

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

UNITED STATES OF AMERICA :
 :
v. : **Case No: 21-MJ-292 RCL**
 :
CHRISTOPHER WORRELL, :
 :
 Defendant. :

**OPPOSITION TO
DEFENDANT’S EMERGENCY MOTION TO REVOKE DETENTION ORDER**

The government respectfully opposes defendant Christopher Worrell’s emergency motion to revoke Chief Judge Howell’s March 19, 2021 order detaining Mr. Worrell prior to trial.

Mr. Worrell contends that his detention order should be revoked on the ground that the D.C. Jail is currently violating his due process rights under the Fifth Amendment by being deliberately indifferent to Mr. Worrell’s serious medical needs. Mr. Worrell’s argument is based on a misunderstanding of the complete record of Mr. Worrell’s care. This may be due, in part, to the fact that the motion appears to have been filed without Mr. Worrell’s medical records.¹ After the motion was filed, the government sought and obtained Mr. Worrell’s medical records pursuant to this Court’s order of August 12, 2021. *See* Dkt. 83 (order granting the parties’ joint request for disclosure of Mr. Worrell’s medical records). Those records make clear that Mr. Worrell has received substantial and timely care, and that to the extent Mr. Worrell has not yet had particular

¹ Mr. Worrell asserts that his “updated medical records have not been provided to counsel or the government upon request.” Dkt. 81 at 3. That has not been the government’s experience. True, medical records are not provided upon request. As Mr. Worrell knows, inmates at the D.C. Jail can obtain their own medical records (or have them sent to their counsel) by filling out a HIPAA release form. But Mr. Worrell has never sent the government his D.C. Jail medical records. Instead, the government has had to twice file a motion with this Court to obtain the records. *See* Dkts. 41, 82. The D.C. Jail has always promptly provided the medical records in response to these court orders.

appointments, that has often been because he has declined to go to outside appointments scheduled on his behalf. Mr. Worrell's apparent reluctance to receive high-quality outside care cannot be charged to the government on a Fifth Amendment theory.

FACTUAL AND PROCEDURAL BACKGROUND

The facts establishing Mr. Worrell's dangerousness, and hence the appropriateness of his detention generally, are spelled out in detail in the government's prior detention-related filings: its initial memorandum in support of detention (Dkt. 9); its memorandum in opposition to Mr. Worrell's first motion for reconsideration (Dkt. 19); and the government's subsequent response to Chief Judge Howell's minute order regarding the D.C. Circuit's *Munchel* opinion (Dkt. 24). *See United States v. Munchel*, 2021 WL 1149196 (D.C. Cir. Mar. 26, 2021). This Court also detailed the facts and procedural history of this case at length in the June 9, 2021 redacted version of its previously sealed memorandum opinion denying Mr. Worrell's second motion for reconsideration of detention. *See* Dkt. 74 at 2-5.

The only new facts that Mr. Worrell alleges relate to Mr. Worrell's medical care. The history of Mr. Worrell's medical care through approximately the end of May 2021 is contained in the government's redacted Supplemental Brief in opposition to Mr. Worrell's second motion for reconsideration, *see* Dkt. 71-1 at 2-5, and in this Court's order denying Mr. Worrell's motion, *see* Dkt. 74 at 10-11.

Mr. Worrell filed an appeal of this Court's order denying Mr. Worrell's second motion for reconsideration. *See* Dkt. 75 (notice of appeal). Mr. Worrell then filed this motion, a motion for revocation of his detention order, on August 11, 2021, despite the pendency of his appeal of this Court's prior order addressing Mr. Worrell's detention. *See* Dkt. 81. On August 16, 2021, Mr. Worrell moved to dismiss his appeal, but that appeal has not yet been dismissed. *See*

Docket, *United States v. Worrell*, No. 21-3040 (D.C. Cir. 2021).

As relevant to his latest motion, Mr. Worrell's medical records from the D.C. Jail—which now span 220 pages detailing dozens of doctor's visits—show the following medical appointments have occurred since his first visit to an oncologist in May 2021. This list below does not include the many other medical visits Mr. Worrell has had, including an ophthalmologist and two dentist appointments, which are reflected in the medical records and discussed in the argument section below. The government has attached as Exhibit 1 all of Mr. Worrell's medical records since late May, when the government previously submitted Mr. Worrell's medical records to this Court.²

- After his initial oncology consult on May 19, 2021, Mr. Worrell's treating oncologist recommended a bone marrow biopsy, PET/CT scans, and a repeat skin biopsy. *See, e.g.*, Ex. 1 at 2 (noting recommendations from "HUH oncology").
- On June 4, Mr. Worrell underwent the PET/CT scans. *Id.* at 56; *see also id.* at 2, 44-45 (describing the results of the PET/CT scans).
- On June 7, Mr. Worrell underwent the bone marrow biopsy. *Id.* at 49-50. The biopsy showed normal bone marrow. *Id.* at 44.
- On June 10, Mr. Worrell was seen by the orthopedic surgeon Dr. Wilson at Howard University Hospital. *Id.* at 46. The surgeon recommended surgical fixation of his finger fracture. *Id.* There is no note in the records indicating that this need for surgery was caused by any purported delay in treatment. Dr. Wilson also recommended certain pre-operative laboratory tests, including an EKG test.

² The government has submitted Exhibit 1 not under seal after consultation with defense counsel, who did not oppose filing these records publicly.

Id.

- On June 11, 2021, Mr. Worrell was seen by Dr. Crenshaw with the Chronic Care Clinic, who noted that Mr. Worrell had had an X-ray done for what he described as left shoulder pain. *Id.* at 43. Mr. Worrell “requested that he NOT be scheduled for any outside medical appointments” the following week “so he has a chance to get the commissary order he has placed for ‘healthy’ foods.” *Id.* at 44. The doctors “reviewed [with the patient] the risks of potentially delaying care,” and Mr. Worrell “accept[ed] these and reiterate[d] his request for no outside visits next week.” *Id.*
- On June 16, Dr. Ali, Mr. Worrell’s outside oncologist, was consulted about these test results. *Id.* at 40. Dr. Ali recommended a referral to an Ear, Nose, and Throat specialist, who could evaluate whether to conduct an “excisional biopsy” and, if not, whether radiation therapy and chemotherapy would be appropriate. *Id.*
- On June 18, Mr. Worrell was seen by Dr. Crenshaw and insisted that “NO visits be scheduled for outside medical next week as he is awaiting a delivery of commissary and does not want to miss this.” *Id.* at 35.
- On June 25, just nine days after Dr. Ali’s recommendation, Mr. Worrell was seen by an Ear, Nose, and Throat specialist, who recommended an ultrasound-guided fine-needle aspiration biopsy with “interventional radiology.” *Id.* at 2, 28.
- On June 29, just two weeks after Mr. Worrell’s visit with Dr. Wilson, the EKG test requested by Dr. Wilson was performed. *Id.* at 27.
- In the first week of July, Mr. Worrell had a dermatology evaluation scheduled for his skin biopsy, but he “refused to go to the visit” and requested “to have th[at]

rescheduled.” *Id.* at 15.

