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11/22/2022

EXHIBIT 1

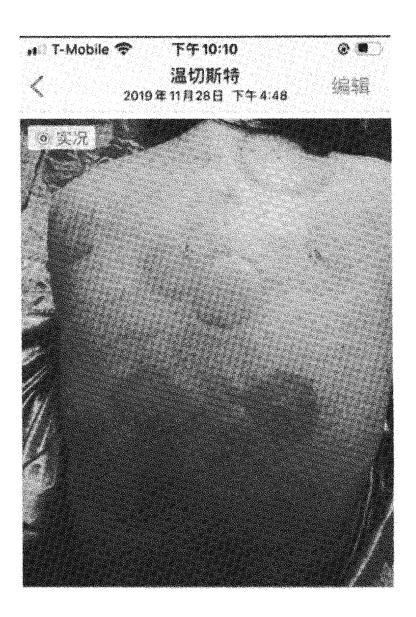


EXHIBIT 2

Date Filed 11/22/2022 3:52 PM Superior Court - Middlesex

Docket Number

深多了。

EXHIBIT 3

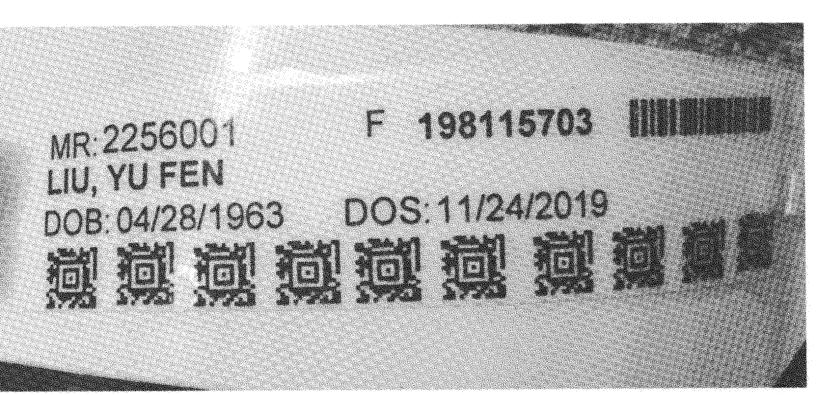


EXHIBIT 4

Health Records Report

Pt Name:

LIU, YU FEN

Pt ID:

2018016649

DOB:

04/28/1963

Nurs Sta:

Adm DTime:

11/24/2019 10:25

Dx:

Alrg:

chest pain, unspecified

No Known Food Allergies, Penicillins

MRN: 2870892

Acct No:

198115703

Age/Sex:

58Y/F

Atn Dr:

Weinstock. Jonathan MD

Rm & Bed:

| 63.33 | e dece | | 3 | 35.75 |
|-------------|--------|-----------|------|-------|
| \$ 180 h | bR | 23.20 | 3 48 | 800 |
| Secretary . | | Sec. 678. | 8.43 | 24.7 |

All Body Fluids

| All Body Fluids | | | SubDisplay Group: BF-Urinalysis | | | |
|---------------------------|-----------------|-------------------|---------------------------------|--|--|--|
| Name | Reference Range | 11/24/19 14:28 | | | | |
| U Color Status | | Straw Final | | | | |
| U Appearance Status | | Clear Final | | | | |
| U Glucose Status | Negative mg/dL | Negative Final | | | | |
| U Bilirubin Status | Negative | Negative Final | | | | |
| Ketones Status | Negative mg/dL | Negative Final | | | | |
| Specific Gravity Status | 1.001-1.035 | 1.010 Final | | | | |
| U Blood Status | Negative | 1+ * Final | | | | |
| U pH Status | 5.0-8.0 | 7 Final | | | | |
| U Protein Status | Negative mg/dL | Negative Final | | | | |
| U Urobilinig Status | 0.2-1.0 EU | 0.2 Final | | | | |
| Nitrite Level Status | Negative | Negative Final | | | | |
| Leukocyte Es Status | Negative | t+ * Final | | | | |
| Red Blood Cells Status | 0-5 /hpf | 1 Final | | | | |
| White Blood Cells Status | 0-5 /hpf | 4 Final | | | | |

Pt Name:

LIU YU FEN

MRN:

2870892

Rm/ Bed:

Page 11 of 30

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Health Records Report

Pt Name:

LIU, YU FEN

Pt ID:

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2870892

Acct No:

198115703

Age/Sex:

58Y/F

Atn Dr:

Weinstock, Jonathan MD

Rm & Bed:

| All: Body Fluids | | | SubDisplay Group: BF-Urinalysis |
|---------------------|-----------------|-------------------|---------------------------------|
| Name | Reference Range | 11/24/19 14:28 | |
| Squamous Epithelial | /hpf | Fev | |
| Cells | | | |
| Status | | Final | |
| Mucous | | Present* | |
| Status | | Final | |
| All: Chemistry | | | SubDisplay Group: Chem-Panels |
| Name | Reference Range | 11/24/19 | |

| Name | Reference Range | 11/24/19 11:03 |
|---------|-----------------|-------------------|
| Glucose | 70 - 139 mg/dL | 106 (1) |
| Status | | Final |
| | | |

(1) This test represents a non-fasting/random measurement of blood glucose levels. There is no established reference interval.

Blood Urea Nitrogen

6 - 24 mg/dL

15

Status

Final

Creatinine (CR)

0.76

Status

Final

GFR, Non-African

87 (1)

American

mL/min/1.73m2

>60

0.57 - 1.30 mg/dL

Status

Final

(1) The CKD-EPI estimation of GFR assumes stable kidney function. It is not an accurate measure of GFR in acute renal failure. All estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as the frail elderly, critically ill, or cancer patients or conversely body builders) or those with unusual diets. Confirmatory tests with measured creatinine clearance should be performed for people in whom the estimates may be inaccurate.

GFR. African American

>60

mL/min/1.73m2

101 (1)

Status

Final

Pt Name:

LIU, YU FEN

MRN:

2870892

Rm/ Bed:

Page 12 of 30

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Health Records Repo

Health Records Report

Pt Name:

Adm DTime:

LIU, YU FEN

Pt ID:

2018016649

DOB:

04/28/1963

Nurs Sta:

11/24/2019 10:25

Dx:

chest pain, unspecified

Airg:

No Known Food Allergies, Penicillins

MRN:

2870892

Acct No:

198115703

Age/Sex:

58Y/F

Atn Dr: Rm & Bed: Weinstock, Jonathan MD

All: Chemistry

SubDisplay Group: Chem-Panels

Name Reference Range 11/24/19 11:03

(1) The CKD-EPI estimation of GFR assumes stable kidney function. It is not an accurate measure of GFR in acute renal failure. All estimates of GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as the frail elderly, critically ill, or cancer patients or conversely body builders) or those with unusual diets. Confirmatory tests with measured creatinine clearance should be performed for people in whom the estimates may be inaccurate.

| Sodium (NA) Status | 135 - 145 mEg/L | 140 Final |
|---------------------------|-------------------------|----------------|
| Potassium (K) Status | 3.6 - 5.1 mEq/L | 3.7 Final |
| Chloride (CL) Status | 98 - 110 mEq/L | 106 Final |
| CO2 Status | 20 - 30 mEq/L | 25 Final |
| Anion Gap Status | 3 - 14 | 9 (1) Final |
| (1) This calculation does | not factor in potassium | |

| (1) This calculation does | s not factor in potassiur | n. |
|---------------------------|---------------------------|-------|
| Aspartate | 10 - 42 IU/L | 18 |
| Aminotranferase | | |
| (AST/SGOT) | | |
| Status | | Final |
| Alkaline Phosphatase | 40 - 130 IU/L | 71 |
| (ALK) | | |
| Status | | Final |
| Alanine | 0 - 54 IU/L | 20 |
| Aminotransferase | | |
| (ALT/SGPT) | | |
| Status | | Final |
| Bilirubin, Total | 0.2 - 1.1 mg/dL | 0.7 |
| Status | | Final |
| Bilirubin, Direct | 0.0 - 0.5 mg/dL | 0.3 |

