

**Admission/Discharge/Transfer Notes**

Depart Summary

**Jackson Memorial Hospital Emergency Department Depart Summary**

**PERSON INFORMATION**

<b>Name</b> BOIARKIN, OLEG	<b>Age</b> 57 Years	<b>DOB</b> 03/23/53
<b>Sex</b> Male	<b>Language</b> Other	<b>PCP</b>
<b>Marital Status</b> Married	<b>Phone</b> (786) 333-8459	
<b>MRN</b> 4261595	<b>Visit Id</b> 3125699	<b>Acct#</b> 40004400857
<b>Visit Reason</b> Headache; Headache; Screening exam	<b>Specialty</b>	
<b>Enc Type</b> Inpatient	<b>Med Service</b> Neurosurgery - Cranial	<b>Referred by</b>
<b>Track Group</b> ECCA TRK GRP	<b>Discharge</b>	
<b>Tracking Id</b> 58419324	<b>Checkout</b> 05/05/10 15:25:14	
<b>Checkin</b> 05/05/10 01:50:00	<b>Acuity</b>	<b>Dispo Type</b>
<b>Arrival</b> 05/05/10 01:50:00	<b>Reg Status</b> Complete	<b>LOS</b> 000 13:35
<b>Address:</b> 9165 CARLYLE AVE SURFSIDE Florida 33154		

**POWERFORMS**

**Discharge Pain Assessment - Adult**

05/05/10 08:15 EDT Performed by IBARRA , ANAMARIS

Entered on 05/05/10 09:50 EDT

**Primary Pain-Adult**

**Acceptable Pain Intensity:** 0

**Primary Pain Intensity:** 0

**Life Alliance**

05/05/10 09:50 EDT Performed by IBARRA , ANAMARIS

Entered on 05/05/10 09:50 EDT

**Life Alliance**

**Patient Meets Organ Procurement Trigger:** No

**Organ Procurement Reference Number:** n/a

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



Jackson Health System  
Miami, FL 33136

Admission/Discharge/Transfer Notes

SCHEDULING

PHYS DOC NOTES

Certification of Emergency Condition Entered On: 05/05/10 4:54 EDT  
Performed On: 05/05/10 4:54 EDT by Scott, Joseph A

Certification of Emergency Condition

*Emergency Certification Definition:* To comply with the Department of Children and Families requirements, non-citizens that would be Medicaid eligible on all factors other, than their INS status may be eligible for medicaid to cover medical emergencies, including the birth of a child. Before Medicaid may be, authorized, applicants must provide proof from the doctor or hospital stating the treatment was due to an emergency condition., The Proof also must include the dates of the emergency.

*Emergency Certification Eligibility:* Section 1903(v) of the Social Security Act provides that "the term emergency condition means a medical condition (including emergency labor and delivery), manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention, could reasonably be expected in (A) placing the patient's health in serious jeopardy, (B) serious impairment to bodily functions., or (C) serious dysfunction of any bodily organ or part."

*Does Pt meet emergency condition:* Yes

*Electronically signed:* Yes

Scott, Joseph A - 05/05/10 4:54 EDT

Diagnoses(Active)

Headache

*Date:* 05/04/2010 22:06 EDT ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* \*Confirmed ; *Classification:* Medical ; *Clinical Service:* Emergency medicine ; *Code:* SNOMED CT ; *Probability:* 0 ; *Diagnosis Code:* 41990019

SUBARACHNOID  
HEMORRHAGE

*Date:* 05/05/2010 00:53 EDT ; *Diagnosis Type:* Admitting ; *Confirmation:* \*Confirmed ; *Classification:* Medical ; *Clinical Service:* Non-Specified ; *Code:* ICD-9-CM ; *Probability:* 0 ; *Diagnosis Code:* 430

Patient: **BOIARKIN, OLEG** MRN - **4261595 - JHS\_MRN**  
Age: **57 years** Sex: **Male** DOB: **03/23/53**

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Admission/Discharge/Transfer Notes

Author: **Scott, Joseph A**

**Basic Information**

**Time seen:** Date & time 05/05/10 02:00:00.

**History source:** Patient, EMS, AVENTURA MEDICAL CENTER RECORDS.

**Arrival mode:** Ambulance-ALS.

**Medications:** None.

**Allergies:** No known medication allergies.

**History limitation:** Language barrier.

**History of Present Illness**

The patient is a 57 years old Male who presents with headache. Duration lasting since 05/04/10 19:30:00. The onset was abrupt. The course is constant. Location of headache: occipital lobe. Quality: pressure and throbbing. The degree of severity is worst of life. The exacerbating factor is REPORTEDLY YELLING AT HIS CHILD ON THE BEACH. Prior episodes: none. Prior treatment: AVENTURA MEDICAL CTR E.D.. The risk factor is negative. Notes DIAGNOSED WITH ACUTE SAH AT AVENTURA. TREATED WITH ZOFRAN AND MORPHINE. TRANSFERRED TO JMH FOR NRS EVAL / POSSIBLE COILING.

**Associated Symptoms**

**Other constitutional symptoms:** Malaise.

**Fever:** Negative.

**Eye symptoms:** Negative

**Nausea:** Yes.

**Vomiting episodes:** Negative.

**Other neurologic symptoms:** Negative.

**Paresthesias:** Negative

**Weakness:** Negative

**Review of Systems**

**Cardiovascular symptoms:** Negative.

**Respiratory symptoms:** Negative.

**Skin symptoms:** Negative.

**Other significant review of systems** All other systems reviewed and otherwise negative

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Admission/Discharge/Transfer Notes

**Past Medical/ Family/ Social History**

**Medical history:** Additional significant medical history: ? H/O ANEURYSM.  
**Surgical history:** Appendectomy.  
**Family history:** Not significant to presenting complaint.  
**Social history:** Alcohol: Denies alcohol use, Tobacco: Denies tobacco use.

**Physical Examination**

**General appearance:** Moderate distress and 140/90 - 92.  
**Skin:** Warm. Dry.  
**Facial:** Within normal limits  
**Eye:** Pupils equal, round, and reactive to light. Extraocular movements intact.  
**Ears, nose, mouth and throat:** Oral mucosa moist  
**Neck:** Supple, trachea midline, no tenderness.  
**Heart:** Regular rate and rhythm, no extra heart sounds, no murmurs.  
**Respiratory:** Lungs clear to auscultation bilaterally  
**Abdominal:** Soft. Nontender. Non distended.  
**Extremity:** Normal range of motion. Normal tone. No swelling.  
Level of consciousness alert. **Cognitive function:** Within normal limits  
**Best response:** Within normal limits  
**CNS II-XII:** Within normal limits.  
**Speech:** Within normal limits.  
**Sensation:** Within normal limits.  
**Motor strength:** Within normal limits.

**Medical Decision Making**

**Clinical work-up/Interpretation**

**Orders:** Launch Orders...,  
Pharmacy:

Cardene -ADULT-IV Order Set (Ordered)  
Sodium Chloride 0.9% intravenous soln Diluent 250 mL + niCARDipine Additive 25 mg (Ordered): IV DRIP, Starting Dose: 0, mg/hr, Maximum dose: 15, mg/hr, Routine Titrate Instructions: See Order Comments for Titrate Instructions, 30, day, 05/05/10 02:13 EDT, 250

Radiology:

**Facility:** Jackson Memorial Hospital  
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CT Brain w/o Contrast (Ordered): 05/05/10 02:15 EDT, Rad Type, Stat, ACUTE SAH; TRANSFER FROM AVENTURA; REPEAT EVAL, Scott, Joseph ALaunch Orders...,

Radiology:

CTA Head w/ + w/o Contrast (Ordered): 05/05/10 02:19 EDT, Rad Type, Stat, ACUTE SAH; TRANSFER FROM AVENTURA; NRS REQUESTING PLAIN BRAIN & CTA, Scott, Joseph ALaunch Orders...,

Pharmacy:

Zofran (Ordered): 4, mg, IV, ONCE, STAT, 05/05/10 02:31 EDT, Stop date 05/05/10 02:31 EDTLaunch Orders....

Patient Care:

Admit to Inpatient (Ordered): 05/05/10 04:54 EDT, Neurosurgery - Cranial, SUBARACHNOID HEMORRHAGE, Benveniste, Ronald J, Widi, Gabriel, No, 05/06/10 04:54 EDT

**Results:** FROM AVENTURA 5/4/10 @ 2100: WBC 8.3, HGB 14.8, PLAT 185, BUN 16, CR = 0.9, PT 10.5, INR 1, PTT 26.

**Electrocardiogram**

**Electrocardiogram:** Time 05/04/10 21:00:00, Rate 60, Normal sinus rhythm, EP Interp, QRS interval: left ventricular hypertrophy, FROM AVENTURA.

**Documentation reviewed:**

prior records

**Reexamination/Reevaluation**

**Reexamination:** Time 05/05/10 02:16:00, Reexamination: DISCUSSED WITH NEUROSURG. REQUESTING REPEAT CT SCAN, REDUCE SBP TO 120 AND WILL SEE PT IN E.D..

