

Request For Investigation

Site to be investigated:

1590 Blue Bend Rd	Rocky Mount	VA
Address	City	State

Nature of Complaint:

See attached brief of complaint against The Chimney Sweep and all attached evidence exhibits. They conducted a contracted service of placing metal tin on top of a Triplex chimney causing damage to apartment Triplex and was a Carbon Monoxide causing hazard. The Chimney Sweep has committed code violations, I believe, by placing metal tin on top of the chimney flues. Expert Pete Compton of ACE Chimney in Bassett, VA said he never seen anything like this where metal tin was placed on chimney flues instead of wire mesh or a metal guard where the gas exhaust can ventilate properly. The chimney Sweep needs to be investigated.

I want an investigation into them causing me to suffer carbon monoxide.

Your Information: *(Please note that this section is optional, and is public information)*

Brian D. Hill	May 27, 2022
Name	Date
310 Forest Street, Apt. 2	Martinsville VA
Address	City State

**COMPLAINT MADE BY BRIAN
DAVID HILL ON MAY 17, 2022
AGAINST “THE CHIMNEY
SWEEP” FOR POSSIBLE CODE
VIOLATIONS ON OCTOBER 5,
2017 AND DAMAGES CAUSED**

**FILED IN THE CITY OF ROCKY MOUNT, AND
POSSIBLY FRANKLIN COUNTY CODE
ENFORCEMENT**

I, Brian David Hill, on the date of May 27, 2022, hereby file a complaint with the City of Rocky Mount, Virginia, and Franklin County, Virginia. I file a complaint against the business entity known as “The Chimney Sweep” at the address of 1590 Blue Bend Rd, Rocky Mount, VA 24151. I file a complaint for possible code violation(s) and damages against me caused by this company and its service of what was done to the chimney at 310 Forest Street, Martinsville Virginia. I live in Apartment 2 of the Triplex there. Damages done to me and irreparable harm such as both criminal liability against me and misc. civil damages done to me caused by certain procedure which was done or at least believed to have been done on the date of October 5, 2017. I have proof of \$300 being paid to them by my mother Roberta Hill to fix the chimney to prevent chimney swifts from invading the chimney and being a potential health risk. Instead we found out in January, 2019, that metal tin was placed on the chimney. Here is the brief of this complaint. With exhibits. See

Exhibit 9.

The issue that I have with this company after my mother Roberta Hill of Apartment 1 (*note: owner of the Triplex but did not know of the carbon monoxide issues caused by “The Chimney Sweep” until she was informed by Pete Compton so she holds no responsibility as far I am concerned.*) had paid for their service to do something to prevent the chimney swifts (a type of bird) from coming into the chimney of the Triplex at 310 Forest Street, Martinsville, Virginia. Roberta Hill lives in Apartment 1 in the Triplex and I live in Apartment 2 of the Triplex.

Me and my mother, Roberta Hill did not know what they had done on top of the chimney of the Triplex on the date of October 5, 2017. We did receive service and the chimney swifts which are birds had stopped coming into the chimney thereafter. We didn't know the actual reason why the birds stopped coming into the chimney until January, 2019.

This is the issue I had with this company and this company had damaged me far beyond just financial damages. I believe they violated codes or ordinances by cutting corners by deciding that it would be better to place metal tin on top of the chimney flues, the metal tin as found by Pete Compton, the witness. The Fire Marshals need to be asking The Chimney Sweep if placing metal tin on top of chimney flues is their normal business practice. They damaged me after their incompetence on October 5, 2017 had caused me damage almost a year thereafter

(See **Exhibit 5**) in the form of me being subject of a wrongful criminal litigation as well on September 21, 2018 and will explain herein as to why I believe that to be so. I am willing to testify under oath to Code Enforcement about this matter.

I have a photograph that my mother had of a check stub receipt of paying \$300 to The Chimney Sweep and the Code Enforcers can subpoena that business and SunTrust Bank for the records for Roberta Hill and 310 Forest Street paying \$300 for the service from The Chimney Sweep back in October, 2017 for their work I believe was rendered. See **Exhibit 9**.

Here is how The Chimney Sweep business had damaged me and my mother. The complaint focusing on mainly myself.

1. In October 5, 2017, I believe they had placed metal tin on top of the chimney flues blocking any exhaust of both the Triplex's gas powered hot water heater and gas powered radiator. The reason why is that they never fully explained to my mother what procedure they exactly did as far as I am aware of to prevent the chimney swifts from coming back into the chimney. You can ask her these questions. I do not blame Roberta Hill for any of this, she didn't know and she thought she had trusted "The Chimney Sweep" but later found out they may have been wrong if they were indeed the ones who placed the metal tin on top of the chimney. I place the blame on The Chimney Sweep for what I believed they did was place metal tin on top of the chimney flues. There needs to be an investigation and they need to answer these

questions about whether they did in fact try to cure the chimney swifts issue by placing metal tin on top of the chimney flues.

2. See **EXHIBIT 1**: On January 30, 2019 Pete Compton went to the house at 310 Forest St., Martinsville, Va 24112 to measure and give a price for a Chimney cover. Roberta Hill and her parents: Ken & Stella Forinash escorted him to Apt 1 to show him the fireplace which had a small amount of white residue inside, no damage to the ceiling and wall around the fireplace. They then escorted him downstairs to Apt 2 where parts of the ceiling above the fireplace had fallen and there was a lot of damage in the remaining ceiling below the hearth of the fireplace in apt 1 located above apt 2 and a lot of damage along the wall in apt 2 above and on both sides of the fireplace as well as a lot of white residue inside of the fireplace. After this, they all went down another flight of stairs to the basement where the gas boiler heater and the gas hot water heater were located to show him that there would be 3 holes in the chimney. Pete Compton then went outside and got his ladder to measure the chimney. This was when he found out that all 3 holes were covered with tin. Knowing that the gas boiler heater & gas hot water heater needed to be vented at all times, Pete Compton immediately removed the tin covering the hole so carbon monoxide would no longer go through the house. Ms. Hill had informed Pete Compton that she had called a chimney sweep in Rocky Mount, VA in October, 2017 to clean the chimney and to put screen on all holes after the family spotted birds going into their fireplace

the year before. In my 25 years of doing this type of work, this was the first time he have ever seen tin covering holes where it is important to vent gas heaters. He showed the family the tin He had just removed and had them to climb my ladder to look at the chimney. We then went back in the house, and he informed them that the white residue inside both fireplaces was from the gas that had no other place to escape and informed them that they had been exposed to carbon monoxide gas, but now that the tin had been removed, there should no longer be any problems. He returned to the house on February 4, 2019 and installed a stainless steel multifaceted chimney cap vented with screen on all 4 sides.

3. The damage to Brian David Hill caused by the carbon monoxide due to the metal tin on the chimney flues had led to the Hospital trip of Brian David Hill on November 19, 2017. The Hospital admits that Brian David Hill had Obsessive Compulsive Disorder (OCD) taking hours of hand washing and body washing routines just to get to the Hospital. Found sinus tachycardia and abnormal levels. The more hot water is used during one of Brian Hill's hand washing routines lasting hours due to his OCD, the more the hot water heater heats up using more gas and exhausting gas with no ventilation due to the metal tin on the chimney flues causing carbon monoxide gas and worsening OCD and worsening the Autism Spectrum Disorder of Brian David Hill. See **Exhibit 2**.

4. Roberta Hill did an affidavit about the Carbon Monoxide damage in my

Apartment, Apartment 2, with photos taken in 2019 while I was in jail. See **Exhibit 3**.

5. Brian David Hill suffered for months and months of Carbon Monoxide poisoning, like similar that of being on like a drug or substance. It can have affects as bad if not worse than things like bath salts or sniffing glue. It is exactly the same thing despite Brian Hill having no drug history but carbon monoxide can be just as deadly as any known street drug on record in America. It can cause known issues such as hallucinations, psychosis, constant diarrhea, worsening OCD, and abnormal behaviors not exhibited previously. See the diagnosis of Dr. Conrad Daum of Piedmont Community Services regarding “psychosis” diagnosis. See **Exhibit 4**.

6. The bad effects of carbon monoxide had caused psychosis and hallucinations of Brian David Hill. On or around September 21, 2018, it had directly caused Brian David Hill to have wandered away from home around the middle of the night with clothes then getting naked on a deserted walking trail called the Dick and Willie walking trail in the City of Martinsville. Making claims of a man wearing a hoodie threatening Brian Hill to get naked and take photos of himself or his mother would be killed. The police found no indication of Brian having diabetes. The police found no plans of being out there. The police wondered why Brian was even out there, questions which may never be answered because they don't have the levels of carbon monoxide poisoning at the time. He was diagnosed with “psychosis” for his

statements regarding this matter a month later. Prior to this weird incident, Brian Hill had received two threatening emails in 2013 and threatening text messages in 2015. Not just that but Attorney Susan Basko forwarded a threatening email she received and that threat was also directed at hurting or threatening Brian Hill. Brian suffered in 2012 an incident where if Brian didn't falsely confess to a crime he didn't do his "mother would be held responsible" referring to Roberta Hill, his mother. So Brian had been subject to being threatened multiple times and receiving threats prior to the incident on September 21, 2018. Anyways, he was walking naked, admitted to "kept sitting on benches" and admitted to having blackouts, and said he may have been drugged in a letter written to a federal court in 2019. The Attorney General's Office may request a copy of this filed letter from PACER or Courtlistener. Family gave me the link for this for the Attorney General to review: <https://www.courtlistener.com/docket/4304407/153/united-states-v-hill/> A car who went by around Hooker Street. It said from the criminal complaint "...naked white male that had been seen running on Hooker St from Church St. Officers were in the area of Hooker St and had not located the male." See CRIMINAL COMPLAINT from Page 1, case no. CR19000009-00. The police did not understand about the carbon monoxide because nobody knew it was going on. Brian David Hill exhibited mental confusion which of course mental and brain problems come from prolonged exposure to carbon monoxide gas exhaust into the Apartment. The police did not

believe Brian David Hill and had charged him with intentionally making an obscene display on September 21, 2018. Brian Hill tried to mail evidence of his prolonged exposure to carbon monoxide to both the Circuit Court and Martinsville Police Department but both had ignored it. Police refused to even look at it. Refused to even open the envelope with the evidence proof. See **Exhibit 5**.

7. Dr. Balakrishnan had some concerns with some abnormal laboratory results on July 31, 2018. A few months prior to the weird incident on September 21, 2018. He suspected something may have been wrong with Brian David Hill. That would be caused by the carbon monoxide gas which of course causes carbon monoxide poisoning. See **Exhibit 6**.

8. Before the Martinsville Police arrested Brian David Hill for indecent exposure on September 21, 2018, presumably due to the prolonged exposure to the exhaust of gas from the fireplace of Apartment 2 without proper ventilation due to “The Chimney Sweep” presumably placing metal tin on top of the chimney on October 5, 2017, as the metal tin was found by Pete Compton in January of 2019. Before the Martinsville Police arrested Brian David Hill, the Hospital had failed or refused to conduct laboratory testing, any drug testing, or even any alcohol testing. However there were multiple readings of resting blood pulse being well over 100. There were issues but the Hospital failed to do their job at that time, but it does show that had the blood tests been conducted, they would have found the

hyoxyhemoglobin levels of Carbon Monoxide poisoning in my blood. Regardless, it is indisputable that Brian David Hill was exposed to carbon monoxide caused by the gas exhaust of both the gas hot water heater and the gas radiator. See **Exhibit 7**.

9. The witnesses Stella Forinash, Kenneth Forinash, Pete Compton, and Roberta Hill are all material witnesses to this complaint and the resolution process is necessary for the best interests of justice in multiple aspects. The Chimney Sweep must be held accountable for the irreparable harm and damages caused to Brian Hill. Also his federal probation officer Jason McMurray of Roanoke, VA witnessed the damage coming from Apartment 2 prior to Brian David Hill being arrested for indecent exposure. Damage on the wall surrounding the fireplace and the damage from the ceiling. His probation officer had not known at those times prior to Brian Hill's arrest what caused such damage. An email was sent by Brian's grandparents to the Probation Officer over the carbon monoxide issues. That shall be **Exhibit 8**.

INVESTIGATION REQUESTED BY BRIAN HILL TO THE CODE ENFORCEMENT AND CITY OF ROCKY MOUNT; TO LOOK INTO THE POSSIBLE CODE VIOLATION OR COD VIOLATIONS, THE DAMAGES AND IRREPARABLE HARM CAUSED BY "THE CHIMNEY SWEEP" BUSINESS:

Brian David Hill requests an investigation against "The Chimney Sweep" business from Rocky Mount for causing the carbon monoxide poisoning of Brian

David Hill and Brian's mother Roberta Hill:

1. Brian David Hill would hope that whoever had worked on the chimney on October 5, 2017, would freely and voluntarily admit to that procedure on that date. Admit to placing the metal tin over the chimney flues at 310 Forest Street, Martinsville, Virginia 24112. It all needs to be admitted so that true justice can be done. They need to admit to the cause of poisoning myself, Brian David Hill.

2. Brian David Hill would like the Code Enforcement to investigate and consider citing (citation) "The chimney Sweep" for causing the Carbon Monoxide poisoning caused by prolonged exposure to the carbon monoxide gas. All due to the metal tin they placed on the chimney.

Brian asks for justice against "The Chimney Sweep" as soon as possible for carbon monoxide poisoning, damages, and a wrongful conviction caused by somebody working for "The Chimney Sweep" on October 5, 2017. Brian demands an investigation into the misconduct by somebody working for The Chimney Sweep.

Respectfully Filed/Submitted on May 27,
2022,

BRIAN DAVID HILL

Brian D. Hill
Signed

Brian D. Hill

Brian David Hill – Ally of Qanon
Founder of USWGO Alternative
News

310 Forest Street, Apt. 2
Martinsville, Virginia 24112
(276) 790-3505

<https://JusticeForUSWGO.wordpress.com>

<https://JusticeForUSWGO.nl>



EXHIBIT LIST

EXHIBIT LIST	EXHIBIT PAGES
EXHIBIT 1: Witness statement from Pete Compton of ACE Chimney company in Bassett, Virginia. Willing to testify under oath	1-1
EXHIBIT 2: Sovah Health Martinsville medical records of Brian David Hill dated November 19, 2017.	2-31
EXHIBIT 3: DECLARATION OF ROBERTA HILL IN SUPPORT OF THE PETITIONER BRIAN DAVID HILL'S PETITION FOR THE WRIT OF ACTUAL INNOCENCE – about the carbon monoxide gas exposure. As well as photos of the carbon monoxide damage and a letter from Brian Hill's grandparents. It said in one portion:	32-48

<p>“...young son of the owner of the chimney company in Rocky Mount, VA” So Stella & Ken Forinash suspected it may have been the son of the owner of that chimney company.</p>	
<p>EXHIBIT 4: Diagnosis from Dr. Conrad Daum of Piedmont Community Services diagnosing Brian David Hill with psychosis but of an unknown substance or whatever it is, read the report.</p>	49-59
<p>EXHIBIT 5: Arrest warrant and CRIMINAL COMPLAINT out of incident believed was caused by the carbon monoxide gas and poisoning.</p>	60-62
<p>EXHIBIT 6: Medical lab report from Carilion Clinic on July 31, 2018, on abnormal readings which may or may not be associated with Carbon Monoxide.</p>	63-66
<p>EXHIBIT 7: Sovah Health Martinsville medical records of Brian David Hill dated Friday, September 21, 2018.</p>	67-73
<p>EXHIBIT 8: Email printout of email from Stella and Kenneth Forinash CC to: Roberta Hill and email mainly sent to USPO Jason McMurray about the Carbon Monoxide issues.</p>	74-87
<p>EXHIBIT 9: Photograph of check stub proving that \$300 was paid to The Chimney Sweep back when bank was SunTrust bank. Records upon subpoena duces tucum can verify the sum paid to The Chimney Sweep.</p>	88-88

EXHIBIT 1

To Whom This May Concern:

On January 30, 2019 I went to the house at 310 Forest St., Martinsville, Va 24112 to measure and give a price for a Chimney cover. Roberta Hill and her parents: Ken & Stella Forinash escorted me to Apt 1 to show me the fireplace which had a small amount of white residue inside, no damage to the ceiling and wall around the fireplace. They then escorted me downstairs to Apt 2 where parts of the ceiling above the fireplace had fallen and there was a lot of damage in the remaining ceiling below the hearth of the fireplace in apt 1 located above apt 2 and a lot of damage along the wall in apt 2 above and on both sides of the fireplace as well as a lot of white residue inside of the fireplace. After this, we went down another flight of stairs to the basement where the gas boiler heater and the gas hot water heater were located to show me that there would be 3 holes in the chimney.

I then went outside and got my ladder to measure the chimney. This was when I found out that all 3 holes were covered with tin. Knowing that the gas boiler heater & gas hot water heater needed to be vented at all times, I immediately removed the tin covering the hole so carbon monoxide would no longer go through the house. Ms Hill had informed me that she had called a chimney sweep in Rocky Mount, VA in October, 2017 to clean the chimney and to put screen on all holes after the family spotted birds going into their fireplace the year before. In my 25 years of doing this type of work, this was the first time I have ever seen tin covering holes where it is important to vent gas heaters. I showed the family the tin I had just removed and had them to climb my ladder to look at the chimney. We then went back in the house, and I informed them that the white residue inside both fireplaces was from the gas that had no other place to escape and informed them that they had been exposed to carbon monoxide poisoning, but now that the tin had been removed, there should no longer be any problems. I returned to the house on February 4, 2019 and installed a stainless steel multifaceted chimney cap vented with screen on all 4 sides. G.R.
E.Y.

Signed as a witness on this date: Kenneth R. Forinash 6-13-19

Elmo P. Compton # 6-13-19

Pete Compton ACE Chimney & Wildlife; Bassett, VA

Phone 276-629-4453



HILL, BRIAN D
 MM7805836274 PRE ER MM.ER
 11/19/17 0850 UNKNOWN, UNKNOWN
 DOB: 05/26/90 27 M MR# MM00370912
 Sovah Health - Martinsville

Sovah Health Martinsville

320 Hospital Drive
 Martinsville, VA 24112
 276-666-7237

11/9/17
 97
 98.1
 18

**Emergency Department
 Instructions for:**

Hill, Brian D

Arrival Date:

Sunday, November 19, 2017

Thank you for choosing **Sovah Health Martinsville** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Ekuban-Gordon, Edna, MD

Diagnosis: Head Laceration/ Open wound of head; Hyperglycemia, unspecified

DISCHARGE INSTRUCTIONS	FORMS
Head Injury, Adult Facial Laceration Hyperglycemia, Easy-to-Read Stitches, Staples, or Adhesive Wound Closure, Easy-to-Read	Medication Reconciliation
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 2 - 3 days; Reason: Wound Recheck	None
SPECIAL NOTES	
None	

Suicide National Hotline: 1-800-273-8255 (800-273-TALK)

If you received a narcotic or sedative medication during your Emergency Department stay you should not drive, drink alcohol or operate heavy machinery for the next 8 hours as this medication can cause drowsiness, dizziness, and decrease your response time to events.

I hereby acknowledge that I have received a copy of my transition care record and understand the above instructions and prescriptions.

Brian D Hill

Belle Tranter, RN

Brian Hill
 MRN # MM00370912

ED Physician or Nurse
 11/19/2017 12:14

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you

had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

TESTS AND PROCEDURES

Labs

CMP, Complete Blood Count W/auto Diff, Thyroid Stimulating Hormone, POC GLU, POC GLU

Rad

CT Head w/o Contrast, Chest 1 View - Portable

Procedures

Blood Sugar, 12 Lead EKG, Laceration

Other

Seizure precautions, Accucheck, Cardiac Monitor, Apply to Pt, Pulse ox continuous, Oxygen at 2 L/NC, IV saline lock, EKG ED, Laceration repair set up

Chart Copy



EMERGENCY DEPARTMENT RECORD

Nurse's Notes

Sovah Health Martinsville

Name: Brian Hill

Age: 27 yrs

Sex: Male

DOB: 05/26/1990

MRN: MM00370912

Arrival Date: 11/19/2017

Time: 08:51

Account#: MM7805836274

Bed ER 6

Private MD:

Diagnosis: Head Laceration/ Open wound of head;Hyperglycemia, unspecified

Presentation:

11/19

09:08 Presenting complaint: Patient states: had a seizure this morning due to low blood sugar, laceration to head per pt, bleeding controlled. 11

Airway is patent with good air movement. The patient is breathing without difficulty. The patient is pink, warm and dry. Heart rate is within normal limits. Patient is alert and oriented to person, place and time, Patient is moving all extremities appropriately.

