

NO EDEMA AS PER EXAM

FOLLOWS COMMANDS

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Note From Your Admission on 06/30/22

ED Provider Notes by Dahlia Charles at 6/30/2022 1:25 PM

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Editor: Dahlia Charles (Physician)

ABNORMAL LABS  
CONCEALED-6-30-22

HPI

Patient is a 84-year-old brought to the hospital by EMS from home for evaluation of insomnia.

Patient reportedly had not slept x3 days. Patient has a history of dementia. There is no report of vomiting, diarrhea, fever, cough, chest pain, shortness of breath or abdominal pain.

Chief Complaint

Patient presents with

- Insomnia

THIS STATES "THE SECRETIVE PLAN TO REMOVE ME AS GUARDIAN" IN ORDER FOR ALL FIDUCIARIES TO CONCEAL FIDUCIARIES ELDER NEGLECT-FAILURE TO PROVIDE DENTAL AND MEDICAL CARE

Pt brought in by medic from home. Per report Pt has a history of dementia and Pt's daughter states the Pt has not slept for the past 3 days. Pt is at her mental status baseline per report.

HPI

Patient History

Past Medical History:

Diagnosis

- Atrial fibrillation (CMS/HCC)
- Central sleep apnea
- Dementia (CMS/HCC)
- HLD (hyperlipidemia)
- HTN (hypertension)
- Obesity
- Ovarian cyst

Past Surgical History:

Procedure

- BREAST SURGERY  
breast implants
- REPLACEMENT TOTAL KNEE
- TOTAL ABDOMINAL HYSTERECTOMY W/ BILATERAL  
SALPINGOOPHORECTOMY
- UVULOPALATOPLASTY

ALL FIDUCIARIES "CRIMINALLY SOUGHT TO CONCEAL FIDUCIARY ELDER NEGLECT" BY SEEKING A ""SECRETIVE EMERGENCY PETITION\* DOING "NO DUE DILIGENCE BY ANYONE"! \*\*AND THEN SUPPORTING THE THREATENING OUR LIVES WITH WRITTEN THREATS \*\*WHICH BEGAN "THE CRIMINAL TAKEOVER OF OUR LIVES 3 YEARS AGO\*\*-CRIMES COMMITTED BY ALL FIDUCIARIES-18.2-369-B & 63.2-1606 AND THE CONCEALMENT OF THESE CRIMES TO THE AUTHORITIES AND TO THE COURT.

Family History

Problem

- Breast cancer

Relation

Sister

Age of Onset

09/20/2013

## Social History

### Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

### Substance Use Topics

- Alcohol use: Not Currently

## Review of Systems

### Review of Systems

Constitutional: Negative for chills, diaphoresis and fever.

HENT: Negative for ear pain, rhinorrhea, sore throat and tinnitus.

Eyes: Negative for photophobia and visual disturbance.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea, nausea and vomiting.

Endocrine: Negative for polyuria.

Genitourinary: Negative for dysuria, flank pain and hematuria.

Musculoskeletal: Negative for myalgias.

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

Hematological: Does not bruise/bleed easily.

**Psychiatric/Behavioral: Positive for sleep disturbance.**

All other systems reviewed and are negative.

## Physical Exam

ED Triage Vitals [06/30/22 1335]

Temp	Heart Rate	Resp	BP	SpO2
36.9 °C (98.4 °F)	83	18	(!) 188/91	98 %

kidney infections can cause high blood pressure, also known as hypertension. This can happen if the infection damages the kidneys, which can change how they function. For example, an untreated urinary tract infection (UTI) in older people can spread to the kidneys and cause a long-lasting kidney infection that can lead to permanent kidney damage and high blood pressure.

Temp Source	Heart Rate Source	Patient Position	BP Location	FiO2 (%) Set
Oral	Monitor	--	Right arm	

**DECOMPENSATION BEGAN ALREADY WITH ABNORMAL LABS AND THEN ORGANS DYSFUNCTION FAILURE BEGAN WITHIN 1ST 2 DAYS!**

## Physical Exam

Vitals and nursing note reviewed.

### Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is well-developed. She is not ill-appearing.

Comments: **Patient awake alert active with no complaints. Patient in no acute distress**

**6/30/22-NESTCAM VIDEO-ELAINE WOKEUP CRYING AND SCARED SHE WAS DYING**

### HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane normal. There is no impacted cerumen.

Left Ear: Tympanic membrane normal. There is no impacted cerumen.  
Nose: Nose normal. No congestion or rhinorrhea.  
Mouth/Throat:  
Mouth: Mucous membranes are moist.  
Pharynx: Oropharynx is clear. No oropharyngeal exudate or posterior oropharyngeal erythema.

Eyes:

Extraocular Movements: Extraocular movements intact.  
Conjunctiva/sclera: Conjunctivae normal.  
Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.  
Pulses: Normal pulses.  
Heart sounds: Normal heart sounds. No murmur heard.  
No friction rub.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.  
Breath sounds: Normal breath sounds. No stridor. No wheezing, rhonchi or rales.

Chest:

Chest wall: No tenderness.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is no abdominal tenderness. There is no right CVA tenderness, left CVA tenderness, guarding or rebound.

Musculoskeletal:

General: Swelling present. No tenderness or signs of injury.

Cervical back: Normal range of motion and neck supple. No rigidity or tenderness.

Right lower leg: No edema.

Left lower leg: No edema.

**\*\*NO EDEMA\*\***

Comments: + Healed incision right knee, + right lower extremity edema, no calf tenderness

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced or pale.

Findings: No bruising, erythema, lesion or rash.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Cranial Nerves: No cranial nerve deficit.

Sensory: No sensory deficit.