**Reexamination:** Time 05/05/10 02:21:00, Reexamination: NRS NOW REQUESTING CTA.

**Reexamination:** Time 05/05/10 04:38:00, Reexamination: NRS AT BEDSIDE..

**Impression and Plan**

**Diagnosis**

SUBARACHNOID HEMORRHAGE (ICD9 430, Admitting, Medical)

**Discharge plan**

**Condition:** Guarded.

**Admit:** Time 05/05/10 04:53:00, To Inpatient Unit.

**Patient care transitioned to:** Time: 05/05/10 04:53:00, NEUROSURGERY.

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DEPART REASON INCOMPLETE INFORMATION

Depart Action	Incomplete Reason
(Nurse) FirstNet Set Events	Completed within last 30 minutes
Vital Signs	Completed within last 30 minutes

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
GUILLAUME, STEPHANNE	RN	05/05/10 01:56:18	05/05/10 07:08:05
Scott, Joseph A	MD	05/05/10 02:00:08	05/05/10 04:58:49
LARKIN, CRAIG A	Support Care Staff	05/05/10 04:19:57	
IBARRA , ANAMARIS	RN	05/05/10 07:44:45	05/05/10 14:43:46

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrive	Complete	05/05/10 01:50:00	05/05/10 01:50:00	05/05/10 01:50:00
Triage	Complete	05/05/10 01:50:00	05/05/10 02:08:38	05/05/10 02:08:38
Vital Signs	Complete	05/05/10 01:52:29	05/05/10 03:34:32	05/05/10 03:34:32
Bed Assign	Complete	05/05/10 01:50:00	05/05/10 01:50:00	05/05/10 01:50:00

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Dr Exam	Complete	05/05/10 01:50:00	05/05/10 02:00:07	05/05/10 02:00:07
RN Exam	Complete	05/05/10 01:50:00	05/05/10 02:12:09	05/05/10 02:12:09
Lab Review	Complete	05/05/10 01:56:02	05/05/10 01:56:02	05/05/10 01:56:02
PowerNote ED	Complete	05/05/10 02:07:13	05/05/10 02:07:13	05/05/10 04:54:11
PT Reassessment 4	Complete	05/05/10 02:08:38	05/05/10 02:12:09	05/05/10 02:12:09
ECCA Registration	Complete	05/05/10 02:08:38	05/05/10 04:52:03	05/05/10 04:52:03
PT Reassessment 4	Complete	05/05/10 02:12:09	05/05/10 04:11:40	05/05/10 04:11:40
X-Ray	Request	05/05/10 02:16:16		
Meds Admin	Cancel	05/05/10 02:16:16		05/05/10 07:00:33
X-Ray	Request	05/05/10 02:21:01		
Meds Admin	Complete	05/05/10 02:31:58		05/05/10 02:41:05
Vital Signs	Complete	05/05/10 03:34:32	05/05/10 03:39:25	05/05/10 03:39:25
Vital Signs	Complete	05/05/10 03:39:25	05/05/10 04:06:09	05/05/10 04:06:09
Vital Signs	Complete	05/05/10 04:06:09	05/05/10 04:11:07	05/05/10 04:11:07
Vital Signs	Complete	05/05/10 04:11:07	05/05/10 04:23:19	05/05/10 04:23:19
PT Reassessment 4	Complete	05/05/10 04:11:40	05/05/10 06:43:01	05/05/10 06:43:01
Vital Signs	Complete	05/05/10 04:23:19	05/05/10 05:53:39	05/05/10 05:53:39
Admit	Cancel	05/05/10 04:54:54	05/05/10 12:05:35	05/05/10 12:05:35
Bed Placement	Request	05/05/10 04:54:54		
Registration Admit	Complete	05/05/10 04:54:54	05/05/10 05:12:32	05/05/10 05:12:32
CM Admit	Request	05/05/10 04:54:54		
Clothing list	Request	05/05/10 04:54:54		
PowerNote ED	Complete	05/05/10 04:54:58	05/05/10 04:54:58	05/05/10 04:58:43
Nurse collect	Complete	05/05/10 05:10:24	05/05/10 05:10:24	05/05/10 06:59:10
X-Ray	Request	05/05/10 05:10:24		
EKG	Complete	05/05/10 05:10:24		05/05/10 05:26:10

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Inpatient Assessment	Request	05/05/10 05:12:19		
Inpatient Assessment	Request	05/05/10 05:12:19		
Inpatient Assessment	Request	05/05/10 05:12:19		
Inpatient Assessment	Request	05/05/10 05:12:19		
Inpatient Assessment	Request	05/05/10 05:12:20		
Nurse collect	Complete	05/05/10 05:14:58	05/05/10 05:14:58	05/05/10 06:59:17
Vital Signs	Complete	05/05/10 05:53:39	05/05/10 06:53:14	05/05/10 06:53:14
PT Reassessment 4	Complete	05/05/10 06:43:01	05/05/10 07:07:51	05/05/10 07:07:51
Vital Signs	Complete	05/05/10 06:53:14	05/05/10 07:32:23	05/05/10 07:32:23
PT Reassessment 4	Complete	05/05/10 07:07:51	05/05/10 08:36:45	05/05/10 08:36:45
X-Ray	Request	05/05/10 07:31:12		
Vital Signs	Complete	05/05/10 07:32:23	05/05/10 08:35:52	05/05/10 08:35:52
Vital Signs	Request	05/05/10 08:35:52		
PT Reassessment 4	Complete	05/05/10 08:36:45	05/05/10 08:42:20	05/05/10 08:42:20
PT Reassessment 4	Request	05/05/10 08:42:20		
Nurse collect	Complete	05/05/10 12:32:19	05/05/10 12:32:19	05/05/10 12:32:19
Social Worker	Complete	05/05/10 15:25:13	05/05/10 15:25:13	05/05/10 15:25:13
7am Admit	Complete	05/05/10 15:25:13	05/05/10 15:25:13	05/05/10 15:25:13
Admit	Complete	05/05/10 15:25:13	05/05/10 15:25:14	05/05/10 15:25:14
Observation 1st 23hr	Complete	05/05/10 15:25:14	05/05/10 15:25:14	05/05/10 15:25:14
Observation 2nd 23hr	Complete	05/05/10 15:25:14	05/05/10 15:25:14	05/05/10 15:25:14

**LOCATION INFORMATION**

Arrival	Nurse Unit	Room	Bed
<b>Facility:</b>	Jackson Memorial Hospital	<b>Patient:</b>	<b>BOIARKIN, OLEG</b>
<b>Location:</b>	WW09 0953 02	<b>MRN:</b>	4261595
<b>Encounter Type:</b>	Inpatient	<b>Attending:</b>	Aziz-Sultan, Mohammad A
<b>Admit Date:</b>	05/05/2010	<b>Medical Service:</b>	Neurosurgery - Cranial
<b>Discharge Date:</b>	05/17/2010	<b>FIN:</b>	40004400857
<b>Chart Request ID:</b>	15171249	<b>Financial Class:</b>	Potential Medicaid
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05/05/10 01:50:00	ER T	WRCH	
05/05/10 01:50:00	ER C	CCZ04	1
05/05/10 15:25:14	ER C	CCHKT	

**ORDERS INFORMATION**

Start Time	Order	Type	Status	Stop Time	Provider
05/05/10 12:31:00	Blood Product Add On	Laboratory	Completed	05/05/10 12:31:00	Aziz-Sultan, Mohammad A
05/05/10 05:06:00	Basic Metabolic Profile	Laboratory	Completed	05/05/10 05:52:38	Ashour, Ramsey
05/05/10 05:06:00	APTT	Laboratory	Ordered	05/05/10 05:06:00	Ashour, Ramsey
05/05/10 05:06:00	Type And Screen	Laboratory	Completed	05/05/10 06:17:33	Ashour, Ramsey
05/05/10 05:06:00	GR Chest 1 View	Radiology	Ordered	05/05/10 05:06:00	Ashour, Ramsey
05/05/10 05:06:00	Electrocardiogram 12 Lead, Adult	Heart Station	Completed	05/05/10 05:26:09	Ashour, Ramsey
05/05/10 05:06:00	Complete Blood Count w/ Platelets	Laboratory	Completed	05/05/10 05:46:55	Ashour, Ramsey
05/05/10 02:15:00	CT Brain w/o Contrast	Radiology	Discontinued	05/05/10 02:21:00	Scott, Joseph A
05/05/10 02:16:00	niCARDipine IV Order Set -ADULT	Pharmacy	Discontinued	05/05/10 07:00:32	Scott, Joseph A
05/05/10 02:13:00	niCARDipine 25 mg + Sodium Chloride 0.9% intravenous solution 250 mL	Pharmacy	Discontinued	05/05/10 07:00:00	Ashour, Ramsey
05/05/10 02:19:00	CTA Head w/ + w/o Contrast	Radiology	Ordered	05/05/10 02:19:00	Scott, Joseph A
05/05/10 02:31:00	ondansetron	Pharmacy	Completed	05/05/10 02:41:05	Scott, Joseph A
05/05/10 07:29:00	SP Carotid Cerebral Angiogram Bilateral	Radiology	Ordered	05/05/10 07:29:00	Yavagal, Dileep R
05/05/10 05:14:00	APTT	Laboratory	Completed	05/05/10 08:40:00	Ashour, Ramsey
05/05/10 05:14:00	PT-INR	Laboratory	Completed	05/05/10 08:39:58	Ashour, Ramsey

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05/05/10 05:12:19	Basic Admission Information	Patient Care	Ordered	05/05/10 05:12:19	SYSTEM
05/05/10 05:12:19	Risk Factors	Patient Care	Ordered	05/05/10 05:12:19	SYSTEM
05/05/10 05:12:19	Braden Assessment	Patient Care	Ordered	05/05/10 05:12:19	SYSTEM
05/05/10 05:12:19	Admission Assessment Adult	Patient Care	Ordered	05/05/10 05:12:19	SYSTEM
05/05/10 05:12:19	Admission History Adult	Patient Care	Ordered	05/05/10 05:12:19	SYSTEM
05/05/10 05:12:19	Adult H1N1 Immunization Screening	Patient Care	Ordered	05/05/10 05:12:19	SYSTEM
05/05/10 05:12:20	Adult Influenza/ Pneumococcal Immunization Screening	Patient Care	Ordered	05/05/10 05:12:20	SYSTEM
05/05/10 04:54:00	Admit to Inpatient	Patient Care	Ordered	05/05/10 04:54:00	Scott, Joseph A

**MEDICAL INFORMATION**

Allergy Info:

NKA

Prescriptions Given

**DISCHARGE INFORMATION**

Discharge Disposition:

**PATIENT EDUCATION INFORMATION**

Instructions:

Follow up:

**DIAGNOSIS**

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**Neurophysiology**

Accession Number NP-10-0003827	Exam NP Transcranial Doppler Complete	Exam Date/Time 05/06/2010 15:49 EDT	Ordering Physician Aziz-Sultan, Mohammad A
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Reason for Exam

Subarachnoid Hemorrhag

Report

NP Transcranial Doppler Complete

Findings: All vessels insonated have normal directions and velocities. There is no evidence of cerebral vasospasm. The right anterior cerebral artery could not be insonated.