11/19

09:08 Acuity: Urgent (3)

11

Historical:

- Allergies: Ranitidine;

- Home Meds:

1. Unable to Obtain

- PMHx: OCD; autism; Diabetes - IDDM;

- Sepsis Screening:: Sepsis screening negative at this time.

- Social history:: Tobacco Status: The patient states he/she has never used tobacco. The patient's primary language is English. The patient's preferred language is English.

- Family history:: Reviewed and not pertinent.

- Exposure Risk/Travel Screening:: Patient has not been out of the country in last 30 days. Have you been in contact with anyone who is ill that has traveled outside of the country in the last 30 days? No.

- Suicide Screening:: Have you recently had thoughts about hurting yourself or others? No.

- Tuberculosis screening:: No symptoms or risk factors identified.

Screening:

11/19

09:41 Fall Risk: Total Points: Med. Risk (25-44);. Abuse Screen: Patient verbally denies physical, verbal and emotional abuse/neglect. There are no cultural/spiritual considerations for care for this patient. mkk

Assessment:

11/19

09:38 Complains of pain in face Pain does not radiate. Pain currently is 7 mkk

out of 10 on a pain scale. The level of pain that is acceptable is 0 out of 10 on a pain scale. General: Appears in no apparent distress, comfortable, well developed, well nourished, well groomed, Behavior is appropriate for age, cooperative, pleasant. Neuro: Reports headache. Neuro: Reports seizure due to low blood sugar. EENT: Denies. Cardiovascular: Denies. Respiratory: Denies. GI: Denies. GU: Denies. Derm: Denies. Musculoskeletal: Denies. Injury Description: Laceration sustained to face is clean, 0.5 to 2.5 cm long, not bleeding, was sustained 4-6 hours ago.

11/19

09:38 Method Of Arrival: EMS

mkk

Vital Signs:

11/19

09:08 BP 131 / 76; Pulse 118; Resp 20; Temp 98.2; Pulse Ox 97% ; Weight 91.63 kg; Height 5 ft. 10 in. (177.80 cm);

11

11/19

09:46

mkk

11/19

10:59 BP 124 / 73; Pulse 93; Resp 18; Pulse Ox 100% on R/A;

mkk

11/19

12:57 BP 119 / 67; Pulse 97; Resp 19; Pulse Ox 98% on R/A;

pt3

11/19

09:08 Body Mass Index 28.98 (91.63 kg, 177.80 cm)

11

11/19

09:46 patient has OCD and had to do his "routines" prior to coming, has been about 4 hours since injury occurred

mkk

Glasgow Coma Score:

11/19

12:16 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor Response: obeys commands(6). Total: 15.

eeg

ED Course:

11/19

08:51 Patient arrived in ED.

knm

11/19

09:09 Rapid Initial Assessment completed.

11

11/19

09:27 Ekuban-Gordon, Edna, MD is Attending Physician.

eeg

11/19

09:41 Patient has correct armband on for positive identification. Placed in gown. Bed in low position. Call light in reach. Side rails up X2.

Adult with patient. Seizure precautions initiated. NIBP on. Pulse ox on.

11/19

09:41 No physician assisted procedures were completed.

mkk

11/19

10:01 Inserted saline lock: 20 gauge right arm blood drawn from IV and sent to lab per order.

11/19

10:08 EKG Done By ED Tech 10:06 Reviewed by Physician Edna Ekuban-Gordon MD.bh

11/19

10:40 Critical Lab Value: Patient Name verified: Brian Hill, Patient DOB

11

Verified May 26, 1990 Critical value glucose 459 reported read back to reporting lab personnel, and reported to Dr. Edna Ekuban-Gordon MD.

11/19
10:59 Assist provider with laceration repair Set up tray. mkk
11/19
11:53 Troncoso, Priscilla, RN is Primary Nurse. pt3

Administered Medications:

11/19
10:59 Drug: NS 0.9% 1000 ml Route: IV; Rate: 999 mL/hr; Site: right arm; mkk
11/19
12:59 Follow up: Response: No adverse reaction; IV Status: Completed pt3
infusion
11/19
11:02 Drug: NovoLIN R 7 units {Co-Signature: mkk (Michaela Karet RN).} ll
Route: IVP; Site: right arm;
11/19
12:58 Follow up: Response: No adverse reaction pt3

Point of Care Testing:

Blood Glucose:
11/19
09:40 Glucose Value: 489; mkk
11/19
09:43 Glucose Value: 435; mkk
11/19
09:40 test repeated mkk
Ranges:

Output:

11/19
11:28 Urine: 600ml (Voided); Total: 600ml. dab

Outcome:

11/19
12:14 Discharge ordered by Provider. eeg
11/19
12:57 Discharged to home ambulatory, with family. pt3
12:57 Instructions given to patient, parent, Instructed on discharge instructions. follow up and referral plans. . Patient and/or family voiced understanding of instructions using teach back method.
12:57 The patients' shirt, pants, shoes, socks and underwear were sent with the patient.
12:57 Discharge Assessment: Patient
12:57 Discharge Assessment: Patient has no functional deficits.
12:57 Discontinued IV lock intact, bleeding controlled, pressure dressing applied, No redness/swelling at site.
11/19
13:24 Patient left the ED. jkp

Signatures:

Harrison, Rindi, RN RN ll
Ekuban-Gordon, Edna, MD MD eeg

EMERGENCY DEPARTMENT RECORD

Physician Documentation

Sovah Health Martinsville

Name: Brian Hill

Age: 27 yrs

Sex: Male

DOB: 05/26/1990

MRN: MM00370912

Arrival Date: 11/19/2017

Time: 08:51

Account#: MM7805836274

Bed ER 6

Private MD:

ED Physician Ekuban-Gordon, Edna

HPI:

11/19

11:49 This 27 yrs old White Male presents to ER via EMS with complaints of eeg
Fall Injury.

11/19

11:49 Onset: The symptoms/episode began/occurred today. Associated eeg
injuries: The patient sustained injury to the head. Associated signs
and symptoms: Loss of consciousness: the patient experienced no loss
of consciousness. Severity of symptoms: in the emergency department
the symptoms are unchanged. Pain Management: Patient denies pain. The
patient has experienced similar episodes in the past, a few times.
The patient has not recently seen a physician. Family report history
of low blood sugar, general low will have seizure episode when the
blood sugar is low. Blood sugar was obtained by mom at 20 repeat 40
was subsequently given some oral glucose and brought here for further
evaluation. Patient denies any headache palpitation no neck pain and
stiffness. Admits to feeling like himself..

Historical:

- Allergies: Ranitidine;

- Home Meds:

1. Unable to Obtain

- PMHx: OCD; autism; Diabetes - IDDM;

- Sepsis Screening:: Sepsis screening negative at this time.

- Social history:: Tobacco Status: The patient states he/she has
never used tobacco. The patient's primary language is English. The
patient's preferred language is English.

- Family history:: Reviewed and not pertinent.

- Exposure Risk/Travel Screening:: Patient has not been out of the
country in last 30 days. Have you been in contact with anyone who
is ill that has traveled outside of the country in the last 30
days? No.

- Suicide Screening:: Have you recently had thoughts about hurting
yourself or others? No.

- Tuberculosis screening:: No symptoms or risk factors identified.

- The history from nurses notes was reviewed: and I agree with what
is documented up to this point.

ROS:

11/19

11:52 Eyes: Negative for injury, pain, redness, and discharge, ENT: Negative for injury, pain, and discharge, Neck: Negative for injury, pain, and swelling, Cardiovascular: Negative for chest pain, palpitations, and edema, Respiratory: Negative for shortness of breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea, and constipation, Back: Negative for injury and pain, MS/Extremity: Negative for injury and deformity. All other systems are negative, except as documented below. Skin: Positive for laceration(s), of the face. Neuro: Negative for dizziness, headache, weakness. Psych: Negative for depression, alcohol dependence, homicidal ideation, suicide gesture.

eeg

Exam:

11/19

11:53 Eyes: Pupils equal round and reactive to light, extra-ocular motions intact. Lids and lashes normal. Conjunctiva and sclera are non-icteric and not injected. Cornea within normal limits. Periorbital areas with no swelling, redness, or edema. ENT: Nares patent. No nasal discharge, no septal abnormalities noted. Tympanic membranes are normal and external auditory canals are clear. Oropharynx with no redness, swelling, or masses, exudates, or evidence of obstruction, uvula midline. Mucous membrane moist Neck: Trachea midline, no thyromegaly or masses palpated, and no cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity, or vertebral point tenderness. No Meningismus. Chest/axilla: Normal chest wall appearance and motion. Nontender with no deformity. No lesions are appreciated. Cardiovascular: Regular rate and rhythm with a normal S1 and S2. ,no jvd No pulse deficits. Respiratory: Lungs have equal breath sounds bilaterally, clear to auscultation and percussion. No rales, rhonchi or wheezes noted. No increased work of breathing, no retractions or nasal flaring. Abdomen/GI: Soft, non-tender, with normal bowel sounds. No distension or tympany. No guarding or rebound. No evidence of tenderness throughout. Back: No spinal tenderness. No costovertebral tenderness. Full range of motion. MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full, normal range of motion. Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation. Cranial nerves II-XII grossly intact. Motor strength 5/5 in all extremities. Sensory grossly intact. Cerebellar exam normal. Normal gait., slow, but appropriate Psych: Awake, alert, with orientation to person, place and time. Behavior, mood, and affect are within normal limits.

11:53 Constitutional: The patient appears alert, awake, non-diaphoretic.

11:53 Head/face: Noted is a laceration(s), that is linear, 3 cm(s).

11:53 Musculoskeletal/extremity: Extremities: all appear grossly normal, with no appreciated pain with palpation, ROM: intact in all extremities, Circulation is intact in all extremities. Sensation intact.

11:53 Psych: Behavior/mood is cooperative.

Vital Signs:

11/19

RUN DATE:11/23/17

DISCHARGE SUMMARY FOR MEDICAL RECORDS FOR LABORATORY

Patient: HILL, BRIAN D #MM7805836274 (Continued)

*****CHEMISTRY*****

Date 11/19/17
 Time 1007 Reference Units

BUN	7		(5-25)	MG/DL
CREATININE	1.01		(0.90-1.30)	MG/DL
eGFR NON-AA	102 (A)			

(A) Non-African American

eGFR AA	118 (B)			
---------	---------	--	--	--

(B) African American.

eGFR UNITS: ml/min/1.73m2.
 *eGFR >= 60 = Normal GFR or mild decrease in GFR
 *eGFR 30-59 = Moderate decrease in GFR (Stage 3 CKD)
 *eGFR 15-29 = Severe decrease in GFR (Stage 4 CKD)
 *eGFR <15 = End-stage kidney failure (Stage 5 CKD)

The equation has not been validated in patients >70 YRS OLD.

SODIUM	131	L	(135-145)	MMOL/L
POTASSIUM	4.4		(3.5-5.0)	MMOL/L
CHLORIDE	96	L	(98-109)	MMOL/L
CO2	26		(20-30)	MMOL/L
ANION GAP	9.0		(1-10)	
GLUCOSE	459 (C)	*H	(65-100)	MG/DL

(C) CRITICAL RESULTS CALLED ON 11/19/17
 AT 1035 TO: RINDY LAPRADE/RB/CALLED X 2 SNCE 1035
 BY: CLIFTON, LYDIA C

CALCIUM	9.0		(8.5-10.3)	MG/DL
TOTAL PROTEIN	7.8		(6.0-8.0)	G/DL
ALBUMIN	4.3		(3.2-5.5)	G/DL
AG	1.2		(1.2-1.7)	RATIO
GLOBULIN	3.5		(2.5-3.9)	G/DL
T BILI	0.50		(0.20-1.00)	MG/DL
SGOT/AST	27		(10-42)	IU/L
SGPT/ALT	21		(10-60)	IU/L
ALK PHOS	74		(42-121)	IU/L
TSH	1.29		(0.34-5.60)	uIU/ML

Patient: HILL, BRIAN D Age/Sex: 27/M Acct#MM7805836274 Unit#MM00370912

SOVAH HEALTH - MARTINSVILLE
RADIOLOGY DEPT
320 HOSPITAL DR
MARTINSVILLE, VA 24112
PHONE #: 276-666-7223
FAX #: 276-666-7591

Name: HILL, BRIAN D
Phys: EKUBAN-GORDON, EDNA MD
DOB: 05/26/1990 Age: 27 Sex: M
Acct: MM7805836274 Loc: MM.ER
Exam Date: 11/19/2017 Status: DEP ER
Radiology No:
Unit No: MM00370912

EXAMS: 000898111 CHEST 1 VIEW - PORTABLE
EXAM REASON: Chest Tightness

PORTABLE CHEST

HISTORY: Seizure.

COMPARISON: 11/10/2015

FINDINGS: The heart size and configuration are within normal limits for age and portable technique. The lungs are clear. There is no evidence of pleural effusions or pneumothorax. No acute bony abnormality.

IMPRESSION: No evidence of acute cardiopulmonary disease.

** Electronically Signed by MAROON B KHOURY on 11/19/2017 at 1424 **
Reported by: DR. MAROON B KHOURY
Signed by: KHOURY, MAROON B

CC: EDNA EKUBAN-GORDON MD

Technologist: KYLEA ANN KEATTS
Transcribed Date/Time: 11/19/2017 (1146)
Transcriptionist: MMTRSPSB
Orig Print D/T: S: 11/19/2017 (1424)

BATCH NO: N/A

PAGE 1

Signed Report

HILL, BRIAN

ID: 000370912

19-Nov-2017 10:06:44

Memorial Hospital of Martinsville

27years

Male Caucasian

Vent. rate 105 bpm

PR interval 158 ms

QRS duration 92 ms

QT/QTc 328/433 ms

P-R-T axes 64 64 52

Sinus tachycardia

Possible Left atrial enlargement

Borderline ECG

Room: 6
Loc: 15

Time: 10:07
Info:
Bed 6
Signature:

T HILL, BRIAN D

MM7805836274 PRE ER MM.ER
11/19/17 0850 UNKNOWN, UNKNOWN
DOB: 05/26/90 27 M MR# MM00370912
Sovah Health - Martinsville

Visit: MM7805836274

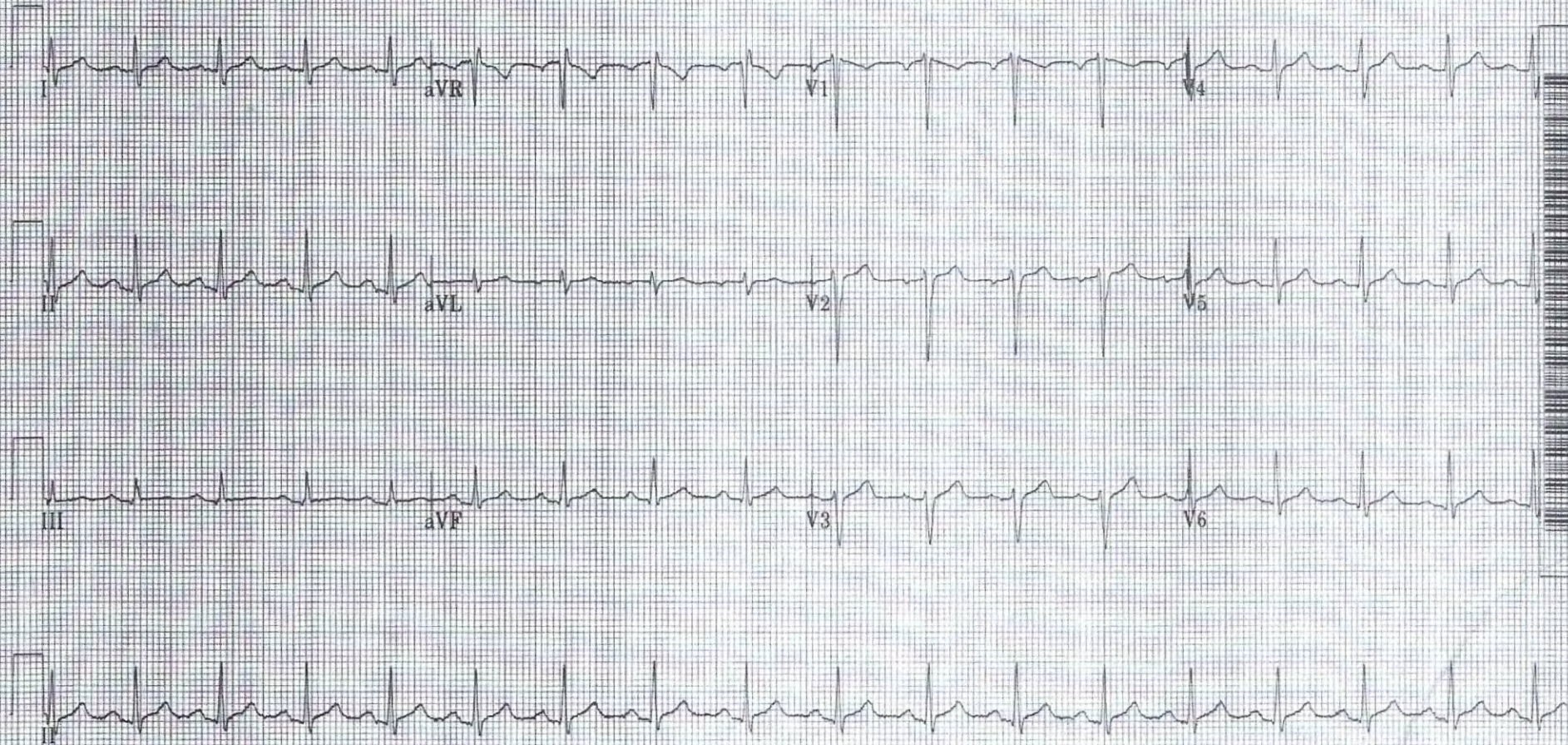
Secondary ID: MM216937

Referred by: EKUBAN-GORDON, EDNA

Order no.: 211490013

Unconfirmed

CHEST PAIN



100 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 010B

12SL™ v241 HD

P/N 2009828-024

GE Healthcare

PRINTED IN U.S.A.



