
		09/11/15 2022

Resulted: 09/11/15 2030, Result status: Final result

Q CT ABDOMEN & PELVIS W/ IV CONTRAST [227581169]

Ordering provider:	Christopher R Boeger, PA-C	Resulted by:	Aaron Zlma, MD
	09/11/15 1942		
Performed:	09/11/15 1932 - 09/11/15 2002		
Narrative	EXAM: Abdomen Pelvis CT With Contrast; reformatted lumbar spine CT		

HISTORY: Abdominal pain status post trauma.

TECHNIQUE:

Abdomen pelvis CT: Axial CT sections were obtained from the lung bases through the pubic symphysis after the uneventful administration of 75 cc of Isovue-370 intravenous contrast, 9/11/2015 8:02 PM. Sagittal and coronal reformatted images were obtained from the axial CT data.

Lumbar spine CT: Axial, sagittal and coronal reformatted images of the lumbar spine were obtained from the CT data from abdomen and pelvis CT.

COMPARISON: No studies available for review at the time of dictation.

FINDINGS:

Abdomen pelvis CT:

Atelectasis is present at the lung bases.

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 Adm: 9/11/2015, D/C: 9/11/2015
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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

CT ABDOMEN & PELVIS W/ IV CONTRAST [227581169]
(continued)

Resulted: 09/11/15 2030, Result status: Final
result

There is severe fatty infiltration of the liver, otherwise the liver is appears normal. The spleen, pancreas, adrenal glands and kidneys are normal.

There is no hiatal hernia. The caliber of the abdominal aorta is normal.

There are no dilated loops of small bowel to suggest ileus or obstruction. A normal air-filled appendix is present within the right lower quadrant. There is no inflammatory stranding identified along the margins of the colon.

There is no free fluid or gas within the abdomen or pelvis.

There is a ventral wall abdominal hernia just to the right of midline at the T11-T12 level as identified on image #80 of series 2. The defect within the fascia measures 2.6 cm. This hernia measures 1.8 x 2.5 x 4.4 cm (AP, transverse and craniocaudal dimensions). This hernia contains omental fat.

There are no displaced pelvic fractures identified.

Lumbar spine CT:

Axial images extend from T12 through S2.

Spinal alignment is normal. There are no acute fractures. There is no suspicious lytic or sclerotic osseous lesion. Mild disc space narrowing is present at the L2-L3, L3-L4 and L4-L5 levels. There is mild anterior osteophytosis from the L1-L2 level through the L5-S1 level. Diffuse disc bulges are present at the L2-L3, L3-L4 and L4-L5 levels. There is mild to moderate central canal stenosis at the L3-L4 and L4-L5 levels. There is mild to moderate facet arthropathy present throughout the mid and lower portions of the lumbar spine.

Impression:

IMPRESSION:

Abdomen and pelvis CT:

1. There is no evidence of a traumatic injury to the solid abdominal organs.
2. There is no free fluid or gas within the abdomen or pelvis. Extent
3. Severe fatty infiltration of the liver.
4. There is a small ventral wall abdominal hernia just to the right of midline at the T11-T12 level measuring 1.8 x 2.5 x 4.4 cm containing omental fat.

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Hermanson, Douglas J (MR # 323724)

Imaging Results (09/11/15 - 09/11/15) (continued)

O CT ABDOMEN & PELVIS W/ IV CONTRAST [227581189]
(continued)

Resulted: 09/11/15 2030, Result status: Final
result

Lumbar spine CT:

1. There is no acute fracture or malalignment to the lumbar spine.
2. Prominent degenerative changes are identified within the lumbar spine as detailed above.

.....
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Patient: Please discuss clinical significance with your provider.

Specimen Information

Type	Source	Collected On
		09/11/15 2022

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HERMANSON, DOUGLAS J
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Adm: 9/11/2015, D/C: 9/11/2015
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Hermanson, Douglas J (MR # 323724)

Lab Results (09/11/15 - 09/11/15)

Resulted: 09/11/15 2004. Result status: Final result

Q CBC WITH DIFF [227581155] (Abnormal)