632482/jk

\*\*\*FINAL REPORT\*\*\*

Attending Physician: Koch, Sebastian

Transcribed by & Date/Time: KYEWE, JANICE 05/07/2010 15:43  
Electronically Signed By: Koch, Sebastian Signature Date/Time: 05/24/2010 08:37

**Surgical/Anesthesia Notes**

Operative/Procedure Report  
JACKSON MEMORIAL HOSPITAL  
MIAMI, FLORIDA 33136

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**Surgical/Anesthesia Notes**

PATIENT NAME: BOIARKIN, OLEG  
MR NUMBER: 4261595  
BILLING NUMBER: 40004400857  
DOB: 03/23/1953

**OPERATIVE REPORT**

DATE OF OPERATION: 05/05/2010  
ATTENDING SURGEON: Mohammad A Aziz-Sultan, MD

FELLOW:  
Dr. Rohan Moflakhar, MD.

RESIDENT:  
Dr. Eric C. Peterson, MD.

ANESTHESIA:  
General.

EBL:  
75.

- PROCEDURES:
1. Left-sided orbital zygomatic craniotomy.
  2. Clipping of anterior communicating artery aneurysm using 2 kissing fenestrated clips.
  3. Temporary occlusion time of 12 minutes.
  4. Intraoperative use of microscope.

PREOPERATIVE DIAGNOSIS:  
Wide neck anterior communicating artery aneurysm Hunt and Hess grade II, Fisher grade III, subarachnoid hemorrhage.

POSTOPERATIVE DIAGNOSIS:  
Wide neck anterior communicating artery aneurysm Hunt and Hess grade II, Fisher grade III, subarachnoid hemorrhage.

INDICATION:  
The patient is a 57-year-old male who presented with a subarachnoid hemorrhage, post bleed day #1, Hunt and Hess grade II, Fisher grade III. He was found to have a wide neck ACOM aneurysm that could not be coiled. He had a dominant A1 from the left side, and atretic one on the right side.

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

**Surgical/Anesthesia Notes**

Therefore, we decided to approach from the left side with a left orbital craniotomy and clipping of aneurysm. Risks, benefits, and alternatives were translated to the wife, and the patient. Risks include, but not limited to death, coma, stroke, paralysis, infection, bleeding, or memory deficits. The patient and wife understood the risks and signed and agreed to proceed.

**PROCEDURE IN DETAIL:**

The patient was brought to the operating room, where he was intubated and sedated. He was placed on Mayfield head holder. The head was turned about 6-degrees to the left. The head was shaved, prepped, and draped in the sterile fashion. A 10 cc of lidocaine were injected into a curvilinear incision from the zygoma to the midline. This was opened up with a 10-blade. Down to the temporalis fascia, hemostasis were maintained with bipolar cautery and Raney clips. The fascia was opened down to the zygoma, and the temporalis muscle was taken down with a Bovie. Hemostasis was maintained with bipolar cautery. Periosteal was used to take the muscle down and below the orbital zygomatic suture. Next, the perforator was placed in the temporal floor. B1 with the footplate was used to turn the bone flap. C1 was used to make dural \_\_\_\_\_ 1 Penfield was used to remove the dura off the orbital floor, and a trocar was used to dissect the periorbita. Next, an oscillating saw was used to make a superior cut near the frontal bone, approximately 2-cm back, and one below the zygomatic suture 2-cm back and this was connected posteriorly to the periorbital fissure. The orbit and part of the zygoma were removed. Hemostasis was maintained. C1 was used to make dural tack ups with 4-0 Nurolon. Next, the dura was opened with a curvilinear fashion and held up with 4-0 Nurolons. The microscope was brought in and the brain was quite full. Two attempts were made at doing a Samson technique ventriculostomy, but were unsuccessful. Next, attention was paid to the sylvian fissure which was opened proximally. There was subpial penetration at the proximal portion. The patient was loaded with Cerebyx. Proximal portion of the sylvian fissure was then locked. Subfrontal dissection was done. A1 was visualized. The optic nerve was visualized. Entire cisterns were opened up, frontal lobe was released with sharp dissection using microscissors. Contralateral optic nerve and olfactory tract and carotid were visualized. Next, A1 was followed down and A2 was visualized and the aneurysm next. Once this was done, the entire A1 and A2 complex was dissected free. We could see the atheromatous plaque around the neck of the aneurysm and perforators near the base. Perforators were dissected free from the aneurysm. Temporary clip was placed. The aneurysm was shrunken using bipolar at 25, taking care not to injure the perforators. A deep fenestrated right-angled clip was placed. The fenestration encompassed the ipsilateral A2 and went across the aneurysm, deep to the perforators. Once this was done, a temporary clip was removed and the

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Miami, FL 33136

**Surgical/Anesthesia Notes**

aneurysm was perforated with a 25-gauge needle. Small amount of bleeding was visualized, temporary clip was replaced for another 5 minutes, and a second right-angled clip was placed through the opposite to the previous one. This stopped the bleeding. The temporary clip was removed, now the perforation was done and no further bleeding was visualized. The perforators appeared to be intact, both A2s were intact with no evidence of stenosis as well as the A1. There was no contralateral A1. Hemostasis maintained with bipolar cautery and the area was lined with Surgicel. The dura was closed with 2-0 interrupted Vicryl. The orbitotomy was replaced with Leibinger screw system as was the bone flap, central tack up was done. The muscle was closed with 2-0 interrupted Vicryl with the fascia. The galea was closed with 2-0 interrupted Vicryl, and the skin was stapled. The patient did well throughout the procedure.

Mohammad A Aziz-Sultan, MD

MEDQ/MAA

DD: 05/05/2010 21:15:11

DT: 05/05/2010 21:54:12

JOB #: 16020/417780376

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**Jackson Health System**  
Miami, FL 33136

**Clinical Laboratory**

**Chemistry**

	Collected Date	05/15/2010	05/13/2010	05/12/2010	05/11/2010		
	Collected Time	05:35 EDT	01:47 EDT	03:46 EDT	04:01 EDT		
Procedure						Units	Ref Range
Prealbumin					<b>19 L</b>	mg/dL	[20-40]
Glucose	91	94	92	103		mg/dL	[74-106]
Sodium	142	137	140	139		mmol/L	[137-145]
Potassium	4.7	4.6	4.7	4.2		mmol/L	[3.6-5.0]
Chloride	103	105	107	103		mmol/L	[98-107]
Total CO2 Content	28	25	<b>20 L</b>	27		mmol/L	[22-30]
Anion Gap	11	8	13	10			[6-22]
Blood Urea Nitrogen	11	12	11	9		mg/dL	[9-20]
Creatinine	0.73	0.69	0.67	0.67		mg/dL	[0.66-1.25]
Osmolality Calculated	281	<b>274 L</b>	278	277		mOsm/kg	[275-295]
Calcium Level	9.8	9.0	9.3	9.0		mg/dL	[8.4-10.2]
Phosphorous		4.2		3.9		mg/dL	[2.5-4.5]
Magnesium Level		2.1	1.9	1.9		mg/dL	[1.7-2.2]
eGFR (Non African-American)	>60	>60	>60	>60		mL/min/1.73m2	
eGFR (African-American)	>60	>60	>60	>60		mL/min/1.73m2	

	Collected Date	05/10/2010	05/09/2010	05/08/2010	05/07/2010		
	Collected Time	01:28 EDT	05:15 EDT	10:14 EDT	03:51 EDT		
Procedure						Units	Ref Range
Glucose	97	96	<b>125 H</b>	<b>110 H</b>		mg/dL	[74-106]
Sodium	141	140	140	<b>135 L</b>		mmol/L	[137-145]
Potassium	4.2	4.3	3.9	4.1		mmol/L	[3.6-5.0]
Chloride	101	102	104	102		mmol/L	[98-107]
Total CO2 Content	26	25	29	28		mmol/L	[22-30]
Anion Gap	13	13	7	<b>5 L</b>			[6-22]
Blood Urea Nitrogen	10	9	10	9		mg/dL	[9-20]
Creatinine	0.69	0.69	0.70	0.69		mg/dL	[0.66-1.25]
Osmolality Calculated	280	278	279	<b>269 L</b>		mOsm/kg	[275-295]
Calcium Level	8.5	9.0	8.8	8.4		mg/dL	[8.4-10.2]
Phosphorous	<b>6.8 H</b>	3.9				mg/dL	[2.5-4.5]
Magnesium Level	<b>1.6 L</b>	1.7				mg/dL	[1.7-2.2]
eGFR (Non African-American)	>60	>60	>60	>60		mL/min/1.73m2	
eGFR (African-American)	>60	>60	>60	>60		mL/min/1.73m2	