RUN DATE:11/23/17

DISCHARGE SUMMARY FOR MEDICAL RECORDS FOR LABORATORY

CMAX: MM00370912~MM7805836274~LABDATA~20171123~LABDISMM1001869144~COCMMH~COCVAE~LAB.COCMMH~

PATIENT: HILL, BRIAN D	ACCT #: MM7805836274	LOC: MM.ER	U #: MM00370912
	AGE/SX: 27/M	ROOM:	REG: 11/19/17
REG DR: EKUBAN-GORDON, EDNA MD	DOB: 05/26/90	BED:	DIS:
	STATUS: DEP ER	TLOC:	

*****POINT OF CARE*****

Date	-----11/19/17-----			
Time	1006	0943	Reference	Units
POC GLU	429 H	435 H	(65-100)	MG/DL

*****HEMATOLOGY*****

Date	11/19/17			
Time	1007		Reference	Units
WBC	11.6 H		(4.5-11.0)	K/UL
RBC	5.32		(4.50-5.90)	M/UL
HGB	15.8		(14.0-17.5)	G/DL
HCT	46.0		(35.0-49.0)	%
MCV	86.5		(80-96)	UM3
MCH	29.7		(27-32)	PG
MCHC	34.3		(32-37)	G/DL
RDW	13.1		(11.5-14.5)	%
RDW-SD	41.1		(35.1-43.9)	fl
PLT	241		(140-440)	K/UL
MPV	10.8 H		(7.4-10.4)	fl
SEGS %	84 H		(37-80)	%
SEG ABSOLUTE	9.77 H		(1.5-6.8)	K/UL
LYMPH %	10		(10-50)	%
LYMPH ABSOLUTE	1.10		(1.0-4.0)	K/UL
MONO %	6		(0-12)	%
MONO ABSOLUTE	0.64		(0.2-1.0)	K/UL
EOS %	0		(0-7)	%
EOS ABSOLUTE	0.05		(0.0-0.5)	K/UL
BASO %	0		(0-2)	%
BASO ABSOLUTE	0.04		(0.0-0.2)	K/UL
IG %	0.3			%
IG ABSOLUTE	0.0		(0.0-0.1)	

Patient: HILL, BRIAN D Age/Sex: 27/M Acct#MM7805836274 Unit#MM00370912

09:08 BP 131 / 76; Pulse 118; Resp 20; Temp 98.2; Pulse Ox 97% ; Weight 11
 91.63 kg; Height 5 ft. 10 in. (177.80 cm);
 11/19
 09:46 mkk
 11/19
 10:59 BP 124 / 73; Pulse 93; Resp 18; Pulse Ox 100% on R/A; mkk
 11/19
 12:57 BP 119 / 67; Pulse 97; Resp 19; Pulse Ox 98% on R/A; pt3
 11/19
 09:08 Body Mass Index 28.98 (91.63 kg, 177.80 cm) 11
 11/19
 09:46 patient has OCD and had to do his "routines" prior to coming, has mkk
 been about 4 hours since injury occurred

Glasgow Coma Score:

11/19
 12:16 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor eeg
 Response: obeys commands(6). Total: 15.

Laceration:

11/19
 12:11 Wound Repair of 3cm (1.2in) subcutaneous laceration to forehead. eeg
 Linear shaped.. No foreign body noted. Distal neuro/vascular/tendon
 intact. Anesthesia: Wound infiltrated with 3 mls of 1% lidocaine w/
 Epi. Wound prep: Simple cleansing with betadine. Skin closed with 6
 1-0 Prolene using Staple gun. Dressed with pressure dressing. Patient
 tolerated well.

MDM:

11/19
 09:27 MSE Initiated by Provider. eeg
 11/19
 12:12 Differential diagnosis: abrasion, closed head injury, concussion, eeg
 contusion, dislocation, fracture, laceration, multiple trauma,
 sprain, Substance abuse. Data reviewed: vital signs, nurses notes,
 lab test result(s), radiologic studies. Data interpreted: Cardiac
 monitor: Normal rate. Counseling: I had a detailed discussion with
 the patient and/or guardian regarding: the historical points, exam
 findings, and any diagnostic results supporting the discharge/admit
 diagnosis, lab results, radiology results, the need for outpatient
 follow up, to return to the emergency department if symptoms worsen
 or persist or if there are any questions or concerns that arise at
 home. Response to treatment: the patient's symptoms have markedly
 improved after treatment.

11/19
 09:46 Order name: POC GLU; Complete Time: 09:57 EDMS
 11/19
 09:56 Order name: CMP; Complete Time: 10:53 eeg
 11/19
 09:56 Order name: Complete Blood Count W/auto Diff; Complete Time: 10:53 eeg
 11/19
 09:56 Order name: Thyroid Stimulating Hormone; Complete Time: 10:53 eeg
 11/19

11/19/17 12:14 Discharged to Home. Impression: Head Laceration/ Open wound of head, Hyperglycemia, unspecified.

- Condition is Stable.

- Discharge Instructions: Head Injury, Adult, Facial Laceration, Hyperglycemia, Easy-to-Read, Stitches, Staples, or Adhesive Wound Closure, Easy-to-Read.

- Medication Reconciliation form.

- Follow up: Private Physician; When: 2 - 3 days; Reason: Wound Recheck.

- Problem is new.

- Symptoms have improved.

Order Results:

Lab Order: POC GLU; SPEC'M 11/19/17 09:46

Test: POC GLU; Value: 435; Range: 65-100; Abnormal: Above high normal; Units: MG/DL; Status: F; Updated: 11/19 09:46

Lab Order: CMP; SPEC'M 11/19/17 10:11

Test: SODIUM; Value: 131; Range: 135-145; Abnormal: Below low normal; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: POTASSIUM; Value: 4.4; Range: 3.5-5.0; Abnormal: ; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: CHLORIDE; Value: 96; Range: 98-109; Abnormal: Below low normal; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: CARBON DIOXIDE; Value: 26; Range: 20-30; Abnormal: ; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: ANION GAP; Value: 9.0; Range: 1-10; Abnormal: ; Status: F; Updated: 11/19 10:24

Test: CALCIUM; Value: 9.0; Range: 8.5-10.3; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:24

Test: BLOOD UREA NITROGEN; Value: 7; Range: 5-25; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:34

Test: CREATININE; Value: 1.01; Range: 0.90-1.30; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:34

Test: GLOMERULAR FILTRATION RATE; Value: 102; Abnormal: ; Status: F; Updated: 11/19 10:34

Test Note: 11/19 10:34 T nbsp;; Non-African American

Test: GLOMERULAR FILTRATION RATE-AA; Value: 118; Abnormal: ; Status: F; Updated: 11/19 10:34

Test Note: 11/19 10:34 T nbsp;; African American. eGFR UNITS: ml/min/1.73m2. *eGFR >= 60 = Normal GFR or mild decrease in GFR *eGFR 30-59 = Moderate decrease in GFR (Stage 3 CKD) *eGFR 15-29 = Severe decrease in GFR (Stage 4 CKD) *eGFR <15 = End-stage kidney failure (Stage 5 CKD) The equation has not been validated in patients >70 YRS OLD.

Test: TOTAL PROTEIN; Value: 7.8; Range: 6.0-8.0; Abnormal: ; Units: G/DL; Status: F; Updated: 11/19 10:34

Test: ALBUMIN; Value: 4.3; Range: 3.2-5.5; Abnormal: ; Units: G/DL; Status: F; Updated: 11/19 10:34

Test: ALB/GLOB RATIO; Value: 1.2; Range: 1.2-1.7; Abnormal: ; Units: RATIO; Status: F; Updated: 11/19 10:34

Test: GLOBULIN; Value: 3.5; Range: 2.5-3.9; Abnormal: ; Units: G/DL;

Status: F; Updated: 11/19 10:34
 Test: BILIRUBIN, TOTAL; Value: 0.50; Range: 0.20-1.00; Abnormal: ;
 Units: MG/DL; Status: F; Updated: 11/19 10:34
 Test: SGOT/AST; Value: 27; Range: 10-42; Abnormal: ; Units: IU/L;
 Status: F; Updated: 11/19 10:34
 Test: SGPT/ALT; Value: 21; Range: 10-60; Abnormal: ; Units: IU/L;
 Status: F; Updated: 11/19 10:34
 Test: ALKALINE PHOSPHATASE; Value: 74; Range: 42-121; Abnormal: ;
 Units: IU/L; Status: F; Updated: 11/19 10:34
 Test: GLUCOSE, SERUM; Value: 459; Range: 65-100; Abnormal: Above
 upper panic limits; Units: MG/DL; Status: F; Updated: 11/19 10:39
 Test Note: 11/19 10:39 T nbsp;; CRITICAL RESULTS CALLED ON 11/19/17 AT
 1035 TO: RINDY LAPRADE/RB/CALLED X 2 SNCE 1035 BY: CLIFTON,LYDIA C
 Lab Order: Complete Blood Count W/auto Diff; SPEC'M 11/19/17 10:11
 Test: WHITE BLOOD CELL; Value: 11.6; Range: 4.5-11.0; Abnormal: Above
 high normal; Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: RED BLOOD CELL; Value: 5.32; Range: 4.50-5.90; Abnormal: ;
 Units: M/UL; Status: F; Updated: 11/19 10:18
 Test: HEMOGLOBIN; Value: 15.8; Range: 14.0-17.5; Abnormal: ; Units:
 G/DL; Status: F; Updated: 11/19 10:18
 Test: HEMATOCRIT; Value: 46.0; Range: 35.0-49.0; Abnormal: ; Units:
 %; Status: F; Updated: 11/19 10:18
 Test: MEAN CELL VOLUME; Value: 86.5; Range: 80-96; Abnormal: ; Units:
 UM3; Status: F; Updated: 11/19 10:18
 Test: MCH; Value: 29.7; Range: 27-32; Abnormal: ; Units: PG; Status:
 F; Updated: 11/19 10:18
 Test: MCHC; Value: 34.3; Range: 32-37; Abnormal: ; Units: G/DL;
 Status: F; Updated: 11/19 10:18
 Test: RELL CELL DISTRIBUTION WIDTH; Value: 13.1; Range: 11.5-14.5;
 Abnormal: ; Units: %; Status: F; Updated: 11/19 10:18
 Test: RDW STANDARD DEVIATION; Value: 41.1; Range: 35.1-43.9;
 Abnormal: ; Units: fl; Status: F; Updated: 11/19 10:18
 Test: PLATELETS; Value: 241; Range: 140-440; Abnormal: ; Units: K/UL;
 Status: F; Updated: 11/19 10:18
 Test: MEAN PLATELET VOLUME; Value: 10.8; Range: 7.4-10.4; Abnormal:
 Above high normal; Units: fl; Status: F; Updated: 11/19 10:18
 Test: SEGMENTED NEUTROPHIL PERCENT; Value: 84; Range: 37-80;
 Abnormal: Above high normal; Units: %; Status: F; Updated: 11/19 10:18
 Test: SEGMENTED NEUTROPHIL ABSOLUTE; Value: 9.77; Range: 1.5-6.8;
 Abnormal: Above high normal; Units: K/UL; Status: F; Updated: 11/19
 10:18
 Test: LYMPHOCYTE PERCENT; Value: 10; Range: 10-50; Abnormal: ; Units:
 %; Status: F; Updated: 11/19 10:18
 Test: LYMPHOCYTES ABSOLUTE; Value: 1.10; Range: 1.0-4.0; Abnormal: ;
 Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: MONOCYTE PERCENT; Value: 6; Range: 0-12; Abnormal: ; Units: %;
 Status: F; Updated: 11/19 10:18
 Test: MONOCYTE ABSOLUTE COUNT; Value: 0.64; Range: 0.2-1.0; Abnormal:
 ; Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: EOSINOPHIL PERCENT; Value: 0; Range: 0-7; Abnormal: ; Units: %;
 Status: F; Updated: 11/19 10:18
 Test: EOSINOPHIL ABSOLUTE; Value: 0.05; Range: 0.0-0.5; Abnormal: ;
 Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: BASOPHIL PERCENT; Value: 0; Range: 0-2; Abnormal: ; Units: %;

Status: F; Updated: 11/19 10:18
Test: BASOPHIL ABSOLUTE; Value: 0.04; Range: 0.0-0.2; Abnormal: ;
Units: K/UL; Status: F; Updated: 11/19 10:18
Test: IMMATURE GRANS PERCENT; Value: 0.3; Abnormal: ; Units: %;
Status: F; Updated: 11/19 10:18
Test: IMMATURE GRANS ABSOLUTE; Value: 0.0; Range: 0.0-0.1; Abnormal:
; Status: F; Updated: 11/19 10:18
Lab Order: Thyroid Stimulating Hormone; SPEC'M 11/19/17 10:11
Test: THYROID STIMULATING HORMONE; Value: 1.29; Range: 0.34-5.60;
Abnormal: ; Units: uIU/ML; Status: F; Updated: 11/19 10:48
Lab Order: POC GLU; SPEC'M 11/19/17 10:13
Test: POC GLU; Value: 429; Range: 65-100; Abnormal: Above high
normal; Units: MG/DL; Status: F; Updated: 11/19 10:13

Radiology Order: Chest 1 View - Portable

Test: Chest 1 View - Portable

SOVAH HEALTH - MARTINSVILLE Name: HILL,BRIAN D ; RADIOLOGY DEPT Phys:
EKUBAN-GORDON,EDNA MD ; 320 HOSPITAL DR DOB: 05/26/1990 Age: 27 Sex:
M ; MARTINSVILLE, VA 24112 Acct: MM7805836274 Loc: MM.ER ; PHONE #:
276-666-7223 Exam Date: 11/19/2017 Status: DEP ER ; FAX #:
276-666-7591 Radiology No: ; Unit No: MM00370912 ; EXAMS: EXAM
REASON: ; 000898111 CHEST 1 VIEW - PORTABLE Chest Tightness ;
PORTABLE CHEST ; HISTORY: Seizure. ; COMPARISON: 11/10/2015 ;
FINDINGS: The heart size and configuration are within normal limits ;
for age and portable technique. The lungs are clear. There is no ;
evidence of pleural effusions or pneumothorax. No acute bony ;
abnormality. ; IMPRESSION: No evidence of acute cardiopulmonary
disease. ; ** Electronically Signed by MAROON B KHOURY on 11/19/2017
at 1424 ** ; Reported by: DR. MAROON B KHOURY ; Signed by:
KHOURY,MAROON B ; ; CC: EDNA EKUBAN-GORDON MD ; ; Technologist: KYLEA
ANN KEATTS ; Transcribed Date/Time: 11/19/2017 (1146) ;
Transcriptionist: MMTRSPSB ; Orig Print D/T: S: 11/19/2017 (1424) ;
Reprint D/T: 11/19/2017 (1424) BATCH NO: N/A ;
Radiology Order: CT Head w/o Contrast

Test: CT Head w/o Contrast

SOVAH HEALTH - MARTINSVILLE Name: HILL,BRIAN D ; RADIOLOGY DEPT Phys:
EKUBAN-GORDON,EDNA MD ; 320 HOSPITAL DR DOB: 05/26/1990 Age: 27 Sex:
M ; MARTINSVILLE, VA 24112 Acct: MM7805836274 Loc: MM.ER ; PHONE #:
276-666-7223 Exam Date: 11/19/2017 Status: DEP ER ; FAX #:
276-666-7591 Radiology No: ; Unit No: MM00370912 ; EXAMS: EXAM
REASON: ; 000898114 CT HEAD W/O CONTRAST ; UNENHANCED HEAD CT ;
HISTORY: Head injury. ; COMPARISON: 11/10/2015 ; TECHNIQUE: This CT
examination was performed using one or more of the ; following dose
reduction techniques: automated exposure control, ; adjustment of the
MA and/or KV according to patient size, and/or use ; of iterative
reconstruction techniques. ; Axial CT images were obtained through
the brain without the use of ; intravenous contrast. ; FINDINGS:

There is no evidence of acute infarct, intracranial ; hemorrhage, or
mass effect. Ventricles and sulci are normal for the ; patient's age.
Calvarium is intact. Visualized portions of the ; paranasal sinuses
and orbits are normal. ; IMPRESSION: Negative for acute intracranial
process. ; ** Electronically Signed by MAROON B KHOURY on 11/19/2017
at 1424 ** ; Reported by: DR. MAROON B KHOURY ; Signed by:
KHOURY,MAROON B ; ; CC: EDNA EKUBAN-GORDON MD ; ; Technologist:

HILL, BRIAN D
MM7805836274 PRE ER MM.ER
11/19/17 0850 UNKNOWN, UNKNOWN
DOB: 05/26/90 27 M MR# MM00370912
Sovah Health - Martinsville



Sovah Health Martinsville

320 Hospital Drive
Martinsville, VA 24112
276-666-7237

11/9/17
97
98.1
18

Emergency Department Instructions for:

Hill, Brian D

Arrival Date:

Sunday, November 19, 2017

Thank you for choosing **Sovah Health Martinsville** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Ekuban-Gordon, Edna, MD

Diagnosis: Head Laceration/ Open wound of head; Hyperglycemia, unspecified

DISCHARGE INSTRUCTIONS	FORMS
Head Injury, Adult Facial Laceration Hyperglycemia, Easy-to-Read Stitches, Staples, or Adhesive Wound Closure, Easy-to-Read	Medication Reconciliation
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 2 - 3 days; Reason: Wound Recheck	None
SPECIAL NOTES	
None	

Suicide National Hotline: 1-800-273-8255 (800-273-TALK)

If you received a narcotic or sedative medication during your Emergency Department stay you should not drive, drink alcohol or operate heavy machinery for the next 8 hours as this medication can cause drowsiness, dizziness, and decrease your response time to events.

I hereby acknowledge that I have received a copy of my transition care record and understand the above instructions and prescriptions.

Brian D. Hill

Brian Hill
MRN # MM00370912

ED Physician or Nurse
11/19/2017 12:14

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you

had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

TESTS AND PROCEDURES

Labs

CMP, Complete Blood Count W/auto Diff, Thyroid Stimulating Hormone, POC GLU, POC GLU

Rad

CT Head w/o Contrast, Chest 1 View - Portable

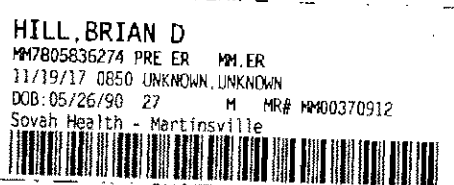
Procedures

Blood Sugar, 12 Lead EKG, Laceration

Other

Seizure precautions, Accucheck, Cardiac Monitor, Apply to Pt, Pulse ox continuous, Oxygen at 2 L/NC, IV saline lock, EKG ED, Laceration repair set up

Chart Copy



EMERGENCY DEPARTMENT RECORD

Nurse's Notes

Sovah Health Martinsville

Name: Brian Hill

Age: 27 yrs

Sex: Male

DOB: 05/26/1990

MRN: MM00370912

Arrival Date: 11/19/2017

Time: 08:51

Account#: MM7805836274

Bed ER 6

Private MD:

Diagnosis: Head Laceration/ Open wound of head;Hyperglycemia, unspecified

Presentation:

11/19

09:08 Presenting complaint: Patient states: had a seizure this morning due to low blood sugar, laceration to head per pt, bleeding controlled. Airway is patent with good air movement. The patient is breathing without difficulty. The patient is pink, warm and dry. Heart rate is within normal limits. Patient is alert and oriented to person, place and time, Patient is moving all extremities appropriately.

11/19

09:08 Acuity: Urgent (3)

11

Historical:

- Allergies: Ranitidine;

- Home Meds:

1. Unable to Obtain

- PMHx: OCD; autism; Diabetes - IDDM;

- Sepsis Screening:: Sepsis screening negative at this time.

- Social history:: Tobacco Status: The patient states he/she has never used tobacco. The patient's primary language is English. The patient's preferred language is English.

- Family history:: Reviewed and not pertinent.

- Exposure Risk/Travel Screening:: Patient has not been out of the country in last 30 days. Have you been in contact with anyone who is ill that has traveled outside of the country in the last 30 days? No.

- Suicide Screening:: Have you recently had thoughts about hurting yourself or others? No.

- Tuberculosis screening:: No symptoms or risk factors identified.

Screening:

11/19

09:41 Fall Risk: Total Points: Med. Risk (25-44);. Abuse Screen: Patient verbally denies physical, verbal and emotional abuse/neglect. There are no cultural/spiritual considerations for care for this patient. mkk

Assessment:

11/19

09:38 Complains of pain in face Pain does not radiate. Pain currently is 7 mkk

out of 10 on a pain scale. The level of pain that is acceptable is 0 out of 10 on a pain scale. General: Appears in no apparent distress, comfortable, well developed, well nourished, well groomed, Behavior is appropriate for age, cooperative, pleasant. Neuro: Reports headache. Neuro: Reports seizure due to low blood sugar. EENT: Denies. Cardiovascular: Denies. Respiratory: Denies. GI: Denies. GU: Denies. Derm: Denies. Musculoskeletal: Denies. Injury Description: Laceration sustained to face is clean, 0.5 to 2.5 cm long, not bleeding, was sustained 4-6 hours ago.