Pt Name: Rm/ Bed:

Status

LJU, YU FEN

MRN:

Final

2870892

Page 13 of 30

Health Records Repo ORE_0107.rpt v2.t

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Health Records Report

Pt Name:

LIU. YU FEN

Pt ID:

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04/28/1963

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11/24/2019 10:25

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Alrg:

chest pain, unspecified

No Known Food Allergies, Penicillins

MRN:

2870892

Acct No:

198115703

Age/Sex: Atn Dr:

58Y/F

Weinstock, Jonathan MD

Rm & Bed:

| All: Chemistry | | SubDisplay Group: Chem-Other | | | |
|----------------------|--------------------|--|-------------------|--|--|
| Name | Reference Range | 11/24/19 14:33 | 11/24/19 11:03 | | |
| Protein, Total | 6.0 - 8.3 g/dL | and the second s | 7.7 | | |
| Status | | | Final | | |
| Albumin | 3,4 - 4,8 g/dL | | 4.5 | | |
| Status | | | Final | | |
| Lipase | 8 - 60 IU/L | | 40 | | |
| Status | | | Final | | |
| B-Hydroxybutyrate So | 0.00 - 0.27 mmol/L | 0,16 (1) | | | |
| Status | | Final | | | |

⁽¹⁾ This test for ketone bodies measures serum beta-hydroxybutyrate, not acetoaceta te or acetone. Beta-hydroxybutyrate is the predominant ketone body in almost all clinical contexts. It is not appropriate for evaluation of suspected isopropanol ingestion.

| All: Chemistry | | SubDisplay Group: Chem-Enz-Frac | | | | |
|-------------------|-----------------------|---------------------------------|--|------------------------|--|--|
| Name | Reference Range | 11/24/19 20:24 | 11/24/19 14:29 | 11/24/19 | | |
| Troponin I | 0.00 - 0.03 ng/mL | <0.01 | <0.01 | <0.01 | | |
| Status | | Final | Final | Final | | |
| All Coag | | | SubDis | play Group: Coagulatio | | |
| Name | Reference Range | 11/24/19 11:03 | | | | |
| Prothrombin Time | 9.7 - 14.0 sec | 13.2 | Market and the first state and a state of the first state of the state | | de ción com porte minimizar interes en estra interes por para plante del completo estra estra como en de conde | |
| Status | | Final | | | | |
| INR Pt | 0.9 - 1.3 | 1.1 | | | | |
| Status | | Final | | | | |
| PTT | 25.7 - 35.7 sec | 26.7 | | | | |
| Status | | Final | | | | |
| D Dimer Sensitive | 0 - 243 ng/mL(DDU) | 942 H (1) | | | | |
| Status | | Final | | | | |

Pt Name: Rm/ Bed: LIU, YU FEN

MRN:

2870892

Page 14 of 30

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Dx:

chest pain, unspecified

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No Known Food Allergies, Penicillins

MRN:

2870892

Acct No:

198115703

Age/Sex:

58Y/F

Atn Dr:

Weinstock, Jonathan MD

Rm & Bed:

All: Coag

SubDisplay Group: Coagulation

Name

Reference Range

11/24/19

11:03

(1) Patients </=50 years old

Patients with low to moderate pre-test probability of venous thromboembolism (VTE) and D-Dimer values of <230 ng/mL (DDU) have a negative predictive value of 95% for exclusion of VTE.

Patients >50 years old

While Tufts Medical Center did not validate age adjusted cut offs for D-Dimer, literature suggests using the following formula for patients >50

Age in years x = calculated age adjusted cutoff in DDU.

(Example #1 : Patient's age =70: 70 x 5= 350DDU; Example #2: Patient's

age 80: 80x5 = 400 DDU

(Goodwin AJ Annals of Internal Medicine December 2016)

All: Coagulation

| Name | Reference Range | 11/24/19 11:03 |
|-------------------|--|-------------------|
| Prothrombin Time | 9.7 - 14.0 sec | 13.2 |
| Status | | Final |
| INR Pt | 0.9 - 1.3 | 4,1 |
| Status | | Final |
| PTT | 25.7 - 35.7 sec | 26.7 |
| Status | | Final |
| D Dimer Sensitive | 0 - 243 ng/mL(DDU) | 942 H (1). |
| Status | The state of the s | Final |

Pt Name: LIU. YU FEN

2870892 MRN:

Rm/ Bed:

Page 15 of 30

Health Records Report

Pt Name:

LIU, YU FEN

Pt ID:

2018016649

DOB:

04/28/1963

Adm DTime:

11/24/2019 10:25

Nurs Sta:

chest pain, unspecified

Dx: Alrg:

No Known Food Allergies, Penicillins

2870892

Acct No:

MRN:

198115703

Age/Sex:

58Y/F

Atn Dr:

Weinstock, Jonathan MD

Rm & Bed:

All Coagulation

Name Reference Range 11/24/19 11:03

(1) Patients </=50 years old:

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(Example #1) Patient's age =70; 70 x 5= 350DDU; Example #2: Patient's

age 80: 80x5 = 400 DDU

(Goodwin AJ Annals of Internal Medicine December 2016)

| All: Hematology | | | SubDisplay Group: Hem-Routine | | |
|-----------------|------------------|-------------------|-------------------------------|--|--|
| Name | Reference Range | 11/24/19 11:03 | | | |
| WEC | 4.0 - 11.0 K/uL | 8.5 | | | |
| Status | | Final | | | |
| RBC Blood Count | 3.70 - 5.00 M/uL | 4.95 | | | |
| Status | | Final | | | |
| HGB | 11.0 - 15.0 g/dL | 14.5 | | | |
| Status | | Final | | | |
| нст | 32.0 - 45.0 % | 43.1 | | | |
| Status | | Final | | | |
| MCV | 80.0 - 98.0 fL | 87.1 | | | |
| Status | | Final | | | |
| MCH | 26.0 - 34.0 pg | 29.3 | | | |
| Status | | Final | | | |
| MCHC | 32,0 - 36,0 g/dL | 33.6 | | | |
| Status | | Final | | | |
| Ptt | 150 - 400 K/uL | 212 | | | |
| Status | | Final | | | |
| RDW | 11.5 - 14.5 % | 12.9 | | | |
| | | | | | |

Pt Name:

LIU, YU FEN

2870892 MRN:

Rm/ Bed:

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Health Records Report

Pt Name:

LIU, YU FEN

Pt ID:

2018016649

DOB:

04/28/1963

Adm DTime:

11/24/2019 10:25

Nurs Sta:

Dx:

chest pain, unspecified

Airg:

No Known Food Allergies, Penicillins

MRN:

2870892

Acct No:

198115703

Age/Sex: Atn Dr.