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Miami, FL 33136

**Clinical Laboratory**

**Chemistry**

	Collected Date	05/06/2010	05/05/2010	05/05/2010		
	Collected Time	02:58 EDT	23:12 EDT	05:06 EDT		
Procedure					Units	Ref Range
Glucose		<b>147 H</b>	<b>141 H</b>	101	mg/dL	[74-106]
Sodium		<b>135 L</b>	138	140	mmol/L	[137-145]
Potassium		3.9	4.1	4.0	mmol/L	[3.6-5.0]
Chloride		105	105	102	mmol/L	[98-107]
Total CO2 Content		25	28	26	mmol/L	[22-30]
Anion Gap		6	<b>5 L</b>	12		[6-22]
Blood Urea Nitrogen		<b>7 L</b>	<b>7 L</b>	13	mg/dL	[9-20]
Creatinine		0.69	0.68	0.82	mg/dL	[0.66-1.25]
Osmolality Calculated		<b>272 L</b>	276	280	mOsm/kg	[275-295]
Calcium Level		<b>8.1 L</b>	<b>7.5 L</b>	9.3	mg/dL	[8.4-10.2]
eGFR (Non African-American)		>60	>60	>60	mL/min/1.73m2	
eGFR (African-American)		>60	>60	>60	mL/min/1.73m2	

**Hematology**

	Collected Date	05/15/2010	05/13/2010	05/12/2010	05/11/2010	05/10/2010		
	Collected Time	05:35 EDT	01:47 EDT	03:46 EDT	04:01 EDT	01:28 EDT		
Procedure							Units	Ref Range
WBC Count		6.8	6.8	8.3	7.8	7.5	10X3/uL	[4.3-11.0]
RBC Count		4.32	4.12	4.13	4.24	4.12	10X6/uL	[3.8-7.0]
Hemoglobin		<b>13.3 L</b>	<b>12.5 L</b>	<b>12.6 L</b>	<b>12.9 L</b>	<b>12.6 L</b>	g/dL	[14.0-18.0]
Hematocrit		<b>38.7 L</b>	<b>36.9 L</b>	<b>35.8 L</b>	<b>37.7 L</b>	<b>36.8 L</b>	%	[42-52]
MCV		89.6	89.7	86.6	88.9	89.2	fL	[80-100]
MCH		30.7	30.4	30.5	30.5	30.5	pg	[25-35]
MCHC		34.3	33.9	35.2	34.3	34.2	%	[31-37]
RDW		13.1	14.0	13.5	13.8	13.9	%	[11-17]
Platelet		417	296	253	268	239	10X3/uL	[140-440]
Diff Type			MANL			MANL		
%Neutrophils			59.0			<b>73.0 H</b>	%	[34-72]
%Lymphocytes			30.0			17.0	%	[16-46]
%Monocytes			9.0			7.0	%	[5-12]
%Basophils			1.0				%	[0-2]
%Eosinophils						2.0	%	[0-8]
Abs Neutrophil			4.0			5.6	10X3/uL	[1.6-8.4]
Abs Lymphocyte			2.0			1.3	10X3/uL	[1.0-3.2]
%Band Neutrophil						1	%	[0-11]
Atypical Lymphs			1					[0-5]
RBC Morphology			NORM			NORM		

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**Jackson Health System**  
Miami, FL 33136

**Clinical Laboratory**

**Hematology**

Collected Date	05/15/2010	05/13/2010	05/12/2010	05/11/2010	05/10/2010
Collected Time	05:35 EDT	01:47 EDT	03:46 EDT	04:01 EDT	01:28 EDT

Procedure						Units	Ref Range
Platelet Morphology		NORM		NORM			
WBC Morphology		NORM		NORM			

Collected Date	05/09/2010	05/08/2010	05/07/2010	05/06/2010	05/05/2010
Collected Time	05:15 EDT	10:14 EDT	03:51 EDT	02:58 EDT	23:12 EDT

Procedure						Units	Ref Range
WBC Count	9.6	9.1	<b>11.2 H</b>	<b>14.8 H</b>	<b>13.2 H</b>	10X3/uL	[4.3-11.0]
RBC Count	4.20	3.86	3.93	4.18	4.05	10X6/uL	[3.8-7.0]
Hemoglobin	<b>12.9 L</b>	<b>12.0 L</b>	<b>12.2 L</b>	<b>12.8 L</b>	<b>12.6 L</b>	g/dL	[14.0-18.0]
Hematocrit	<b>36.9 L</b>	<b>34.0 L</b>	<b>34.6 L</b>	<b>36.6 L</b>	<b>36.2 L</b>	%	[42-52]
MCV	87.8	87.9	88.2	87.5	89.3	fL	[80-100]
MCH	30.7	31.0	31.0	30.7	31.0	pg	[25-35]
MCHC	34.9	35.2	35.1	35.1	34.7	%	[31-37]
RDW	12.8	13.3	14.1	13.1	13.1	%	[11-17]
Platelet	196	190	<b>139 L</b>	174	209	10X3/uL	[140-440]
Diff Type	AUTO		AUTO	AUTO	AUTO		
%Neutrophils	<b>79.4 H</b>		<b>76.7 H</b>	<b>85.0 H</b>	71.9	%	[34-72]
%Lymphocytes	<b>12.4 L</b>		<b>14.1 L</b>	<b>7.3 L</b>	20.7	%	[16-46]
%Monocytes	7.3		8.3	7.0	7.0	%	[5-12]
%Basophils	0.3		0.1	0.2	0.2	%	[0-2]
%Eosinophils	0.6		0.8	0.5	0.2	%	[0-8]
Abs Neutrophil	7.7		<b>8.6 H</b>	<b>12.6 H</b>	<b>9.5 H</b>	10X3/uL	[1.6-8.4]
Abs Lymphocyte	1.2		1.6	1.1	2.7	10X3/uL	[1.0-3.2]

Collected Date 05/05/2010  
Collected Time 05:06 EDT

Procedure		Units	Ref Range
WBC Count	11.0	10X3/uL	[4.3-11.0]
RBC Count	5.01	10X6/uL	[3.8-7.0]
Hemoglobin	15.4	g/dL	[14.0-18.0]
Hematocrit	44.1	%	[42-52]
MCV	88.0	fL	[80-100]
MCH	30.8	pg	[25-35]
MCHC	35.0	%	[31-37]
RDW	12.9	%	[11-17]
Platelet	230	10X3/uL	[140-440]
Diff Type	AUTO		

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**Jackson Health System**  
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**Clinical Laboratory**

**Hematology**

Collected Date 05/05/2010

Collected Time 05:06 EDT

Procedure		Units	Ref Range
%Neutrophils	<b>79.9 H</b>	%	[34-72]
%Lymphocytes	<b>15.0 L</b>	%	[16-46]
%Monocytes	<b>4.7 L</b>	%	[5-12]
%Basophils	0.2	%	[0-2]
%Eosinophils	0.2	%	[0-8]
Abs Neutrophil	<b>8.8 H</b>	10X3/uL	[1.6-8.4]
Abs Lymphocyte	1.6	10X3/uL	[1.0-3.2]

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**Jackson Health System**  
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**Blood Gas**

Collected Date 05/05/2010  
Collected Time 16:44 EDT

Procedure		Units	Ref Range
pH	<b>7.48 H</b>		[7.35-7.45]
PCO2	<b>28 L</b>	mmHg	[35-45]
PO2	<b>171 H</b>	mmHg	[75-100]
HCO3	21	mmol/L	[19-24]
Arterial Base Excess	-3	mmol/L	
sO2	<b>99 H</b>	%	[92-98.5]
Blood Gas Hematocrit	<b>36 L</b>	%	[42-52]
Whole Blood Sodium	<b>134.5 L</b>	mmol/L	[137.0-145.0]
Whole Blood Potassium	<b>3.2 L</b>	mmol/L	[3.6-5.0]
Whole Blood Chloride	<b>109 H</b>	mmol/L	[98-107]
Whole Blood Glucose	95	mg/dL	[74-106]
Ionized Calcium	<b>0.90 L</b>	mmol/L	[1.13-1.32]
Source	ARTERIAL		
Therapy	UNKXX		
Body Temperature	37.0	DegC	

**Coagulation**

Collected Date 05/05/2010 05/05/2010  
Collected Time 15:47 EDT 05:14 EDT

Procedure			Units	Ref Range
PT	<b>13.2 H</b>	11.0	sec	[10.1-12.6]
INR	1.16	0.96		
APTT		31.2	sec	[24.5-35.7]

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Jackson Health System  
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**Microbiology**

**PROCEDURE:** Aerobic Culture W/O Gram Stain  
**SPECIMEN SOURCE:** Nasal

**COLLECTED:** 05/10/2010 10:52 EDT  
**ACCESSION:** M57659

**Culture**

Verified:05/12/2010 10:17 EDT  
NO MRSA ISOLATED

**Report Status**

Verified:05/12/2010 10:17 EDT  
FINAL 05122010

**Special Requests**

Verified:05/10/2010 10:55 EDT  
NONE

**Specimen Description**

Verified:05/10/2010 10:55 EDT  
NASAL R/O MRSA

**\*\*\* ORDER COMMENTS \*\*\***

(1)ACCESSION NUMBER:M57659

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Jackson Health System  
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Microbiology

PROCEDURE: Aerobic Culture W/O Gram Stain

SPECIMEN SOURCE: Anal

COLLECTED: 05/10/2010 10:52 EDT

ACCESSION: M57658

**Culture**

Verified:05/14/2010 14:39 EDT  
NO VRE ISOLATED

**Report Status**

Verified:05/14/2010 14:39 EDT  
FINAL 05142010

**Special Requests**

Verified:05/10/2010 10:55 EDT  
NONE

**Specimen Description**

Verified:05/10/2010 10:55 EDT  
ANAL R/O VRE

**\*\*\* ORDER COMMENTS \*\*\***

(1)ACCESSION NUMBER:M57658

**Facility:** Jackson Memorial Hospital  
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**Jackson Health System**  
Miami, FL 33136

**Transfusion Medicine**

Collected Date 05/05/2010  
Collected Time 05:06 EDT

Procedure		Units	Ref Range
ABO/RH(D)	O POSITIVE		
Antibody Screen	NEGATIVE		
Blood Component Type	PACKED CELLS		
Blood Component Type	PACKED CELLS		
Unit Number	W036810107691PC		
Unit Number	W036810109553PC		
Crossmatch Result	COMPATIBLE		
Crossmatch Result	COMPATIBLE		
Status Of Unit	REL FROM ALLOC		
Status Of Unit	REL FROM ALLOC		

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Jackson Health System  
Miami, FL 33136

General Radiology

Accession Number GR-10-0101718	Exam GR Chest 1 View	Exam Date/Time 05/05/2010 06:04 EDT	Ordering Physician Ashour, Ramsey
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Reason for Exam

SAH

Report

AP Chest - 05/05/10

Indication: Evaluate patient with subarachnoid hemorrhage

Findings: The trachea is midline. The cardiomediastinal silhouette is normal in size, shape and position, allowing for AP technique. There is prominence of the perihilar vasculature, with crowding of lung markings on this low volume study. There is no evidence of focal opacity or pulmonary edema. The costophrenic angles are sharp. The included portion of the abdomen is unremarkable. The osseous structures are unremarkable.