- Mr. Worrell was seen by Dr. Crenshaw on both June 30 and July 14. *See id.* at 23-26 (June 30 visit); 14-17 (July 14 visit). During these visits, among other things, she examined his epidermoid cyst, noted that he has a physical therapy evaluation pending for pain in his left shoulder, and noted that he is waiting for an “OR date” for surgical repair of Mr. Worrell’s hand. *Id.* She also emphasized that Mr. Worrell needed to keep his medical appointments. *Id.* On July 14, Mr. Worrell “requested that he not have any outside medical visits scheduled Monday, Tuesday, and Wednesday of next week due to upcoming court/legal dates.” *Id.* at 17. Once again, the risks of delaying care were reviewed with Mr. Worrell.
- On July 21, Mr. Worrell was again seen by Dr. Crenshaw, who reviewed the plan that he would have a lymph node biopsy the following week. Mr. Worrell “state[d] he is not sure he wants to go out for this procedure,” “citing his concerns about the possible need to quarantine on his return back to the facility.” *Id.* at 10. Dr. Crenshaw again emphasized “the importance of keeping this appointment and reviewed risks of delaying care.” *Id.* Mr. Worrell “expressed understanding.” *Id.*
- On July 28, Mr. Worrell nonetheless refused to attend that appointment, a “Georgetown OSM interventional radiology appointment,” because of the “requirement that he be quarantined for 2 weeks after return.” *Id.* at 7. “He signed a refusal form . . .” *Id.*
- Most recently, on August 12, Mr. Worrell was again seen by Dr. Crenshaw. She noted that Mr. Worrell “has refused to go out” for the two biopsies Dr. Ali, his oncologist, had recommended. *Id.* at 3. Medical staff had a “long conversation

again with patient . . . about the importance of keeping these appointments as wee [sic] needed this information to determine his[t]reatment plan.” *Id.* Mr. Worrell replied that he “will go to the visits” but only if “they do not interfere with his court dates.” *Id.* Aside from that, Mr. Worrell noted no changes other than continued persistent itching; in response, the medical staff recommended and Mr. Worrell agreed to undergo a trial treatment using hydroxyzine. *Id.*

On August 11, Mr. Worrell filed the instant motion, claiming that he had not received the skin biopsy or lymph node biopsy that he had refused to attend just weeks before. *See* Dkt. 81.

ARGUMENT

I. This Court may deny or defer Mr. Worrell’s motion, but lacks jurisdiction to grant it.

As noted above, Mr. Worrell filed this motion while an appeal was pending at the D.C. Circuit concerning the same issue: his detention pending trial. Generally, “[t]he filing of a notice of appeal, including an interlocutory appeal, ‘confers jurisdiction on the court of appeals and divests the district court of control over those aspects of the case involved in the appeal.’” *United States v. DeFries*, 129 F.3d 1293, 1302 (D.C. Cir. 1997) (quoting *Griggs v. Provident Consumer Discount Co.*, 459 56, 58 (1982) (per curiam)); *see also United States v. Anderson*, 545 F.3d 1072, 1080 n.8 (D.C. Cir. 2008). “The district court does not regain jurisdiction over those issues until the court of appeals issues its mandate.” *Defries*, 129 F.3d at 1293 (citations omitted). Here, Mr. Worrell’s motion for revocation concerns the same aspect of the case involved in the appeal: his pretrial detention. *See, e.g., United States v. Murrietta*, No. CR 20-218, 2021 WL 322181, at *1 (W.D. Pa. Feb. 1, 2021) (noting that district court lacked jurisdiction to consider defendant’s motion for reconsideration of detention order while an

appeal of the original detention order was pending with the Third Circuit).

In this context, Federal Rule of Criminal Procedure 37(a) provides the Court with three options. “The Court may: (1) defer considering the motion; (2) deny the motion; or (3) state either that it would grant the motion if the Court of Appeals remands for that purpose or that the motion raises a substantial issue.” *Murrietta*, 2021 WL 322181, at *1; *see* Fed. R. Crim. P. 37(a), adv. committee notes (stating that a district court can “entertain the motion and deny it”); *United States v. Gonzalez*, Crim. No. 12-759 & 20-271, 2021 WL 83394, at *1 (D.N.J. Jan. 8, 2021); *United States v. Tuitele*, Crim. No. 13-00593, 2021 WL 54506, at *2 (D. Haw. Jan. 6, 2021)).

The government submits that the Court can entertain and deny Mr. Worrell’s motion based on the record before the Court. Alternatively, the Court can defer ruling on the motion until after Mr. Worrell’s appeal is resolved.

II. Mr. Worrell has not shown that his medical care has been objectively unreasonable.

Mr. Worrell raises a claim under the Due Process Clause of the Fifth Amendment. “To evaluate whether the conditions of pretrial detention violate the Fifth Amendment’s Due Process Clause, the Supreme Court has stated that a court must determine whether the challenged condition amounts to ‘punishment.’” Dkt. 74 at 18 (quoting *Bell v. Wolfish*, 441 U.S. 520, 535 (1979)). Absent an “expressed intent to punish” a pretrial detainee, which Mr. Worrell does not allege here, “[a] pretrial detainee . . . can prevail if she either introduces evidence of a subjective intent to punish or demonstrates that a restriction is objectively unreasonable or excessive relative to the Government’s proffered justification.” *Id.* at 19 (quoting *United States v. Moore*, No. 18-

CR-198, 2019 WL 2569659, at *2 (D.D.C. June 21, 2019)).³

Mr. Worrell has not shown that the D.C. Jail has been objectively unreasonable in attending to his medical needs. Indeed, to the contrary, it appears the D.C. Jail has consistently followed up on Mr. Worrell's medical complaints and has sent Mr. Worrell out to numerous outside specialists. The records reflect that Mr. Worrell, rather than the D.C. Jail, has served as the greatest obstacle to him receiving medical care. Most of the claims or implied claims that Mr. Worrell makes about his medical care are belied by the medical records from the D.C. Jail.

First, with respect to his cancer treatment, Mr. Worrell claims that over the last 150 days, “the government and jail staff have done nothing.” Dkt. 81 at 8. He claims he “has still yet to receive *any* cancer treatment.” *Id.* at 6. The 220 pages of Mr. Worrell's medical records belie those incredible claims. As the facts recited above show, since visiting an outside oncologist on May 19, Mr. Worrell has had a follow up PET/CT scan; has had a bone marrow biopsy; was seen by an Ear, Nose, and Throat specialist; had appointments for a skin biopsy and lymph node biopsy, and has had appointments every week or every other week with the doctors at the internal Chronic Care clinic, which focuses on Mr. Worrell's cancer care. Mr. Worrell has been seen by one specialist or another, or has gone to or at least had scheduled outside diagnostic testing appointments, almost every week since early June.

More importantly, the medical records also indicate that Mr. Worrell has twice refused to go to an outside appointment that was scheduled for him: a dermatology evaluation for his skin

³ In a supplemental filing, Mr. Worrell asks this Court to review the D.C. Circuit's decision in *United States v. Tanios*, No. 21-3034 (D.C. Cir. Aug. 9, 2021), on the ground that it is “relevant authority” to his claim. Dkt. 84 at 1. Mr. Worrell does not identify in what way *Tanios*, which does not appear to have dealt with an inmate's medical care while in pretrial detention, is relevant to his Fifth Amendment argument. In any event, *Tanios* involved a defendant with “no past felony convictions, no ties to any extremist groups,” and no post-January 6 violent conduct. *See* Dkt. 84-1 at 2-3. The D.C. Circuit has already denied Worrell's own appeal of his detention order, in an unpublished order focused on Mr. Worrell's dangerousness, violence on January 6, 2021, his post-January 6, 2021 threats, and his ties to larger organizations. Dkt. 46 at 2. Thus, the D.C. Circuit itself has already effectively distinguished this case from *Tanios*.

biopsy in early July, *see* Ex. 1 at 15, and a lymph node biopsy scheduled for July 28, *see* Ex. 1 at 7. Rather unbelievably, despite *refusing to attend* these appointments when they were scheduled, Mr. Worrell now claims that he has been denied those appointments: “as of August 10, 2021,” Mr. Worrell claims, he “has not received appoints [sic] for (1) lymph node biopsy” or “(2) skin biopsy.” Dkt. 81 at 6. Mr. Worrell cannot generate a Fifth Amendment violation by refusing to attend the treatment he has been offered and then claiming it has been denied.