58Y/F

Weinstock, Jonathan MD

Rm & Bed:

| All: Hematology | | | in the state of th | SubDisplay Group: Hem-Routine | | |
|-----------------------|---|-------------------|--|-------------------------------|--|--|
| Name | Reference Range | 11/24/19 11:03 | | | | |
| Status | akan pinin mahiki kada mahan ngalam perimaka ta pinin manana na mahan ngist a manana katenda | Final | de de la composition della composition de la composition della com | | and the state of t | |
| MPV | 9.1 - 11.7 fL | 10.5 | | | | |
| Status | | Final | | | | |
| Seg Neut | % | 66 | | | | |
| Status | | Final | | | | |
| Lymph | % | 26 | | | | |
| Status | | Final | | | | |
| Mono | % | 7 | | | | |
| Status | | Final | | | | |
| Eosin | ₩, | Ö | | | | |
| Status | | Final | | | | |
| Baso | %: | Q | | | | |
| Status | | Final | | | | |
| Immature Granulocyte | % | 0 | | | | |
| Status | | Final | | | | |
| NRBC # | <0.0 K/uL | 0.0 | | | | |
| Status | | Final | | | | |
| Neut # | 1.5 - 7.5 K/uL | 5.6 | | | | |
| Status | | Final | | | | |
| Lymph # | 1.0 - 4.0 K/uL | 2.2 | | | | |
| Status | | Final | | | | |
| Mone # | 0.2 - 0.8 K/uL | 0.6 | | | | |
| Status | | Final | | | | |
| Eosin # | 0.0 - 0,5 K/uL | 0.0 | | | | |
| Status | | Final | | | | |
| Baso # | 0.0 - 0.2 K/uL | 0,0 | | | | |
| Status | | Final | | | | |
| Immature Granulocyte# | 0.0 - 0.1 K/uL | 0.0 | | | | |
| Status | | Final | | | | |

Pt Name: Rm/ Bed:

LIU. YU FEN

MRN: 2870892

Page 17 of 30

Health Records Rep

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Alrg:

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MRN:

2870892

Acct No:

198115703

Age/Sex:

58Y/F

Weinstock, Jonathan MD

Atn Dr:

Rm & Bed:

| All: Hematology | | | SubDisplay Group: Hem-Routine |
|-----------------|-----------------|-------------------|-------------------------------|
| Name | Reference Range | 11/24/19 11:03 | |
| Nucleated RBC | % | 0 | |
| Status | | Final | |

Pt Name:

LIU. YU FEN

MRN:

2870892

Rm/ Bed:

Page 18 of 30

Health Records Repo ORE_0107.rpt v2.t

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Health Records Report

Pt Name:

LIU, YU FEN

Pt ID:

2018016649

DOB:

04/28/1963

Adm DTime:

11/24/2019 10:25

Nurs Sta: Dx:

chest pain, unspecified

Alrg:

No Known Food Allergies, Penicillins

MRN:

2870892

Acct No:

198115703

Age/Sex:

58Y/F

Atn Dr:

Weinstock, Jonathan MD

Rm & Bed:

Text Results

ALL CT Scan:

CTA Chest W+WO Contrast (Angiogram)

Result Date: 11/24/2019 21:48

LIU. YU FEN Pt Name:

MRN:

Rm/ Bed:

2970892 Page 19 of 30

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EXHIBIT 5

Date Filed 11/22/2022 3:52 PM

Superior Court - Middlesex Docket Number Osharecare

> LAW OFFICES OF EDWARD HUNG 101 Arch St F1 8 Boston MA 02110-7500

> > 6185971 Dec 10 2021 1:06 PM YU FEN LIU

> > MA1009 Dec 18 2021 1:40 PM



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26

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Boston, MA 02110-7500

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| YU FEN LIU | Medical | 25 |

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| | | Deliv | ery Fee | \$1.84 |
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| | | Salar | nce Due: | \$50.69 |

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Patient Name:

YU FEN LIU

Invoice Number:

6185971

Payment Terms:

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Balance Due:

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(858) 244-1811 (858) 430-4962 Fax



Tuffs Medical Center

Law Offices of Edward Huno

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|--|--|--|
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| Patient Name: Liu | Yuten | |
| Address: 200 Swanton St, # L] | First | |
| - Winchester | | 01890 |
| Birth Date: 64 / 28 / 1963 Telephone # 6 7 - 955 | -1188 SHEW MRH. | 3p Cods |
| ALTERNATE ADDRESS: (Please Indicate If the information is to the strength of the information is to the strength of the strengt | be sont to a different eddress, that | is other than the address listed above). |
| ERACTOR | MA | 02/10 |
| i hereby authorize Tufts Medical Center to release my protect | State led hoalth information to Cf | 20 COG |
| I Mail to: " Ci Hold for pickup by: | | |
| Name: Full and Hung. Address: Law Offices of Full and Ho | en e | |
| PURPOSE OF DISCLOSURE (Please check one): | ung, 101 Albs | t, 81" FIC, Roston, MA 02110 |
| ☐ Myself ☐ Inspection ☐ Changing physicians ☐ Consult | lation []School X Legal | ☐ Other (specify): |
| INFORMATION TO BE RELEASED (Please be specific and ente | | |
| 図 Medical Record Abstract (e.g., ED, H&P, Operative Rpt, Dischart Clinic Notes 11 2 4 19 Cm 4 11 2 7 19 | ge Summary Consulis, Labs, X-rai | ys, Pathology) |
| @ Consultation Reports 11/2 & Lo GAS 11/2 CT | 以 Pathology Reportsj 図 MRI Reporte _ 1(う人 | 15th day 1 (52/12 |
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| Commonwealth of Massachuselte Sexual Assault | Genetic Counseling Comestic Violence | |
| Evidence Collection Kit/Sexual Asseut Counseling Psychiatric Records or Information | Social Work Coungeling | |
| Psychotherapy Notes (Notes recorded by a mental hardle and | | of a floensed psychologist |
| private counseling seesion or group, joint, family counseling, Alcohol and Drug Abuse Records Protected by Federal Confi- | and that are separate from the me | rdical record). |
| FEDERAL RULES PROMIBIT ANY FURTHER DISCUSSION | Genuelly Rules 42 CFR Pan 2. | |
| 42 CFR PART 2. | SON TO WHOM IT PERTAINS, OF | KAS OTHERWISE PERMITTED BY |
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| I I fall to specify an expiration date or event, and unless otherwise re- lated below. I have carefully read and understand the above, have he columnarily authorize disclosure of the above information about, or ma- | ivoked, this suthorization will expir ad any questions explained to my adical records of my condition to the | e <u>alk manifis</u> from the date of the eignature salisfaction, and do herein expressly and hose persons or agencies listed above. |
| Algorature of Patient (18 years or older) Yuffer | 1 Jan | V 5000 11/07/2.021 |
| Signature of Legal Representative | Relationship to Patient:_ | Afforney Date 11/16/21 |



TuftsMedCtr 800 Washington St 02111 MA

6176365000

Pt. Name:

UU. YU FEN

Pt IO:

2018016649

008:

04/28/1963

Adm DTime:

03/17/2021

Nurs Sta:

Dx:

Alrg:

No Known Food Altergies, Penicillins

MRN:

2870892

Acct No:

210957430

Age/Sex:

Say F

Atn Dr:

Ostrow, Peter MD

Rm/Bed:

Chemistry Chem-Panels Reference Interval 11/24/19 1103 Glucosa 70 - 129 mg/dt 108(1) (1) This test represents a non-fasting/person measurement of blood glooms levels. These is no exceptioned deterance interval. Blood Urea Nitrogen 6 - 24 mg/dt, Creatingle (CR) 0.57 - 130 PRODUCTE. 360

GFR Non-Attean American

mCarried 75m2

17 (4)

(II) The CRD-EPI estimation of CFR arsunds stable Widney function. It is not an enturate measure of GSF to acute rema, tallure. All estimates to GSR based on serio creatingly will be less accurate for partients at the extremes of missile mass limits as the frail elimity, critically life, or damage partients or conversely body builders) or those with absent diese. Confirmitary tests with resource creatings observation about the partners for beorgte in which the exilhates may be inabolicate.