11/19

09:38 Method Of Arrival: EMS

mkk

Vital Signs:

11/19

09:08 BP 131 / 76; Pulse 118; Resp 20; Temp 98.2; Pulse Ox 97% ; Weight 91.63 kg; Height 5 ft. 10 in. (177.80 cm);

ll

11/19

09:46

mkk

11/19

10:59 BP 124 / 73; Pulse 93; Resp 18; Pulse Ox 100% on R/A;

mkk

11/19

12:57 BP 119 / 67; Pulse 97; Resp 19; Pulse Ox 98% on R/A;

pt3

11/19

09:08 Body Mass Index 28.98 (91.63 kg, 177.80 cm)

ll

11/19

09:46 patient has OCD and had to do his "routines" prior to coming, has been about 4 hours since injury occurred

mkk

Glasgow Coma Score:

11/19

12:16 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor Response: obeys commands(6). Total: 15.

eeg

ED Course:

11/19

08:51 Patient arrived in ED.

knm

11/19

09:09 Rapid Initial Assessment completed.

ll

11/19

09:27 Ekuban-Gordon, Edna, MD is Attending Physician.

eeg

11/19

09:41 Patient has correct armband on for positive identification. Placed in gown. Bed in low position. Call light in reach. Side rails up X2.

Adult with patient. Seizure precautions initiated. NIBP on. Pulse ox on.

11/19

09:41 No physician assisted procedures were completed.

mkk

11/19

10:01 Inserted saline lock: 20 gauge right arm blood drawn from IV and sent to lab per order.

11/19

10:08 EKG Done By ED Tech 10:06 Reviewed by Physician Edna Ekuban-Gordon MD.bh

11/19

10:40 Critical Lab Value: Patient Name verified: Brian Hill, Patient DOB

ll

Verified May 26, 1990 Critical value glucose 459 reported read back to reporting lab personnel, and reported to Dr. Edna Ekuban-Gordon MD.

11/19
10:59 Assist provider with laceration repair Set up tray. mkk
11/19
11:53 Troncoso, Priscilla, RN is Primary Nurse. pt3

Administered Medications:

11/19
10:59 Drug: NS 0.9% 1000 ml Route: IV; Rate: 999 mL/hr; Site: right arm; mkk
11/19
12:59 Follow up: Response: No adverse reaction; IV Status: Completed pt3
infusion
11/19
11:02 Drug: NovoLIN R 7 units {Co-Signature: mkk (Michaela Karet RN).} ll
Route: IVP; Site: right arm;
11/19
12:58 Follow up: Response: No adverse reaction pt3

Point of Care Testing:

Blood Glucose:
11/19
09:40 Glucose Value: 489; mkk
11/19
09:43 Glucose Value: 435; mkk
11/19
09:40 test repeated mkk
Ranges:

Output:

11/19
11:28 Urine: 600ml (Voided); Total: 600ml. dab

Outcome:

11/19
12:14 Discharge ordered by Provider. eeg
11/19
12:57 Discharged to home ambulatory, with family. pt3
12:57 Instructions given to patient, parent, Instructed on discharge instructions. follow up and referral plans. . Patient and/or family voiced understanding of instructions using teach back method.
12:57 The patients' shirt, pants, shoes, socks and underwear were sent with the patient.
12:57 Discharge Assessment: Patient
12:57 Discharge Assessment: Patient has no functional deficits.
12:57 Discontinued IV lock intact, bleeding controlled, pressure dressing applied, No redness/swelling at site.
11/19
13:24 Patient left the ED. jkp

Signatures:

Harrison, Rindi, RN RN ll
Ekuban-Gordon, Edna, MD MD eeg

EMERGENCY DEPARTMENT RECORD

Physician Documentation

Sovah Health Martinsville

Name: Brian Hill

Age: 27 yrs

Sex: Male

DOB: 05/26/1990

MRN: MM00370912

Arrival Date: 11/19/2017

Time: 08:51

Account#: MM7805836274

Bed ER 6

Private MD:

ED Physician Ekuban-Gordon, Edna

HPI:

11/19

11:49 This 27 yrs old White Male presents to ER via EMS with complaints of eeg
Fall Injury.

11/19

11:49 Onset: The symptoms/episode began/occurred today. Associated eeg
injuries: The patient sustained injury to the head. Associated signs
and symptoms: Loss of consciousness: the patient experienced no loss
of consciousness. Severity of symptoms: in the emergency department
the symptoms are unchanged. Pain Management: Patient denies pain. The
patient has experienced similar episodes in the past, a few times.
The patient has not recently seen a physician. Family report history
of low blood sugar, general low will have seizure episode when the
blood sugar is low. Blood sugar was obtained by mom at 20 repeat 40
was subsequently given some oral glucose and brought here for further
evaluation. Patient denies any headache palpitation no neck pain and
stiffness. Admits to feeling like himself..

Historical:

- Allergies: Ranitidine;

- Home Meds:

1. Unable to Obtain

- PMHx: OCD; autism; Diabetes - IDDM;

- Sepsis Screening:: Sepsis screening negative at this time.

- Social history:: Tobacco Status: The patient states he/she has
never used tobacco. The patient's primary language is English. The
patient's preferred language is English.

- Family history:: Reviewed and not pertinent.

- Exposure Risk/Travel Screening:: Patient has not been out of the
country in last 30 days. Have you been in contact with anyone who
is ill that has traveled outside of the country in the last 30
days? No.

- Suicide Screening:: Have you recently had thoughts about hurting
yourself or others? No.

- Tuberculosis screening:: No symptoms or risk factors identified.

- The history from nurses notes was reviewed: and I agree with what
is documented up to this point.

ROS:

11/19

11:52 Eyes: Negative for injury, pain, redness, and discharge, ENT: eeg
Negative for injury, pain, and discharge, Neck: Negative for injury,
pain, and swelling, Cardiovascular: Negative for chest pain,
palpitations, and edema, Respiratory: Negative for shortness of
breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI:
Negative for abdominal pain, nausea, vomiting, diarrhea, and
constipation, Back: Negative for injury and pain, MS/Extremity:
Negative for injury and deformity. All other systems are negative,
except as documented below. Skin: Positive for laceration(s), of the
face. Neuro: Negative for dizziness, headache, weakness. Psych:
Negative for depression, alcohol dependence, homicidal ideation,
suicide gesture.

Exam:

11/19

11:53 Eyes: Pupils equal round and reactive to light, extra-ocular motions eeg
intact. Lids and lashes normal. Conjunctiva and sclera are
non-icteric and not injected. Cornea within normal limits.
Periorbital areas with no swelling, redness, or edema. ENT: Nares
patent. No nasal discharge, no septal abnormalities noted. Tympanic
membranes are normal and external auditory canals are clear.
Oropharynx with no redness, swelling, or masses, exudates, or
evidence of obstruction, uvula midline. Mucous membrane moist Neck:
Trachea midline, no thyromegaly or masses palpated, and no cervical
lymphadenopathy. Supple, full range of motion without nuchal
rigidity, or vertebral point tenderness. No Meningismus.
Chest/axilla: Normal chest wall appearance and motion. Nontender
with no deformity. No lesions are appreciated. Cardiovascular:
Regular rate and rhythm with a normal S1 and S2. ,no jvd No pulse
deficits. Respiratory: Lungs have equal breath sounds bilaterally,
clear to auscultation and percussion. No rales, rhonchi or wheezes
noted. No increased work of breathing, no retractions or nasal
flaring. Abdomen/GI: Soft, non-tender, with normal bowel sounds. No
distension or tympany. No guarding or rebound. No evidence of
tenderness throughout. Back: No spinal tenderness. No
costovertebral tenderness. Full range of motion. MS/ Extremity:
Pulses equal, no cyanosis. Neurovascular intact. Full, normal range
of motion. Neuro: Awake and alert, GCS 15, oriented to person,
place, time, and situation. Cranial nerves II-XII grossly intact.
Motor strength 5/5 in all extremities. Sensory grossly intact.
Cerebellar exam normal. Normal gait., slow, but appropriate Psych:
Awake, alert, with orientation to person, place and time. Behavior,
mood, and affect are within normal limits.
11:53 Constitutional: The patient appears alert, awake, non-diaphoretic.
11:53 Head/face: Noted is a laceration(s), that is linear, 3 cm(s).
11:53 Musculoskeletal/extremity: Extremities: all appear grossly normal,
with no appreciated pain with palpation, ROM: intact in all
extremities, Circulation is intact in all extremities. Sensation
intact.
11:53 Psych: Behavior/mood is cooperative.

Vital Signs:

11/19

RUN DATE:11/23/17

DISCHARGE SUMMARY FOR MEDICAL RECORDS FOR LABORATORY

Patient: HILL, BRIAN D		#MM7805836274	(Continued)
*****CHEMISTRY*****			
Date	11/19/17		
Time	1007		Reference Units
BUN	7		(5-25) MG/DL
CREATININE	1.01		(0.90-1.30) MG/DL
eGFR NON-AA	102 (A)		
(A) Non-African American			
eGFR AA	118 (B)		
(B) African American.			
eGFR UNITS: ml/min/1.73m2.			
*eGFR >= 60 = Normal GFR or mild decrease in GFR			
*eGFR 30-59 = Moderate decrease in GFR (Stage 3 CKD)			
*eGFR 15-29 = Severe decrease in GFR (Stage 4 CKD)			
*eGFR <15 = End-stage kidney failure (Stage 5 CKD)			
The equation has not been validated in patients >70 YRS OLD.			
SODIUM	131	L	(135-145) MMOL/L
POTASSIUM	4.4		(3.5-5.0) MMOL/L
CHLORIDE	96	L	(98-109) MMOL/L
CO2	26		(20-30) MMOL/L
ANION GAP	9.0		(1-10)
GLUCOSE	459 (C)	*H	(65-100) MG/DL
(C) CRITICAL RESULTS CALLED ON 11/19/17			
AT 1035 TO: RINDY LAPRADE/RB/CALLED X 2 SNCE 1035			
BY: CLIFTON, LYDIA C			
CALCIUM	9.0		(8.5-10.3) MG/DL
TOTAL PROTEIN	7.8		(6.0-8.0) G/DL
ALBUMIN	4.3		(3.2-5.5) G/DL
AG	1.2		(1.2-1.7) RATIO
GLOBULIN	3.5		(2.5-3.9) G/DL
T BILI	0.50		(0.20-1.00) MG/DL
SGOT/AST	27		(10-42) IU/L
SGPT/ALT	21		(10-60) IU/L
ALK PHOS	74		(42-121) IU/L
TSH	1.29		(0.34-5.60) uIU/ML
Patient: HILL, BRIAN D		Age/Sex: 27/M	Acct#MM7805836274 Unit#MM00370912

SOVAH HEALTH - MARTINSVILLE
RADIOLOGY DEPT
320 HOSPITAL DR
MARTINSVILLE, VA 24112
PHONE #: 276-666-7223
FAX #: 276-666-7591

Name: HILL, BRIAN D
Phys: EKUBAN-GORDON, EDNA MD
DOB: 05/26/1990 Age: 27 Sex: M
Acct: MM7805836274 Loc: MM.ER
Exam Date: 11/19/2017 Status: DEP ER
Radiology No:
Unit No: MM00370912

EXAMS: 000898111 CHEST 1 VIEW - PORTABLE EXAM REASON: Chest Tightness

PORTABLE CHEST

HISTORY: Seizure.

COMPARISON: 11/10/2015

FINDINGS: The heart size and configuration are within normal limits for age and portable technique. The lungs are clear. There is no evidence of pleural effusions or pneumothorax. No acute bony abnormality.

IMPRESSION: No evidence of acute cardiopulmonary disease.

** Electronically Signed by MAROON B KHOURY on 11/19/2017 at 1424 **

Reported by: DR. MAROON B KHOURY

Signed by: KHOURY, MAROON B

CC: EDNA EKUBAN-GORDON MD

Technologist: KYLEA ANN KEATTS
Transcribed Date/Time: 11/19/2017 (1146)
Transcriptionist: MMTRSPSB
Orig Print D/T: S: 11/19/2017 (1424)

BATCH NO: N/A

PAGE 1

Signed Report

HILL, BRIAN

ID: 000370912

19-Nov-2017 10:06:44

Memorial Hospital of Martinsville

27 years

Male Caucasian

Vent. rate 105 bpm

PR interval 158 ms

QRS duration 92 ms

QT/QTc 328/433 ms

P-R-T axes 64 64 52

Sinus tachycardia

Possible Left atrial enlargement

Borderline ECG

Room: 4
Loc: 15

1007
Bed 6

T HILL, BRIAN D

MM7805836274 PRE ER MM.ER

11/19/17 0850 UNKNOWN, UNKNOWN

DOB: 05/26/90 27 M MR# MM00370912

Sovah Health - Martinsville

Visit: MM7805836274

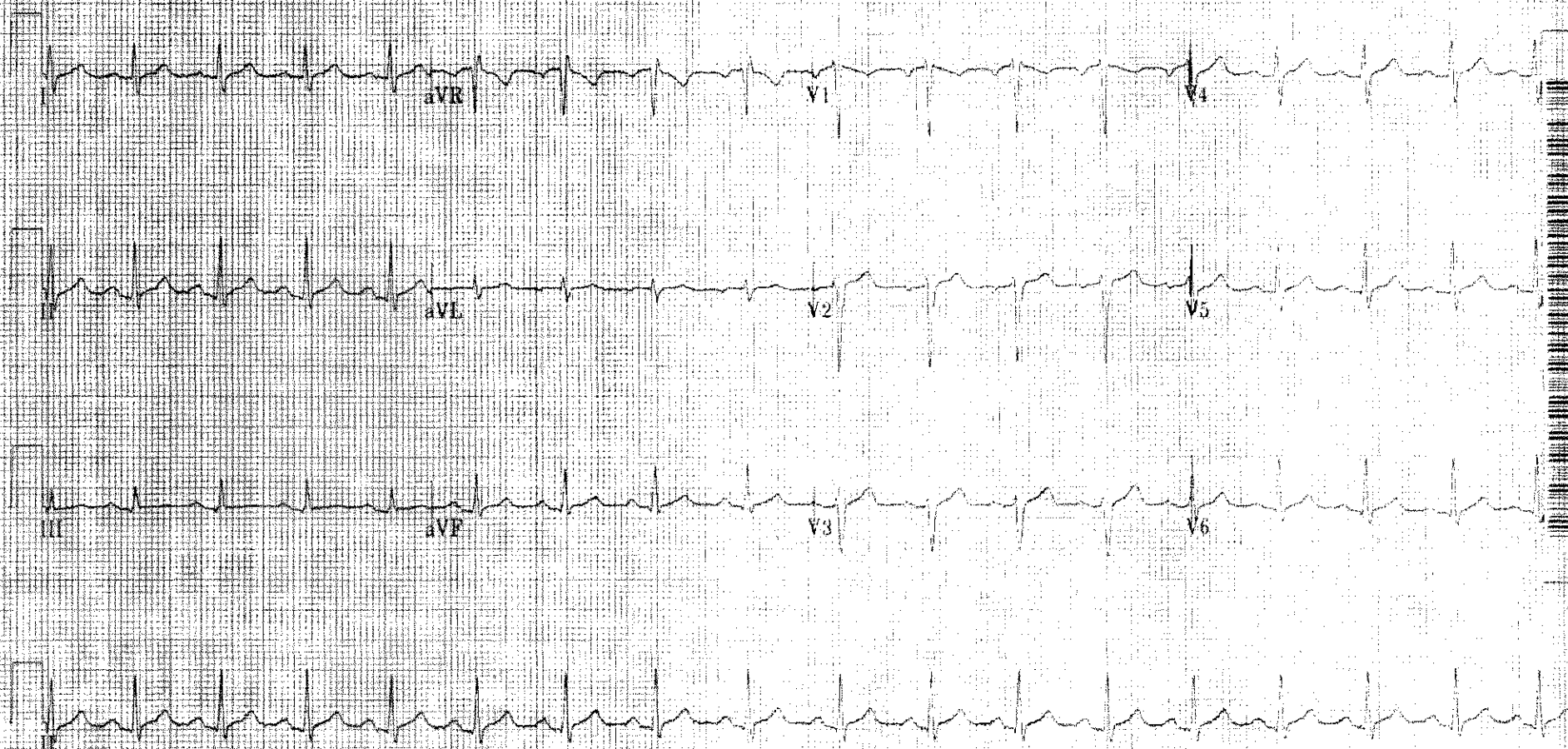
Secondary ID: MM216937

Referred by: EKUBAN-GORDON, EDNA

Order no: 211090013

Unconfirmed

CHEST PAIN



100 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 010B

12SL v241 HD

P/N 2009828-024

GE Healthcare

10000000000000000000

10000000000000000000

MM7805836274
SOVA Health - Martinsville
Job: 12468.07/02/2019.14:03 - Page 35 Doc# 11
EKG Scanned Page 1/1

09:08 BP 131 / 76; Pulse 118; Resp 20; Temp 98.2; Pulse Ox 97% ; Weight 91.63 kg; Height 5 ft. 10 in. (177.80 cm); 11/19 ll

09:46 11/19 mkk

10:59 BP 124 / 73; Pulse 93; Resp 18; Pulse Ox 100% on R/A; 11/19 mkk

12:57 BP 119 / 67; Pulse 97; Resp 19; Pulse Ox 98% on R/A; 11/19 pt3

09:08 Body Mass Index 28.98 (91.63 kg, 177.80 cm) 11/19 ll

09:46 patient has OCD and had to do his "routines" prior to coming, has been about 4 hours since injury occurred 11/19 mkk

Glasgow Coma Score:
11/19

12:16 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor Response: obeys commands(6). Total: 15. eeg

Laceration:
11/19

12:11 Wound Repair of 3cm (1.2in) subcutaneous laceration to forehead. Linear shaped.. No foreign body noted. Distal neuro/vascular/tendon intact. Anesthesia: Wound infiltrated with 3 mls of 1% lidocaine w/ Epi. Wound prep: Simple cleansing with betadine. Skin closed with 6 1-0 Prolene using Staple gun. Dressed with pressure dressing. Patient tolerated well. eeg

MDM:
11/19

09:27 MSE Initiated by Provider. eeg

11/19

12:12 Differential diagnosis: abrasion, closed head injury, concussion, contusion, dislocation, fracture, laceration, multiple trauma, sprain, Substance abuse. Data reviewed: vital signs, nurses notes, lab test result(s), radiologic studies. Data interpreted: Cardiac monitor: Normal rate. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home. Response to treatment: the patient's symptoms have markedly improved after treatment. eeg

11/19

09:46 Order name: POC GLU; Complete Time: 09:57 EDMS

11/19

09:56 Order name: CMP; Complete Time: 10:53 eeg

11/19

09:56 Order name: Complete Blood Count W/auto Diff; Complete Time: 10:53 eeg

11/19

09:56 Order name: Thyroid Stimulating Hormone; Complete Time: 10:53 eeg

11/19

11/19/17 12:14 Discharged to Home. Impression: Head Laceration/ Open wound of head, Hyperglycemia, unspecified.

- Condition is Stable.
- Discharge Instructions: Head Injury, Adult, Facial Laceration, Hyperglycemia, Easy-to-Read, Stitches, Staples, or Adhesive Wound Closure, Easy-to-Read.

- Medication Reconciliation form.
- Follow up: Private Physician; When: 2 - 3 days; Reason: Wound Recheck.
- Problem is new.
- Symptoms have improved.