Ordering provider: Christopher R Boeger, PA-C
09/11/15 1942

Resulting lab: MULTICARE MEDICAL GROUP LAB

Specimen Information

Type Source Collected On
09/11/15 1931

Components

	Value	Reference Range	Flag	Lab
WBC	9.55	4.00-12.00 K/uL		MG LAB
RBC	4.19	4.50-6.00 mil/uL	L	MG LAB
Hgb	14.1	14.0-18.0 g/dL		MG LAB
Hct	41.7	40-54 %		MG LAB
MCV	99.5	80-98 fL	H	MG LAB
MCH	33.7	27-33 pg	H	MG LAB
MCHC	33.8	32-37 g/dL		MG LAB
RDW	13.2	11.5-15.0 %		MG LAB
Plt	143	150-450 K/uL	L	MG LAB
Differential type	Automated			MG LAB
Abs neuts	3.86	1.80-7.80 K/uL		MG LAB
Abs immature grans	0.03	0.00-0.05 K/uL		MG LAB
Abs lymphs	4.55	0.80-3.30 K/uL	H	MG LAB
Abs monos	0.90	0.10-1.00 K/uL		MG LAB
Abs eos	0.09	0.00-0.40 K/uL		MG LAB
Abs basos	0.12	0.00-0.20 K/uL		MG LAB
Abs NRBCs	0.00	0.00 K/uL		MG LAB
Neuts	40.5	%		MG LAB
Immature grans	0.3	0.0-0.6 %		MG LAB
Lymphs	47.6	%		MG LAB
Monos	9.4	%		MG LAB
Eos	0.9	%		MG LAB
Basos	1.3	%		MG LAB
NRBC	0.0	0.0 /100 WBC		MG LAB

Resulted: 09/11/15 2013. Result status: Final result

Q ALCOHOL [227581154] (Abnormal)

Ordering provider: Christopher R Boeger, PA-C
09/11/15 1942

Resulting lab: MULTICARE MEDICAL GROUP LAB

Specimen Information

Type Source Collected On
09/11/15 1931

Components

	Value	Reference Range	Flag	Lab
Alcohol	330	<10 mg/dL	H	MG LAB

Resulted: 09/11/15 2016. Result status: Final result

Q BASIC METABOLIC PANEL [227581156] (Abnormal)

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HERMANSON, DOUGLAS J

MRN: 323724

DOB: [REDACTED] 1968, Sex: M

Adm: 9/11/2015, D/C: 9/11/2015

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Hermanson, Douglas J (MR # 323724)

Lab Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2016, Result status: Final

Q BASIC METABOLIC PANEL [227581156] (Abnormal) (continued)

result

Ordering provider: Christopher R Boeger, PA-C
09/11/15 1942

Resulting lab: MULTICARE MEDICAL GROUP LAB

Specimen Information

Type	Source	Collected On
		09/11/15 1931

Components

	Value	Reference		Lab
		Range	Flag	
Na	138	135-145 mmol/L		MG LAB
K	3.5	3.6-5.3 mmol/L	L	MG LAB
Cl	107	98-109 mmol/L		MG LAB
CO2	23	21-28 mmol/L		MG LAB
Anion gap w/o K	8	7-15		MG LAB
BUN	18	8-24 mg/dL		MG LAB
Creatinine	1.08	0.7-1.5 mg/dL		MG LAB
GFR non African Amer	76	>59 mL/min		MG LAB
GFR African American	92	>59 mL/min		MG LAB
Glucose	107	65-120 mg/dL		MG LAB
Calcium	8.7	8.5-10.5 mg/dL		MG LAB

Resulted: 09/11/15 2016, Result status: Final

Q MAGNESIUM [227581158] (Abnormal)

result

Ordering provider: Christopher R Boeger, PA-C
09/11/15 1942

Resulting lab: MULTICARE MEDICAL GROUP LAB

Specimen Information

Type	Source	Collected On
		09/11/15 1931

Components

	Value	Reference		Lab
		Range	Flag	
Magnesium	2.7	1.5-2.6 mg/dL	H	MG LAB

Resulted: 09/11/15 2025, Result status: Final

Q PROTHROMBIN (PT) [227581157]

result

Ordering provider: Christopher R Boeger, PA-C
09/11/15 1942

Resulting lab: MULTICARE MEDICAL GROUP LAB

Specimen Information

Type	Source	Collected On
		09/11/15 1931

Components

	Value	Reference		Lab
		Range	Flag	
Prottime	13.9	11.3-15.2 sec		MG LAB
INR	1.06	0.0-3.5		MG LAB

Resulted: 09/11/15 2310, Result status: Edited

Q UA CULTURE IF INDICATED [227581160] (Abnormal)

Result - FINAL

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MRN: 323724

DOB: [REDACTED] 1968, Sex: M

Adm: 9/11/2015, D/C: 9/11/2015

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Hermanson, Douglas J (MR # 323724)

Lab Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2310, Result status: Edited

O UA CULTURE IF INDICATED [227581160] (Abnormal) (continued)