CFR, African American

260 m(zm.n/4.73m2 101 (6)

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Pt Name: LIU, YU FEN

MRN: 2870892

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Caboratory Results Report ORE 0040 MODAL for Version 1.00 Proted By Donnetta Williams Printed On 10 Dec 21 57 25



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TuftsMedCtr 800 Washington St 02111 MA

6176355000

Pt. Name:

LUL YU FEN

Pt IO:

2018016649

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No Known Food Allergies, Penicillins

MRN:

2870892

Acct No:

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Age/Sex:

58Y/F

Atn Dr. Rm/Bed Ostrow, Peter MD

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Pt Name: LIU. YU FEN

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Pt. Name:

LIU. YU FEN

Pt ID:

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No Known Food Allergies, Penicillins

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Pt Name: LIU, YU FEN MRN; 2670892

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No Known Food Allergies, Penicilins

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Pt Name: UU, YU FEN

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BF-Urinalysis Body Fluids Reference Interval 11/24/19 14 28 U Blood 02-1060 Nitrole Level Negative Leukocyte Es Red Blood Cells White Blood Cetts Squarrays Epithelial mor Cella Muccus Present .

Pt Name: LRJ. YU FEN

MRN: 2670332

Rm/Bed:

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Laboratory Results Report

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Ostrow, Peter MO

Pt Name: LIU; YU FEN

MRN: 2670892

Page 2 of 2

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Laboratory Results Report ORE_COAQ_MODAL_rpt_Version 1.00 Posted By Dometta Williams Printed Cm. 10-Dec-21-07:24



EXHIBIT 6



Name: Liu, Yu

Age: 56 yrs Sex: Female DOB: 04/28/1963 Arrival Date: 11/24/2019 Arrival Time: 10:24 Working Diagnosis: Chest pain, unspecified MRN: 2256001

Account#: 198115703 PCP: Lau, Sandra

HPI:

11/24 This 56 yrs old Asian Female presents to ED via Walk In with complaints of Chest Pain and rash.

mw13

mw13

11:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient has a known cardiac history with a positive stress test in July and recommended stress test but the patient declined at that time. She woke up today with her usual episode of chest pain which typically resolves with nitro. She did not have any of her nitro at home so she came in to the ED for evaluation. She denies any jaw pain, arm pain, radiation of chest pain, nausea or vomiting.

Historical:

· Allergles: Amoxicillin; mycin family; Penicillins;

. Home Meds: Unable to Obtain;

PMHx: Anemia

• Social history: Smoking status: The patient is not a current smoker. Patient/guardian denies using alcohol, street drugs, The patient speaks a little English, Their native language is Chinese - Mandarin The patient lives with family.

ROS:

11:19

mw13

Constitutional: Negative for body aches, chills, fatigue, fever, malaise, poor PO intake.

Eyes: Negative for blurry vision, visual disturbance.

ENT: Negative for difficulty handling secretions, difficulty swallowing, hoarseness, rhinorrhea, sore throat.

Cardiovascular: Negative for edema, orthopnea, palpitations, paroxysmal nocturnal dyspnea.

Respiratory: Negative for cough, dyspnea on exertion, hemoptysis, orthopnea, Pleuritic pain shortness of

breath, sputum production, wheezing.

Abdomen/GI: Negative for abdominal pain, nausea, vomiting, diarrhea.

Back: Negative for pain at rest, pain with movement.

MS/extremity: Negative for pain.

Skin: Positive for rash.

Neuro: Negative for altered mental status, dizziness.

Vital Signs:

| Time | 87 | Pulse | Resp | Temp | Pulse Ox | Weight Pain | Staff |
|-------|-----------------------------------|-------|------|---|------------|-------------|-------|
| 10:26 | 126 / 86 Left Arm 2 (auto/reg) | 89 | 18 | 36.6 | 99% | | jr26 |
| 10:40 | 134 / 82 | 95 | 16 | | | | ps9 |
| 11:41 | 138 / 81 | 93 | 16 | | 99% on R/A | | ps9 |
| 11:50 | 133 / 86 | 92 | 15 | | 99% on R/A | | ps9 |
| 12:00 | 125 / 76 | 94 | 16 | | | | ps9 |
| 14:03 | 138 / 81 | 98 | 14 | *************************************** | | 0/10 | ps9 |

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Tufts Medical Center

Physician Documentation Continued

| 10:54 spontaneous(4) | oriented(5) | obeys commands(6) | 1 15 | l ps9 l |
|----------------------|-------------|-------------------|------|---------|
| 12:07 spontaneous(4) | oriented(5) | obeys commands(6) | 15 | ps9 |

Exam:

11:33

mw13

Constitutional: This is a well developed, well nourished patient who is awake, alert, and in no acute

Head/Face: Normocephalic, atraumatic.

Neck: No cervical lymphadenopathy. Supple, full range of motion without nuchal rigidity. Noted urticarial

rash on front of neck

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.

Chest/axilla: Normal chest wall appearance and motion. Nontender with no deformity. Urticarial rash on

front of chest at sternum and healed keloid noted.

Cardiovascular: Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs.

Abdomen/GI: Soft, non-tender, with normal bowel sounds. No guarding or rebound.

Skin: Warm, dry with normal turgor. Noted uritorial rash on left upper extremity, chest and lower back with excorirations from scratching.

MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full range of motion.

Neuro: Awake and alert, GCS 15, oriented to person, place, time, and situation.

MDM:

- 11:03 ECG: I interviewed the patient's EKG. It shows normal sinus rhythm, rate 83 beats per minute. The axis is normal. Intervals are normal. No ectopy or ischemic changes are noted.
- 11:37 ED course: Ms. Liu is a 56 year old female with a reported CAD history with stress testing who presents with mw13 chest pain and urticarial rash. Was in her usual state of health last night when developed a rash. This rash was on her chest and lower back and actually improved. She reports no new medications, foods, detergents or exposures. Was given Benadryl, famotidine and Solu-Medroll with improvement of itching and redness. She takes nitro at home but did not have any so came to the emergency department. Her chest pain remained 9-10/10 EKG largely within normal limits and troponin initially was negative. Her chest pain did not improve with nitro x3, GI cocktail and she was given, morphine, Cardiology was consulted for further evaluation. .
- 12:52 The patient was given aspirin in the Emergency Department.

mw13

13:41 Differential diagnosis: Chest pain, GERD, new-onset angina, acute MI. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the admission diagnosis. A consult was requested from: Cardiology and will see patient in ED.

ims

14:05 ED course: Cardiology saw the patient and performed a bedside ECHO. They recommended admitting the mw13 patient to the inpatient cardiology service, they also recommended sending LFTs, D-Dimer and getting a CTA to rule out a dissection. Will admit to the general cardiology service for further work-up and management, .