Order Results:

Lab Order: POC GLU; SPEC'M 11/19/17 09:46
 Test: POC GLU; Value: 435; Range: 65-100; Abnormal: Above high normal; Units: MG/DL; Status: F; Updated: 11/19 09:46
 Lab Order: CMP; SPEC'M 11/19/17 10:11
 Test: SODIUM; Value: 131; Range: 135-145; Abnormal: Below low normal; Units: MMOL/L; Status: F; Updated: 11/19 10:24
 Test: POTASSIUM; Value: 4.4; Range: 3.5-5.0; Abnormal: ; Units: MMOL/L; Status: F; Updated: 11/19 10:24
 Test: CHLORIDE; Value: 96; Range: 98-109; Abnormal: Below low normal; Units: MMOL/L; Status: F; Updated: 11/19 10:24
 Test: CARBON DIOXIDE; Value: 26; Range: 20-30; Abnormal: ; Units: MMOL/L; Status: F; Updated: 11/19 10:24
 Test: ANION GAP; Value: 9.0; Range: 1-10; Abnormal: ; Status: F; Updated: 11/19 10:24
 Test: CALCIUM; Value: 9.0; Range: 8.5-10.3; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:24
 Test: BLOOD UREA NITROGEN; Value: 7; Range: 5-25; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:34
 Test: CREATININE; Value: 1.01; Range: 0.90-1.30; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:34
 Test: GLOMERULAR FILTRATION RATE; Value: 102; Abnormal: ; Status: F; Updated: 11/19 10:34
 Test Note: 11/19 10:34 T nbsp;; Non-African American
 Test: GLOMERULAR FILTRATION RATE-AA; Value: 118; Abnormal: ; Status: F; Updated: 11/19 10:34
 Test Note: 11/19 10:34 T nbsp;; African American. eGFR UNITS: ml/min/1.73m2. *eGFR >= 60 = Normal GFR or mild decrease in GFR *eGFR 30-59 = Moderate decrease in GFR (Stage 3 CKD) *eGFR 15-29 = Severe decrease in GFR (Stage 4 CKD) *eGFR <15 = End-stage kidney failure (Stage 5 CKD) The equation has not been validated in patients >70 YRS OLD.
 Test: TOTAL PROTEIN; Value: 7.8; Range: 6.0-8.0; Abnormal: ; Units: G/DL; Status: F; Updated: 11/19 10:34
 Test: ALBUMIN; Value: 4.3; Range: 3.2-5.5; Abnormal: ; Units: G/DL; Status: F; Updated: 11/19 10:34
 Test: ALB/GLOB RATIO; Value: 1.2; Range: 1.2-1.7; Abnormal: ; Units: RATIO; Status: F; Updated: 11/19 10:34
 Test: GLOBULIN; Value: 3.5; Range: 2.5-3.9; Abnormal: ; Units: G/DL;

Status: F; Updated: 11/19 10:34
 Test: BILIRUBIN, TOTAL; Value: 0.50; Range: 0.20-1.00; Abnormal: ;
 Units: MG/DL; Status: F; Updated: 11/19 10:34
 Test: SGOT/AST; Value: 27; Range: 10-42; Abnormal: ; Units: IU/L;
 Status: F; Updated: 11/19 10:34
 Test: SGPT/ALT; Value: 21; Range: 10-60; Abnormal: ; Units: IU/L;
 Status: F; Updated: 11/19 10:34
 Test: ALKALINE PHOSPHATASE; Value: 74; Range: 42-121; Abnormal: ;
 Units: IU/L; Status: F; Updated: 11/19 10:34
 Test: GLUCOSE, SERUM; Value: 459; Range: 65-100; Abnormal: Above
 upper panic limits; Units: MG/DL; Status: F; Updated: 11/19 10:39
 Test Note: 11/19 10:39 T nbsp;; CRITICAL RESULTS CALLED ON 11/19/17 AT
 1035 TO: RINDY LAPRADE/RB/CALLED X 2 SNCE 1035 BY: CLIFTON,LYDIA C
 Lab Order: Complete Blood Count W/auto Diff; SPEC'M 11/19/17 10:11
 Test: WHITE BLOOD CELL; Value: 11.6; Range: 4.5-11.0; Abnormal: Above
 high normal; Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: RED BLOOD CELL; Value: 5.32; Range: 4.50-5.90; Abnormal: ;
 Units: M/UL; Status: F; Updated: 11/19 10:18
 Test: HEMOGLOBIN; Value: 15.8; Range: 14.0-17.5; Abnormal: ; Units:
 G/DL; Status: F; Updated: 11/19 10:18
 Test: HEMATOCRIT; Value: 46.0; Range: 35.0-49.0; Abnormal: ; Units:
 %; Status: F; Updated: 11/19 10:18
 Test: MEAN CELL VOLUME; Value: 86.5; Range: 80-96; Abnormal: ; Units:
 UM3; Status: F; Updated: 11/19 10:18
 Test: MCH; Value: 29.7; Range: 27-32; Abnormal: ; Units: PG; Status:
 F; Updated: 11/19 10:18
 Test: MCHC; Value: 34.3; Range: 32-37; Abnormal: ; Units: G/DL;
 Status: F; Updated: 11/19 10:18
 Test: RELL CELL DISTRIBUTION WIDTH; Value: 13.1; Range: 11.5-14.5;
 Abnormal: ; Units: %; Status: F; Updated: 11/19 10:18
 Test: RDW STANDARD DEVIATION; Value: 41.1; Range: 35.1-43.9;
 Abnormal: ; Units: fl; Status: F; Updated: 11/19 10:18
 Test: PLATELETS; Value: 241; Range: 140-440; Abnormal: ; Units: K/UL;
 Status: F; Updated: 11/19 10:18
 Test: MEAN PLATELET VOLUME; Value: 10.8; Range: 7.4-10.4; Abnormal:
 Above high normal; Units: fl; Status: F; Updated: 11/19 10:18
 Test: SEGMENTED NEUTROPHIL PERCENT; Value: 84; Range: 37-80;
 Abnormal: Above high normal; Units: %; Status: F; Updated: 11/19 10:18
 Test: SEGMENTED NEUTROPHIL ABSOLUTE; Value: 9.77; Range: 1.5-6.8;
 Abnormal: Above high normal; Units: K/UL; Status: F; Updated: 11/19
 10:18
 Test: LYMPHOCYTE PERCENT; Value: 10; Range: 10-50; Abnormal: ; Units:
 %; Status: F; Updated: 11/19 10:18
 Test: LYMPHOCYTES ABSOLUTE; Value: 1.10; Range: 1.0-4.0; Abnormal: ;
 Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: MONOCYTE PERCENT; Value: 6; Range: 0-12; Abnormal: ; Units: %;
 Status: F; Updated: 11/19 10:18
 Test: MONOCYTE ABSOLUTE COUNT; Value: 0.64; Range: 0.2-1.0; Abnormal:
 ; Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: EOSINOPHIL PERCENT; Value: 0; Range: 0-7; Abnormal: ; Units: %;
 Status: F; Updated: 11/19 10:18
 Test: EOSINOPHIL ABSOLUTE; Value: 0.05; Range: 0.0-0.5; Abnormal: ;
 Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: BASOPHIL PERCENT; Value: 0; Range: 0-2; Abnormal: ; Units: %;

Status: F; Updated: 11/19 10:18
Test: BASOPHIL ABSOLUTE; Value: 0.04; Range: 0.0-0.2; Abnormal: ;
Units: K/UL; Status: F; Updated: 11/19 10:18
Test: IMMATURE GRANS PERCENT; Value: 0.3; Abnormal: ; Units: %;
Status: F; Updated: 11/19 10:18
Test: IMMATURE GRANS ABSOLUTE; Value: 0.0; Range: 0.0-0.1; Abnormal:
; Status: F; Updated: 11/19 10:18
Lab Order: Thyroid Stimulating Hormone; SPEC'M 11/19/17 10:11
Test: THYROID STIMULATING HORMONE; Value: 1.29; Range: 0.34-5.60;
Abnormal: ; Units: uIU/ML; Status: F; Updated: 11/19 10:48
Lab Order: POC GLU; SPEC'M 11/19/17 10:13
Test: POC GLU; Value: 429; Range: 65-100; Abnormal: Above high
normal; Units: MG/DL; Status: F; Updated: 11/19 10:13

Radiology Order: Chest 1 View - Portable

Test: Chest 1 View - Portable
SOVAH HEALTH - MARTINSVILLE Name: HILL,BRIAN D ; RADIOLOGY DEPT Phys:
EKUBAN-GORDON,EDNA MD ; 320 HOSPITAL DR DOB: 05/26/1990 Age: 27 Sex:
M ; MARTINSVILLE, VA 24112 Acct: MM7805836274 Loc: MM.ER ; PHONE #:
276-666-7223 Exam Date: 11/19/2017 Status: DEP ER ; FAX #:
276-666-7591 Radiology No: ; Unit No: MM00370912 ; EXAMS: EXAM
REASON: ; 000898111 CHEST 1 VIEW - PORTABLE Chest Tightness ;
PORTABLE CHEST ; HISTORY: Seizure. ; COMPARISON: 11/10/2015 ;
FINDINGS: The heart size and configuration are within normal limits ;
for age and portable technique. The lungs are clear. There is no ;
evidence of pleural effusions or pneumothorax. No acute bony ;
abnormality. ; IMPRESSION: No evidence of acute cardiopulmonary
disease. ; ** Electronically Signed by MAROON B KHOURY on 11/19/2017
at 1424 ** ; Reported by: DR. MAROON B KHOURY ; Signed by:
KHOURY,MAROON B ; ; CC: EDNA EKUBAN-GORDON MD ; ; Technologist: KYLEA
ANN KEATTS ; Transcribed Date/Time: 11/19/2017 (1146) ;
Transcriptionist: MMTRSPSB ; Orig Print D/T: S: 11/19/2017 (1424) ;
Reprint D/T: 11/19/2017 (1424) BATCH NO: N/A ;
Radiology Order: CT Head w/o Contrast

Test: CT Head w/o Contrast
SOVAH HEALTH - MARTINSVILLE Name: HILL,BRIAN D ; RADIOLOGY DEPT Phys:
EKUBAN-GORDON,EDNA MD ; 320 HOSPITAL DR DOB: 05/26/1990 Age: 27 Sex:
M ; MARTINSVILLE, VA 24112 Acct: MM7805836274 Loc: MM.ER ; PHONE #:
276-666-7223 Exam Date: 11/19/2017 Status: DEP ER ; FAX #:
276-666-7591 Radiology No: ; Unit No: MM00370912 ; EXAMS: EXAM
REASON: ; 000898114 CT HEAD W/O CONTRAST ; UNENHANCED HEAD CT ;
HISTORY: Head injury. ; COMPARISON: 11/10/2015 ; TECHNIQUE: This CT
examination was performed using one or more of the ; following dose
reduction techniques: automated exposure control, ; adjustment of the
MA and/or KV according to patient size, and/or use ; of iterative
reconstruction techniques. ; Axial CT images were obtained through
the brain without the use of ; intravenous contrast. ; FINDINGS:

There is no evidence of acute infarct, intracranial ; hemorrhage, or
mass effect. Ventricles and sulci are normal for the ; patient's age.
Calvarium is intact. Visualized portions of the ; paranasal sinuses
and orbits are normal. ; IMPRESSION: Negative for acute intracranial
process. ; ** Electronically Signed by MAROON B KHOURY on 11/19/2017
at 1424 ** ; Reported by: DR. MAROON B KHOURY ; Signed by:
KHOURY,MAROON B ; ; CC: EDNA EKUBAN-GORDON MD ; ; Technologist:

EXHIBIT 3

In the Court of Appeals of Virginia
In the City of Richmond

Brian David Hill,)	
Petitioner/Defendant)	
)	Criminal Action No. CR19000009-00
v.)	
)	
Commonwealth of Virginia,)	Civil Action No. _____
Respondent/Plaintiff)	
)	
)	

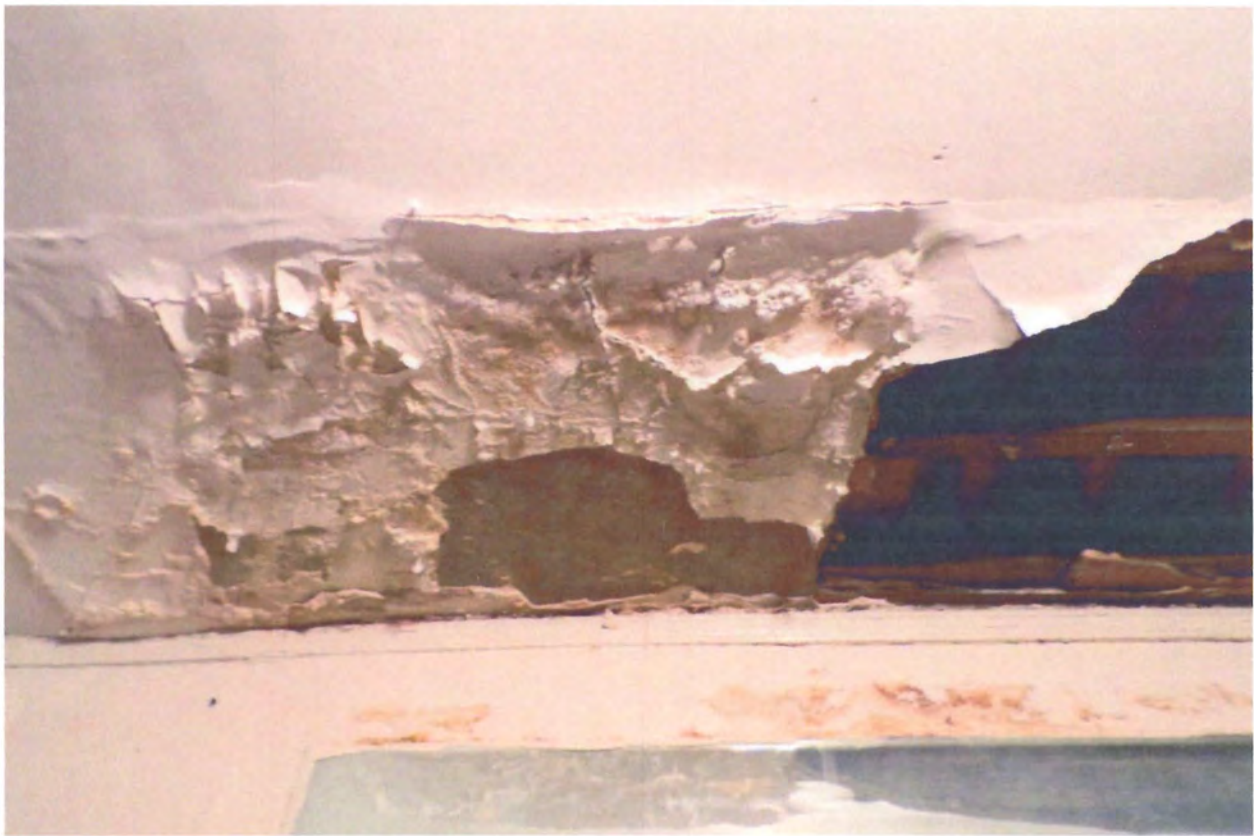
DECLARATION OF ROBERTA HILL IN SUPPORT OF THE PETITIONER BRIAN DAVID HILL'S PETITION FOR THE WRIT OF ACTUAL INNOCENCE

I, Roberta Hill, being first duly sworn upon oath, do hereby depose and state:

On September 21, 2018, I woke up around 4 am hearing a knock at the door. A police officer informed me that they had found my son 2 miles away from home on a walking trail. He said that they took him to the hospital. He asked me if my son was autistic, and I answered "yes".

On January 20, 2019, I had a fireplace expert named Pete Compton of ACE Chimney & Wildlife come out to check on some water damage near the fireplace and he found out that the chimney had been completely covered in tin. He told me that carbon monoxide was coming into my apartment and my son's apartment. He said it condenses and that is what was causing the water damage in the ceiling next to the fireplace in my son's apartment.

Photos I had taken are below.





I declare under penalty of perjury that the foregoing is true and correct.

Executed this 9th day of January, 2022.



Signed

Roberta Hill

310 Forest Street, Apartment 1
Martinsville, Virginia 24112
(276) 790-3505

March 21, 2019

201 Greyson St, Martinsville, VA 24112

Dr. Graney,

We got a letter from Brian yesterday, and he asked us to send photos of the damage on the ceiling and walls around his fireplace in the living room of the apartment where he has been living since May, 2016. There was also white residual inside of his fireplace. The chimney expert who found the carbon monoxide damage said that this could be cleaned with detergent & water so Brian's mom has already cleaned that. It needed months to dry before repairs. There is a carpenter lined up to repair it around April 20th. It was the young son of the owner of the chimney company in Rocky Mount, VA who was sent to clean the fireplace (chimney sweep) and to put screen on all 3 holes to keep birds out of the fireplace; instead he put tin over all 3 holes including the hole for the natural gas heater and the gas water heater in the basement leaving no where for the gas and water steam to escape in October, 2017. None of us were aware that there was tin there and thought it was screen. This took care of the bird problem.

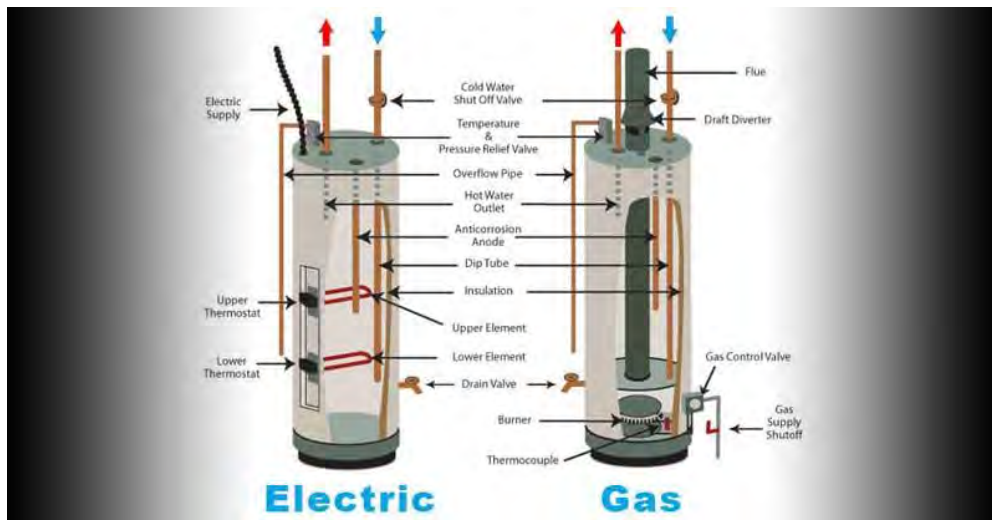
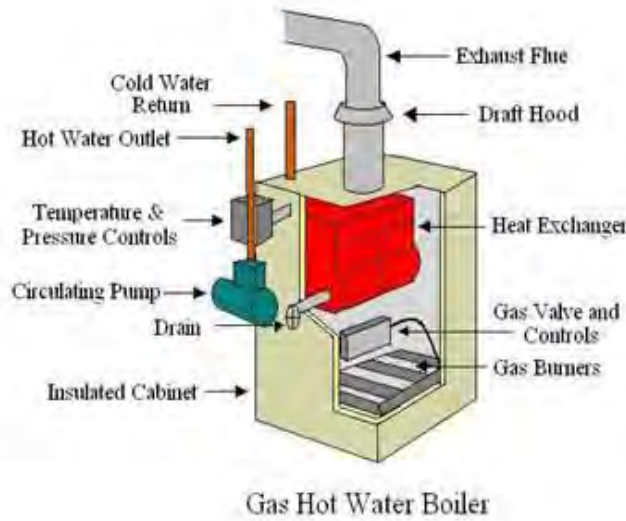
In December, 2017 or January, 2018 there was a snow storm, and that was when we noticed the damage in the ceiling of Brian's apartment but no damage in his mom's ceiling above her fireplace in her apartment. We thought it was odd that there were no problems until the chimney people came. It continued getting worse through the winter, so in the spring Roberta cocked the foundation around her porch because we thought it looked like a foundation problem, not a roof problem because there was no water damage on Roberta's ceiling. Brian's ceiling was below his mom's apartment. After this the problem got worse. Brian's OCD was getting worse too. He was having a diarrhea problem and was using the hot water 6 to 8 hours a day. This is a gas hot water heater with nowhere for the gas & steam to escape. It was escaping apparently through both fireplaces leaving damage in the ceiling in Brian's apartment below the brick (hearth) on the floor in front of Roberta's apartment and all along the walls below Roberta's fireplace into the walls beside of Brian's fireplace (both sides) and the top above the mirror. At the time, it just looked like rain water. We thought eventually half of the ceiling in

Brian's apartment would have water damage. Looking at the photos now, you can clearly see that it is from the gas heaters, not rain and just covered under the hearth of Roberta's fireplace above Brian's on his ceiling so both were effected but up in Roberta's apartment, you couldn't see the damage.