Impression:

Low lung volume study with crowding of vascular markings and no evidence of acute cardiopulmonary process.

174161/jk

\*\*\*FINAL REPORT\*\*\*

Attending Physician: Ferrari-Gegerson, Michelle G

Transcribed by & Date/Time: KYEWE, JANICE 05/05/2010 07:09

I reviewed the films and the Radiology resident's findings and agree with the final report-Resident: Green, Jared Ross

Electronically Signed By: Ferrari-Gegerson, MichSignature Date/Time: 05/06/2010 00:28

Accession Number GR-10-0102396	Exam GR Skull Less Than 4 Views	Exam Date/Time 05/05/2010 22:41 EDT	Ordering Physician Aziz-Sultan, Mohammad A
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Reason for Exam

incorrect needle count

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**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



Jackson Health System  
Miami, FL 33136

General Radiology

Accession Number	Exam	Exam Date/Time	Ordering Physician
GR-10-0102396	GR Skull Less Than 4 Views	05/05/2010 22:41 EDT	Aziz-Sultan, Mohammad A

Report

Single AP Radiograph Skull - 05/05/10

History: Patient with history of subarachnoid hemorrhage and anterior communicating artery aneurysm clipping

Findings: Evaluation is suboptimal due to a single view and due to patient's head rotation to the right. Multiple skin staples are projecting at the level of the left frontoparietal scalp with subcutaneous edema and presence of subcutaneous air. There are findings of left frontoparietal craniotomy. Two radiodensities are projecting in the midline, compatible with provided history of anterior communicating artery aneurysm clipping. An approximately 1.9 cm linear radiodensity is appreciated at the level of the left lateral orbital wall and extends slightly cranial to the orbital wall of unknown etiology; it may be overlying the patient.

There are multiple overlying leads, wires and tubes. An endotracheal tube is partially imaged. A second curvilinear radiodensity, representing a tube, is projecting at the level of the nose. A staple is projecting in the left neck soft tissues and may also be overlying the patient.

Impression:

Findings of craniotomy and ACOM aneurysm clipping. Linear radiodensity projecting at the level of the left lateral orbital wall, and slightly cranial, may be overlying the patient. No radiodensities are seen to suggest a needle.

174923/jk

\*\*\*FINAL REPORT\*\*\*

Attending Physician: Quencer, Robert M

Transcribed by & Date/Time: KYEWE, JANICE 05/06/2010 10:36

I reviewed the films and the Radiology resident's findings and agree with the final report-Resident: Akhter, Nabeel

Electronically Signed By: Quencer, Robert M Signature Date/Time: 05/06/2010 15:02

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



Jackson Health System  
Miami, FL 33136

Special Procedures

Accession Number SP-10-0003663	Exam SP Carotid Cerebral Angiogram Bilateral	Exam Date/Time 05/05/2010 11:09 EDT	Ordering Physician Yavagal, Dileep R
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Reason for Exam

sah

Report

**Indication:**

57 y/o male, s/p SAH H&H grade 2. Here for diagnostic angiogram.

**Operators:**

Dr Yavagal  
Dr Tsimpas  
Dr Peterson

**Anesthesia:**

IV conscious sedation with local anesthesia

**Procedure:**

IV conscious sedation with local anesthesia  
R common femoral artery angiogram  
RCCA angiogram - cerebral  
LCCA angiogram - cervical / roadmap  
LICA angiogram - cerebral and 3DRA  
Left vertebral artery angiogram - cervical and cerebral  
Angioseal closure device

**Procedure in detail:**

After discussing the risks and benefits, including but not limited to potential complications such as stroke, hemorrhage, death, vascular injury/occlusion, contrast reaction / toxicity, and other unforeseeable events, the patient signed informed consent and asked us to proceed as planned. The patient was then placed in supine position on the angio table and the right common femoral artery area was prepped and draped in usual surgical fashion. Conscious sedation using Midazolam and Fentanyl was administered under continuous supervision of the Neuroangio attending. The peri-arterial and subcutaneous tissues were infiltrated with 15 ml lidocaine without epinephrine and the puncture area located by palpation and fluoroscopy. The common femoral artery was cannulated with a single wall technique. A 5 French

Facility:	Jackson Memorial Hospital	Patient:	BOIARKIN, OLEG
Location:	WW09 0953 02	MRN:	4261595
Encounter Type:	Inpatient	Attending:	Aziz-Sultan, Mohammad A
Admit Date:	05/05/2010	Medical Service:	Neurosurgery - Cranial
Discharge Date:	05/17/2010	FIN:	40004400857
Chart Request ID:	15171249	Financial Class:	Potential Medicaid
		DOB:	03/23/1953 Age: 57 years Sex: Male



Jackson Health System  
Miami, FL 33136

Special Procedures

Accession Number	Exam	Exam Date/Time	Ordering Physician
SP-10-0003663	SP Carotid Cerebral Angiogram Bilateral	05/05/2010 11:09 EDT	Yavagal, Dileep R

vascular sheath was placed and secured with Op-Site. The vascular sheath and the diagnostic catheter were perfused with heparinized saline solution throughout the remainder of the procedure. A 5 French Sim 2 catheter over a 0.038 inch Terumo Glidewire was then advanced under fluoroscopy across the aortic arch and maneuvered into the right common carotid artery where a cerebral angiogram was performed. AP and lateral cerebral views of the right intracranial circulation were obtained. The catheter was then retracted into the aortic arch and maneuvered over the guide wire into the LCCA, where a cervical angiogram was performed. Using roadmap guidance, the catheter was then maneuvered over the guide wire into the LICA and AP, lateral, magnified oblique and 3D cerebral views of the left intracranial circulation were obtained. The catheter was then again retracted into the aortic arch and maneuvered over the guide wire into the left subclavian artery. Under roadmap guidance, the catheter was maneuvered over the guide wire into the proximal left vertebral artery and AP/lateral and oblique views of the posterior circulation were obtained. The catheter was then removed and a 3mm J-wire was reinserted into the vascular sheath. The vascular sheath was removed under compression and a 6-French Angioseal system was inserted over the wire to close the arteriotomy. Excellent hemostasis was obtained. The patient was transferred from the angiography suite, hemodynamically and neurologically unchanged.

**Findings:**

**Right common femoral artery:** Appropriate position of puncture site above bifurcation.

**RCCA - cerebral:** The RICA terminates as an MCA. No A1 segment is seen. Otherwise, normal distal cervical, petrous, cavernous and supraclinoid internal carotid artery with physiologic filling of the MCA and its branches. Capillary blush and venous drainage are unremarkable. No aneurysms or other vascular lesions are seen. No significant atherosclerosis or stenosis. No vasospasm

**LCCA - cervical:** Unremarkable left carotid bifurcation. No atherosclerosis or stenosis.

**LICA - cerebral:** There is an AComA aneurysm, pointing laterally to the left. It measures 6.5 x 5.5 mm. Its neck measures 4.5 mm. The LICA fills both ACAs. Otherwise, normal distal cervical, petrous, cavernous and supraclinoid internal carotid artery with physiologic filling of the MCA and ACAs and their branches. Capillary blush and venous drainage are unremarkable. No aneurysms or other vascular lesions are seen. No significant atherosclerosis or stenosis. No vasospasm.

**LVA:** Unremarkable distal cervical & cerebral vertebral artery with normal filling of the PICA, basilar artery, bilateral AICAs, SCAs and PCAs. Capillary blush and venous drainage are unremarkable. No aneurysms or other vascular lesions are seen. No significant atherosclerosis or stenosis.

**Impression:**

Facility:	Jackson Memorial Hospital	Patient:	BOIARKIN, OLEG
Location:	WW09 0953 02	MRN:	4261595
Encounter Type:	Inpatient	Attending:	Aziz-Sultan, Mohammad A
Admit Date:	05/05/2010	Medical Service:	Neurosurgery - Cranial
Discharge Date:	05/17/2010	FIN:	40004400857
Chart Request ID:	15171249	Financial Class:	Potential Medicaid
		DOB:	03/23/1953 Age: 57 years Sex: Male



Jackson Health System  
Miami, FL 33136

Special Procedures

Accession Number	Exam	Exam Date/Time	Ordering Physician
SP-10-0003663	SP Carotid Cerebral Angiogram Bilateral	05/05/2010 11:09 EDT	Yavagal, Dileep R

1. There is an AComA aneurysm, pointing laterally to the left. It measures 6.5 x 5.5 mm. Its neck measures 4.5 mm.
2. The RICA terminates as an MCA. No A1 segment is seen.
3. No vasospasm.
4. There is a bovine arch configuration.