20:07 Data reviewed: EKG, lab test result(s), nurses notes, vital signs. Resident chart complete and electronically mw13 signed: Michael Wismer, MD Internal Medicine PGY-3.

| Constitution | Time | Order name | Complete | |
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| Į. | | | | |

Name: Liu, Yu

MRN: 2256001 Account#: 198115703



Tufts Medical Center



Physician Documentation

Physician Documentation Continued

| 11/24 BUN (Blood Urea Nitrogen) 10:48 | 11:55 | mw13 |
|---|-------|-------------|
| 11/24 CBC/Diff (With Pit) | 11:55 | mw13 |
| 11/24 CR (Creatinine) | 11:55 | mw13 |
| 11/24 GLU (Glucose) 10:48 | 11:55 | mw13 |
| 11/24 LYTES (Na, K, Cl, Co2) | 11:55 | mw13 |
| 11/24 PT (Prothrombin Time With INR) | 11:55 | mw13 |
| 11/24 PTT 10:48 | 11:55 | mw13 |
| 11/24 Troponin I 10:48 | 11:55 | mw13 |
| 11/24 GFR, NAA 11:33 | 11:55 | dispat |
| 11/24 GFR, AA 11/33 | 11:55 | dispat |
| 11/24 Ctanglogram Chest W+wo Contrast (Cta) 13:59 | | mw13 |
| 11/24 UA w/Refl Cult 14:17 | 15:04 | p 59 |
| 11/24 Troponin I | 15:04 | ps9 |
| 11/24 Adult EKG (order using folder) | 10:48 | mw13 |
| 11/24 Cardiac Monitor 10:48 | 10:53 | mw13 |
| 11/24 ADD D DIMER SENSITIVE 13:47 | 13:51 | mw13 |
| 11/24 ADD ALKALINE PHOSPHATASE | 13:51 | mw13 |
| 11/24 ADD ALT/SGPT 13:47 | 13:51 | mw13 |
| 11/24 ADD AST/SGOT 13:47 | 13:51 | mw13 |
| 11/24 ADD BILI DIRECT 13:47 | 13:51 | mw13 |
| 11/24 ADD BILI TOTAL 13:47 | 13:51 | mw13 |
| 11/24 ADD LIPASE 13:47 | 13:51 | mw13 |
| | | |

Name: Liu, Yu

MRN: 2256001 Account#: 198115703





Tufts Medical Center

Physician Documentation Continued

| 11/24 EKG (order using folder) 10:48 | 10:53 | mw13 |
|--|-------|------|
| 11/24 Pulse Oximetry Continuous 10:48 | 10:53 | mw13 |
| 11/24 Consult Orders-Cardio-Adult (Cardiology) 12:56 | 14:43 | mw13 |
| 11/24 Patient Belongings List 13:49 | 14:38 | ac21 |

Dispensed Medications:

| Time | Drug & Dose Dispensable & Quantily | Volume | Route | Rate | Infused Over | Site | Delivery | Staf | | | | | | |
|-------------------------|--|-----------|-----------------|----------|-----------------|-----------|---|-------------------|--|--|--|--|--|--|
| 10:54 | Benadryl 25 mg | | IVΡ | | | | | ps9 | | | | | | |
| 10:54 | Famotidine 20 mg | | IVP | | | | | ps9 | | | | | | |
| 11:02 | CANCELLED (N/A): Nitrostat 0.4 mg Sublingual every 5 minutes; do not exceed 3 tablets in 15 minutes; call j md if still symptomatic after 3 rd dose x3 | | | | | | | jms | | | | | | |
| 11:23 | Nitroglycerin Tablet 0.4mg 0.4 mg | | Sublingual | | | | | ps9 | | | | | | |
| 11:23 | Solu-MEDROL 125 mg | | IVP | | | | | ps9 | | | | | | |
| 11:38 | Nitroglycerin Tablet 0.4mg 0.4 mg | | Sublingual | | | | | ps9 | | | | | | |
| 11:41 | Nitroglycerin Tablet 0,4mg 0,4 mg ¹ | | Sublingual | | | | | ps9 | | | | | | |
| 12:02 | Follow up: Response: Pain is unchanged, phy 10/10 | sician no | tified; Pain i | s unchar | iged, phys | ician not | Follow up: Response: Pain is unchanged, physician notified; Pain is unchanged, physician notified | | | | | | | |
| 12:03 | Follow up: Response: Pain is unchanged, physician notified; Pain is unchanged, physician notified p | | | | | | | | | | | | | |
| | 10/10 | sician no | tified; Pain i | s unchar | iged, phys | ician nol | ified | ps9 | | | | | | |
| 12:04 | 10/10 GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) | | tified; Pain i | s unchar | ged, phys | ician nol | ified | ps9 ps9 | | | | | | |
| 12:04 12:35 | GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) | | РО | s unchar | iged, phys | ician nol | ified | *************** | | | | | | |
| 12:35 | GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) | | РО | s unchar | nged, phys | ician nol | ified | ps9 | | | | | | |
| 12:35 | GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) Follow up: Response: Pain is decreased; Pain ASA - Aspirin 325 mg | | PO ased 9/10 | s unchar | nged, phys | ician nol | ified L | ps9 ps9 | | | | | | |
| 12:35 12:35 12:35 | GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) Follow up: Response: Pain is decreased; Pain ASA - Aspirin 325 mg | | PO ased 9/10 | s unchar | nged, phys | ician nol | | ps9 ps9 ps9 | | | | | | |

^{1 -} Note: pain remains 10/10.

| Order name | Last Status | Reason | Time | Ву | For |
|---------------------------------------|-------------|--------|----------------|------|------|
| Ctangiogram Chest W+wo Contrast (Cta) | Ordered | | 11/24/19 13:59 | mw13 | mw13 |
| Order Method: Electronic | | | | | |
| Details: | | | | | |
| Notes: Bed Name: A5 | | | | | |
| Interpretation: | | | | | |

Attending Notes:

Name: Liu, Yu

MRN: 2256001 Account#: 198115703

Print Time: 11/27/2019 20:47:43







Tufts Medical Center

Physician Documentation Continued

10:59 Attestation: Assessment and care plan reviewed with resident/midlevel provider. See their note for details.

Resident's history reviewed, patient interviewed and examined.

Attending HPI:

HPI: The patient reports a day or so of very pruritic rash on the chest and back. She can't identify any new medications or foods. She reports no past similar symptoms. She does note midsternal chest pain for the past 15-30 minutes. She reports no shortness of breath or palpitations. She reports she takes medicine from "a little bottle". But has run out of this. She reports no fever, chills, nausea, vomiting, palpitations.

11:00 Attending ROS

ims

As documented by Resident ROS and HPI.

Attending Exam:

My personal exam reveals The patient is a well-developed, well-nourished, Asian female. She is alert and conversant. Conjunctive are clear, the pupils are equal and reactive. The pharynx is clear. No swelling the tongue is noted. No stridor is present. The patient has a rash that is erythematous and appears unicarial on the back. There is also some rash and upper chest. There are marks from the bra strap noted in red. The patient also has a keloid scar in the lower sternum. The chest is nontender. The chest is clear. No murmurs heard. Abdomen is soft and nontender. The patient's mentation is lucid, she follows commands. She moves all 4 extremities. The speech is fluent.

I have reviewed the

Nurses Notes.

13:39 ED Course:

ims

The patient developed worsening chest pain. This is treated with sublingual nitroglycerin without effect. A GI cocktail made a small amount of improvement. Her pain resolved after IV morphine. She was seen by cardiology and admitted to their service. She has a positive stress test from this summer, the patient had initially declined catheterization. The patient's initial troponins and EKGs were negative.

My Working Impression:

Acute chest pain.

Attending chart complete and electronically signed:

J.M.Stephen MD x4720.