Both Roberta & Brian were complaining about not feeling well, being weak and very tired. We (Brian's grandparents) were moving from one house to another in Martinsville, VA during this time, and Roberta couldn't understand where we got our energy in our 70's when she & Brian were so tired. Roberta tried to help us from time to time with the move, but she couldn't hold out like we could. Both of us are disabled and elderly and are slow and took months for this move. She was always before this stronger than we were. Her head was shaking a lot. We thought it was stress from taking care of Brian and not being able to get much sleep or rest. Brian kept complaining that he couldn't think straight. The cats' personalities had changed, but yet none of us even thought that all of the moisture damage around the fireplace was damage from the moisture & natural gas required to run the natural gas boiler furnace downstairs and the natural gas hot water heater. Now that we know the facts, we all feel bad and guilty for what all has happened to Brian. It takes a long time in Martinsville, VA to locate carpenters and wait for prices and for them to do any work on homes. We also are glad that Brian no longer came back to his house in September, 2018 due to the fact that the carbon monoxide poisoning with the use of the heater through the winter and from the hot water heater was not discovered until January, 2019.

There were many threats due to Brian's fighting to get off from false federal charges. He was set-up with child porn on his computer in 2012, and he and his family have been putting proof in the court with his 2255 since November, 2017 of his innocence, and there have been strange things happening after this date, but then along with the threats (including death threats and threats of putting more child porn in Brian's email after he is released to keep him on the sex registry, sending threats in emails to Brian's family & attorneys and actually sending and bragging about it to Brian and other alternative news people and to Brian's friends after Brian appealed his case in 2015 and the hate cards and letter sent from Nashville, TN with no return address to Brian's mom after we filed the 2255 in Nov. 2017 from Dec. 2017 till May, 2018 and the fake 911 calls in July, 2018 & police coming to the house about the calls that they didn't make.

We wanted to include more information to go along with the photos. We have had natural gas heaters and don't know much about natural gas boiler heaters. Found some photos on the internet to show here of similar in their house.



(gas Boiler furnace & gas hot water heater).

You can now see what is on top of the chimney. The tin has been removed from the hole above the gas hot water boiler (furnace) and the gas hot water heater. The chimney guy from Basset, VA who has done this type of work for 25 years who took the tin off in Jan. 2019 and put the chimney cap on top of their chimney in Feb. 2019 had us to climb on the ladder and showed us what he saw. This is now what you can see from the road, and we now know that it is vented – not even screen on the top of the furnace & water heater venting hole.



This is a similar top photo from the Internet of the chimney cap that was put on the top of Roberta's & Brian's chimney covering all 3 holes with screen on the side.

We are including 7 photos Brian's mom, Roberta took last night (March 20, 2019) of the ceiling & walls showing damage around Brian's fireplace in his living room in his apartment.

Brian's grandparents,

Stella & Ken Forinash

Copy sent to Brian David Hill and 7 photos mailed to Brian.





















EXHIBIT 4

BRIAN HILL (174826) [DOB: 5/26/1990]

X Close  Print

DIAGNOSIS			
Axis/Order	Axis 3/1	Diagnosis	(F42.9) Obsessive-compulsive disorder, unspecified
Axis/Order	Axis 3/2	Diagnosis	(F84.0) Autistic disorder
Axis/Order	Axis 3/3	Diagnosis	(F29) Unspecified psychosis not due to a substance or known physiological condition
Axis/Order	Axis 3/4	Diagnosis	(F41.1) Generalized anxiety disorder
WHODAS 2.0 General Disability			
	Assessment Date	General Raw Score	General Average Score
	Score description	Raw Score	Average Score
	Cognition		
	Mobility		
	Self-care		
	Getting along		
	Life activities		
	Participation		

		Piedmont Community Services 13 MOSS ST SOUTH MARTINSVILLE, VA 24112	
Client Name:	BRIAN HILL	SSN/Acct #	591980319 / 174826
Address:	310 FOREST ST APT 2 MARTINSVILLE VA 24112-4939	Date/Time:	10/24/2018 9:51 AM to 10:23 AM
Insurance:		Employee Name:	CONRAD DAUM / MD
Diagnosis:		Visit Type/CPT	Med Note [Jail] / Nonbill
DOB	5/26/1990		
Notes:	Non-Face-to-Face Service		
HISTORY			
<p>Chief Complaint: Notes: "guy in hodie threatened to kill my mother if I didn't do what he said" "meltdown" He was arrested for walking down the street naked and charged with a probation violation.</p> <p>History of Present Illness (HPI): Notes: local is mental, quality he agreed to zyprexa and zoloft. severity moderate, duration 1st admit 2013 ONLY, time of tx start here 2013, context jail inmate. associated he was convicted for child porn and is on sex registry. He believes he was convicted unfairly by a conspiracy of the court officials. He believes Critical documents proving his innocence were deliberately destroyed. Modify is tx accepted, ils see med hx.</p> <p>Past Medical / Family Medical / Social Hx: . LEGAL HX: He would only discuss the child pron and probation violation convictions.</p> <p>PSYCH HX: He tried suicide, but no family hx, he denied wanting to harm self or others the past month. He denied any SUD or tobacco, Hx autism, OCD, GAD</p> <p>MEDICAL HX: Diabetes, IBS, Eczema, op only wisdom teeth, no fx hx, hypoglycemic seizures, hx concussions during seizures.</p> <p>FAMILY HX: 0 kids, 1/2 sisters=2, 0 brothers, mom living, dad hx unknown no hx of inpatient , SUD, jail. Hx Hypertension, ulcerative colitis,</p> <p>SOCIAL HX: born Orlando FL, raised NC, some HS, single, no church, on disability, lives alone with caretaker's help.</p>			
Review of Symptons (ROS)			
<p>Constitutional: Notes: sleeping ok</p> <p>Eyes: Notes: see ok</p> <p>Ears, Nose, Mouth, Throat: Notes: hear ok</p> <p>Cardiovascular: Notes: no chest pain</p>			

Respiratory: Notes:
breathing ok

Musculoskeletal: Notes:
no LBP

Integumentary (skin and/or breast): Notes:
no tattoos

Neurological: Notes:
seizure hx and diabetic foot neuropathy

Endocrine: Notes:
diabetes

Hematologic/Lymphatic: Notes:
no nodes

Allergic/Immunologic: Notes:
allergy see list

Genitourinary: Notes:
bladder frequency

Gastrointestinal: Notes:
GERD SX, episodic diarrhea

EXAM

Constitutional Vital Signs:

Musculoskeletal

Muscle strength and tone: Notes
ok

Gait and station: Notes
ok

Behavior

Appearance: Well-groomed

Activity: Normal

Attitude: Cooperative

Articulation (Speech): Normal Rate, Rhythm, Volume

Sensorium

Consciousness: Alert

Orientation: Full

Memory: Intact

Attention/Concentration: Adequate

Emotion

Affect: Comfortable and Reactive

Mood: Euthymic

Congruency: Congruent

Suicidal Ideation: None

Homicidal Ideation: None

Thought

Thought Process: Goal-directed

Thought Content: Delusional

Intelligence: Average

(based upon fund of knowledge, comprehension, and vocabulary)

Insight: Full

Judgement: Intact

Perception: Normal

Impression

Brief summary of present status of case: Notes
aims=0

DIAGNOSES

Current Diagnoses:

Effective Date : 10/24/2018

1 (F42.9) Obsessive-compulsive disorder, unspecified

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 03/21/2017

SNOMED: -

2 (F84.0) Autistic disorder

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 03/02/2016

SNOMED: -

3 (F29) Unspecified psychosis not due to a substance or known physiological condition

Diagnosed By : **Diagnosed Date :**

Onset Date : **Previous Onset Date :**

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 10/24/2018
SNOMED: -

4 (F41.1) Generalized anxiety disorder
Diagnosed By : Diagnosed Date :
Onset Date : Previous Onset Date :
Onset Prior to Admission:
R/O: No
Notes: BRITTLE DIABETES
Date Updated: 10/24/2018
SNOMED: -

WHODAS 2.0 General Disability Assessment Date:
Raw Score: Avg Score:
Cognition:
Mobility:
Self-care:
Getting along:
Life activities:
Participation:

Psych Diagnoses & Status

Diagnosis: all

Status: Stable

Medical Diagnoses & Status

COLUMBIA ASSESSMENT

1) Wished to be Dead:

Have you wished you were dead or wished you could go to sleep and not wake up?: No

2) Suicidal Thoughts:

Have you actually had any thoughts of killing yourself?: No

6) Suicidal Behavior Question:

Have you ever done anything, started to do anything, or prepared to do anything to end your life?: Yes

Was this within the past three months? (please explain): No

SUMMARY

Service Modality: Non-Face-to-Face Service

Current Medications:

Medication:insulin aspart U-100 100 unit/mL subcutaneous solution

Start Date:10/24/2018

Dosage:

Frequency:

Medication:olanzapine 2.5 mg tablet

Start Date:10/24/2018

Sig:Take 1 Caplet By Oral Route 1 time at bedtime for mood swings

Medication:sertraline 50 mg tablet

Start Date:10/24/2018

Sig:Take 1 Caplet By Oral Route 1 time after breakfast for anxiety

Plan

Medication Changes: .

Next Appointment: Date

pm

E/M Level: 5

E/M Score: 5

Employee Signature



10/24/18 2:51 PM
CONRAD DAUM - MD
MD



Supervisor's Signature
Approved by CDAUM on 10/24/18
CONRAD DAUM, MD, MD

☰

🔍 condition, procedure, doctor name...

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Conrad Daum, MD

Psychiatrist
Radford, VA

Conrad Daum, MD is a Psychiatrist in Radford, VA. Conrad Daum completed their Residency at Wake Forest U Baptist Medical Center. Following their education, Conrad Daum was board certified by the American Board of Psychiatry.

Conrad Daum, MD does not participate in Zocdoc to offer online booking at this time.

Other highly-rated Psychiatrists nearby



Dr. Marwa Ghabra, MD

Psychiatrist

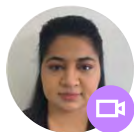
★★★★★ (26)

VIDEO VISIT

View profile

Psychiatrist

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Dr. Sahar Zaidi, MD

Psychiatrist

★★★★★ (8)

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Conrad Daum, MD

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Education and background

Specialties

Psychiatrist

Board certifications

American Board of Psychiatry Certification in Psychiatry

American Board of Addiction Psychiatry Certification in Addiction Psychiatry

American Board of Forensic Psychiatry Certification in Forensic Psychiatry

American Board of Geriatric Psychiatry Certification in Geriatric Psychiatry

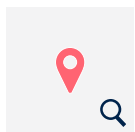
Education and training

University Of Kentucky College Of Medicine (Medical School)

Wake Forest U Baptist Medical Center (Residency)

NPI number ⓘ

Conrad Daum's office location



401 W Main St
Radford, VA 24141

Find an in-network doctor and book online

Conrad Daum does not participate in Zocdoc to offer online booking at this time. Choose from thousands of doctors on Zocdoc and book an appointment online for free.

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Procedures	▼
Locations	▼
Insurances	▼
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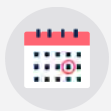
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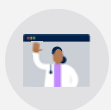
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WARRANT OF ARREST—MISDEMEANOR (LOCAL)

COMMONWEALTH OF VIRGINIA Va. Code § 19.2-71, -72

Martinsville
CITY OR COUNTY

General District Court Criminal Traffic
 Juvenile and Domestic Relations District Court

Martinsville

City County Town

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about 09/21/2018 DATE did unlawfully in violation of Section

13-17/18.2-387 Code or Ordinances of this city, county or town: intentionally make an obscene display of the accused's person or private parts in a public place or in a place where others were present.

EXHIBIT 5

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

SGT. R.D. JONES MPD, Complainant.

Execution by summons permitted at officer's discretion. not permitted.

09/21/2018 05:35 AM

DATE AND TIME ISSUED

Courtney D. Reid

CLERK MAGISTRATE JUDGE
Courtney D. Reid

VIRGINIA
of Martinsville Circuit Court
Clerk's Office.

Received and Filed this the
9th Day of January 2019
at 12:21 P.M.

Teate: [Signature]

*Case
Appealed
Please & Remove
H*

None may be required

**DNA SAMPLE (on file)*

<< 60 >>

CASE NO. C18-3138

ACCUSED:

Hill, Brian David

LAST NAME, FIRST NAME, MIDDLE NAME

310 Forest St Apt 2

ADDRESS/LOCATION

Martinsville, VA 24112

To be completed upon service as Summons

Mailing address Same as above

RACE	SEX	BORN	HT.	WGT.	EYES	HAIR
W	M	MO. DAY YR. 05/26/1990	FT. IN. 6' 00"	150	BLU	BRO

SSN

591-98-0319

DL#

STATE

Commercial Driver's License

CLASS 1 MISDEMEANOR

- EXECUTED by arresting the Accused named above on this day:
- EXECUTED by summoning the Accused named above on this day:
- For legal entities other than individuals, service pursuant to Va. Code § 19.2-76.

9/21/18 0538

DATE AND TIME OF SERVICE

R Jones

ARRESTING OFFICER

22 MPD 113

BADGE NO., AGENCY AND JURISDICTION

for

SHERIFF

Attorney for the Accused:

Pub. Def.

Short Offense Description (not a legal definition):
INDECENT EXPOSURE

Offense Tracking Number:

690GM1800003560

FOR ADMINISTRATIVE USE ONLY

Virginia Crime Code:

OBS-3713-01

LOCAL

C18-3138

(5)

L

*9-21-18
4:00 PM*

Hearing Date/Time
*10-05-18 (BT)
3:00 PM*

*12-21-18
10:45 AM*

The Accused was this day:

tried in absence present

Hall

PROSECUTING ATTORNEY PRESENT (NAME)

Alkove

DEFENDANT'S ATTORNEY PRESENT (NAME)

NO ATTORNEY ATTORNEY WAIVED

If convicted, no jail sentence will be imposed

INTERPRETER PRESENT

Certified pursuant to § 19.2-190.1.

Plea of Accused:

not guilty Witnesses sworn

nolo contendere

guilty Plea voluntarily and intelligently entered after the defendant was apprised of his right against compulsory self-incrimination and his right to confront the witnesses against him.

Plea and Recommendation

And was TRIED and FOUND by me:

not guilty guilty as charged

guilty of
VCC

facts sufficient to find guilt but defer adjudication/disposition to

DATE AND TIME

and place accused on probation, §§ 4.1-305, 18.2-57.3, 18.2-251 or 19.2-303.2.

A separate order for First Offender is attached and incorporated in this order.

Costs imposed upon defendant.

DATE

JUDGE

And was FOUND by me to be:

driving a commercial motor vehicle

carrying hazardous materials

I ORDER a nolle prosequi on prosecution's motion

I ORDER the charge dismissed with prejudice

conditioned upon payment of costs and

successful completion of

traffic school

mature driver school, § 16.1-69.48:1,

accord and satisfaction, § 19.2-151.

under §§ 4.1-305, 18.2-57.3, 18.2-251 or 19.2-303.2.

Guilty – upon a violation of a term or condition of a deferred adjudication/disposition.

I impose the following Disposition:

FINE CIVIL PENALTY of \$
with \$ suspended

JAIL SENTENCE of *30 days*
imposed, of which days
mandatory minimum, with suspended

for a period of, conditioned upon being of good behavior, keeping the peace, obeying this order and paying fines and costs. Credit is allowed pursuant to § 53.1-187 for time spent in confinement.

Serve jail sentence beginning
 on weekends only

Work release authorized if eligible required
 not authorized

Public work force authorized not authorized

on PROBATION for

VASAP local community-based probation agency

Monitoring by GPS/other tracking device

DRIVER'S LICENSE suspended for

Restricted Driver's License per attached order

Ignition Interlock for

RESTITUTION order incorporated

Restitution payment is a condition of suspended sentence

COMMUNITY SERVICE hours to be completed by

and supervised by

to be credited against fines and costs

Contact prohibited between defendant and victim/ victim's family or household members

Other:

Reimburse Commonwealth for investigatory medical fees

Pay \$50 to the Court for Trauma Center Fund

Bail on Appeal \$

Remanded for CCRE Report

DRIVER'S LICENSE/PRIVILEGE TO DRIVE IN VIRGINIA
SUSPENDED EFFECTIVE IN 30 DAYS IF FINES, COSTS,
FORFEITURES, PENALTIES OR RESTITUTION ARE NOT
PAID. Va. Code § 46.2-395.

12-21-2015

DATE

JUDGE

Offense Tracking Number: 690GM1800003560

FINE

LOCALITY \$

COSTS

223 LIQUIDATED DAMAGES

461 FIXED MISD FEE *61-00*

462 FIXED DRUG MISD FEE

001 INT CRIM CHILD FEE *15-00*

113 WITNESS FEE

113 IGNITION INTERLOCK

113 DUI FEE

113 *DNA* *38-00*

121 TRIAL IN ABSENCE FEE *233* *15-00*

133 BLOOD TEST FEE

137 TIME TO PAY *10-00*

192 TRAUMA CENTER FEE

202 WITNESS FEE

217 CT. APPT. ATTY *120-00*

228 COURTHOUSE CONSTRUCTION FEE

234 JAIL ADMISSION FEE *25-00*

243 LOCAL TRAINING ACADEMY FEE

244 COURTHOUSE SECURITY FEE *10-00*

OTHER (SPECIFY):

241 *5.00*

TOTAL \$ *299-00*

Stay of the proceedings pursuant to § 16.1-131.1

DATE

JUDGE *2*

CRIMINAL COMPLAINT

RULES 3A:3 AND 7C:3

Commonwealth of Virginia

General District Court

Juvenile and Domestic Relations District Court

Martinsville

CITY OR COUNTY

Under penalty of perjury, I, the undersigned Complainant swear or affirm that I have reason to believe that the Accused committed a criminal offense, on or about

09/21/2018

in the City County Town

DATE OFFENSE OCCURRED

of Martinsville

I base my belief on the following facts: (Print ALL information clearly.)

On the above date I responded to the area of Pine St. at the steps for the Dick and Willie Trail due to a naked white male that had been seen running on Hooker St from Church St. Officers were in the area of Hooker St and had not located the male. I walked down the steps to the trail where i herd foot steps coming towards me. I could see a person walking on the trail and they stopped. I signed my light on the male and he turned and ran. He was naked except for his shoes and socks. The male had items in his hand when he ran. I chased the suspect off the left side of the trail down a bank and into the creek. I was yelling stop and show me your hands during the chase. When the male was detained he was read Miranda and started talking about a black male in a hoodie made him get naked and take pictures of himself. He was transported to the hospital due to knee pain. While at the Hospital he stated that he was alone when he took the photos of himself and he gave Ofc. Warnick promising to view his camera. On the Camera was several photo of himself naked around the city. He was medically and psychologically cleared. He was arrested for indecent Exposure. Mr. Hill's clothing was located in his bag. All took place in the city.

The statements above are true and accurate to the best of my knowledge and belief.

In making this complaint, I have read and fully understand the following:

By swearing to these facts, I agree to appear in court and testify if a warrant or summons is issued.

The charge in this warrant cannot be dismissed except by the court, even at my request.

Sgt. R. Jones #220

NAME OF COMPLAINANT (LAST, FIRST, MIDDLE)
(PRINT CLEARLY)

[Signature]
SIGNATURE OF COMPLAINANT

Subscribed and sworn to before me this day.