\*\*\*FINAL REPORT\*\*\*

Attending Physician: Yavagal, Dileep R

Transcribed by & Date/Time: Elhammady, Mohamed S05/05/2010 15:35

I reviewed the films and the Radiology resident's findings and agree with the final report-Resident: Elhammady, Mohamed S.

Electronically Signed By: Yavagal, Dileep R Signature Date/Time: 05/07/2010 09:51

Technical Comments

Fluoroscopy time (in minutes): 14.5

Contrast Name: Visipaque

Other

Name:

Contrast amount in ml's: 200.0

Contrast Site: intraarterial

Accession Number	Exam	Exam Date/Time	Ordering Physician
SP-10-0003830	SP Carotid Cerebral Angiogram Uni	05/11/2010 15:30 EDT	Aziz-Sultan, Mohammad A

Reason for Exam

S/P CLIPPING OF ACOM ANEURYSM

Report

**Indication:**

57 y/o male, s/p SAH and clipping of a ruptured AComA aneurysm. Here for f/u angiogram.

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 Age: 57 years Sex: Male



Jackson Health System  
Miami, FL 33136

**Special Procedures**

Accession Number SP-10-0003830	Exam SP Carotid Cerebral Angiogram Uni	Exam Date/Time 05/11/2010 15:30 EDT	Ordering Physician Aziz-Sultan, Mohammad A
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**Operators:**  
Dr Sultan  
Dr Tsimpas

**Anesthesia:**  
Local anesthesia

**Procedure:**  
L common femoral artery angiogram  
RCCA angiogram - cervical / roadmap  
RICA angiogram - cerebral  
LCCA angiogram - cerebral / 3DRA  
Left subclavian artery angiogram - road map  
Left vertebral artery angiogram - cervical and cerebral  
Angioseal closure device

**Procedure in detail:**

2 Physician emergency consent was obtained and the patient was then placed in supine position on the angio table. The left common femoral artery area was prepped and draped in usual surgical fashion. The peri-arterial and subcutaneous tissues were infiltrated with 15 ml lidocaine without epinephrine and the puncture area located by palpation and fluoroscopy. The common femoral artery was cannulated with a single wall technique. A 5 French vascular sheath was placed and secured with Op-Site. The vascular sheath and the diagnostic catheter were perfused with heparinized saline solution throughout the remainder of the procedure. A 5 French Sim 2 catheter over a 0.038 inch Terumo Glidewire was then advanced under fluoroscopy across the aortic arch and maneuvered into the right common carotid artery. The catheter was then maneuvered using roadmap guidance over the guide wire into the right internal carotid artery and AP, lateral, oblique and magnified cerebral views of the right intracranial circulation were obtained. The catheter was then retracted into the aortic arch and maneuvered over the guide wire into the LCCA, where a cerebral angiogram was performed. AP, lateral and 3D cerebral views of the left intracranial circulation were obtained. The catheter was then again retracted into the aortic arch and maneuvered over the guide wire into the left subclavian artery. Under roadmap guidance, the catheter was maneuvered over the guide wire into the proximal left vertebral artery and AP/lateral and oblique views of the posterior circulation were obtained. The catheter was then removed and a 3mm J-wire was reinserted into the vascular sheath. The vascular sheath was removed under

Facility:	Jackson Memorial Hospital	Patient:	BOIARKIN, OLEG
Location:	WW09 0953 02	MRN:	4261595
Encounter Type:	Inpatient	Attending:	Aziz-Sultan, Mohammad A
Admit Date:	05/05/2010	Medical Service:	Neurosurgery - Cranial
Discharge Date:	05/17/2010	FIN:	40004400857
Chart Request ID:	15171249	Financial Class:	Potential Medicaid
		DOB:	03/23/1953 Age: 57 years Sex: Male



Jackson Health System  
Miami, FL 33136

Special Procedures

Accession Number	Exam	Exam Date/Time	Ordering Physician
SP-10-0003830	SP Carotid Cerebral Angiogram Uni	05/11/2010 15:30 EDT	Aziz-Sultan, Mohammad A

compression and a 6-French Angioseal system was inserted over the wire to close the arteriotomy. Excellent hemostasis was obtained. The patient was transferred from the angiography suite, hemodynamically and neurologically unchanged.

**Findings:**

**Left common femoral artery:** Appropriate position of puncture site above bifurcation.

**RICA - cerebral:** Normal distal cervical, petrous, cavernous and supraclinoid internal carotid artery with physiologic filling of the MCA and its branches. No A1 segment can be visualized. Capillary blush and venous drainage are unremarkable. No significant atherosclerosis or stenosis. No vasospasm.

**LCCA - cerebral:** S/p left craniotomy and clipping of an AComA aneurysm. There is a residual "dog ear" that measures <1 mm. The parent vessels are preserved and there is no vasospasm. Otherwise, normal distal cervical, petrous, cavernous and supraclinoid internal carotid artery with physiologic filling of the MCA and both ACAs and their branches. Capillary blush and venous drainage are unremarkable. No significant atherosclerosis or stenosis.

**LVA:** Unremarkable distal cervical & cerebral vertebral artery with normal filling of the PICA, basilar artery, bilateral AICAs, SCAs and PCAs. Capillary blush and venous drainage are unremarkable. No aneurysms or other vascular lesions are seen. No significant atherosclerosis or stenosis. No vasospasm.

**Impression:**

S/p left craniotomy and clipping of an AComA aneurysm. There is a residual "dog ear" that measures <1 mm. The parent vessels are preserved and there is no vasospasm.

\*\*\*PRELIMINARY REPORT\*\*\*\*

Attending Physician: Aziz-Sultan, Mohammad A

Transcribed by: Elhammady, Mohamed S. 05/11/2010 16:59

Dictating Resident: Elhammady, Mohamed S.

Technical Comments

Fluoroscopy time (in minutes): 19.400000000000002

Contrast Name: Visipaque

Other

Name:

Contrast amount in ml's: 160.0

Contrast Site: intraarterial

Facility: Jackson Memorial Hospital

Location: WW09 0953 02

Encounter Type: Inpatient

Admit Date: 05/05/2010

Discharge Date: 05/17/2010

Chart Request ID: 15171249

Patient: BOIARKIN, OLEG

MRN: 4261595

Attending: Aziz-Sultan, Mohammad A

Medical Service: Neurosurgery - Cranial

FIN: 40004400857

Financial Class: Potential Medicaid

DOB: 03/23/1953 Age: 57 years Sex: Male



**Jackson Health System**  
Miami, FL 33136

**Computed Tomography**

Accession Number CT-10-0046254	Exam CT Brain w/o Contrast	Exam Date/Time 05/17/2010 03:06 EDT	Ordering Physician Widi, Gabriel
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Reason for Exam

to evaluate hcp

Report

CT Brain - 05/17/10

Indication: Evaluate hydrocephalus.

Technique: Axial CT images of the brain were obtained at 4.8 mm slices from the skull base to the vertex without the use of intravenous contrast. The study is compared to previous study on 05/08/10.

Findings: Again seen is a clip in the region of the anterior communicating artery. There is evidence of previous left frontotemporal craniotomy with a small amount of residual extra-axial fluid, blood and air just deep to the left temporal bone. Subgaleal air is also seen overlying the surgical site, although this has decreased when compared with the previous study. Scalp staples are again identified and are stable in appearance. There has been interval decrease in the cerebral edema of the left cerebral hemisphere. The lateral ventricles are mildly increased in size, although this is most likely related to decrease in edema and mass effect as opposed to developing hydrocephalus. If clinical concern exists for developing hydrocephalus, a follow up CT of the brain is offered.

There is a left maxillary mucous retention cyst versus polyp, as well as partial opacification of the left frontal sinus.

Impression:

1. Postsurgical changes with a clip identified in the region of the anterior communicating artery via a left frontotemporal craniotomy approach.
2. Interval decrease in the cerebral hemispheric edema with persistent, although decreased, hypodensities in the left frontal and temporal lobes, which are likely postsurgical in nature.

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 Age: 57 years Sex: Male



**Jackson Health System**  
Miami, FL 33136

**Computed Tomography**

Accession Number	Exam	Exam Date/Time	Ordering Physician
CT-10-0046254	CT Brain w/o Contrast	05/17/2010 03:06 EDT	Widi, Gabriel

3. Decrease in extra-axial blood, fluid and air collection deep to the craniotomy site.
4. Slight increase in the ventricular size possibly in keeping with decreasing cerebral edema. Close follow up is recommended to exclude developing hydrocephalus.

J#182229/jrm

\*\*\*FINAL REPORT\*\*\*

Attending Physician: Bhatia, Rita G

Transcribed by & Date/Time: MCREE, JANELLE 05/17/2010 22:08

I reviewed the films and the Radiology resident's findings and agree with the final report-Resident: Foley, Mark Joseph

Electronically Signed By: Bhatia, Rita G Signature Date/Time: 05/18/2010 14:01

Accession Number	Exam	Exam Date/Time	Ordering Physician
CT-10-0043427	CT Brain w/o Contrast	05/08/2010 16:03 EDT	Hayes, Seth B.

Reason for Exam

eval for hydrocephalus

Report

CT Brain w/o Contrast

History: Evaluate for hydrocephalus

Technique: Multiple contiguous non contrast axial images of the brain were obtained from the level of the vertex to the skull base. Comparison is made to a prior CT brain dated 05/05/10.

Findings: There is interval left frontal craniotomy noted for clipping of the anterior communicating artery aneurysm. Post surgical changes are noted with extraaxial clips at the surgical site. There is no significant midline shift noted. There is interval development of ill-defined hypodensities within the left frontal and temporal lobes. The ventricles have decreased in size. There is no evidence of hydrocephalus. Posterior cranial fossa structures are unremarkable.