Result - FINAL

Ordering provider: Christopher R Boeger, PA-C
09/11/15 1942

Resulting lab: MULTICARE MEDICAL GROUP LAB

Specimen Information

Type	Source	Collected On
Urine: midstream		09/11/15 2241

Components

	Value	Reference Range	Flag	Lab
Color	Yellow			MG LAB
Appearance	Clear			MG LAB
Specific gravity	>1.030	1.003-1.030	H	MG LAB
pH urine	5.0	5.0-8.0		MG LAB
Protein	Negative	mg/dL		MG LAB
Glucose	Negative	mg/dL		MG LAB
Ketones	Negative	mg/dL		MG LAB
Bilirubin	Negative			MG LAB
Occult blood	3+	N	A	MG LAB
Urobilinogen	<1.1	<1.1 mg/dL		MG LAB
Leukocyte esterase	Negative			MG LAB
Nitrite	Negative			MG LAB
Culture	Not Indicated			MG LAB
RBC automated	3-10	/hpf	A	MG LAB
WBC automated	0-2	/hpf		MG LAB
Squamous cells	0-3	/hpf		MG LAB
Hyaline casts	2-4	/pf		MG LAB

Resulted: 09/11/15 2316, Result status: Final

O DRUG SCREEN URINE ED [227581159]

result

Ordering provider: Christopher R Boeger, PA-C
09/11/15 1942

Resulting lab: MULTICARE MEDICAL GROUP LAB

Specimen Information

Type	Source	Collected On
		09/11/15 2241

Components

	Value	Reference Range	Flag	Lab
Amphetamine scr ur	Negative (<1000 ng/mL)			MG LAB
Barbiturate scr ur	Negative (<300 ng/mL)			MG LAB
Benzodiazepin scr ur	Negative (<300 ng/mL)			MG LAB
Cocaine metabol ur	Negative (<300 ng/mL)			MG LAB

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Hermanson, Douglas J (MR # 323724)

Lab Results (09/11/15 - 09/11/15) (continued)

Resulted: 09/11/15 2315, Result status: Final result

O DRUG SCREEN URINE ED [227581158] (continued)

Ethanol scr urine	**Positive** (>=30 mg/dL)	MG LAB
Methadone scr urine	Negative (<300 ng/mL)	MG LAB
Morph/Codeine ur QL	Negative (<300 ng/mL)	MG LAB
Phencyclidine scr ur	Negative (<25 ng/mL)	MG LAB
Cannabinoid scr ur	Negative (<50 ng/mL)	MG LAB
Oxycodone ur	Negative (<100 ng/mL)	MG LAB
Comment Result:	--	MG LAB

Negative = no drug detected at defined sensitivity limits. Confirm positives by alternate method if medically indicated. Test results for medical purposes only, not for forensic, evidentiary, employment, criminal prosecution.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - MG LAB	MULTICARE MEDICAL GROUP LAB	Unknown	Unknown	05/27/09 1030 - Present

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Hermanson, Douglas J (MR # 323724)

Procedure Results

No results of this type exist for this admisson

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Hermanson; Douglas J (MR # 323724)

Medications & Administrations

All Meds and Administrations

tetanus, diphtheria, acellular pertussis vaccine (ADACEL) 5-2-15.5 LF-MCG/0.5 inj 0.5 mL [227581133] Status: Discontinued (Past End Date/Time), Reason: Patient discharged

Ordering Provider: Christopher R Boeger, PA-C
Ordered On: 09/11/15 1942
Dose (Remaining/Total): 0.5 mL (1/1)
Route: Intramuscular
Admin instructions:
Starts/Ends: 09/11/15 2000 - 09/12/15 0350
Frequency: ONCE
Rate/Duration: - / -
Comments:

Administration Status Dose Route Site Given by
09/11/15 2000 Refused 0.5 mL Intramuscular
Comments: pt states had x1.5 yrs ago
Given by: Carla Lynn Deffbaugh

iopamidol (ISOVUE 370) inj *BULK BOTTLE* 75 mL [227581170] Status: Discontinued (Past End Date/Time), Reason: Patient discharged

Ordering Provider: David K Patterson, MD
Ordered On: 09/11/15 2001
Dose (Remaining/Total): 75 mL (1/1)
Route: Intravenous
Admin instructions:
Starts/Ends: 09/11/15 2015 - 09/12/15 0350
Frequency: ONCE (IMAGING)
Rate/Duration: - / -
Comments:

Administration Status Dose Route Site Given by
09/11/15 2015 Due

saline flush (NS) 0.9% NaCl inj 50 mL [227581171] Status: Discontinued (Past End Date/Time), Reason: Patient discharged