Disposition Summary:

11/24/19 13:41

Hospitalization Ordered

| Hospitalization Status: Inpatient Admission | ims |
|---|------|
| Provider: Weinstock, Jonathan | ims |
| Clinical Setting: Telemetry | ims |
| Condition: Stable | ims |
| Problem: new | ims |
| Symptoms: have improved | ims |
| Bed/Room Type: Regular | ims |
| • Room Assignment: North 6 (11/24/19 14:05) | ac21 |
| Diagnosis: | |
| Chest pain, unspecified | ims |
| • Forms: | |
| Handoff Communication Form | jms |

Critical Care Time:

13:39 Critical care time: Bedside Care: 20 minutes, Consultation: 15 minutes. Total time: 35 minutes

ims

Name: Liu, Yu

MRN: 2256001 Account#: 198115703







Tufts Medical Center

Physician Documentation Continued

| - | | | | | |
|--------|---------|-----------|------|----|---|
| 47.1 | A 4 4 4 | atu | 20 | 23 | À |
| - 20 5 | **** | 428 1.1.2 | 8 82 | 22 | × |

| Stephen, James | MO | jms | Dispatcher, Medhost | | dispat |
|------------------|----|------|---------------------|----|--------|
| Stewart, Patrice | RN | ps9 | Callahan, Amy | RN | ac21 |
| Wismer, Michael | MD | mw13 | Ibrahim, Hawolul | | hi |

Corrections:

11:02 11:02 Nitrostat 0.4 mg Sublingual every 5 minutes; do not exceed 3 tablets in 15 minutes; call md if still symptomatic after 3 rd dose x3 ordered.

ims

11:29 11:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. She has had chest pain in the past and reportedly takes a medicine from her primary care doctor with helps with the pain which could be nitro. Dr. first without any medications. The patient reports she sees GMA here at Tufts but not visit notes in Sparian. She notes she has a cardiac history but unsure which tests she has had in the past...

mw13 mw13

11:39 41:33 Constitutional: This is a well-developed, well-nourished patient who is awake, alert, and in no acute distress. Head/Face: Normocephalic, atraumatic. Neck: No cervical lymphadenopathy: Supple, full range of motion without nuchal rigidity. Noted unicarial rash on front of neck 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: Chest/axilla: Normal chest wall appearance and motion. Nontender with no deformity. Urticarial rash on front of chest at sternum and healed keloid noted. Cardiovascular. Regular rate and rhythm with a normal S1 and S2. No gallops, murmurs, or rubs. Abdomen/GI. Soft, non-tender, with normal bowel sounds. No guarding or rebound. Skin: Warm, dry with normal turgor. Normal color with no rashes; no lesions, and no evidence of cellulitis. MS/ Extremity: Pulses equal, no cyanosis. Neurovascular intact. Full range of motion. Neuro: Awake and alert, GCS-15: oriented to person, place, time, and situation.

mw13 mw13

11:44 11:37 ED course: Ms. Liu is a 56 year old female with a reported CAD history with stress testing who presents with chest pain and unicarial rash. Was in her usual state of health last night when developed a rash. This rash was on her chest and -

mw13 mw13

11:46 11:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back. She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. She has had chest pain in the past and reportedly takes a medicine from her primary care doctor with helps with the pain which could be nitro. Dr. first without any medications. The patient reports she sees GMA here at Tufts but not visit notes in Soarian. She notes she has a cardiac history but unsure which tests she has had in the past. It seems she has had an exercise stress test in the past as she recalls walking on the treadmill to a cardiac test but does not recall the outcome... mw13 mw13

Page 6 of 8

11:47 41:37 ED course: Ms. Liu is a 56 year old female with a reported GAD history with stress testing who presents with chest pain and urticarial rash. Was in her usual state of health last night when

Name: Liu, Yu

Print Time: 11/27/2019 20:47:43

MRN: 2256001 Account#: 198115703





Tufts Medical Center

Physician Documentation Continued

developed a rash. This rash was on her chest and lower back and actually improved. She reports no new medications, foods, detergents or exposures. Was given Benadryl, famotidine and Solu-Medral with improvement of itching and redness. For her chest pain she reports history of taking a medicine when she has chest pain though Dr. first without medications. She also reports having was sounds like an exercise stress test. Her chest pain is substemat, share/stabbing and started about 15 minutes ago at rest. Will give nitro and assess for response as well as laboratory panel including troponin.

mw43 mw13

12:33 41:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back: She did not report any new exposures to food, medication, detergents etc. This rash was itchy and reised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 45 minutes prior to presentation. The pain is worse with cough and with pelpation. She has had chest pain in the past and reportedly takes a medicine from her primary care doctor with helps with the pain which could be nitro. Dr. first without any medications. The patient reports she sees GMA here at Tufts but not visit notes in Soarian. She notes she has a cardiac history but unsure which tests she has had in the past. It seems she has had an exercise stress test in the past as she recalls walking on the treadmill of a cardiac test but does not recall the outcome...

mw13 mw13

12:43 11:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back: She did not report any new exposures to food, medication, detergents etc. This rash was itchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. Ghe has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient.

mw43 mw13

12:44 +1:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest, neck and lower back: She did not report any new exposures to food, medication, detergents etc. This rash was lichy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this resh. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient:

mw13 mw13

12:52 41:12 HPI and exam performed with interpreter The patient was reportedly in her usual state of health until last night when she developed a rash on her upper chest; neck and lower back; She did not report any new exposures to food, medication, detergents etc. This rash was litchy and raised and it improved overnight. She denies any throat swelling, dysphagia, shortness of breath or wheezing with this rash. She has not had anything like this before. This morning she developed chest pain that started about 15 minutes prior to presentation. The pain is worse with cough and with palpation. The patient:

mw13 mw13

12:55 41:37 ED course: Ms. Liu is a 56 year old female with a reported CAD history with stress testing who presents with chest pain and urticarial resh. Was in her usual state of health last night when developed a rash. This rash was on her chest and lower back and actually improved. She reports no new medications, foods, detergents or exposures. Was given Benedryl, famolidine and Solu-Medrol with improvement of itching and redness. For her chest pain she reports history of taking a medicine when she has chest pain though Dr. first without medications. She elso reports having was sounds like an exercise stress test. Her chest pain is substemal;

MRN: 2256001

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Name: Liu. Yu

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Tufts Medical Center

Physician Documentation Continued

sharp/stabbing and started about 15 minutes ago at rest. Will give nitro and assess for response as well as laboratory panel including troponin :

13:49 43-44

14:05 13:49 *PENDNG BED*

mw+3 mw13

ims ac21 ec24 ac21

20:07 14:05 ED course: Cardiology saw the patient and performed a bedside ECHO. They recommended admitting the patient to the inpatient cardiology service, they also recommended sending LFTs,

D-Dimer and gelting a CTA to rule out a dissection -

mw13 mw13

Document is preliminary until electronically or manually signed by the attending physician

Name: Liu, Yu

MRN: 2256001 Account#: 198115703

Print Time: 11/27/2019 20:47-43





Nurse Documentation

Name: Liu, Yu

Age: 56 yrs Sex: Female DOB: 04/28/1963

Arrival Date: 11/24/2019 Arrival Time: 10:24

Bed Pending Adult

Chief Complaint: Chest Pain

MRN: 2256001

Account#: 198115703

PCP: Lau, Sandra

Presentation:

11/24 Presenting complaint: Patient states: Mostly Mandarin speaking, presents to ED with multicomplaint, reports, ac21

10:34 midsternal chest pain that began 15 minutes ago. c/o pain to bilateral ears and back, reports this has occurred in the past, states she takes "a little pill in a small vial that helps the pain but I ran out" Denies SOB, dizziness, vomiting or diarrhea.

10:34 Acuity: Adult 2.

ac21

10:34 Method Of Arrival: Walk In.

ac21

16:17 Presenting complaint: Assumed care of this Patient at 1600. The bed was ready on North 6. Scans completed and the Patient is pain free. The Patient was transported to North 6 with CRN and Tech at 1620.

198

North 6 was notified.