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 Age: 57 years Sex: Male



Jackson Health System  
Miami, FL 33136

Computed Tomography

Accession Number	Exam	Exam Date/Time	Ordering Physician
CT-10-0043427	CT Brain w/o Contrast	05/08/2010 16:03 EDT	Hayes, Seth B.

The orbits are unremarkable. The visualized paranasal sinuses and mastoid air cells are clear. Soft tissue swelling is noted in the left frontoparietal region at the surgical site with multiple pockets of air.

Impression:

1. Interval left frontal craniotomy for anterior communicating artery aneurysm clipping. Post surgical changes, as described above. No new bleed noted.
2. Interval development of hypodensity in the left frontal and temporal lobes.
3. Interval decrease in size of the ventricles.

632835/jk

\*\*\*FINAL REPORT\*\*\*

Attending Physician: Saraf-Lavi, Efrat

Transcribed by & Date/Time: KYEWE, JANICE 05/09/2010 14:09

I reviewed the films and the Radiology resident's findings and agree with the final report-Resident: Thota, Sudha

Electronically Signed By: Saraf-Lavi, Efrat Signature Date/Time: 05/10/2010 21:59

Accession Number	Exam	Exam Date/Time	Ordering Physician
CT-10-0042262	CTA Head w/ + w/o Contrast	05/05/2010 03:22 EDT	Scott, Joseph A

Reason for Exam

ACUTE SAH; TRANSFER FROM AVENTURA; NRS REQUESTING PLAIN BRAIN & CTA

Report

CTA Brain w/ + w/o Contrast - 05/05/10 at 03:16 AM

Clinical Indication: Patient with acute subarachnoid hemorrhage, transferred from Aventura.

Technique: Multiple contiguous axial images through the brain with and without intravenous contrast are evaluated.

Facility: Jackson Memorial Hospital  
Location: WW09 0953 02  
Encounter Type: Inpatient  
Admit Date: 05/05/2010  
Discharge Date: 05/17/2010  
Chart Request ID: 15171249

Patient: BOIARKIN, OLEG  
MRN: 4261595  
Attending: Aziz-Sultan, Mohammad A  
Medical Service: Neurosurgery - Cranial  
FIN: 40004400857  
Financial Class: Potential Medicaid  
DOB: 03/23/1953 Age: 57 years Sex: Male



**Jackson Health System**  
Miami, FL 33136

**Computed Tomography**

Accession Number	Exam	Exam Date/Time	Ordering Physician
CT-10-0042262	CTA Head w/ + w/o Contrast	05/05/2010 03:22 EDT	Scott, Joseph A

Comparison: None.

Findings: Ventricular system is slightly prominent. There is diffuse subarachnoid hemorrhage with hyperdensity material within the basal cisterns, along the tentorium and along the sylvian fissure. There is no mass effect or midline shift present. There is preserved gray white matter differentiation. Posterior fossa structures show no gross abnormalities.

There is an aneurysm at the level of the anterior communicating artery which measures around 7 mm in maximum diameter. Please note that there is a very hypoplastic right A1 segment and the right A2 segment arises from the anterior communicating artery inferiorly. The aneurysm has a lobulated appearance, more towards the right that is seen in image 232/417 of the axial thin slices. There are thin posterior communicating arteries bilaterally.

High cervical internal carotids as well as intracranial carotid arteries bilaterally show no gross abnormalities with a slightly smaller caliber in the right ICA when compared to the left. There are normal M1, M2 and M3 segments bilaterally. There is normal caliber in the left A1 segment, with a very hypoplastic right A1 as described earlier. Posterior circulation shows no gross abnormalities with normal caliber vertebral arteries bilaterally. There is normal vascular artery with normal branches of the posterior circulation present.

Bone window show no depressed skull fractures. There is a mucous retention cyst versus polyp in the left maxillary sinus. Visualized portions of the globes and orbits are intact.

Impression:

1. Subarachnoid hemorrhage mainly involving the basal cisterns and sylvian fissure bilaterally with 7 mm anterior communicating artery aneurysm with some lobulation in its right portion. Please note that there is a very hypoplastic right A1 segment and the right A2 segment arises from the anterior communicating artery inferiorly.
2. No other aneurysms within the circle of Willis are identified.

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

**Computed Tomography**

Accession Number	Exam	Exam Date/Time	Ordering Physician
CT-10-0042262	CTA Head w/ + w/o Contrast	05/05/2010 03:22 EDT	Scott, Joseph A

174156/ms

\*\*\*FINAL REPORT\*\*\*

Attending Physician: Ferrari-Gegerson, Michelle G

Transcribed by & Date/Time: SUAREZ, MERCEDES - M05/05/2010 06:44

I reviewed the films and the Radiology resident's findings and agree with the final report-Resident: Fourzali Sabbag, Roberto

Electronically Signed By: Ferrari-Gegerson, MichSignature Date/Time: 05/06/2010 00:28

Technical Comments

GFR: >60, Contrast Name: Optiray 320, Contrast Lot #: V033B, Contrast amount in ml's: 120,  
Contrast Site: RT ARM

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



Jackson Health System  
Miami, FL 33136

Electrocardiogram-EKG

EKG12L

Normal sinus rhythm

Normal ECG

I personally reviewed this film / recording and the resident's findings, and agreed with the final report

Interpreting Physician: KATHY HEBERT

05/11/2010 04:01 EDT Prealbumin:

ACCESSION NUMBER:T66296

05/15/2010 05:35 EDT Basic Metabolic Profile:

ACCESSION NUMBER:S52222

05/13/2010 01:47 EDT Basic Metabolic Profile:

ACCESSION NUMBER:H1580

05/12/2010 03:46 EDT Basic Metabolic Profile:

ACCESSION NUMBER:W53233

05/11/2010 04:01 EDT Basic Metabolic Profile:

ACCESSION NUMBER:T66296

05/13/2010 01:47 EDT Phosphorus Level:

ACCESSION NUMBER:H1580

05/11/2010 04:01 EDT Phosphorus Level:

ACCESSION NUMBER:T66296

05/13/2010 01:47 EDT Magnesium Level:

ACCESSION NUMBER:H1580

05/12/2010 03:46 EDT Magnesium Level:

ACCESSION NUMBER:W53233

05/11/2010 04:01 EDT Magnesium Level:

ACCESSION NUMBER:T66296

05/15/2010 05:35 EDT eGFR (Non African-American):

(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

eGFR MAY NOT BE SUITABLE FOR ALL POPULATIONS.  
THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION,

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

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EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/13/2010 01:47 EDT eGFR (Non African-American):

(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

eGFR MAY NOT BE SUITABLE FOR ALL POPULATIONS.  
THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/12/2010 03:46 EDT eGFR (Non African-American):

(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

eGFR MAY NOT BE SUITABLE FOR ALL POPULATIONS.  
THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/11/2010 04:01 EDT eGFR (Non African-American):

(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

eGFR MAY NOT BE SUITABLE FOR ALL POPULATIONS.  
THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND

<b>Facility:</b>	Jackson Memorial Hospital	<b>Patient:</b>	<b>BOIARKIN, OLEG</b>
<b>Location:</b>	WW09 0953 02	<b>MRN:</b>	4261595
<b>Encounter Type:</b>	Inpatient	<b>Attending:</b>	Aziz-Sultan, Mohammad A
<b>Admit Date:</b>	05/05/2010	<b>Medical Service:</b>	Neurosurgery - Cranial
<b>Discharge Date:</b>	05/17/2010	<b>FIN:</b>	40004400857
<b>Chart Request ID:</b>	15171249	<b>Financial Class:</b>	Potential Medicaid
		<b>DOB:</b>	03/23/1953 <b>Age:</b> 57 years <b>Sex:</b> Male



**Jackson Health System**  
Miami, FL 33136

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HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/15/2010 05:35 EDT eGFR (African-American):  
(NOTE)  
ESTIMATED GFR FOR AFRICAN AMERICAN.

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THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

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05/13/2010 01:47 EDT eGFR (African-American):  
(NOTE)  
ESTIMATED GFR FOR AFRICAN AMERICAN.

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THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

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05/12/2010 03:46 EDT eGFR (African-American):  
(NOTE)  
ESTIMATED GFR FOR AFRICAN AMERICAN.