Ordering Provider: David K Patterson, MD
Ordered On: 09/11/15 2001
Dose (Remaining/Total): 50 mL (1/1)
Route: Intravenous
Admin instructions:
Starts/Ends: 09/11/15 2015 - 09/12/15 0350
Frequency: ONCE (IMAGING)
Rate/Duration: - / -
Comments:

Administration Status Dose Route Site Given by
09/11/15 2015 Due

tetracaine (OPTICAIN) 0.5 % ophth soln 1 Drop [227581172] Status: Completed (Past End Date/Time)

Ordering Provider: Christopher R Boeger, PA-C
Ordered On: 09/11/15 2031
Dose (Remaining/Total): 1 Drop (0/1)
Route: Affected eye(s)
Admin instructions:
Starts/Ends: 09/11/15 2045 - 09/11/15 2041
Frequency: ONCE
Rate/Duration: - / -
Comments:

Administration Status Dose Route Site Given by
09/11/15 2041 Given \$ 1 Drop Affected eye(s)
Given by: Stephanie L Wheeler, MD
Documented by: Carla Lynn Deffbaugh

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR H v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [redacted] 1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Echocardiogram Notes

Echocardiogram Notes

No notes of this type exist for this encounter.

Encounter Medications as of 9/11/2015

Outpatient Medications

	Quantity	Refills	Start	End
oxycodone (ROXICODONE) 5 MG Tab	15 Tab	0	9/11/2015	
Sig : Take 1 Tab by mouth every 4 hours as needed for pain.				
Route: Oral				
PPN Reason(s): pain				
Class: Print script				

Inpatient Medications

	Ordered Dose	Frequency	Start	End
tetracaine (OPTICAINE) 0.5 % ophth soln 1 Drop	1 Drop	ONCE	9/11/2015 2045	9/11/2015 2041
Route: Affected eye(s)				
Admin Amount: 1 Drop				
Volume: 2 mL				
Class: E-Prescribe				
Last Admin Time: 09/11/15 2041				
Number of Expected Doses: 1				
iopamidol (ISOVUE 370) inj *BULK BOTTLE* 75 mL	75 mL	ONCE (IMAGING)	9/11/2015 2015	9/12/2015 0350
Route: Intravenous				
Admin Amount: 75 mL				
Volume: 75 mL				
Reason for Discontinue: Patient discharged				
Class: E-Prescribe				
Number of Expected Doses: 1				
saline flush (NS) 0.9% NaCl inj 50 mL	50 mL	ONCE (IMAGING)	9/11/2015 2015	9/12/2015 0350
Route: Intravenous				
Admin Amount: 50 mL				
Volume: 50 mL				
Reason for Discontinue: Patient discharged				
Class: E-Prescribe				
Number of Expected Doses: 1				
tetanus, diphtheria, acellular pertussis vaccine (ADACEL) 5-2-15.5 LF-MCG/0.5 inj 0.5 mL	0.5 mL	ONCE	9/11/2015 2000	9/12/2015 0350
Route: Intramuscular				
Admin Amount: 0.5 mL				
Volume: 0.5 mL				
Reason for Discontinue: Patient discharged				
Class: E-Prescribe				
Number of Expected Doses: 1				

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Hermanson, Douglas J (MR # 323724)

Multi-Disciplinary Problems (Active)

There are no active problems

Multi-Disciplinary Problems (Resolved)

There are no resolved problems.

Care Plan Event Log	** None **
---------------------	------------

Care Plan Notes

Care Plan Notes

No notes of this type exist for this encounter.

TACOMA GENERAL HOSPITAL
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Hermanson, Douglas J (MR # 323724)

Education

No education to display

Education Notes

No notes present for this patient.

TACOMA GENERAL HOSPITAL
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Hermanson, Douglas J (MR # 323724)

Nursing Notes

Nursing Notes

No notes of this type exist for this encounter.

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Hermanson, Douglas J (MR # 323724)

All FlowSheet Data (08/24/15 0000--08/26/15 2359)

Triage Start Time

None

ED Falls Risk

None

Trauma Assessment

None

Trauma CT Times

None

Social Work Intervention

None

Warming Measures

None

ED Risk/Intake Complete

None

Triage Location

None

PTA Care

None

Vitals

None

Trauma Classification

None

Adult ED Complex Assessment

None

Adult GCS

None

Vital Signs/Pain

None

TACOMA GENERAL HOSPITAL
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Hermanson, Douglas J (MR # 323724)

All Flowsheet Data (09/11/15 0000--09/11/15 2359)

Triage Start Time

Triage Start Time 09/11/15 1936
Triage Start Time Start -CD
Pt Location
Patient Location RM -CD