Historical:

Allergies:

10:36 Amoxicillin; mycin family; Penicillins;

ac21

Home Meds:

10:38 Unable to Obtain;

ac21

PMHx:

10:38 Anemia;

ac21

· Social history: Smoking status: The patient is not a current smoker. Patient/guardian denies using alcohol, street drugs, The patient speaks a little English, Their native language is Chinese - Mandarin The patient lives with family,.

| Vital Sig Time | <u>EP</u> | Pulse | Resp | Temp | Pulse Ox | Weight | Pain | Staff |
|-------------------|-----------------------------------|-------|------|--|------------|---|------|-------|
| 10:26 | 126 / 86 Left Arm 2 (auto/reg) | 89 | 18 | 36.6 | 99% | | | jr26 |
| 10:40 | 134 / 82 | 95 | 16 | | | | | ps9 |
| 11:41 | 138 / 81 | 93 | 16 | | 99% on R/A | | | ps9 |
| 11:50 | 133 / 86 | 92 | 15 | | 99% on R/A | | | ps9 |
| 12:00 | 125 / 76 | 94 | 16 | | | at and the second se | | ps9 |
| 14:03 | 138 / 81 | 98 | 14 | Sandrick and Sandrick and Sandrick State S | | | 0/10 | ps9 |

Glasgow Coma Score:

| Aidolla | TO WOLLD WATER | | | | W-A-1 | Tex-881 |
|---------|----------------|-----------------|-------------------|-------------------|-------|------------|
| Time | Eve Response | Verbal Response | Motor Response | Modifying Factors | Total | Staff |
| 10:54 | soontaneous(4) | oriented(5) | obeys commands(6) | | 15 | ps9 |
| 10.54 | spontaneous(4) | oriented(5) | obeys commands(6) | | 15 | <u>ρs9</u> |
| 12:07 | soontaneous(4) | oriented(5) | obeys commands(6) | | 15 | ps9 |

Assessment:

10:54

ps9

....

Reassessment: 56 yo Mandarin-speaking female who presents with chest pain, back pain and a pruritic urticarial rash.

General: Appears uncomfortable, Behavior is cooperative.



Nurses Documentation Continued

ps9

Tufts Medical Center

Paln: Complains of pain in mid-sternal area.

Neuro:

Eye opening: Spontaneously

Level on consciousness: Sustained Attention

Verbal Response: Orientation: Oriented x 3

Speech: Clear.

Eye movements: No Gaze preference Facial Droop: Appears Normal Motor Response: Obeys Commands

10:54

EENT: Denies difficulty swallowing,

Cardiovascular: Capillary refill < 3 seconds

Respiratory: Airway is patent Trachea midline Respiratory effort is even, unlabored, Respiratory pattern is

regular, symmetrical, Breath sounds are clear bilaterally. Skin: Rash noted that is unicaria, on back and chest. Skin: Rash noted that is unicaria, on back and chest.

12:04

General: Appears uncomfortable, Behavior is anxious, "I feel like I'm going to die. Can I have he cardiac

surgery today"?,

Pain: Complains of pain in mid-sternal area Pain currently is 10/10.

Neuro: Eye opening: Spontaneously Level on consciousness: Sustained Attention Verbal Response:

Orientation: Oriented x 3 Speech: Clear. Eye movements: No Gaze preference Facial Droop: Appears Normal Motor Response: Obeys Commands Motor Strength:

Cardiovascular: Capillary refill < 3 seconds.

Respiratory: Airway is patent Respiratory effort is even, unlabored, Respiratory pattern is regular,

symmetrical, Breath sounds are clear bilaterally.

GI: Denies nausea, vomiting. GU: No deficits noted.

Skin: urticaria is resolving.

Observations:

| 10:24 Patient arrived in ED. | sb36 |
|--|------|
| 10:36 Triage Completed. | ac21 |
| 10:47 Patient Visited By: Wismer, Michael. | mw13 |
| 10:58 Patient Visited By: Stephen, James. | ims |
| 13:41 Patient Visited By: Stephen, James. | ims |
| 13:49 Patient assigned to A5. | ac21 |
| 14:05 Patient assigned to A5. | ac21 |

Procedure:

| 10:52 EKG done. (by ED staff). No Old EKG Reviewed By: James Stephen MD. | rc11 |
|---|------|
| 11:24 Labs drawn. Sent per order to lab. Inserted peripheral IV: saline lock: 20 gauge in right antecubital area. | ps9 |
| 12:01 EKG done. (by ED staff). Old EKG Obtained Reviewed By: James Stephen MD. | rc11 |
| 12:26 EKG done. (by ED staff). Old EKG Obtained Reviewed By: James Stephen MD. | ra11 |
| 14:17 Labs drawn. Sent per order to lab. Inserted peripheral IV: saline lock: 18 gauge in right antecubital area. | ps9 |

Name: Liu, Yu

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Print Tune: 11/27/2019 20:47:40

Tufts Medical Center

Dispensed Medications:

| Time | Drug & Dose Dispensable & Quantity | Volume | Route | Rate | Infused Over | Site | Delivery | |
|--|--|-----------|-----------------------------------|----------|-----------------|----------|-------------|--------------------------|
| 10:54 | Benadryl 25 mg | | IVP | | | | | ps9 |
| 10:54 | Famotidine 20 mg | | IVP | | | | | ps9 |
| 11:02 | CANCELLED (N/A): Nitrostat 0.4 mg Sublingual ev md if still symptomatic after 3 rd dose x3 | ery 5 mir | iutes, do not | exceed | 3 tablets i | n 15 mir | rutes; call | jms |
| 11:23 | and the state of t | | Sublingual | | | | | ps9 |
| 11:23 | Solu-MEDROL 125 mg | | IVP | | | | | ps9 |
| 11:38 | Nitroglycerin Tablet 0.4mg 0.4 mg | | Sublingual | | | | | ps9 |
| 11:41 | Nitroglycerin Tablet 0.4mg 0.4 mg 1 | | Sublingual | | | | | ps9 |
| * * * * * * * | | | | | | | | |
| 12:02 | | sician no | tified; Pain i | s unchar | nged, phys | ician no | lified | ps9 |
| ************* | Follow up: Response: Pain is unchanged, phy 10/10 | | | | | | | ps9 ps9 |
| 12:02 12:03 12:04 | Follow up: Response: Pain is unchanged, phy 10/10 Follow up: Response: Pain is unchanged, phy | sician no | | | | | | ps9 ps9 |
| 12:02 12:03 12:04 | Follow up: Response: Pain is unchanged, phy 10/10 Follow up: Response: Pain is unchanged, phy 10/10 Gl cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) | sician no | tified; Pain i | | | | | ps9 |
| 12:02 12:03 12:04 12:35 | Follow up: Response: Pain is unchanged, phy 10/10 Follow up: Response: Pain is unchanged, phy 10/10 GI cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) Follow up: Response: Pain is decreased; Pain | sician no | tified; Pain i | | | | | ps9 |
| 12:02 12:03 12:04 12:35 | Follow up: Response: Pain is unchanged, phy 10/10 Follow up: Response: Pain is unchanged, phy 10/10 Gl cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) Follow up: Response: Pain is decreased; Pain ASA - Aspirin 325 mg | sician no | tified; Pain i PO ased 9/10 | | | | | ps9 ps9 ps9 |
| 12:02 12:03 12:04 12:35 12:35 12:35 | Follow up: Response: Pain is unchanged, phy 10/10 Follow up: Response: Pain is unchanged, phy 10/10 Gl cocktail - (Maalox Suspension 30 mL, Lidocaine Viscous 2 % 10 mL) Follow up: Response: Pain is decreased; Pain ASA - Aspirin 325 mg | sician no | tified; Pain i PO ased 9/10 | | | | | ps9 ps9 ps9 ps9 |

1 - Note: pain remains 10/10.