Second, Mr. Worrell claims that on June 30, he “[d]iscovered no ophthalmologist appointment had been made for” him, implying that he was suffering a serious condition that was going untreated. Dkt. 81 at 6. But the medical records indicate that Mr. Worrell saw an ophthalmologist the next day, on July 1, and that the doctor prescribed eye drops for what the doctor described as mild “blepharitis,” or inflammation. Ex. 1 at 17-18, 23. The ophthalmologist recommended a follow-up appointment in three months. *Id.* at 23. The records indicate neither that Mr. Worrell has been denied treatment for his eyes nor that his condition is an emergency. It appears to be the subject of routine care.

Third, Mr. Worrell claims that on June 17, he had a dental appointment scheduled for a root canal, but that his “request for procedure” was “denied,” and that he is now dealing with a “cracked tooth.” Dkt. 81 at 6. In fact, Mr. Worrell was seen by a dentist, Dr. Bowles, on June 17, for a dental examination. Ex. 1 at 35-36. Two weeks later, Mr. Worrell was seen by Dr. Ray for a follow-up appointment; Dr. Ray concluded, after an X-ray, that Mr. Worrell had a large lesion that would require “a root canal or extraction.” *Id.* at 23. In response, Mr. Worrell said “he figured that that’s what the problem was” and that “he does[not] want the tooth taken out at this time. Would like to try and save it.” *Id.* (In an earlier visit on June 5, 2021, Mr. Worrell had stated that he had a “broken tooth” but “denie[d] dental pain.” *Id.* at 52.) Thus, again, Mr.

Worrell appears to have declined recommended treatment. He cannot now complain that he is not receiving the treatment he declined.

The medical records speak for themselves. Mr. Worrell has a veritable army of specialists treating his every complaint: an ophthalmologist for his eyes, two dentists for his teeth, an orthopedic surgeon for his hand, potentially a physical therapist for his back and shoulder pain, general practitioners to look at his epidermoid cyst and to routinely take his vital signs and do wellness checks, chronic care doctors who review his cancer treatment plan every two weeks (at a minimum), outside diagnostic technicians who conduct PET scans and biopsies, and an outside oncologist and Ear, Nose, and Throat specialist to consult on his cancer case. But while Mr. Worrell is receiving this barrage of medical attention, he seems utterly unconcerned, declining to attend his cancer treatment appointments for a variety of reasons (the desire to receive commissary, his belief that he will have to quarantine upon his return, or his desire not to miss his “court dates,” even though there has not been a court date in this case since May 14, 2021). Indeed, Mr. Worrell has repeatedly instructed medical staff at the jail not to schedule outside medical appointments during the subsequent week or on certain days. He did so, for various stated reasons, on June 11, June 18, July 14, July 21, and August 12. *See* Ex. 1 at 3, 10, 17, 34, 44. Medical staff have had to repeatedly try to convince Mr. Worrell to attend the outside specialist appointments necessary to his cancer care. Needless to say, Mr. Worrell is the only thing standing in the way of him receiving the treatment he claims to want.

CONCLUSION

The Court should deny Mr. Worrell’s motion to revoke the detention order.

Respectfully submitted,

CHANNING D. PHILLIPS
Acting United States Attorney
D.C. Bar No. 415793

/s/ William Dreher

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Exhibit 1

DC JAIL MMHS

1901 D STREET, S.E. 3 RD FLOOR WASHINGTON, DC 20003
(202) 673-8445 Fax: (202) 673-8010

August 13, 2021

Page 1

TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1971

377183

Home: 377183

08/12/2021 - TextNote: Grievance

Provider: Traci Outlaw

Location of Care: Central Detention Facility

Resident submitted a grievance that he has not received his prescription eyeglasses and is wondering when he will receive them.

Resident's eyeglasses will be provided by the medical provider or nursing staff upon them being received at the facility. Grievance resolved

Electronically Signed by Traci Outlaw on 08/12/2021 at 12:38 PM

08/04/2021 - Chronic Care Clinic: f/u cutaneous lymphoma

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)
Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take
medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:
EXTERNAL

ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-
6 hours disp. 15cc bottle

HPI

Current Problems:

DX: MILD BLEPHARITIS - OU PER OPHTHO. (ICD-373.00) (ICD10-H01.003)

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)
(ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

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August 13, 2021

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-6 hours disp. 15cc bottle

Current Allergies:

* PERCOCT: HIVES (Critical)

HPI

#. Primary cutaneous follicular b cell lymphoma

-recurrent, with lesions now on face, neck, and upper chest
-following with HUH oncology with recommendation for: repeat skin bx, bone marrow bx and PET/CT for interim staging
---**skin bx** is pending (derm eval was scheduled but PT REFUSED visit, this has been rescheduled and is pending)
---**bone marrow biopsy** was completed 6/2021 and is WNL
---**PET/CT** scans done 6/2021 and significant for new "mildly active" submandibular and cervical lymphnodes c/f possible lymphomatous/tumor involvement
---given PET findings, seen by ENT with rec for **US-guided FNA** with interventional radiology which was scheduled last week but PT REFUSED to go out for visit
-pt reports no changes today other than continued persistent itching
[--additional history--]
-initially dx 2007 and tx w rituximab with subsequent recurrence and repeat tx w rituximab c/b development of an allergic vs infusion reaction
-recurrence dx again in 2019 with recommendation from onc at that time for repeat chemotherapy which the patient declined
-opted instead for treatment with an alternative medicine provider who prescribed topical rapamycin and naltrexone
-this regimen has not been continued as it is not evidence based and pt was instead referred to HUH oncology as above

#. R 5th metacarpal neck fracture

-seen by Dr. Wilson (ortho hand) and rec'd for surgical repair
-awaiting OR date

#. HTN, h/o tachycardia

-on metoprolol h/o HTN and tachycardia
-BP and HR WNL

#. L shoulder pain

-awaiting PT eval which is pending

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Page 3

TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Review of Systems

ROS reviewed. No changes.

Vital Signs

Height: **75** in.
Weight: **260** lbs.
BMI: **32.62**
Temperature: **97.1** degrees F
Temp Site: **Oral**
Respirations: **16**
Pulse Rate: **78**
Rhythm: **Regular**
Blood Pressure: **114/82** mm Hg
(mm Hg)
Pulse Ox: 100%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Skin

Inspection: scattered erythematous patches w some induration most noticable posterior to and below the right earlobe, along the hairline over his left eyebrow, and below his left earlobe

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

- following with oncology and awaiting additional studies to determine treatment options
- currently awaiting derm eval for skin biopsy as well as IR guided lymph node biopsy
- patient has refused to go out for both of these as scheduled
- long conversation again with patient today about the importance of keeping these appointments as we needed this information to determine hist treatment plan
- pt states he will go to the visits if they do not interfere with his court dates
- will try and reschedule these around his upcoming court visits if possible
- also, given persistent itching, options reviewed with patient who agrees with trial of hydroxyzine, risks and benefits reviewed

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 2 weeks.

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August 13, 2021

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Problems reviewed today.
Medications reviewed today.
Allergies reviewed today.
Directives reviewed today.