ED Falls Risk

09/11/15 2020
Fall/Risk Assessment - Yes to any item indicates fall risk
Intoxicated Yes -CD
Systolic BP < 85 No -CD
HR > 120 No -CD
Symptomatic Bradycardia or other Arrhythmia No -CD
Complaint of Dizziness No -CD
History of Recent Falls (within past 90 days) No -CD
Complaint of confusion or altered LOC Yes -CD
Age > 75 No -CD
Fall Risk Interventions Cart in lowest position;2/2 side rails up;Clear environment provided;Family/friend present;Call light within reach;Wheels locked -CD

Trauma Assessment

09/11/15 20:02:51
Airway
Patent Yes -CD
Pre-hospital intubation No -CD
BVM (Bag-Valve-Mask) No -CD
Breathing
Breath Sounds Right Clear -CD
Breath Sounds Left Clear -CD
Respiratory Pattern Normal -CD
Circulation
Skin Temp/Cond (generalized) Warm -CD
Skin Color Pink -CD
Abnormal Pulses No -CD
Capillary Refill Less than/equal to 3 seconds -CD
Disability
Responsiveness Alert -CD
Level of Consciousness Alert -CD
Size L Pupil (mm) 2 -CD
Reaction L Pupil Round -CD
Size R Pupil (mm) 5 -CD
Reaction R Pupil Round -CD
Head/Face
L Tympanic Membrane Intact -CD
R Tympanic Membrane Intact -CD
Neck
Trachea Position Midline -CD
Chest
Chest Inspection Equal rise/fall -CD
Abdomen
Abdomen Inspection Soft -CD

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Adm: 9/11/2015, D/C: 9/11/2015
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Hermanson, Douglas J (MR # 323724)

All FlowSheet Data (09/11/15 0000--09/11/15 2359) (continued)

Trauma Assessment (continued)

09/11/15 20:02:51	
Pelvis	
Stable	Yes -CD
Blood at Urethra	No -CD
Extremities	
MAE (Moves All Extremities)	Yes -CD
CMS Intact X 4	Yes -CD
Posterior Surface	
Log Roll with C-Scine Precaution	Yes -CD
Backboard Removed	Yes -CD
Spine Assessment	Non-tender -CD
Site of Trauma Injury	
Site of Trauma	Indicated -CD
Head/Face	Laceration -CD
L/E	Abrasion -CD
R/E	Laceration -CD

Trauma CT Times

09/11/15 20:08:46	
CT Times	
Time to CT	1947 -CD
Time Returned From CT	1954 -CD

Social Work Intervention

09/11/15 2300		
09/11/15 2000		
Social Work Intervention		
Social Worker	Lori Van Slyke -LV	Lori Van Slyke -LV
Social Work Intervention	Supportive	Supportive
	Counseling -LV	Counseling -LV
Face to Face time spent w/Pt (minutes)	20 -LV	20 -LV
Non Face to Face time spent with Pt (minutes)	10 -LV	20 -LV
Means of Arrival		Ambulance Fire Department -LV

Warming Measures

09/11/15 20:02:39	
09/11/15 19:35:15	
Warming Measures	
Warming Need	Initial/Admit -CD
Time Initiated	1929 -CD
Warming Methods	Warming blanket -CD

ED Risk/Intake Complete

09/11/15 2020	
ED Risk/Intake Complete?	
ED Risk/Intake Complete?	Yes -CD

Triage Location

09/11/15 1934	
Pt Location	
Patient Location	RM -CD

PTA Care

09/11/15 19:35:15	
PTA Care	
PTA Care	Backboard;C-Collar;IV -CD

Vitals

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
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HERMANSON, DOUGLAS J
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DOB: [REDACTED] 7/1968, Sex: M
Adm: 9/11/2015, D/C: 9/11/2015
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Hermanson, Douglas J (MR # 323724)

All FlowSheet Data (09/11/15 0000--09/11/15 2359) (continued)

Vitals (continued)