09/21/2018 05:35 AM

DATE AND TIME

Courtney D Reid

CLERK MAGISTRATE JUDGE

x

Courtney D. Reid

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address/Location

Hill, Brian David

LAST NAME, FIRST NAME, MIDDLE NAME

310 Forest St Apt 2

Martinsville, VA 24112

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		Mo.	DAY	YR.	FT.	IN			
W	M	05	26	90	6	0	150	BLU	BRN

SSN

591-98-0319

Complainant is not a law-enforcement officer or animal control officer. Authorization prior to issuance of felony arrest warrant given by
 Commonwealth's attorney
 Law-enforcement agency having jurisdiction over alleged offense

NAME OF PERSON AUTHORIZING ISSUANCE OF WARRANT

DATE AND TIME AUTHORIZATION GIVEN

13-17 Indecent Exposure

Reviewed by List

Balakrishnan, Shyam E, MD on 1/15/2018 18:06

Results

CBC WITH AUTO DIFF (CBCD) (Order 368602037)

CBC WITH AUTO DIFF (CBCD) [368602037] (Abnormal)

Resulted: 07/31/18 1210, Result status: Final result

Ordering provider: Balakrishnan, Shyam E, MD 07/31/18 1110

Resulting lab: GENESYS MARTINSVILLE

Specimen Information

Type	Source	Collected On
Blood, Venous	—	07/31/18 1122

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.0	4.8 - 10.8 x10	—	gen martinsvi
RBC	5.53	4.50 - 5.30 x10	H	gen martinsvi
Hemoglobin	16.3	13.0 - 16.0 G/DL	H	gen martinsvi
Hematocrit	49.1	37.0 - 49.0 %	H	gen martinsvi
MCV	89	78 - 98 fL	—	gen martinsvi
MCH	29.5	27.0 - 34.6 pg	—	gen martinsvi
MCHC	33.2	33.0 - 37.0 g/dL	—	gen martinsvi
RDW	12.3	11.5 - 14.5 %	—	gen martinsvi
Platelet Count	235	130 - 400 x10	—	gen martinsvi
MPV	8.9	7.4 - 10.4 fL	—	gen martinsvi
Seg	65.5	42.0 - 75.0 %	—	gen martinsvi
Lymph	20.9	21.0 - 51.0 %	L	gen martinsvi
Monos	11.4	2.0 - 13.0 %	—	gen martinsvi
Eos	1.6	0.0 - 10.0 %	—	gen martinsvi
Baso	0.6	0.0 - 2.0 %	—	gen martinsvi
Absolute Neut	5.30	1.80 - 7.70 x10	—	gen martinsvi
Absolute Lymph	1.70	1.00 - 5.00 x10	—	gen martinsvi
Absolute Mono	0.90	0.00 - 0.80 x10	H	gen martinsvi
Absolute Eos	0.10	0.00 - 0.70 X 10	—	gen martinsvi
Absolute Basophils	0.00	0.00 - 0.20 X10	—	gen martinsvi

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
212 - gen martinsvi	GENESYS MARTINSVILLE	Unknown	1107 A Brookdale St Martinsville VA 24112	09/14/10 1517 - Present

Reviewed by List

Balakrishnan, Shyam E, MD on 8/1/2018 10:31

Results

COMPREHENSIVE METABOLIC PANEL (COMP) (Order 368602038)

COMPREHENSIVE METABOLIC PANEL (COMP) [368602038] (Abnormal)

Resulted: 07/31/18 1210, Result status: Final result

Ordering provider: Balakrishnan, Shyam E, MD 07/31/18 1110

Resulting lab: GENESYS MARTINSVILLE

Specimen Information



MARTINSVILLE FP IM
1107A BROOKDALE
STREET

Hill, Brian David
MRN: 7244793, DOB: 5/26/1990, Sex: M
Visit date: 7/31/2018

Type	Source	Collected On
Blood, Venous	—	07/31/18 1122

Components

Component	Value	Reference Range	Flag	Lab
Sodium	137	135 - 145 mmol/L	—	gen martinsvi
Potassium	4.4	3.5 - 5.3 mmol/L	—	gen martinsvi
Chloride	101	98 - 110 mmol/L	—	gen martinsvi
CO2	29	21 - 31 mmol/L	—	gen martinsvi
Urea Nitrogen	10	7.0 - 22.0 mg/dL	—	gen martinsvi
Creatinine	1.02	0.50 - 1.40 mg/dL	—	gen martinsvi
Glom Filtr Rate, Estimated	87	>60	—	gen martinsvi
Glucose, Bld	237	70 - 99 mg/dL	H	gen martinsvi
Total Protein	7.1	6.0 - 8.3 g/dL	—	gen martinsvi
Albumin	4.0	3.2 - 5.5 g/dl	—	gen martinsvi
Calcium	9.2	8.5 - 10.7 mg/dL	—	gen martinsvi
Total Bilirubin	0.5	0.0 - 1.3 mg/dL	—	gen martinsvi
Alkaline Phosphatase, Serum	77	42 - 121 IU/L	—	gen martinsvi
AST	18	15 - 45 IU/L	—	gen martinsvi
ALT	18	10 - 60 IU/L	—	gen martinsvi
Globulin	3.1	g/dl	—	gen martinsvi
A/G Ratio	1.3	—	—	gen martinsvi
Anion Gap	11.4	mmol/L	—	gen martinsvi
Osmolality	280.56	mmol/L	—	gen martinsvi
Bun/Creatinine	9.80	RATIO	—	gen martinsvi

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
212 - gen martinsvi	GENESYS MARTINSVILLE	Unknown	1107 A Brookdale St Martinsville VA 24112	09/14/10 1517 - Present

Reviewed by List

Balakrishnan, Shyam E, MD on 8/1/2018 10:31

Results

HEMOGLOBIN A1C(HA1C) (Order
368602039)

HEMOGLOBIN A1C(HA1C) [368602039] (Abnormal)

Resulted: 07/31/18 1149, Result status: Final result

Ordering provider: Balakrishnan, Shyam E, MD 07/31/18 1110

Resulting lab: GENESYS MARTINSVILLE

Specimen Information

Type	Source	Collected On
Blood, Venous	—	07/31/18 1122

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	9.1	3.8 - 5.9 %	H	gen martinsvi

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
212 - gen martinsvi	GENESYS MARTINSVILLE	Unknown	1107 A Brookdale St Martinsville VA 24112	09/14/10 1517 - Present

Reviewed by List

Balakrishnan, Shyam E, MD on 8/1/2018 10:31

Balakrishnan, Shyam E, MD on 7/31/2018 11:50



MARTINSVILLE FP IM
1107A BROOKDALE
STREET

Hill, Brian David
MRN: 7244793, DOB: 5/26/1990, Sex: M
Visit date: 7/31/2018

END OF REPORT

Secondary Polycythemia Symptoms and Treatment

By [Deborah Leader, RN](#) ⓘ
Updated July 11, 2019

✓ Medically reviewed by a
[board-certified physician](#)



KTSDESIGN/SCIENCE PHOTO LIBRARY / Getty Images

Similar to [primary polycythemia vera](#) ⓘ, secondary polycythemia is a disorder that causes an over-production of red blood cells. When too many red blood cells are produced, the blood becomes thick, hindering its passage through the smaller blood vessels.

The difference between the two has to do with what the disorder is associated with. Secondary polycythemia is associated with an underlying disease process (such as COPD), but primary polycythemia is not.

Causes

Because secondary polycythemia is associated with an underlying disease process, factors that affect the red blood cells are usually a cause. The job of a red blood cell is to deliver oxygen to the body tissues. Smoking, for example, interferes with this process, so it is a common cause of secondary polycythemia. Others include:

- Chronic carbon monoxide exposure

<https://www.verywellhealth.com/secondary-polycythemia-copd-complications-914682>

CBC WITH AUTO DIFF (CBCD) [368602037] (Abnormal)

Ordering provider: Balakrishnan, Shyam E, MD 07/31/18 1110

Resulting lab: GENESYS MART

Specimen Information

Type	Source	Collected On
Blood, Venous	—	07/31/18 1122

Components

Component	Value	Reference Range	Flag
WBC	8.0	4.8 - 10.8 x10	—
RBC	5.53	4.50 - 5.30 x10	H
Hemoglobin	16.3	13.0 - 16.0 G/DL	H
Hematocrit	49.1	37.0 - 49.0 %	H
MCV	89	78 - 98 fL	—
MCH	29.5	27.0 - 34.6 pg	—
MCHC	33.2	33.0 - 37.0 g/dL	—
RDW	12.3	11.5 - 14.5 %	—
Platelet Count	235	130 - 400 x10	—
MPV	8.9	7.4 - 10.4 fL	—
Seg	65.5	42.0 - 75.0 %	—
Lymph	20.9	21.0 - 51.0 %	⊥
Monos	11.4	2.0 - 13.0 %	—
Eos	1.6	0.0 - 10.0 %	—
Baso	0.6	0.0 - 2.0 %	—
Absolute Neut	5.30	1.80 - 7.70 x10	—
Absolute Lymph	1.70	1.00 - 5.00 x10	—
Absolute Mono	0.90	0.00 - 0.80 x10	H
Absolute Eos	0.10	0.00 - 0.70 X 10	—
Absolute Basophils	0.00	0.00 - 0.20 X10	—

Sovah Health Martinsville

320 Hospital Drive
Martinsville, VA 24112
276-666-7237

7806761243

**Emergency Department
Instructions for:**

Hill, Brian D

Arrival Date:

Friday, September 21, 2018

Thank you for choosing **Sovah Health Martinsville** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Hinchman, Brant, DO

Diagnosis: Abrasion, right knee; Abrasion of unspecified front wall of thorax

DISCHARGE INSTRUCTIONS	FORMS
VIS, Tetanus, Diphtheria (Td) - CDC Abrasion, Easy-to-Read Knee Pain, Easy-to-Read	Medication Reconciliation
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: Tomorrow; Reason: Further diagnostic work-up, Recheck today's complaints, Continuance of care Emergency Department When: As needed; Reason: Fever > 102 F, Trouble breathing, Worsening of condition	None
SPECIAL NOTES	
None	

National Hopeline Network: 1-800-784-2433

If you received a narcotic or sedative medication during your Emergency Department stay you should not drive, drink alcohol or operate heavy machinery for the next 8 hours as this medication can cause drowsiness, dizziness, and decrease your response time to events.

I hereby acknowledge that I have received a copy of my transition care record and understand the above instructions and prescriptions.

Brian D. Hill

Brian Hill

Jenica Tate, RN, BSN

ED Physician or Nurse
09/21/2018 04:52

EMERGENCY DEPARTMENT RECORD

Physician Documentation

Sovah Health Martinsville

Name: Brian Hill

Age: 28 yrs

Sex: Male

DOB: 05/26/1990

MRN: MM00370912

Arrival Date: 09/21/2018

Time: 04:04

Account#: MM7806761243

Bed ER 9

Private MD:

ED Physician Hinchman, Brant

HPI:

09/21

04:40 This 28 yrs old White Male presents to ER via Law Enforcement with complaints of Knee Pain. bdh

09/21

04:48 28-year-old male with diabetes and autism presents for evaluation after complaining of right knee pain and scrapes and abrasions. bdh
Patient was apparently taking pictures of himself in the nude across town this evening and when police attempted apprehend him brain through Briar patch. Patient does report scratches and abrasions to the right knee but no pain on range of motion. Unknown last tetanus..

Historical:

- Allergies: Ranitidine;

- PMHx: autism; Diabetes - IDDM; OCD;

- Exposure Risk/Travel Screening:: Patient has not been out of the country in last 30 days. Have you been in contact with anyone who is ill that has traveled outside of the country in the last 30 days? No.

- Social history:: Tobacco Status: The patient states he/she has never used tobacco. The patient/guardian denies using alcohol, street drugs, The patient's primary language is English. The patient's preferred language is English.

- Family history:: No immediate family members are acutely ill.

- Sepsis Screening:: Sepsis screening negative at this time.

- Suicide Risk Screen:: Have you been feeling depressed in the last couple of weeks? No Have you been feeling hopeless to the extent that you would want to end your life? No Have you attempted suicide or had a plan to attempt within the last 12 months? No.

- Abuse Screen:: Patient verbally denies physical, verbal and emotional abuse/neglect.

- Tuberculosis screening:: No symptoms or risk factors identified.

- The history from nurses notes was reviewed: and my personal history differs from that reported to nursing.

ROS:

09/21

04:49 All other systems are negative, except as documented below. bdh

Constitutional: Negative for chills, fever. Respiratory: Negative for

FOLLOW UP INSTRUCTIONS

Private Physician

When: Tomorrow

Reason: Further diagnostic work-up, Recheck today's complaints, Continuance of care

Emergency Department

When: As needed

Reason: Fever > 102 F, Trouble breathing, Worsening of condition

→ 806761243

Brian Hill
MRN: MM00370912
ACCT: MM7806761243

MRN # MM00370912

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

TESTS AND PROCEDURES

Labs

None

Rad

None

Procedures

None

Other

Call ERT, IV saline lock

Chart Copy

7806761234

cough, dyspnea on exertion, shortness of breath. MS/extremity:
Positive for pain, Negative for decreased range of motion,
paresthesias, swelling, tenderness, tingling. Skin: Positive for
abrasion(s), Negative for rash, swelling.

Exam:

09/21

04:49 Constitutional: This is a well developed, well nourished patient who bdh
is awake, alert, and in no acute distress. Head/Face: Normocephalic,
atraumatic. Eyes: Pupils equal round and reactive to light,
extra-ocular motions intact. Lids and lashes normal. Conjunctiva
and sclera are non-icteric and not injected. Cornea within normal
limits. Periorbital areas with no swelling, redness, or edema. ENT:
Oropharynx with no redness, swelling, or masses, exudates, or
evidence of obstruction, uvula midline. Mucous membranes moist. No
meningismus. Neck: Supple, full range of motion without nuchal
rigidity, or vertebral point tenderness. No Meningismus. No JVD
Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No
gallops, murmurs, or rubs. No JVD. No pulse deficits. Respiratory:
Lungs have equal breath sounds bilaterally, clear to auscultation and
percussion. No rales, rhonchi or wheezes noted. No increased work
of breathing, no retractions or nasal flaring. Abdomen/GI: Soft,
non-tender, with normal bowel sounds. No distension or tympany. No
guarding or rebound. No pulsatile mass. Back: No spinal
tenderness. No costovertebral tenderness. Full range of motion.
Skin: Multiple superficial abrasions to the groin and abdomen
without fluctuance or tenderness. MS/ Extremity: Pulses equal, no
cyanosis. Neurovascular intact. Full, normal range of motion. No
peripheral edema, tenderness. Abrasion to right knee but nontender,
no deformity or swelling. Ambulating without difficulty. Neuro:
Awake and alert, GCS 15, oriented to person, place, time, and
situation. Cranial nerves II-XII grossly intact. Psych: Awake,
alert, with orientation to person, place and time. Behavior, mood,
and affect are within normal limits.

Vital Signs:

09/21

04:09 BP 124 / 86; Pulse 119; Resp 19; Temp 98; Pulse Ox 98% ; Weight 99.79 jt
kg; Height 6 ft. 0 in. (182.88 cm); Pain 0/10;

09/21

05:01 BP 119 / 80; Pulse 106; Resp 16; Temp 98.2; Pulse Ox 99% ; Pain 0/10; jt
09/21

04:09 Body Mass Index 29.84 (99.79 kg, 182.88 cm) jt

MDM:

09/21

04:04 MSE Initiated by Provider. bdh

09/21

04:50 Differential diagnosis: fracture, sprain, penetrating trauma, et al. bdh

ED course: Cleared from a psychiatric standpoint by Behavioral
Health. Patient will be discharged to jail. No new complaints.. Data
reviewed: vital signs, nurses notes. Counseling: I had a detailed

discussion with the patient and/or guardian regarding: the historical
points, exam findings, and any diagnostic results supporting the

discharge/admit diagnosis, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home.

09/21
04:16 Order name: Call ERT; Complete Time: 04:25 bdh
09/21
04:16 Order name: IV saline lock; Complete Time: 04:36 bdh
09/21
04:29 Order name: Other: NO suicidal homicidal risk; Complete Time: 05:03 bdh

Dispensed Medications:

Discontinued: NS 0.9% 1000 ml IV at 999 mL/hr once
09/21
04:36 Drug: Tetanus-Diphtheria Toxoid Adult 0.5 ml {Manufacturer: Grifols Therapeutics. Exp: 09/27/2020. Lot #: A112A. } Route: IM; Site: right deltoid; lb1
09/21
05:04 Follow up: Response: No adverse reaction lb1
09/21
04:36 Drug: NS 0.9% 1000 ml Route: IV; Rate: 999 mL/hr; Site: right arm; Delivery: Primary tubing; lb1
09/21
05:11 Follow up: IV Status: Completed infusion dr

Disposition:

09/21
04:52 Electronically signed by Hinchman, Brant, DO at 04:52 on 09/21/2018. bdh
Chart complete.

Disposition:

09/21/18 04:52 Discharged to Jail/Police. Impression: Abrasion, right knee, Abrasion of unspecified front wall of thorax.
- Condition is Stable.
- Discharge Instructions: VIS, Tetanus, Diphtheria (Td) - CDC, Abrasion, Easy-to-Read, Knee Pain, Easy-to-Read.
- Medication Reconciliation form.
- Follow up: Private Physician; When: Tomorrow; Reason: Further diagnostic work-up, Recheck today's complaints, Continuance of care. Follow up: Emergency Department; When: As needed; Reason: Fever > 102 F, Trouble breathing, Worsening of condition.
- Problem is new.
- Symptoms have improved.

Order Results:

There are currently no results for this order.

Signatures:

Dispatcher MedHost		EDMS
Tate, Jessica, RN	RN	jt
Hinchman, Brant, DO	DO	bdh

Ramey, Nicole nmr
Bouldin, Lauren, RN RN lbl
Reynolds, Daniel R RN dr

Corrections: (The following items were deleted from the chart)

09/21
04:48 09/21 04:16 COMPREHENSIVE METABOLIC PANEL+LAB ordered. EDMS EDMS
09/21
04:48 09/21 04:16 COMPLETE BLD COUNT W/AUTO DIFF+LAB ordered. EDMS EDMS
09/21
04:49 09/21 04:16 CPK, TOTAL+LAB ordered. EDMS EDMS
09/21
04:50 09/21 04:16 ALCOHOL, ETHYL+LAB ordered. EDMS EDMS
09/21
04:50 09/21 04:16 STAT OVERDOSE PANEL+LAB ordered. EDMS EDMS
09/21
04:52 09/21 04:52 09/21/2018 04:52 Discharged to Jail/Police. Impression: bdh
Abrasion, right knee; Abrasion of unspecified front wall of thorax.
Condition is Stable. Discharge Instructions: Medication
Reconciliation. Follow up: Private Physician; When: Tomorrow; Reason:
Further diagnostic work-up, Recheck today's complaints, Continuance
of care. Follow up: Emergency Department; When: As needed; Reason:
Fever > 102 F, Trouble breathing, Worsening of condition. Problem is
new. Symptoms have improved. bdh
09/21
04:54 09/21 04:16 URINALYSIS W/REFLEX TO CULTURE+LAB ordered. EDMS EDMS

BRIAN DAVID HILL - Just found out more about Brian to share with you. This has to do with carbon monoxide poisoning

From: Ken & Stella (kenstella2007@yahoo.com)

To: jason_mcmurray@vawp.uscourts.gov

Cc: rbhill67@yahoo.com

Date: Sunday, March 10, 2019, 04:44 PM EDT

EXHIBIT 8

Hi Jason,

We (Brian's mom & grandparents) have been wanting to thank you for all of your support for Brian since 2015. He is blessed to have you in his life, knows all you have done to help him all of these years and appreciates it and you. He was impressed that you stood up for him in court and has told us all about it more than once. Right now he seems to be getting along well in Butner, meeting new friends and is impressed with all of the prison guards and employees there and was in the Roanoke and Martinsville jails as well. We think for the first time, Dr. Grainey also knows that he is innocent of the initial charge of knowingly downloading child porn. When one knows all the facts, he is innocent. The facts are in the court, all of the proof of his innocence. It will be interesting to see her report. I am sending this email to Brian's mom, Roberta. We saw Brian yesterday, and he is well looking forward to being released.