Electronically Signed by Margaret Crenshaw - MD on 08/04/2021 at 1:29 PM

**07/31/2021 - Sick Call: Initial Visit Renewal of Artificial Tears -Mild Blepharitis. res
Provider: Ella Robertson-Strother - PA
Location of Care: Correctional Treatment Facility**

Sick Call Provider

Referral Source: Self

Chief Complaint: requests Artifical Tears/ refill

Reason for Visit: Initial Visit

HPI: 50 yo m with SCC head and neck requests artificial tears . Pt gives h/o rx refill being ordered 7/21/21. not received. Pharm alerted. Pt denies any ha / fever/ cough/ chills. tremor/ vision changes/ syncope/ cp/sob/ doe/ diaphoresis/ palpktations/ n/v/d/c/abd pain/dysuria. no other complaints. Pt reports" otherwise I am fine."

Vitals not clinically indicated.

Review of Systems

General: see hpi

Physical Exam

General Appearance

Comfortable, NAD AAOx4 verbally appropriate

Head

Inspection: Inspection: NC/AT, Palpation: no masses or tenderness of occipital, parietal, frontal bones

Eyes

External: no visible eye discharge, no redness noted.- Improved

Pupils: equal, round, reactive to light

Ophthalmoscopic: ne

DC JAIL MMHS

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August 13, 2021

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Ears/Nose/Throat

Hearing: grossly intact

Respiratory

Auscultation: ctab

Cardiovascular

Auscultation: apical systolic murmur, nsr

Gastrointestinal

Abdomen: wnl bs x4

Liver & Spleen: no enlargement or nodularity

Hernia: no hernias

Musculoskeletal

Gait & Station: Normal gait- normal movement of all limbs

Spine, Ribs,& Pelvis: normal mobility,

Mental Status and Exam

Judgement: intact

Orientation: oriented to time, place, and person

Memory: intact for recent and remote events

Mood & Affect: Normal

Assessment and Plan

General health and wellness, including healthy diet and aerobic exercise during recreational time, reviewed with the patient. Health hazards of tobacco, illicit drug use, and excessive alcohol intake discussed and patient advised to quit if using, or not to initiate if not already using.

Assessment/Plan:

DX: MILD BLEPHARITIS - OU PER OPHTHO. - Comment Only. renewal of Artificial Tears;Pharm alerted meds not yet received.

Medications: Artificial tears soln 1 drop each eye every 4-6 hours disp. 15cc bottle.

Pt educ. re Pharm and will f/u to be sure he received them. .

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Problems: DX: MILD BLEPHARITIS - OU PER OPHTHO. (ICD-373.00) (ICD10-H01.003)

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

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SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

DC JAIL MMHS

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August 13, 2021

Page 6

TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take
medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:
EXTERNAL
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-
6 hours disp. 15cc bottle

Allergies: * PERCOCET: HIVES (Critical)

Electronically Signed by Ella Robertson-Strother - PA on 08/01/2021 at 2:38 AM

07/30/2021 - TextNote: SC
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 07/30/2021 at 4:00 PM

07/28/2021 - TextNote: refusal
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 08/03/2021 at 2:36 PM

07/28/2021 - TextNote: Pt refused OSM
Provider: Gayle Juenemann - NP
Location of Care: Correctional Treatment Facility

DC JAIL MMHS

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Was informed that pt refused Georgetown OSM interventional radiology appointment due to DOC requirement that he be quarantined for 2 weeks after return from OSM. He signed a refusal form, which was placed in scanning. He stated he'd also signed a refusal earlier today as well. CC f/u scheduled.

Electronically Signed by Gayle Juenemann - NP on 07/28/2021 at 1:58 PM

07/28/2021 - TextNote: OSM refusal . GT IR REfusal signed

Provider: Ella Robertson-Strother - PA

Location of Care: Correctional Treatment Facility

50 yo m with PMHX

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

Pt signed to refuse OSM to GT IR as he alleges his lawyers were told he will have 14 day quarantine upon return. Refusal signed by pt / security/ medical.
AM Medical Provider alerted.

Electronically Signed by Ella Robertson-Strother - PA on 07/29/2021 at 2:15 AM

07/28/2021 - Clinical Lists Update: TRIP TICKET

Provider: Cheikhna Aidara - PA

Location of Care: Central Detention Facility

This document contains external references

TRIP TICKET

Imported By: Lorraine Lawson-Hyde 7/28/2021 4:00:46 PM

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

External Attachment:

Type: Image
Comment: External Document

Signed before import by Cheikhna Aidara - PA
Filed automatically on 07/28/2021 at 4:00 PM
Electronically Signed by Cheikhna Aidara - PA on 07/29/2021 at 5:11 PM

07/28/2021 - Clinical Lists Update: TRIP TICKET
Provider: Cheikhna Aidara - PA
Location of Care: Central Detention Facility
This document contains external references

TRIP TICKET

Imported By: Lorraine Lawson-Hyde 7/28/2021 4:00:15 PM

External Attachment:

Type: Image
Comment: External Document

Signed before import by Cheikhna Aidara - PA
Filed automatically on 07/28/2021 at 4:00 PM
Electronically Signed by Cheikhna Aidara - PA on 07/29/2021 at 5:10 PM

07/21/2021 - Chronic Care Clinic: prep for lymph node biopsy
Provider: Margaret Crenshaw - MD
Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)
Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take
medication with food to avoid GI upset; Route: ORAL

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-6 hours disp. 15cc bottle

HPI

Current Problems:

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-6 hours disp. 15cc bottle

Current Allergies:

* PERCOET: HIVES (Critical)

Other HPI

#. Prep for LN biopsy
-pt w h/o primary cutaneous follicular b cell lymphoma
-recently noted to have new active submandibular and cervical lymphnodes concerning for possible tumor involvement
-rec'd for US Guided bx with INR which is scheduled
-pt seen today for prep for tihs
-needs to hold ASA for 5 days prior to surgery

Review of Systems

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August 13, 2021
Page 10
TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

General: Patient denies fatigue, malaise.
Cardiovascular: Patient denies chest pain.
Respiratory: Patient denies cough.
Skin: Patient complains of itching, rash.

Vital Signs

Height: **75** in.
Weight: **260** lbs.
BMI: **32.62**
Temperature: **96.8** degrees F
Temp Site: **Oral**
Respirations: **16**
Pulse Rate: **78**
Rhythm: **Regular**
Blood Pressure: **106/75** mm Hg
(mm Hg)
Pulse Ox: 99%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Assessment and Plan

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

- with new active submandibular and cervical lymphnodes, rec'd for biospy to determine if any tumor involvement
- this is scheduled for next week
- patient needs to HOLD ASPIRIN starting tomorrow and until after the procedure
- this plan was reviewed with the patient who expressed understanding
- of note, the patient states he is not sure he wants to go out for this procedure citing his concerns about the possible need to quarantine on his return back to the facility
- reviewed with patient the importance of keeping this appointment and reviewed risks of delaying care
- pt expressed understanding

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 2 weeks.
Problems reviewed today.
Medications reviewed today.
Allergies reviewed today.
Directives reviewed today.