	09/11/15 2330	09/11/15 2300	09/11/15 2230	09/11/15 2200	09/11/15 2100
Enc Vitals					
BP	101/66 mmHg -PW	118/71 mmHg -PW	119/70 mmHg -PW	113/68 mmHg -PW	114/52 mmHg -PW
MAP (mmHg)	75 mmHg -PW	82 mmHg -PW	80 mmHg -PW	79 mmHg -PW	68 mmHg -PW
Pulse	104 -PW	116 -PW	115 -PW	111 -PW	108 -PW
Resp		17 -PW	17 -PW	18 -PW	22 -PW
SpO2	95 % -PW	97 % -PW	97 % -PW	96 % -PW	95 % -PW
Enc Vitals					
BP			124/73 mmHg -CD	124/76 mmHg -CD	
MAP (mmHg)			85 mmHg -CD	85 mmHg -CD	
Pulse	104 -CD	109 -CD	107 -CD	109 -CD	109 -CD
Resp	21 -CD	16 -CD	19 -CD	20 -CD	22 -CD
Temp					97.7 °F (36.5 °C) - CD
Temp site					Oral -CD
SpO2	98 % -CD	94 % -CD	98 % -CD	97 % -CD	98 % -CD
Weight					214 lb (97.07 kg) - CD
Weight Method					Stated -CD
Height					5' 7" (1.702 m) -CD
Pain Score Location 1					THREE/TEN -CD
Pain Location Site 1					FACE -CD
Pain Assessment					
Pain Assessment					Initial / Admit -CD
Pain assessment tool used					Numeric -CD
Oxygen Therapy					
O2 Delivery	Room air -CD				Oxygen -CD
Oxygen Device/Source					Nasal Cannula -CD
O2 Flow Rate (L/min)					3 -CD
Enc Vitals					
BP	139/79 mmHg -CD				
MAP (mmHg)	99 mmHg -CD				
Pulse	114 -CD				
Resp	18 -CD				
Temp	97.8 °F (36.6 °C) - CD				
Temp site	Oral -CD				
SpO2	97 % -CD				
Cardiac Monitor					
Monitor Alarms Set	Yes -CD				
Monitor Alarms Audible	Yes -CD				
Cardiac Rhythm	Sinus tachycardia - CD				
Oxygen Therapy					
O2 Delivery	Oxygen -CD				
Oxygen Device/Source	Nasal Cannula -CD				
O2 Flow Rate (L/min)	3 -CD				
Trauma Classification					
Trauma Classification					
Patient transferred in from another facility	No -JS				
TQED	Full -JS				
TQ Trauma Steps	3 -JS				
Pre-hospital Data					
EMS Agency	Other -JS				
Unit Number	4 -JS				
MCI (Mass Casualty Incident)	No -JS				

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Hermanson, Douglas J (MR # 323724)

All FlowSheet Data (09/11/15 0000--09/11/15 2359) (continued)

Trauma Classification (continued)

09/11/15 19:27
Declared

Adult ED Complex Assessment

	09/11/15 20:02:51	09/11/15 19:36:12	09/11/15 19:35:28
Secondary assessment complete			
Secondary assessment complete?	Yes -CD		
Arm Bands On			
Arm Bands/Charms on	ID -CD		
Glasgow Coma Scale			
Eyes Open	Spontaneous -CD		
Best Verbal Response	Oriented -CD		
Best Motor Response	Obeys commands -CD		
GCS Total	15 -CD		
Neurological			
Level of Consciousness	Alert -CD		
Reaction R Pupil	Round -CD		
Size R Pupil (mm)	5 -CD		
Reaction L Pupil	Round -CD		
Size L Pupil (mm)	2 -CD		
Respiratory			
Breath Sounds Right	Clear -CD		
Breath Sounds Left	Clear -CD		
Cardiovascular Basic			
Cardiac Rhythm	Sinus tachycardia -CD		
Capillary Refill	Less than/equal to 3 seconds -CD		
Cardiac Monitor			
Monitor Alarms Set	Yes -CD		
Monitor Alarms Audible	Yes -CD		
Skin			
Skin Color	Pink -CD		
Skin Temp/Cond (generalized)	Warm -CD		
Domestic Abuse Assessment			
Are you being hurt, hit or frightened by anyone at home or in your life?	Unable to assess -CD		
When you are discharged is it safe for you to go home?	Unable to assess -CD		

Adult GCS

	09/11/15 19:36:12
Glasgow Coma Scale	
Eyes Open	Spontaneous -CD
Best Verbal Response	Oriented -CD
Best Motor Response	Obeys commands -CD
GCS Total	15 -CD

Vital Signs/Pain

	09/11/15 2330	09/11/15 2300	09/11/15 2230	09/11/15 2200	09/11/15 2100
Vitals					
BP	101/66 mmHg -PW	118/71 mmHg -PW	119/70 mmHg -PW	119/68 mmHg -PW	114/52 mmHg -PW
MAP (mmHg)	75 mmHg -PW	82 mmHg -PW	80 mmHg -PW	79 mmHg -PW	68 mmHg -PW
Pulse	104 -PW	116 -PW	115 -PW	111 -PW	108 -PW
Resp	17 -PW	17 -PW	17 -PW	18 -PW	22 -PW
SpO2	95 % -PW	97 % -PW	97 % -PW	96 % -PW	95 % -PW
Vitals					
BP			124/73 mmHg -CD	124/76 mmHg -CD	