We have new information to share with you and will take a copy of this new information to his attorney in Martinsville, VA tomorrow and might need to send a copy to his federal attorney in Roanoke as well. Jason, we know that you are very busy but would appreciate a reply that you did get this email. We are enclosing a

copy of the letter Brian's mom, Roberta wrote to Brian that we will send to him in the mail tomorrow to show to Dr. Grainy. We're also sending a copy of a 6 page document we wrote to Brian in the mail to show Dr. Grainy and 2 receipts of proof.

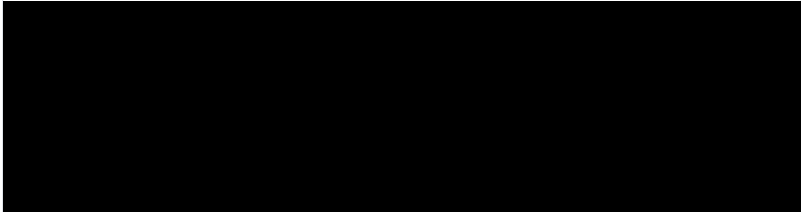
I think you might know a little if you remember the leak in Brian's fireplace in his apartment as well as the damage along the wall and ceiling near his fireplace. It was all a mystery because his mom's fireplace, wall and ceiling above his did not have any damage. Anyway, we discovered what the problem was on January 30th this year and are now aware that this all can explain why Brian left the house the night of Sept. 21st and was walking all around Martinsville miles from home confused. We were in shock when we found out, and I'm sure that you and Preston were too. This was not anything Brian had ever done before, but the 9 pages attachment helps us understand what was going on with him. After we all 4 (Brian, his mom, and we, (grandparents) talked about this at Butner yesterday, Brian asked us to write him about it and to send the proof. He wanted to know if that could have caused his confusion and memory loss so his mom told him we would check into it when we get home and let him know.

We have also sent the proof to his attorney (Martinsville & Roanoke) about the threats he had received (as well as the emails where this person sending these threats to Brian, Sue Basko (attorney) and others admitted to setting Brian up with CP (child porn) and admitted putting it on his computer. When Brian was trying to

appeal his case in January, 2015 they were sending more emails to Sue Basko who had informed the court in Sept 2014 that Brian was innocent threatening Brian's life if he didn't stop the appeals, threatening him, his family, his attorneys, Sue and his friends. We still have copies of these in our emails and sent copies. Someone has been sending hate greeting cards to his mom from Dec. 2017 to May 2018 postmarked from Nashville, TN with no return address. It looks like they are criticizing her YouTube videos and the books she writes, but then they are also criticizing her family from WV when they told her to leave out the walnuts from WV. We all wrote affidavits in Brian's 2255 in the federal courts in Nov, 2017, so if they look up our names on google, they would find her address from the affidavits we sent to the court, her Amazon author page and her YouTube page, and would find out if they look up Brian's grandparents' names from the affidavits that we are both from WV and have written books about the roots of a hillbilly family from WV. After Roberta put the following video on YouTube in May, 2018, they didn't send anymore cards, but other things have happened since May, 2018 that could explain that all Brian went through could have been real threats that night. We sent all of this to both of his attorneys and to Dr. Grainey and others. This is Roberta's video about the greeting cards and hate mail (Brian wanted us to show you). Roberta still has the cards if anyone wants to see them.

[The RH Negative Blood Type: Hate](#)





The RH Negative Blood Type: Hate

Jason, again thank you for all of the help and understanding you have given to Brian. Here is the 2 page letter from Roberta to Brian, the 6 page history with proof from Brian's grandparents called "Carbon monoxide poisoning", and 2 other pages: work proposal Jan 30, 2019 and Receipt from February 4, 2019. If you need copies, Roberta can also take photos of the fireplace, damaged walls around it and the hole in the ceiling where that part of the ceiling fell to send to you.

Sincerely,
Brian David Hill's grandparents, Stella & Ken Forinash



Brian-Letter-March-2019.pdf
330.9kB



Carbon Monoxide Poisoning.pdf
859.9kB



receipt 2-04-2019.jpg
391.6kB



work proposal dated Jan 30, 2019.jpg
337.4kB

Hey Brian,

I hope you are doing well.

Brian, here is an excerpt from a *USA Today* article about Hayley Moss. She is the lawyer I told you about on Saturday.

“Zumpano Patricios now calls Moss "one of the first documented autistic attorneys to join the Florida Bar and a major law firm," though firm co-founder Joe Zumpano believes "she may be one of the first nationally."”

I know you have an interest in law, too, so she reminds me of you. She also is an author, just like you.

Remember when I told you that the fireplace man found out that our chimney had been completely sealed and that would have exposed our apartments to carbon monoxide?

Brian I looked up the effects of carbon monoxide poisoning and copy and pasted them on here. Both of us were complaining that we were tired a lot. The fireplace man told us that carbon monoxide would settle down to the lowest part of our home, which would be the basement; however your apartment is just above the basement and lower than my apartment.

Because the symptoms of carbon monoxide poisoning can be vague and nonspecific, the diagnosis may be missed or not suspected, particularly when vague, flu-like symptoms develop.

- *Headache,*
- *dizziness, and*
- *nausea are the most common symptoms.*

Other possible symptoms and signs include

- *malaise,*
- *fatigue,*

- chest pain,
- shortness of breath,
- vomiting,
- diarrhea,
- weakness,
- abdominal pain, or
- fecal and urinary incontinence.

A number of different psychological and neurologic symptoms can also be present. These can include agitation, confusion, depression, lethargy, impulsiveness, hallucinations, confabulation, distractibility, and memory problems. Visual disturbances and seizure, as well as fainting (syncope), can also be related to carbon monoxide toxicity. Severe cases of carbon monoxide poisoning can lead to coma and death.

https://www.medicinenet.com/carbon_monoxide_poisoning_symptoms_and_signs/symptoms.htm

I think you need to discuss this in your next meeting with Dr. Grainy and show her this list. This also needs to be brought up at your hearing in Martinsville. You told me that you don't remember everything that happened that night.

I enjoyed our visit on Saturday! I miss you!

Love,

Mom

Carbon monoxide poisoning

By Brian David Hill's Grandparents, Stella & Ken Forinash on March 10, 2019

Roberta & Brian bought their home in January, 2016; moved in their new home in May, 2016. During the summer of 2017, we noticed many birds flying high above their house and one by one moving into the chimney each evening. <https://www.owenschimneysystems.com/its-chimney-swift-season/>. There are 3 chimney openings (one for the fireplace in Roberta's apartment, one for the fireplace in Brian's apartment and one for the gas furnace and gas hot water heater in the basement). These birds are called "Chimney Swifts". After Roberta was sure the birds were no longer here (in October or November, 2017), she called a chimney sweep company in Rocky Mount, VA to clean the chimney and put a screen over the chimney holes to keep the birds away. We noticed in 2018, there were no birds: however, a couple of months after the chimney people did their work during a snow storm in Dec. 2017, we noticed some ceiling damage in Brian's living room and what we thought was water damage in his fireplace, ceiling and walls all around his fireplace. No problems with Roberta's fireplace, so Roberta thought it was a foundation problem and cocked all around the house above Brian's fireplace. Roberta's apartment is on the top floor, Brian's apartment is below hers and the gas furnace & gas hot water heater is in the basement below Brian's apartment. She noticed more damage each month in the ceiling and around the fireplace in Brian's apartment, thought the problem was a foundation problem since her fireplace above Brian's was not getting any water damage. She noticed after she cocked the house, the leak was getting worse, She called a foundation company and waited for months for them to check the foundation of the house. They came after Brian was already in jail and told her it was not a foundation problem but a roofing problem.



We called a roofing company who said that the roof was in good shape but she needed to put some type of flashing and other things around the chimney to bring the roof up costing \$2,600. After they left, she noticed that her fireplace was now leaking and a few weeks before they came the ceiling all around Brian's fireplace had fallen down due to all of the moisture. We called a carpenter, and he noticed that the ceiling that had fallen and needed to be replaced was right below the bricks from Roberta's fireplace platform. She called the roofing people back, and they told her that she needs to have a cap put over her fireplace. They were supposed to talk to their boss and call back, but after waiting a week, we decided to call a chimney company from Bassett, VA who had an A+ rating on the Better Business web site. He came to check to see what she needed and to give a price. We showed him her fireplace, Brian's fireplace with all the damage and the gas furnace and gas hot water heater in the basement. When he climbed his ladder to look at the fireplace, he discovered that all 3 openings were blocked and instead of the screen that she thought was over the holes, there was tin covering all 3 holes. He immediately took the tin off of the hole where the gas furnace and gas hot water heater was.

Roberta's note to us on 3/10/2009

Thanks! I am reading it now. We first noticed the chimney swifts going into our chimney in October of 2016.

I couldn't find the receipt from the chimney company, but I did find my notes. The company's name is "The Chimney Sweep" from Rocky Mount and they came on Oct. 5, 2017.

They have an A plus rating. I'm shocked!



Chimney Cleaning near Rocky Mount, VA | Better Business Bureau. Start with Trust®

BBB Directory of Chimney Cleaning near Rocky Mount, VA. BBB Start with Trust®. Your guide to...

He then showed us what had happened and said that he could not leave there knowing that the tin was keeping the fumes from coming out of the chimney and couldn't believe a chimney company would cover it up. He said that was dangerous. He then came back in the house and showed us the damage in Brian's fireplace was not water damage but had come from the furnace and hot water heater because there was nowhere else for the fumes to go. He showed us all of the white residue in Brian's fireplace from the fumes & moisture escaping in his apartment. He told us the same as the carpenter to wait a few months to let everything dry before replacing the ceiling and the walls around the fireplace and he said that the white residue inside of the fireplace can be cleaned. There was now some white residue inside of Roberta's fireplace too, but the ceiling and the walls around her fireplace was still in good shape in her apartment. This is the name of the guy who took away the tin from the fireplace thus letting the gas furnace & gas water heater vent and prevent any more carbon monoxide poisoning in their basement and apartments. He can be called to confirm what we have written about this situation, and we need to have him to sign a statement about his findings on the outside chimney. This is his business card, and we are enclosing his work proposal (We also had him to do some work inside our fireplaces and replace the chimney cap on our fireplace) from 1/30/2019 when he removed the tin. He wrote that he was putting the chimney cap on Roberta's fireplace for the fireplace and boiler (furnace) & fixing something else. We are sending a copy of the receipt after he put the new chimney cap and did repairs on 2/4/2019. Here is a copy of his business card with his name, address and phone:



Brian David Hill was living in a home with carbon monoxide poisoning from Oct. 5, 2017 till September 21, 2018 (almost one year). He was home most of the time, using the natural gas hot water heater for hours each day doing his OCD washing routines. His apartment fireplace had the most damage including the walls all around the fireplace and losing some of the ceiling above his fireplace due to excessive moisture that we thought was from snow and rain. We learned on 1/30/2019 that it was residue from the boiler furnace and gas hot water heater having nowhere else for the fumes and moisture to escape. Roberta was living in this house with the carbon monoxide from Oct 5, 2017 till Jan. 30, 2019, but her apartment was not infected as badly as Brian's was.

Roberta and Brian Hill had complained for months about being real tired and weak, and we noticed that Roberta's head was shaking. Brian was complaining that he couldn't think straight and was having some memory problems. We all talked about this during our visit with him today (3/9/2019) and wondered if that had anything to do with why Brian left his home the night of Sept. 21, 2018 and was walking around confused miles from his home that night. Brian also had a bad fall in his apartment a few months after the chimney people were there during the winter of 2018 (The hospital at Martinsville, VA should have this record and date: Call [276-666-7200](tel:276-666-7200)). (Brian was a patient in this hospital in the mental department in December, 2013. The hospital should have on record that Brian is a brittle diabetic using insulin and has autism, yet when the police brought him to the hospital on Sept 21, 2018, the hospital let him be arrested instead of keeping him in the hospital doing test to see why he was acting so strangely). When his mom checked on him that winter night in 2018, he was asleep in his bed with blood all over. She called 9-1-1, but he refused to go to the hospital without doing his OCD routine. During his hand washing routine and washing the blood on his forehead, he vomited and was having bad leg cramps. We finally got him to the Martinsville, VA hospital hours later, and they put staples in his forehead. We found out later that he had fallen in his office and broke his desk. There was a lot of blood on the floor and some way he got into his bed in his bedroom and was apparently asleep when his mom, Roberta went to his room to check his blood glucose, and there was blood all over his pillows, his bed and his face. We told Brian we would check to see if the carbon monoxide from his fireplace can cause confusion, and this is what we found: **These can include agitation, confusion, depression, lethargy, impulsiveness, hallucinations, confabulation, distractibility, and memory problems.**

- [Patient Care & Health Information](#)
- [Diseases & Conditions](#)

[Carbon monoxide poisoning](#)

Mayo Clinic

Overview

Carbon monoxide poisoning occurs when carbon monoxide builds up in your bloodstream. When too much carbon monoxide is in the air, your body replaces the oxygen in your red blood cells with carbon monoxide. This can lead to serious tissue damage, or even death.

Carbon monoxide is a colorless, odorless, tasteless gas produced by burning gasoline, wood, propane, charcoal or other fuel. Improperly ventilated appliances and engines, particularly in a tightly sealed or enclosed space, may allow carbon monoxide to accumulate to dangerous levels.

If you think you or someone you're with may have carbon monoxide poisoning, get into fresh air and seek emergency medical care.

Signs and symptoms of carbon monoxide poisoning may include:

- Dull headache; Weakness; Dizziness; Nausea or vomiting; Shortness of breath; Confusion; Blurred vision; Loss of consciousness

Carbon monoxide poisoning can be particularly dangerous for people who are sleeping or intoxicated. People may have irreversible brain damage or even die before anyone realizes there's a problem. If you or someone you're with develops signs or symptoms of carbon monoxide poisoning — headache, dizziness, nausea, shortness of breath, weakness, confusion — get into fresh air immediately and call 911 or emergency medical help.

Hospital staff will need critical information as soon as you arrive. On the way to the hospital, try to prepare to answer questions about:

- Possible sources of carbon monoxide exposure; Signs or symptoms, and when they started
- Any mental impairment, including confusion and memory problems
- When you see the doctor, note that history is more important than symptoms. The most important way to recognize carbon monoxide poisoning is by recognizing the danger signs of behaviors leading up to the moment that symptoms started appearing.
- Faulty stoves, fireplaces, or wood-burning appliances are usually to blame for carbon monoxide poisoning in the home.

Progressed Symptoms: As carbon monoxide poisoning progresses, symptoms get more serious, but are still extremely vague and difficult to identify as specific to carbon monoxide exposure:

- Confusion
- Shortness of breath
- Chest pain
- Vomiting
- Blurry or double vision
- Loss of consciousness

Self Checks/At-Home Testing

There isn't a self-diagnosis option for carbon monoxide poisoning, but anyone with confusion or a loss of consciousness should have 911 called for them.

Long-Term Complications: **As common as carbon monoxide poisoning is, there is a lot we still do not understand about this condition. [Long-term exposure](#) to elevated levels of carbon monoxide—even when the levels aren't that high, but the exposure continues for many days or weeks—can lead to [peripheral artery disease](#), [cardiomyopathy](#), and long-term, poorly understood neurological problems.**

Damage to the brain is a significant injury incurred by many patients with carbon monoxide poisoning. Patients can develop neurological complications (difficulty concentrating, memory loss, tremors, trouble speaking, etc.) at the same time as the carbon monoxide poisoning or at a later time. When the neurological signs and symptoms show up later, it's known as delayed neurologic sequelae (DNS).

- Make sure your gas appliances are vented properly. Horizontal vent pipes for appliances, such as a water heater, should go up slightly as they go toward outdoors, as shown below. This prevents CO from leaking if the joints or pipes aren't fitted tightly.
- Have your chimney checked or cleaned every year. Chimneys can be blocked by debris. This can cause CO to build up inside your home or cabin.

https://www.medicinenet.com/carbon_monoxide_poisoning_symptoms_and_signs/symptoms.htm

These can include agitation, confusion, depression, lethargy, impulsiveness, hallucinations, confabulation, distractibility, and memory problems. Visual disturbances and seizure, as well as fainting (syncope), can also be related to carbon monoxide toxicity. May 15, 2017. Enclosed are work proposal Jan 30,

420361

ACE Chimney Sweep

276-629-4453

Customer's Order No. _____ DATE 2-4-19

SOLD TO Roberta Hill

ADDRESS 310 Forest St Mville

SALESMAN _____ TERMS _____


CASH	CHARGE	C. O. D.	PAID OUT	RETD. MDSE.	RECD. ON ACCT.
------	--------	----------	----------	-------------	----------------

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	Install Stainless Steel Multiflow Chimney CAP	\$2400 ⁰⁰	
	Paid Cash		
	194		

ALL Claims and Returned Goods MUST Be Accompanied By This Bill

SIGNATURE _____

701051

 **HOME SAVER.**
CHIMNEY RELINING SYSTEMS
Work Proposal

Date 1-30-19
Dealer name ACE Chimney Sweep
Street 296 Dodson Rd
City, State, Zip RASSA H VA
Phone 276-629-4453

SUBMITTED TO:

Name Ken Forinash
Street 200 Greyson St (201)
City, State, Zip Martinsville VA
Phone _____

E-mail _____
Job Location 310 Forest
916 Chalmer S

JOB DESCRIPTION:

310 Forest Install multiflue chimney
cap on chimney for fireplace and
Boiler 400⁰⁰ Includes seating

916 Chalmer S
Install multiflue chimney CAP
on chimney for fireplace and Furnace
\$225⁰⁰

TERMS OF PROPOSAL:

Amount \$ _____ Proposal good for _____ days.
Terms of payment _____
Authorized signature _____

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Property owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

ACCEPTANCE OF PROPOSAL:

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____ Date of acceptance _____

Exhibit 9

168

Track Your Expenses ...

- Auto/Travel
- Business
- Charities
- Clothing
- Dependent Care
- Education
- Entertainment
- Food
- Home
- Insurance
- Medical/Dental
- Savings
- Taxes
- Utilities
- Other

Oct. 5, 2017

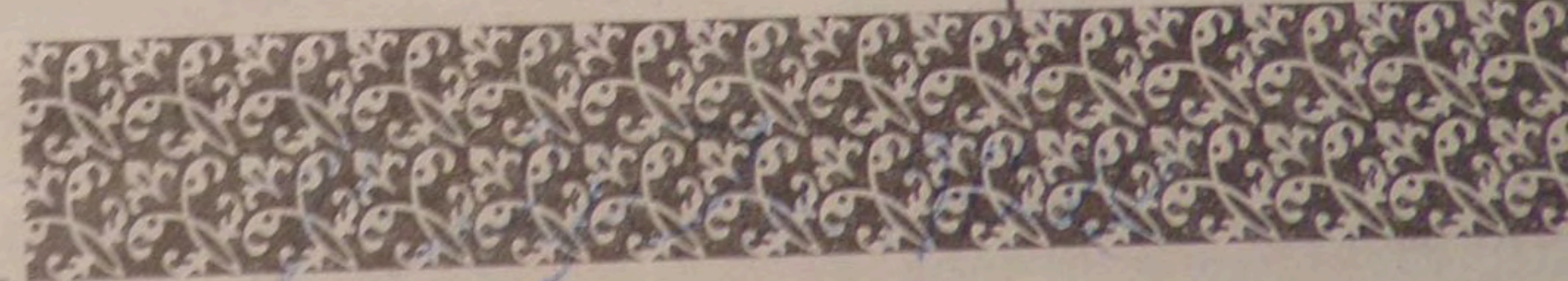
The Chimney Sweep

Three hundred

BAL. FOR'D	
ITEM AMOUNT	300.00
BALANCE	
DEPOSIT	
FOR'D	

Duplicate is produced using soy-based materials. Images may appear light.

TAX DEDUCTIBLE ITEM



no
For enhanced security your account number will not be printed on this copy

NOT NEGOTIABLE