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

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THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/11/2010 04:01 EDT eGFR (African-American):  
(NOTE)  
ESTIMATED GFR FOR AFRICAN AMERICAN.

eGFR MAY NOT BE SUITABLE FOR ALL POPULATIONS.  
THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

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05/10/2010 01:28 EDT Basic Metabolic Profile:  
ACCESSION NUMBER:M53933

05/09/2010 05:15 EDT Basic Metabolic Profile:  
ACCESSION NUMBER:X32697

05/08/2010 10:14 EDT Basic Metabolic Profile:  
ACCESSION NUMBER:S48493

05/07/2010 03:51 EDT Basic Metabolic Profile:  
ACCESSION NUMBER:F12141

05/09/2010 05:15 EDT Potassium:  
SAMPLE HEMOLYZED 1+, RESULTS WILL BE AFFECTED

05/10/2010 01:28 EDT Phosphorus Level:  
ACCESSION NUMBER:M53933

05/09/2010 05:15 EDT Phosphorus Level:  
ACCESSION NUMBER:X32697

05/10/2010 01:28 EDT Magnesium Level:

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

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ACCESSION NUMBER:M53933

05/09/2010 05:15 EDT Magnesium Level:

ACCESSION NUMBER:X32697

05/09/2010 05:15 EDT Magnesium Level:

SAMPLE HEMOLYZED 1+, RESULTS WILL BE AFFECTED

05/10/2010 01:28 EDT eGFR (Non African-American):

(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

eGFR MAY NOT BE SUITABLE FOR ALL POPULATIONS.  
THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/09/2010 05:15 EDT eGFR (Non African-American):

(NOTE)

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PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/08/2010 10:14 EDT eGFR (Non African-American):

(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

eGFR MAY NOT BE SUITABLE FOR ALL POPULATIONS.  
THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

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INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/07/2010 03:51 EDT eGFR (Non African-American):  
(NOTE)  
ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

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05/10/2010 01:28 EDT eGFR (African-American):  
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05/09/2010 05:15 EDT eGFR (African-American):

<b>Facility:</b>	Jackson Memorial Hospital	<b>Patient:</b>	<b>BOIARKIN, OLEG</b>
<b>Location:</b>	WW09 0953 02	<b>MRN:</b>	4261595
<b>Encounter Type:</b>	Inpatient	<b>Attending:</b>	Aziz-Sultan, Mohammad A
<b>Admit Date:</b>	05/05/2010	<b>Medical Service:</b>	Neurosurgery - Cranial
<b>Discharge Date:</b>	05/17/2010	<b>FIN:</b>	40004400857
<b>Chart Request ID:</b>	15171249	<b>Financial Class:</b>	Potential Medicaid
		<b>DOB:</b>	03/23/1953 Age: 57 years Sex: Male



**Jackson Health System**  
Miami, FL 33136

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(NOTE)

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05/08/2010 10:14 EDT eGFR (African-American):

(NOTE)

ESTIMATED GFR FOR AFRICAN AMERICAN.

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PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS, BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/07/2010 03:51 EDT eGFR (African-American):

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PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS,

<b>Facility:</b>	Jackson Memorial Hospital	<b>Patient:</b>	<b>BOIARKIN, OLEG</b>
<b>Location:</b>	WW09 0953 02	<b>MRN:</b>	4261595
<b>Encounter Type:</b>	Inpatient	<b>Attending:</b>	Aziz-Sultan, Mohammad A
<b>Admit Date:</b>	05/05/2010	<b>Medical Service:</b>	Neurosurgery - Cranial
<b>Discharge Date:</b>	05/17/2010	<b>FIN:</b>	40004400857
<b>Chart Request ID:</b>	15171249	<b>Financial Class:</b>	Potential Medicaid
		<b>DOB:</b>	03/23/1953 <b>Age:</b> 57 years <b>Sex:</b> Male



**Jackson Health System**  
Miami, FL 33136

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BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/06/2010 02:58 EDT Basic Metabolic Profile:

ACCESSION NUMBER:H64101

05/05/2010 23:12 EDT Basic Metabolic Profile:

ACCESSION NUMBER:W50353

05/05/2010 05:06 EDT Basic Metabolic Profile:

ACCESSION NUMBER:W43926

05/06/2010 02:58 EDT eGFR (Non African-American):

(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

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05/05/2010 23:12 EDT eGFR (Non African-American):

(NOTE)

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05/05/2010 05:06 EDT eGFR (Non African-American):

**Facility:** Jackson Memorial Hospital

**Location:** WW09 0953 02

**Encounter Type:** Inpatient

**Admit Date:** 05/05/2010

**Discharge Date:** 05/17/2010

**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG

**MRN:** 4261595

**Attending:** Aziz-Sultan, Mohammad A

**Medical Service:** Neurosurgery - Cranial

**FIN:** 40004400857

**Financial Class:** Potential Medicaid

**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

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(NOTE)

ESTIMATED GFR FOR NON-AFRICAN AMERICAN.

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INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

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05/06/2010 02:58 EDT eGFR (African-American):

(NOTE)

ESTIMATED GFR FOR AFRICAN AMERICAN.

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INDIVIDUALS WITH UNSTABLE CREATININE CONCENTRATIONS. THIS INCLUDES PREGNANT WOMEN; PATIENTS WITH SERIOUS CO-MORBID CONDITIONS; AND HOSPITALIZED PATIENTS, PARTICULARLY THOSE WITH ACUTE RENAL FAILURE.

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05/05/2010 23:12 EDT eGFR (African-American):

(NOTE)

ESTIMATED GFR FOR AFRICAN AMERICAN.

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THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

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PERSONS WITH EXTREMES IN MUSCLE MASS AND DIET. THIS INCLUDES, BUT IS NOT LIMITED TO, INDIVIDUALS WHO ARE AMPUTEES, PARAPLEGICS,

**Facility:** Jackson Memorial Hospital

**Location:** WW09 0953 02

**Encounter Type:** Inpatient

**Admit Date:** 05/05/2010

**Discharge Date:** 05/17/2010

**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG

**MRN:** 4261595

**Attending:** Aziz-Sultan, Mohammad A

**Medical Service:** Neurosurgery - Cranial

**FIN:** 40004400857

**Financial Class:** Potential Medicaid

**DOB:** 03/23/1953 **Age:** 57 years **Sex:** Male



**Jackson Health System**  
Miami, FL 33136

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BODYBUILDERS, OR OBESE; PATIENTS WHO HAVE A MUSCLE-WASTING DISEASE OR A NEUROMUSCULAR DISORDER; AND THOSE SUFFERING FROM MALNUTRITION, EATING A VEGETARIAN OR LOW-MEAT DIET, OR TAKING CREATINE DIETARY SUPPLEMENTS.

05/05/2010 05:06 EDT eGFR (African-American):  
(NOTE)  
ESTIMATED GFR FOR AFRICAN AMERICAN.

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THE EQUATION IS NOT RECOMMENDED FOR USE WITH:

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05/15/2010 05:35 EDT Automated Cell Count:  
ACCESSION NUMBER:S52223

05/13/2010 01:47 EDT Complete Blood Count:  
ACCESSION NUMBER:H1579

05/12/2010 03:46 EDT Automated Cell Count:  
ACCESSION NUMBER:W53232

05/11/2010 04:01 EDT Automated Cell Count:  
ACCESSION NUMBER:T66297

05/10/2010 01:28 EDT Complete Blood Count:  
ACCESSION NUMBER:M53936

05/09/2010 05:15 EDT Complete Blood Count:  
ACCESSION NUMBER:X32710

05/08/2010 10:14 EDT Automated Cell Count:  
ACCESSION NUMBER:S48494

05/07/2010 03:51 EDT Complete Blood Count:  
ACCESSION NUMBER:F12142

05/06/2010 02:58 EDT Complete Blood Count:  
ACCESSION NUMBER:H64102

05/05/2010 23:12 EDT Complete Blood Count:  
ACCESSION NUMBER:W50354

05/05/2010 05:06 EDT Complete Blood Count:  
ACCESSION NUMBER:W43943

05/05/2010 16:44 EDT Resuscitation Profile:  
ACCESSION NUMBER:W48640

05/05/2010 15:47 EDT PT-INR:

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 Age: 57 years Sex: Male



**Jackson Health System**  
Miami, FL 33136

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ACCESSION NUMBER:W48338

05/05/2010 15:47 EDT PT:

ATTENTION NEW COAGULATION PLATFORM. NEW REFERENCE RANGE EFFECTIVE 11/12/09.

05/05/2010 05:14 EDT PT-INR:

ACCESSION NUMBER:W43956

05/05/2010 05:14 EDT PT:

ATTENTION NEW COAGULATION PLATFORM. NEW REFERENCE RANGE EFFECTIVE 11/12/09.

05/05/2010 15:47 EDT INR:

\*THE INR SYSTEM IS ONLY STANDARDIZED FOR PATIENTS ON STABLE,ORAL ANTI-COAGULANT THERAPY\*

INR THERAPEUTIC: 2.0-3.0

INR HIGH RANGE: 2.5-3.5

05/05/2010 05:14 EDT INR:

\*THE INR SYSTEM IS ONLY STANDARDIZED FOR PATIENTS ON STABLE,ORAL ANTI-COAGULANT THERAPY\*

INR THERAPEUTIC: 2.0-3.0

INR HIGH RANGE: 2.5-3.5

05/05/2010 05:14 EDT APTT:

ACCESSION NUMBER:W43956

05/05/2010 05:14 EDT APTT:

HEPARIN THERAPEUTIC RANGE 59-93 SECONDS. NOT VALID FOR ACUTE CORONARY SYNDROME (ACS).

05/05/2010 05:06 EDT Type And Screen:

ACCESSION NUMBER:W43942

05/05/2010 05:06 EDT Status Of Unit:

Corrected from ALLOCATED on 05/06/2010 19:41 EDT by Contributor\_system, MISYS

Corrected from ISSUED 05052010 1306 on 05/06/2010 02:00 EDT by Contributor\_system, MISYS

Corrected from ALLOCATED on 05/05/2010 13:06 EDT by Contributor\_system, MISYS

05/05/2010 05:06 EDT Status Of Unit:

Corrected from ALLOCATED on 05/06/2010 19:41 EDT by Contributor\_system, MISYS

Corrected from ISSUED 05052010 1306 on 05/06/2010 02:00 EDT by Contributor\_system, MISYS

Corrected from ALLOCATED on 05/05/2010 13:06 EDT by Contributor\_system, MISYS

**Facility:** Jackson Memorial Hospital  
**Location:** WW09 0953 02  
**Encounter Type:** Inpatient  
**Admit Date:** 05/05/2010  
**Discharge Date:** 05/17/2010  
**Chart Request ID:** 15171249

**Patient:** BOIARKIN, OLEG  
**MRN:** 4261595  
**Attending:** Aziz-Sultan, Mohammad A  
**Medical Service:** Neurosurgery - Cranial  
**FIN:** 40004400857  
**Financial Class:** Potential Medicaid  
**DOB:** 03/23/1953 Age: 57 years Sex: Male