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Electronically Signed by Margaret Crenshaw - MD on 07/21/2021 at 2:01 PM

07/20/2021 - Clinical Lists Update: TRIP TICKET
Provider: Margaret Crenshaw - MD
Location of Care: Central Detention Facility
This document contains external references

TRIP TICKET

Imported By: Lorraine Lawson-Hyde 7/20/2021 12:11:35 PM

External Attachment:

Type: Image
Comment: External Document

Signed before import by Margaret Crenshaw - MD
Filed automatically on 07/20/2021 at 12:11 PM

07/20/2021 - Clinical Lists Update: TRIP TICKET
Provider: Margaret Crenshaw - MD
Location of Care: Central Detention Facility
This document contains external references

TRIP TICKET

Imported By: Lorraine Lawson-Hyde 7/20/2021 11:51:02 AM

External Attachment:

Type: Image
Comment: External Document

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August 13, 2021
Page 12
TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Signed before import by Margaret Crenshaw - MD
Filed automatically on 07/20/2021 at 11:51 AM

07/20/2021 - Clinical Lists Update: TRIP TICKET
Provider: Margaret Crenshaw - MD
Location of Care: Central Detention Facility
This document contains external references

TRIP TICKET

Imported By: Lorraine Lawson-Hyde 7/20/2021 11:50:30 AM

External Attachment:

Type: Image
Comment: External Document

Signed before import by Margaret Crenshaw - MD
Filed automatically on 07/20/2021 at 11:50 AM

07/20/2021 - Clinical Lists Update: TRIP TICKET
Provider: Meena Kumar - NP
Location of Care: Central Detention Facility
This document contains external references

TRIP TICKET

Imported By: Lorraine Lawson-Hyde 7/20/2021 11:49:07 AM

External Attachment:

Type: Image
Comment: External Document

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Signed before import by Meena Kumar - NP
Filed automatically on 07/20/2021 at 11:49 AM
Electronically Signed by Meena Kumar - NP on 07/22/2021 at 4:18 PM

07/15/2021 - TextNote: Sick Call TextNote
Provider: Sheila Smith - NP
Location of Care: Correctional Treatment Facility

SC slip reviewed patient requesting artificial tear drops ordered placed on 7/1/21with 5 refills will follow up with pharmacy.

Electronically Signed by Sheila Smith - NP on 07/15/2021 at 10:54 AM

07/15/2021 - Internal Other: Appointment Canceled
Provider: Doctor Unity
Location of Care: DC JAIL MMHS

Appointment status changed to canceled by
Sheila Smith - NP on 07/15/2021 10:53 AM.

Cancellation Comments

SC slip requesting refill of artificial tear drops.

Appointment Information

Appt Type: CTF Nursing
Date: Thursday, July 15, 2021
Time: 8:00 AM for 5 min
Urgency: Routine
Made By: Tamela Clinkscale
To Visit: CTF Sick Call - Blue
Reason: c2b pm

Appt Comments

Electronically Signed by Doctor Unity on 07/16/2021 at 4:00 PM

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

07/14/2021 - TextNote: sc

Provider: Tamela Clinkscale

Location of Care: DC JAIL MMHS

This document contains external references

Electronically Signed by Tamela Clinkscale on 07/14/2021 at 4:30 PM

07/14/2021 - Chronic Care Clinic: f/u cutaneous lymphoma

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)

Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn STOP DROPS; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:

EXTERNAL

ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye

ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-

6 hours disp. 15cc bottle

HPI

Current Problems:

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)

(ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

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August 13, 2021
Page 15
TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn STOP DROPS; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-6 hours disp. 15cc bottle

Current Allergies:

* PERCOCET: HIVES (Critical)

Other HPI

#. Primary cutaneous follicular b cell lymphoma
-recurrent, with lesions now on face, neck, and upper chest
-following with HUH oncology with recommendation for a repeat skin bx, bone marrow bx and PET/CT for interim staging
-skin bx is pending (derm eval was scheduled for last week, pt refused to go to the visit and is requesting to have this rescheduled)
-bone marrow biopsy was completed 6/2021 and is WNL
-PET/CT scans done 6/2021 and significant for new "mildly active" submandibular and cervical lymphnodes c/f possible lymphomatous/tumor involvement
-given PET findings, rec'd for ENT eval
-pt seen by ENT with recommendation for US-guided FNA with interventional radiology which is pending
-pt reports no changes today
--history--
-initially dx 2007 and tx w rituximab with subsequent recurrence and repeat tx w rituximab c/b development of an allergic vs infusion reaction
-recurrence dx again in 2019 with recommendation from onc at that time for repeat chemotherapy which the patient declined
-opted instead for treatment with an alternative medicine provider who prescribed topical rapamycin and naltrexone
-this regimen has not been continued as it is not evidence based and pt was instead referred to HUH oncology as above

#. Epidermoid cyst
-with prior I+D for inflammation /pain
-reports increased discomfort since last visit

#. SCC of head/neck, base of tongue
-treated with surgery, chemo, and XRT in 2007
-6/2021 PET /CT without any c/f recurrence

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

#. R 5th metacarpal neck fracture
-seen by Dr. Wilson (ortho hand) and rec'd for surgical repair
-awaiting OR date

#. HTN, h/o tachycardia
-on metoprolol h/o HTN and tachycardia
-BP and HR WNL today

#. L shoulder pain
-awaiting PT

Review of Systems

General: Patient denies fatigue, malaise.

Cardiovascular: Patient denies chest pain, dyspnea on exertion.

Respiratory: Patient denies cough.

Vital Signs

Height: **75** in.

Weight: **260** lbs.

BMI: **32.62**

Temperature: **98.0** degrees F

Temp Site: **Oral**

Respirations: **17**

Pulse Rate: **70**

Rhythm: **Regular**

Blood Pressure: **116/85** mm Hg
(mm Hg)

Pulse Ox: 96%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Skin

Inspection: back with 2cm area of mild erythema and swelling, no flucutance or drainage

Mental Status and Exam

Mood & Affect: Normal

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Page 17
TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Assessment and Plan

Hypertension Control: Controlled

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE - Unchanged.

- following with HUH oncology and awaiting additional procedures for staging/treatment planning
- pt refused derm visit last week for skin biopsy, will reschedule
- awaiting lymph node biopsy with IR

EPIDERMOID CYST.

- recurrent with some mild inflammation on exam today
- not c/f infection and no indication for i+d today
- awaiting derm eval as above

PAIN IN LEFT SHOULDER.

- PT eval pending

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND.

- case was reviewed last week with HUH Ortho Dr. Wilson who states he does plan for OR management
- awaiting OR date

Of note, pt has requested that he not have any outside medical visits scheduled monday, tuesday, and wednesday of next week due to upcoming court/legal dates. Risks of delaying care reviewed w patient. Will review with scheduling coordinator and work to reschedule visits if needed. Risks, benefits, and alternatives to treatment plan discussed.

- Follow-up: in 3 weeks.
- Problems reviewed today.
- Medications reviewed today.
- Allergies reviewed today.
- Directives reviewed today.

Electronically Signed by Margaret Crenshaw - MD on 07/14/2021 at 12:41 PM

07/07/2021 - TextNote: Grievance
Provider: Traci Outlaw
Location of Care: Central Detention Facility

Resident submitted a grievance that he had been having eye issues for over a month and has some infection build up usually at the end of the day in his eyes.

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Resident was seen for Ophthalmology appointment on 7/1/2021, medication ordered (eye drops), and eyeglasses were ordered. Grievance resolved

Electronically Signed by Traci Outlaw on 07/07/2021 at 2:33 PM

**07/06/2021 - TextNote: refusal of outside medical
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references**

Electronically Signed by Tamela Clinkscale on 07/06/2021 at 2:26 PM

**07/03/2021 - TextNote: sc
Provider: Diane Gatling - MA
Location of Care: Correctional Treatment Facility
This document contains external references**

Electronically Signed by Diane Gatling - MA on 07/03/2021 at 11:53 AM

**07/03/2021 - Sick Call
Provider: Joyce Oppong - NP
Location of Care: Correctional Treatment Facility**

Sick Call Provider

Referral Source: Self

Chief Complaint: Requesting to speak cc provider

HPI: Pt submitted sick call slip requesting for upcoming outside medical appt. voice no other medical issues noted.

Vitals not clinically indicated.

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Review of Systems

General: Patient denies anorexia, chills, fatigue, malaise, sweats, weight loss.