TACOMA GENERAL HOSPITAL
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Adm: 9/11/2015, D/C: 9/11/2015
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

All FlowSheet Data (09/11/15 0000--09/11/15 2359) (continued)

Vital Signs/Pain (continued)

	09/11/15 2025	09/11/15 2020	09/11/15 2000	09/11/15 1855	09/11/15 1850
MAP (mmHg)			85 mmHg -CD	85 mmHg -CD	
Temp					97.7 °F (36.5 °C) - CD
Temp site					Oral -CD
Pulse	104 -CD	109 -CD	107 -CD	109 -CD	109 -CD
Resp	21 -CD	16 -CD	19 -CD	20 -CD	22 -CD
SpO2	98 % -CD	94 % -CD	98 % -CD	97 % -CD	98 % -CD
Height and Weight					
Height					5' 7" (1.702 m) -CD
Height Method					Stated -CD
Weight					214 lb (97.07 kg) - CD
Weight Method					Stated -CD
BMI (Calculated)					33.59 -CD
Oxygen Therapy					
O2 Delivery		Room air -CD			Oxygen -CD
Oxygen Device/Source					Nasal Cannula -CD
O2 Flow Rate (L/min)					3 -CD
Pain Assessment					
Pain Assessment					Initial / Admit -CD
Pain assessment tool used					Numeric -CD
Pain 1					
Pain Score Location 1					THREE/TEN -CD
Pain Location Site 1					FACE -CD
	09/11/15 19:35:28				
Vitals					
BP		139/79 mmHg -CD			
MAP (mmHg)		99 mmHg -CD			
Temp		97.8 °F (36.6 °C) - CD			
Temp site		Oral -CD			
Pulse		114 -CD			
Resp		18 -CD			
SpO2		97 % -CD			
Oxygen Therapy					
O2 Delivery		Oxygen -CD			
Oxygen Device/Source		Nasal Cannula -CD			
O2 Flow Rate (L/min)		3 -CD			

User Key		(r) = User Recd, (t) = User Taken, (c) = User Cosigned
Initials	Name	
PW	Pauleen Wheeler, RN	
LV	Lori J Van Slyke, LICSW	
CD	Carla Lynn DeFibaugh	
JS	Jennifer Stock	

TACOMA GENERAL HOSPITAL
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 Adm: 9/11/2015, D/C: 9/11/2015
 Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Patient Instructions

Patient Instructions

None

Document List

Document List

Patient Document List

MHS NOTICE OF PRIVACY PRACTICE (Document Not Signed)

MHS NOTICE OF PRIVACY PRACTICE (Document Not Signed)

MHS NOTICE OF PRIVACY PRACTICE signed on: 09/11/2015 10:12 PM

HIM ROI Authorization (Document Not Signed)

HIM ROI Authorization (Document Not Signed)

Document List

Encounter Document List

Conditions for Treatment Inp/Amb and Emergency V0314 signed on: 09/11/2015 10:12 PM

Financial Agreement-Hospital v0715 signed on: 09/11/2015 10:12 PM

Patient Rights & Responsibilities (Document Not Signed)

Ambulance (Document Not Signed)

Emergency Visit - Trauma (Document Not Signed)

Emergency Visit (Document Not Signed)

Discharge Instruction (Document Not Signed)

TACOMA GENERAL HOSPITAL
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Hermanson, Douglas J (MR # 323724)

Hospital Discharge Information

Discharge Information

Discharge Provider	Date/Time	Disposition	Destination
David K Patterson, MD / 253-403-7500	09/11/15 2350	HOME	Home
Comments (none)			
Discharge Diag trauma			

END OF HOSPITAL REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
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Hermanson, Douglas J (MR # 323724)

General Diagnostic
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Encounter Information

Encounter #	Time	Provider	Department	Encounter #	Center
108035821	9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	108035821	TGH

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

Time	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH

Problem List

Problem List

Problem	ICD-9-CM	Priority	Class	Never Reviewed
Motor vehicle accident	E819.9			Noted - Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
Superficial laceration of face	910.8			9/11/2015 - Present
2 pieces of glass R eye	930.9			9/11/2015 - Present

Document List

Encounter Document List

There is no document attached to this encounter.

END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR APPT v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Enc. Date: 09/11/15
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

CT ABDOMEN W/ CONTRAST
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Encounter Information

Encounter #	Time	Provider	Department	Encounter #	Center
108035902	9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	108035902	TGH

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

Time	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

Problem List	ICD-9-CM	Priority	Class	Never Reviewed
Motor vehicle accident	E819.9			Noted - Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
Superficial laceration of face	910.8			9/11/2015 - Present
2 pieces of glass R eye	930.9			9/11/2015 - Present

Document List

Encounter Document List

There is no document attached to this encounter.