9 millions in spon of 2-3 hours

| Inte | | |
|------|--|--|
| | | |
| | | |

| 10:25 Driver's License Scanned into Chart. | sb36 |
|---|------|
| 11:05 Demo Sheet Scanned into Chart. | ad27 |
| 11:08 ECG/EKG Scanned into Chart. | hi |
| 12:13 ECG/EKG Scanned into Chart. | hi |
| 14:30 Patient Belongings Scanned into Chart | ad27 |
| 16:09 ECG/EKG Scanned into Chart. | vs6 |
| | |

Outcome:

| 13:41 Decision to Hospitalize by Provider. | jms |
|--|------|
| 16:47 Patient left the ED. | ac21 |

Corrections:

12:08 10:54 Neuro: Eye opening: Spontaneously Level on consciousness: Sustained Attention Verbal
Response: Orientation: Oriented x 3 Speech: Clear, Eye movements: No Gaze preference
Facial Droop: Appears Normal Motor Response: Obeys Commands
ps9 ps9

12:09 40:54 Neuro: Eye opening: Spontaneously Level on consciousness: Sustained Attention Verbal

Name: Liu, Yu

MRN: 2256001 Account#: 198115703

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Nurses Documentation Continued

Tufts Medical Center

| A Lo | Fediel-Broop-Appears-Norm | nled x al-14o | 3 Speech: C tor-Responsi | ilear: Eye-movements: No Gaze preferenc s: Obeys Commands | * | p e 9 | ps9 | |
|-------------------------|---|------------------|--|--|--------|------------------|-----|-----|
| 12:11 42:64 | | | | | | p 9 9 | ps9 | |
| | Gardiovascular Capillary re | | | | | 999 | ps9 | |
| 12:11 12:07 | Respiratory: Airway is paten pattern is regular, symmetric | | | leapiratory effort is even, unlabored, Resp are clear bilaterally. | retory | pe9 | ps9 | |
| 12:11 12:07 | EENT: Denies difficulty swe | Howing |) | | | 999 | ps9 | |
| 12:11 42:07 | GU: | | | | | 999 | ps9 | |
| 12:11 12:07 | Skin-Rash noted that is urtic | caria, 1 | on back and | chest | | ps9 | ps9 | |
| 12:11 12:0 8 | Skin-Rash noted that is until | carie, v | on back and | chest | | pe9 | ps9 | 227 |
| 12:11 12:08 | GC6-45, | | | | | p99 | ps9 | 4 |
| Signatures: | | | | | | | < | 9 |
| Stephen, Jai | mes | MD | jms | Gilleran, Janet | RN | jg8 | | |
| Stewart, Pat | rice | RN | ps9 | Callahan, Amy | RN | ac21 | | |
| Wismer, Mic | hael | MD | mw13 | Costa, Rachel | | rc11 | | |
| DelRosario, | Alida | Sec | ad27 | Ibrahim, Hawolul | | hi | | |
| Santa, Vane | ssa | | vs6 | Rincon, Javier | | jr26 | | |
| Bland, Sham | yiah | | sb36 | Aspinwall, Riley | CCT | ra11 | | |

Name: Liu, Yu

Print Time: 11/27/2019 20:47-40

MRN: 2256001 Account#: 198115703

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Docket Number Luis Medical Center 800 Washington Street Boston MA 02111

CTA Chest W+WO Contrast (Anglogram) Results Report 2870892

Pt Name: Pt ID:

LIU. YU FEN 2018016649

Acct No: Age/Sex:

MRN:

210957430 58Y/F

DOB:

04/28/1963

Atn Dr:

Ostrow, Peter MD

Nurse Sta:

Rm/Bed:

Dx:

Airg:

No Known Food Allergies, Penicillins

Order Name: Result Name:

CTA Chest W+WO Contrast (Angiogram)

Observation Dtime:

11/24/2019 21:48

Result Status:

Final Result

Final

TUFTS MEDICAL CENTER

NAME: LIU, YU FEN

MR#: 2256001

800 Washington Street

ORD PHYS. Wismer, Michael MO

Boston, MA 02111

008: 04/28/1963 EXAM DATE: 11/24/2019

AGE: 56 year(s) SEX: F EXAM ID: 10141056

CAT Scan CTED - CT ED ROOM

LOCATION: DISCH - DISCHARGED (DISCH)

EXAM: CTA CHEST W+W/O CONTRAST

CLINICAL DATA:

REASON FOR EXAM:

chest pain and concern disection

ORDER COMMENTS:

Bed Name: A5

EXAM: CTA Chest (Pulmonary Angiogram).

HISTORY: 56-year-old female presenting with acute onset chest pain not resolving after SLN, concern for pulmonary embolus TECHNIQUE: A test bolus of Isovue 370 was injected at 5 cc/sec for timing purposes. Helical CT was then performed from the lung apices through the lung bases following the administration of 70 cc Ultravist 370 injected at 5 cc/sec. Axial, coronal and sagittal MIP images and volume rendered 3D vascular models were created at the CT console. Of note, patient refused imaging of the legs.

COMPARISONS: Chest radiograph 3/18/2016

FINDINGS:

Vascular Findings:

There is adequate opacification of the pulmonary arteries to the sub-segmental level.

There is no filling defect in the pulmonary arteries to suggest acute or chronic pulmonary embolus.

There is a rounded 5 mm focal opacification emanating from the distal pulmonary artery branch in the left upper lobe (8-116). This is suspected to be a pulmonary AVM.

Non-vascular Findings:

There is a 4 mm solid nodule in the left upper lobe (8-186). There are bilateral trace pleural effusions dependent atelectasis. There is mild multilevel anterior endplate osteophyte formation.

IMPRESSION:

- 1. No evidence of acute or chronic pulmonary embolus.
- 2. 5 mm rounded area enhancing focus emanating from the distal pulmonary arterial branch, suspected to be a pulmonary arteriovenous malformation.
- 3. 4 mm solid nodule in the left upper lobe. Please refer to the Fleischner society guidelines as below.

Per the 2017 Fleischner Society Guidelines:

Solid pulmonary nodules &It;6 mm in size, immunocompetent patients over age 35, no history of malignancy, not undergoing lung cancer screening:

- No known/unknown risk factors for lung cancer: No additional follow-up imaging needed.

- Risk factors for lung cancer: Optional follow-up chest CT at 12 months.

The Tuffs Medical Center PACS record indicates that during the 12 months prior to the current exam the patient has had (including outside scans in the Tufts PACS record):

0 CT scans of any kind, including those done for attenuation correction PET scanning; and

O myocardial perfusion radiotracer examinations.

DICTATED: Jidi Gao MD SUPERVISED BY Neil Halin DO

Pt Name: LIU, YU FEN

MRN: 2870892

Rm.Blad:

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CTA Chest W+WO Contrast (Angiogram) Results Report

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Tufts Medical Center 800 Washington Street Boston MA 02111

Pt Name:

LIU, YU FEN

Pt ID:

2018016649

DOB:

04/28/1963

CTA Chest W+WO Contrast (Anglogram) Results Report

MRN:

2870892

Acct No: Age/Sex: 210957430 58Y/F

Atn Dr: Rm/Bed:

Ostrow, Peter MD

Nurse Sta:

Dx: Alrg:

No Known Food Allergies, Penicillins

Order Name:

Result Name:

CTA Chest W+WO Contrast (Angiogram)

Observation Dtime:

11/24/2019 21:48

Result Status:

Final Result

IN ACCORDANCE WITH DEPARTMENT POLICY, TEACHING PHYSICIANS REVIEW ALL IMAGES, AND EDIT REPORTS AS REQUIRED. A REPORT IS NOT FINAL UNTIL APPROVED BY A STAFF RADIOLOGIST.

APPROVED BY STAFF RADIOLOGIST: Neil Halin .DO TRANSCRIBED BY:

TNUANCE

Nov 26, 2019 04:53 PM

Comments

Result Comments:

Requisition Comments:

Ordering Dr:

Wismer Michael

Order Date/Time:

Ord#/Occurrence#:

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Pt Name: LIU, YU FEN

Rm/Bod:

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MRN: 2870892

CTA Chest W+WO Contrast (Angiogram) Results Report

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EXHIBIT 7