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Assessment and Plan

Assessment/Plan: #REQUESTING TO SPEAK WITH CC PROVIDER- comment only

- will notified cc with pt request and address
- will contact schedule coordinator for any medical upcoming appointment.

Patient informed on how to utilize the sick call process and advised that if you feel like your health concerns are not being addressed, please follow the DOC grievance process as stated in the Inmate Handbook.

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: prn.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Problems: PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
 FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
 EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
 URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
 LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
 PREDIABETES (ICD-790.29) (ICD10-R73.03)
 FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
 SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
 HX OF COVID-19 (ICD10-U07.1)
 HYPERTENSION (ICD-401.9) (ICD10-I10)

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn STOP DROPS; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:

DC JAIL MMHS

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August 13, 2021
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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

EXTERNAL

ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye
ARTIFICIAL TEARS SOLN (HYDROXYPROPYL METHYLCELLULOSE SOLN) 1 drop each eye every 4-6 hours disp. 15cc bottle

Allergies: * PERCOCET: HIVES (Critical)

Electronically Signed by Joyce Oppong - NP on 07/04/2021 at 3:05 PM

07/06/2021 - Append

Provider: Joyce Oppong - NP

Location of Care: Correctional Treatment Facility

Added to the above sick call documentation: consulted with scheduled coordinator in regards to pt surgical appointment. This provider was informed that pt has been refusing for the surgery when he went to the hospital.

Electronically Signed by Joyce Oppong - NP on 07/06/2021 at 3:50 PM

07/01/2021 - Internal Correspondence: Handout Printed - Ophthalmology Rx

Provider: Jualenda Boschulte - MD

Location of Care: Correctional Treatment Facility

Printed Handout: Ophthalmology Rx

Electronically Signed by Jualenda Boschulte - MD on 07/01/2021 at 10:40 AM

07/01/2021 - Ophthalmology: Initial Exam

Provider: Jualenda Boschulte - MD

Location of Care: Correctional Treatment Facility

Ophthalmology Exam

Initial Exam

Chief Complaint: " i can't read with the current readers . Crusting in both eyes for several months . Hx

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

of head and neck radiation . "
HPI: Routine eye exam .

Exam

Adnexa OD

External: normal

Optic Nerve OD

Color: pink and healthy
Cup/Disc: 0.1

Pupil OD

Reactivity: reactive to light

Anterior Chamber OD

Cells: quiescent

Cataracts OD

none

Conjunctiva OD

Conjunctiva: discharge
Comments: mucus in inferior fornix, trace injection

Cornea OD

Epithelium: SPK
Comments: mid / inferior

Adnexa OS

External: normal

Anterior Chamber OS

Cells: quiescent

Cataracts OS

none

Conjunctiva OS

Conjunctiva: unremarkable

Cornea OS

Epithelium: SPK
Comments: mid/inferior

Optic Nerve OS

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

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Color: pink and healthy
Cup/Disc: 0.1

Pupil OS

Reactivity: reactive to light

Unaided Acuties

OD:

DVA: 20/60
NVA: 20/50

OS:

DVA: 20/60-
NVA: 20/50

Manifest

OD:

SPH: -.25
CYL: +.50
AXIS: 165
ADD: +2.50
DVA: 20/20
NVA: 20/20

OS:

SPH: -.25
CYL: +.25
AXIS: 180
ADD: +2.50
DVA: 20/25
NVA: 20/20

Comments: pd 60 , 54 gents , 22

Final Spectacle Rx

OD:

SPH: -.25
CYL: +.50
AXIS: 165
ADD: +2.50
DVA: 20/20
NVA: 20/20

OS:

SPH: -.25
CYL: +.25
AXIS: 180
ADD: +2.50
DVA: 20/25

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

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Home: 377183

NVA: 20/20

Comments: pd 60 , 54 gents , 22

a/p Mld blepharitis with midline spk both eyes , scant mucus right eye - Lid hygiene four times daily with Artificial Tears 4-6 times daily

Refractive error rx for specs requested

f/u 3 months prn 10/7/21

Electronically Signed by Jualenda Boschulte - MD on 07/01/2021 at 10:55 AM

06/30/2021 - Dental Procedure: Observation

Provider: Donna Ray - DDS

Location of Care: Correctional Treatment Facility

Exam Comments: Temp 96.0

S: Patient presents to dental for restorative tooth #19.

O: Upon Xray tooth Has large DO lesion that extends to the nerve area or will after decay is removed which will turn into a root canal or extraction.

A: Patient in need of extraction #19.

P: Med history reviewed. Annual reviewed. EOIOE reviewed. Explained treatment/treatment options to patient. Patient says that he figured that thats what the problem was and says he doesnt want the tooth taken out at this time. Would like to try and save it. Oral Hygiene discussed with patient. Patient understands. Nutrition and dietary counseling provided. Patient dismissed stable.

NV. restorative lower anterior

Electronically Signed by Donna Ray - DDS on 06/30/2021 at 11:34 AM

06/30/2021 - Chronic Care Clinic: f/u cutaneous lymphoma

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)

Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL

HPI

Current Problems:

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL

Current Allergies:

* PERCOET: HIVES (Critical)

Other HPI

#. Primary cutaneous follicular b cell lymphoma
-initially dx 2007 and tx w rituximab with subsequent recurrence and repeat tx w retuximab c/b development of an allergic vs infusion reaction
-recurrence dx again in 2019 with recommendation from onc at that time for repeat chemotherapy which the patient declined
-opted instead for treatment with an alternative medicine provider who prescribed topical rapamycin and naltrexone
-the patient currently has skin lesions on his face, neck, and upper chest and his regimen of topical rapamycin and naltrexone has not been continued as it is not evidence based
-pt now following with HUH oncology with initial visit 5/19/21

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Male DOB: [REDACTED]

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Home: 377183

- recommendations were for a repeat skin bx, bone marrow bx and PET/CT for interim staging
- skin bx is pending (derm eval scheduled/pending)
- bone marrow biopsy was completed 6/2021 and is WNL
- PET/CT scans done 6/2021 and significant for new "mildly active" submandibular and cervical lymphnodes c/f possible lymphomatous/tumor involvement
- after review of PET /CT scan results with Oncology, rec'd for ENT eval of new active lymphnodes
- the pt was seen by ENT since last visit and they recommended US-guided FNA with interventional radiology which is being scheduled
- this plan was prev reviewed with the patient
- reports no changes today

#. Epidermoid cyst

- with prior I+D for inflammation /pain
- reports repeat swelling /drainage since last visit
- has since resolved

#. SCC of head/neck, base of tongue

- treated with surgery, chemo, and XRT in 2007
- 6/2021 PET /CT without any c/f recurrence

#. R 5th metacarpal neck fracture

- seen by Dr. Wilson (ortho hand) and rec'd for surgical repair
- awaiting OR date

#. HTN, h/o tachycardia

- on metoprolol h/o HTN and tachycardia
- doing well, BP at goal , HR WNL

#. L shoulder pain

- awaiting PT

Review of Systems

ROS reviewed. No changes.

Vital Signs

Height: **75** in.
Temperature: **98.0** degrees F
Temp Site: **Tympanic**
Respirations: **16**
Pulse Rate: **53**
Rhythm: **Regular**
Blood Pressure: **113/75** mm Hg
(mm Hg)
Pulse Ox: 100%

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Skin

Inspection: back: small area of induration around central punctum with no erythema or fluctuance, no significant drainage

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

-recurrent and with PET/CT imaging showing active cervical and submandibular lymph nodes c/f possible tumor involvement

-seen by ENT and rec'd for US guided bx with IR --this is being scheduled

-also awaiting skin bx with derm --this is scheduled

-once these are completed, will return to onc to determine treatment strategy

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND.