Motor: No weakness.

Coordination: Coordination normal.

Deep Tendon Reflexes: Reflexes normal.

Comments: Patient awake alert and oriented to person. Follows commands, no slurred speech, no facial asymmetry, sensory intact, gait deferred, 4/5 muscle strength upper and lower extremity

LIZ SHIFFLETT FAILED TO INFORM THE CONCEALING OF HER CARE MANAGER NEIGENCE AND NEGLECT OF MY MOM "PHYSICALLY SUFFEEINGS BEING IGNORED AND DISREGARDED AS NCE 5/18/22 AS ALL TEXTS DOCUMENTEDLY SHOW

ED Course as of 06/30/22 1759

Thu Jun 30, 2022

1523 Patient's daughter contacted and states that patient has not been sleeping or eating much.

✓  
\*\*6/30/22-LYNN'S  
"GOOD  
MEDICAL  
JUDGMENT"  
STATING ALL  
PROPER  
MEDICAL  
MEASURES  
NEEDED FOR  
HER MOM AND  
ELAINE  
RECEIVED ALL  
ON THE 8TH  
FLOOR AFTER  
HOSPITAL  
ADMITTANCE-  
6/30/22-7/2/22,  
BUT REC'D NO  
ANTIBIOTICS  
FOR 8 DAYS OF  
ELAINE  
SUFFERING  
UROSEPSIS!\*\*

She states that she has a monitor at home and she has observed patient up all night moving around. She is concerned that patient is dehydrated. She states that her mother has never been like this in the past and she is unable to care for her in his current state. She states that her mother needs nutrients, IV fluids, foley catheter, and sedative. I asked patient if she needed help at home to take care of her mother and she yelled "I do not need anybody! I just need you to sedate her!" [DC]

1545  
1736

EKG- A fib rate 103 BPM [DC]  
Paged VHC hospitalist via WebXchange.

This note was prepared by Daniel Cho acting as a scribe for Dr. Charles. [JC]

1736

Patient case manager Liz is now here in the ER and states that the adult care attorney is seeking temporary orders to remove patient's daughter as guardian. Case manager reports that daughter has at times refused to give patient a necessary medication and was extremely agitated today when caseworker went to visit the home. She reports that the daughter threatened to hit her and was yelling and screaming in the home. She feels that patient is not safe at home. ER case manager Molly is at bedside and aware of patient's current status. [DC]

1743

Case discussed with Dr. Aye admitting hospitalist will admit patient to observation [DC]

**ED Course User Index**  
[DC] Dahlia L Charles, MD  
[JC] Jin Hwi Cho

MDM

Dahlia L Charles, MD  
06/30/22 1759

ALL FIDUCIARIES "SECRETLY WITHOUT EVER EVEN NOTIFYING ME" HELD "SECRETIVE 7/5/22 EMERGENCY PETITION HEARING AND ENTIRELY CONCEALED FROM ME ALL "FALSE AND MISLEADING ALLEGATIONS PRESENTED AGAINST ME" AND THEN "TERMINATED FOR 4 MONTHS THE MYCHART ACCESS AGAINST COURT ORDER" IN ORDER "TO CONCEAL THE MEDICAL FACTUAL TRUTH OF THEIR YEARS OF NEGLIGENCE OF MY MOM SINCE 2021-DENIED DENTAL ROOT CANALS AND FILLINGS REPLACED

6/29/22-6/30/22-LYNN STATED VIA TEXT, NESTCAM VIDEOS & TO THE E.R. DR. ABSOLUTELY EVERYTHING MEDICALLY ASTUTELY PROPER WHICH LYNN KNEW WAS URGENTLY NEEDED FOR HER MOM WHILE THE E.R. DR. WRONGLY STATED THESE REQUESTS WERE "IMPROPER MEDICAL MEASURES"-ELAINE RECEIVED EVERY SINGLE THING THAT LYNN REQUESTED WITHIN THE 1ST 2 DAYS ALONG WITH ALSO FUROSEMIDE-(LASIX) ALSO BEING DISCONTINUED DUE TO CAUSING LOW THIAMINE AND POTASSIUM AND MAGNESIUM AND DANGEROUSLY HIGH GLUCOSE. HOWEVER VIRGINIA HOSPITAL WRONGFULLY AND ILLEGALLY GAVE ELAINE MULTIPLE FDA-UNAPPROVED ANTIPSYCHOTICS-"AT RISK OF DEATH" INSTEAD OF A "FORCED IV SLEEP MEDICATION" AS LYNN HAD MEDICALLY PROPERLY REQUESTED.

AND VIRGINIA HOSPITAL GROSSLY NEGLIGENTLY FAILED FOR 8 DAYS TO GIVE ANTIBIOTICS FOR THE UNDIAGNOSED AND UNTREATED KIDNEY INFECTION WHICH WAS UROSEPSIS.

"SECRETIVE EMERGENCY PETITION\* DOING "NO DUE DILIGENCE BY ANYONE"!

6/30/22-E.R. DR. WAS MISINFORMED ABOUT MOM'S HEALTH AS SHIFFLETT HAD GROSSLY NEGLIGENTLY FAILED TO PROVIDE PROPER MEDICAL CARE SINCE 5/18/22 IGNORING ELAINE'S CONTINUED REPORTED SUFFERINGS BEING SO INHUMANELY ENTIRELY DISREGARDED IN SEEKING ANY MEDICAL CARE FOR ELAINE AFTER 6/8/22

DEFAMATION FROM DISRESPECT AND DISREGARD IN NEVER LISTENING TO LYNN KAY BEING THE ONLY ONE WHO KNOWS HER MOM-MEDICAL DOCUMENTS DO NOT LIE!