END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR APPT v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Enc. Date: 09/11/15
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

General Diagnostic
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Status

Canceled (IDN/PROV/CLINIC RESCHEDULE/CANCELLED)

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

Never Reviewed

	ICD-9-CM	Priority	Class	Noted -
Motor vehicle accident	E819.9			Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
Superficial laceration of face	910.8			9/11/2015 - Present
2 pieces of glass R eye	930.9			9/11/2015 - Present

Document List

Encounter Document List

There is no document attached to this encounter.

END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
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Hermanson, Douglas J (MR # 323724)

General Diagnostic
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Status

Cancelled (DR/PCOY/CLINIC RESCHEDULE/CANCEL)

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

Never Reviewed

	ICD-9-CM	Priority	Class	Noted -
Motor vehicle accident	E819.9			Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
Superficial laceration of face	910.8			9/11/2015 - Present
2 pieces of glass R eye	930.9			9/11/2015 - Present

Document List

Encounter Document List

There is no document attached to this encounter.

END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR APPT v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Enc. Date: 09/11/15

Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

CT SPINE W/OUT CONTRAST
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Encounter Information

Encounter #	Time	Provider	Department	Encounter #	Center
	9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	108035985	TGH

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

Time	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

Problem List	ICD-9-CM	Priority	Class	Never Reviewed
Motor vehicle accident	E819.9			Noted - Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
Superficial laceration of face	910.8			9/11/2015 - Present
2 pieces of glass R eye	930.9			9/11/2015 - Present

Document List

Encounter Document List

There is no document attached to this encounter.

END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR APPT v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Enc. Date: 09/11/15
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

CT HEAD W/OUT CONTRAST
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Encounter Information

Encounter #	Provider	Department	Encounter #	Center
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	108035986	TGH

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

Encounter #	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

Problem List	ICD-9-CM	Priority	Class	Never Reviewed
Motor vehicle accident	E819.9			Noted - Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
Superficial laceration of face	910.8			9/11/2015 - Present
2 pieces of glass R eye	930.9			9/11/2015 - Present

Document List

Encounter Document List

There is no document attached to this encounter.

END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR APPT v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Enc. Date: 09/11/15
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

CT SPINE W/OUT CONTRAST
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Encounter Information

	Provider	Department	Encounter #	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	108035987	TGH

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

	Provider	Department	Center
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

	ICD-9-CM	Priority	Class	Never Reviewed
Motor vehicle accident	E819.9			Noted - Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
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2 pieces of glass R eye	930.9			9/11/2015 - Present

Document List

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There is no document attached to this encounter.

END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR APPT v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Enc. Date: 09/11/15

Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

CT CHEST ABD PELVIS W&W/O CONTRAST
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Status

Cancelled (EPOCH)

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

	ICD-9-CM	Priority	Class	Never Reviewed
Motor vehicle accident	E819.9			Noted - Resolved 9/11/2015 - Present
Alcohol intoxication	305.00			9/11/2015 - Present
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Document List

Encounter Document List

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END OF ENCOUNTER REPORT

TACOMA GENERAL HOSPITAL
315 Martin Luther King Jr Way
Tacoma WA 98415-0299
EMR APPT v5.0

HERMANSON, DOUGLAS J
MRN: 323724
DOB: [REDACTED] 1968, Sex: M
Enc. Date: 09/11/15
Printed by 1003136 at 3/29/16 1:23 PM



Hermanson, Douglas J (MR # 323724)

Appointment
9/11/2015

Mr. Douglas J Hermanson
MRN: 323724

Appointment Information

Status

Cancelled (ERROR)

Provider Notes

No notes of this type exist for this encounter.

Encounter Transcription

Other Appointments Today

	Provider	Department	Center
9/11/2015 8:15 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:10 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 8:05 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:45 PM	TGCAT3 ED	Tg Ct Scan	TGH
9/11/2015 7:40 PM	TGPORT	Tg Diagnostic Imaging	TGH

Problem List

Problem List

	ICD-9-CM	Priority	Class	Never Reviewed
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Enc. Date: 09/11/15
Printed by 1003136 at 3/29/16 1:23 PM



MCGAUGHEY BRIDGES DUNLAP

July 09, 2018 - 3:42 PM

Transmittal Information

Filed with Court: Court of Appeals Division II
Appellate Court Case Number: 51387-1
Appellate Court Case Title: Doug Hermanson, Res/Cross-App v. Multi-Care Health System, App/Cross-Resp
Superior Court Case Number: 16-2-13725-9

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