-rec'd for surgical repair, awaiting OR date

EPIDERMOID CYST.

-recurrent but no e/o infection, not inflamed

-local wound care recs reviewed w pt

-can review with derm to eval for possible excision

HYPERTENSION.

-BP at goal today

-c/w current regimen

Risks, benefits, and alternatives to treatment plan discussed.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Electronically Signed by Margaret Crenshaw - MD on 06/30/2021 at 1:53 PM

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

06/29/2021 - Nursing Note: EKG completed
Provider: Raymonde Anglade - RN
Location of Care: Correctional Treatment Facility

EKG performed and submitted to Provider.

Electronically Signed by Raymonde Anglade - RN on 06/29/2021 at 3:14 PM

06/29/2021 - TextNote: refusal
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 07/06/2021 at 2:54 PM

06/25/2021 - Urgent Care: Patient Return--georgetown ENT
Provider: Margaret Crenshaw - MD
Location of Care: Correctional Treatment Facility

Patient Return

Hospital: Georgetown ENT
Return Type: Outside Consultation
Records Received: Yes
Comments:
-no e/o head and nec cancer recurrence
-with cutaneous rash c/w known cutaneous lymphoma
-borderline cervical LAD
-referred to IR for for ultrasound guided FNA
-hold on excisional biopsy for now
Referrals Written: Yes
Follow-Up: Chronic Care Clinic, Outside Clinic
Scheduled: Yes
Comments:
-plan reviewed w pt who expressed understanding

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Electronically Signed by Margaret Crenshaw - MD on 06/25/2021 at 2:20 PM

06/23/2021 - Sick Call: recurrent epidermoid cyst

Provider: Kamilah Ray-Boyd - PA

Location of Care: Correctional Treatment Facility

Sick Call Provider

Referral Source: Self

Chief Complaint: cyst w/ drainage

HPI: Pt complains that a cyst on his mis back has returned. States that it began draining yellowish/greenish discharge yesterday evening. +mild tenderness. No associated symptoms. Had the cyst drained 6 weeks ago by CC provider. Denies F/C, HA, malaise, body aches, dyspnea, dizziness/weakness.

Vital Signs

Height: **75** in.

Temperature: **98.3** degrees F

Temp Site: **Oral**
(mm Hg)

ROS

See HPI;

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Skin: 3 cm cyst with small punctate in center of back- appears to have drained; no fluctuance/erythema/ttp; pt's bandaid shows serosanguinous discharge

Assessment and Plan

Assessment/Plan:

EPIDERMOID CYST - Improved. Cyst has completely drained on its own; NAD
Will give short course of keflex to cover for possible infection

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Medications: Cephalexin 500 mg oral capsule take 1 tab p.o. bid.

Patient informed on how to utilize the sick call process and advised that if you feel like your health concerns are not being addressed, please follow the DOC grievance process as stated in the Inmate Handbook.

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: prn.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Problems: PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL
CEPHALEXIN 500 MG ORAL CAPSULE (CEPHALEXIN) take 1 tab p.o. bid; Route: ORAL

Allergies: * PERCOCET: HIVES (Critical)

Electronically Signed by Kamilah Ray-Boyd - PA on 06/23/2021 at 1:32 PM

**06/23/2021 - Internal Other: Appointment Canceled
Provider: Doctor Unity**

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Location of Care: DC JAIL MMHS

Appointment status changed to canceled by
William J. Bowles - DDS on 06/23/2021 10:49 AM.

Cancellation Comments

Rescheduled

Appointment Information

Appt Type: CTF DENTAL
Date: Wednesday, June 23, 2021
Time: 8:20 AM for 10 min
Urgency: Routine
Made By: William J. Bowles - DDS
To Visit: CTF DENTAL
Reason: Rest. / C2A*

Appt Comments

Electronically Signed by Doctor Unity on 07/12/2021 at 4:52 PM

06/23/2021 - TextNote: sc
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 06/23/2021 at 10:00 AM

06/22/2021 - Sick Call: back pain
Provider: Kamilah Ray-Boyd - PA
Location of Care: Correctional Treatment Facility

Sick Call Provider

Referral Source: Self

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Chief Complaint: back pain

HPI: Pt c/o low back pain at the site of his bone marrow biopsy that was performed approx. 2 weeks ago. States it has been sore since then. Pt requests refill on ASA b/c he didn't receive his recent blister pack. No other complaints. Denies F/C, HA, malaise, redness/swelling, dizziness/weakness.

Vitals not clinically indicated.

ROS

General: Patient denies anorexia, chills, fatigue, malaise.

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Musculoskeletal

Gait & Station: normal gait

+mild ttp at right lumbar paraspinal region; no edema/erythema

Psych:

Judgement: intact

Orientation: oriented to time, place, and person

Mood & Affect: no depression, anxiety, or agitation

Assessment and Plan

Assessment/Plan:

LOWER BACK PAIN. NAD; stable

Pt has and active ASA Rx on file

Declined Tylenol sample

Has upcoming CCC appt

Patient informed on how to utilize the sick call process and advised that if you feel like your health concerns are not being addressed, please follow the DOC grievance process as stated in the Inmate Handbook.

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: prn.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Problems: PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 377183

Home: 377183

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL

Allergies: * PERCOCET: HIVES (Critical)

Electronically Signed by Kamilah Ray-Boyd - PA on 06/22/2021 at 1:08 PM

06/22/2021 - TextNote: sc
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 06/22/2021 at 9:19 AM

06/18/2021 - Chronic Care Clinic: f/u cutaneous lymphoma, pt update
Provider: Margaret Crenshaw - MD
Location of Care: Correctional Treatment Facility

Chronic Care

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)

Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:

EXTERNAL

HPI

Current Problems:

DENTAL DISORDER NOS (ICD-525.9) (ICD10-K08.9)

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)

(ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:

EXTERNAL

Current Allergies:

* PERCOCET: HIVES (Critical)

Other HPI

#. cutaneous lymphoma

-breif visit with patient today to relay oncology recs

-case reviewed with Dr. Ali after last visit with plan for ENT eval for lymph node biopsy

-this plan was reviewed w the patient today

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Review of Systems

ROS reviewed. No changes.

Vital Signs

Height: 75 in.

Weight: 253 lbs.

BMI: 31.74

Temperature: 97.5 degrees F

Temp Site: Tympanic

Respirations: 16

Pulse Rate: 68

Rhythm: Regular

Blood Pressure: 109/77 mm Hg
(mm Hg)

Pulse Ox: 99%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

-updated plan to include ENT eval for lymph node biopsy was reviewed with patient today

-patient expressed understanding

-referral previously done

-now awaiting Derm eval for skin bx as well as ENT eval for lymph node bx

-although it is unlikely that this would be able to be done next week, the patient again today requests that NO visits be scheduled for outside medical next week as he is awaiting a delivery of commissary and does not want to miss this

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 2 weeks.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

DC JAIL MMHS

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(202) 673-8445 Fax: (202) 673-8010

August 13, 2021
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TextNote

CHRISTOPHER WORRELL

Male DOB: 0 [REDACTED]

377183

Home: 377183

Directives reviewed today.

Electronically Signed by Margaret Crenshaw - MD on 06/18/2021 at 2:47 PM

06/18/2021 - TextNote: Grievance
Provider: Traci Outlaw
Location of Care: Central Detention Facility

Resident submitted a grievance that he has requested to be seen for a dental appointment. Resident was seen for dental appointment 6/17, treatment options were discussed. Grievance resolved

Electronically Signed by Traci Outlaw on 06/18/2021 at 10:25 AM

06/17/2021 - TextNote: Grievance
Provider: Traci Outlaw
Location of Care: Central Detention Facility

Resident submitted a grievance that he should be seen for orthopedic follow-up from his appointment that was scheduled on 6/10/2021.
Chronic care provider submitted a referral for outside medical follow-up as required for his upcoming surgery by his chronic care provider, grievance resolved.

Electronically Signed by Traci Outlaw on 06/17/2021 at 12:40 PM

06/17/2021 - Dental Procedure: Annual Exam
Provider: William J. Bowles - DDS
Location of Care: Central Detention Facility

Dental Exam & Assessment

Exam: Annual
Priority Level: Priority 3

Current Status - Existing Restorations

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- Tooth #1 Status: absent
- Tooth #2 Status: amalgam O
- Tooth #3 Status: amalgam O
- Tooth #14 Status: amalgam O
- Tooth #15 Status: amalgam O
- Tooth #16 Status: absent
- Tooth #18 Status: crown present
- Tooth #19 Status: amalgam, decay DO
- Tooth #23 Status: decay DM
- Tooth #25 Status: decay DM
- Tooth #26 Status: decay D
- Tooth #27 Status: decay D
- Tooth #30 Status: amalgam O
- Tooth #32 Status: absent

Oral Exam

- Nodes:** WNL
- TMJ sounds:** WNL
- TMJ motion:** WNL
- Lips:** WNL
- Gingiva:** Healthy
- Buccal Mucosa:** WNL
- Tongue:** WNL
- Floor of Mouth:** WNL
- Palate:** WNL
- Pharynx:** WNL
- Tonsils:** WNL
- Occlusion:**
 - Left Molar: Class 1
 - Right Molar: Class 1
 - Left Cuspid: Class 1
 - Right Cuspid: Class 1

Oral Hygiene

- Plaque:** 3. plaque covering more then cervical 2/3 of teeth.
- Stain:** 2. moderate stain.
- Calculus:** 1. light supra / sub-gingival calculus on 4 or more teeth.
- Bleeding:** Medium.
- Gingival Case Type:** Early periodontal disease

Oral cancer screening done.

Exam Comments: Temp 96.0

Surgical consent form obtained? No

Are dentures required? No

X-Rays? No

Was dental/medical history form completed? Yes

Treatment options discussed

Education w/ nutrition and dietary counseling provided.

N.V. Rest. #

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Electronically Signed by William J. Bowles - DDS on 06/17/2021 at 9:58 AM

06/16/2021 - Chronic Care Clinic: f/u cutaneous lymphoma, hand fx; result review

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)

Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:

EXTERNAL

HPI

Current Problems:

DENTAL DISORDER NOS (ICD-525.9) (ICD10-K08.9)

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)

(ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

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Male DOB: [REDACTED]

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Home: 377183

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL

Current Allergies:

* PERCOET: HIVES (Critical)

Other HPI

#. Primary cutaneous follicular b cell lymphoma

-initially diagnosed in 2007 and treated initially with rituximab

-with subsequent recurrence and treatment again with retuximab with development of an allergic vs infusion reaction

-recurrence documented again in 2019 which was the last time the pt had imaging but did not undergo the oncology-recommended treatment at that time but instead was following with an alternative medicine provider who prescribed topical rapamycin and naltrexone

-the patient currently has skin lesions on his face, neck, and upper chest

-the patient was seen by HUH oncology on 5/19/21 to re-establish oncology care

-recommednations were for a repeat skin bx, bone marrow bx and PET/CT for interim staging

-bone marrow biopsy was completed 6/2021 and is WNL

-PET/CT scans done 6/2021, results reviewed with patient today

-significant for findings of "mildly active" right submandibular and left upper cervical lymph nodes c/f possible lymphomatous/tumor involvement

-no e/o metastatic disease or malignancy in the chest, abd, pelvis or intracranially

-these lymph node findings are apparently new since the pt's last PET scan done in 2019

#. SCC of head/neck, base of tongue

-treated with surgery, chemo, and XRT in 2007

-6/2021 PET /CT without any c/f recurrence

#. R 5th metacarpal neck fracture

-seen by Dr. Wilson (ortho hand) and rec'd for surgical repair

-awaiting OR

#. HTN, h/o tachycardia

-on metoprolol h/o HTN and tachycardia

-BP and HR WNL today

#. L shoulder pain

-not addressed today, awaiting PT

Review of Systems

General: Patient denies chills, fatigue, malaise.

Cardiovascular: Patient denies chest pain.

Respiratory: Patient denies cough.

Vital Signs

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Height: **75** in.
Weight: **253** lbs.
BMI: **31.74**
Temperature: **97.7** degrees F
Temp Site: **Oral**
Respirations: **16**
Pulse Rate: **70**
Rhythm: **Regular**
Blood Pressure: **103/77** mm Hg
(mm Hg)
Pulse Ox: 98%

Physical Exam

General Appearance

Comfortable, NAD

Neck

Neck: no palpably enlarged lymph nodes

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Skin

Inspection: scattered erythematous patches w some induration most noticeable posterior to and below the right earlobe, along the hairline over his left eyebrow, and below his left earlobe

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Hypertension Control: Controlled

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

- recently re-established care with oncology last month and working on re-staging
- bone marrow biopsy done and WNL
- PET/CT done with new mildly active right submandibular and left upper cervical lymphnodes c/f possible tumor involvement
- after patient visit, case was discussed with Dr. Ali (pt's oncologist at HUH) and he recommended further eval of these lymph nodes by ENT for possible excisional biopsy
- still awaiting skin biopsy with derm
- treatment plan to be determined based on the results of these biopsies
- ENT referral generated, will schedule ASAP; will review plan with pt next visit

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007.

-no e/o recurrence in recent scans

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND.

-awaiting OR date

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Male DOB: [REDACTED]

377183

Home: 377183

HYPERTENSION.

- BP at goal today
- c/w current regimen

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: 2 days.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Electronically Signed by Margaret Crenshaw - MD on 06/16/2021 at 2:28 PM

06/14/2021 - TextNote: Communication with Dr. Ali (Onc)

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

6/14/21

-Called and spoke with pt's oncologist Dr. Ali on 6/14/21. Dr. Ali had not had a chance to review the recent bone marrow and PET/CT results. These were faxed to Dr. Ali who states he will call back with recommendation for next steps.

6/15/21

-have not yet heard back from Dr. Ali regarding an updated POC, called the number on file for his MA, no answer

-will try again tomorrow

6/16/21

-spoke with Dr. Ali after pt's appointment today

-he recommends referral to ENT for eval for excisional biopsy

-if not able to surgically remove all impacted nodes, may require XRT in addition to chemo

-will determine tx plan once lymph node and skin biopsies are completed

Electronically Signed by Margaret Crenshaw - MD on 06/16/2021 at 2:17 PM

06/12/2021 - Nursing Note

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Male DOB: [REDACTED] 377183

Home: 377183

Provider: Christopher Asong - LPN
Location of Care: Correctional Treatment Facility

patient is alert and verbally responsive, received his artificial tears ophth drops.

Electronically Signed by Christopher Asong - LPN on 06/12/2021 at 9:37 PM

06/11/2021 - Nursing Note
Provider: Linda Stephens - RN
Location of Care: Correctional Treatment Facility

Seen by the provider no complaints voiced.

Electronically Signed by Linda Stephens - RN on 06/11/2021 at 2:09 PM

06/11/2021 - Internal Other: Appointment Canceled
Provider: Doctor Unity
Location of Care: DC JAIL MMHS

Appointment status changed to canceled by
Nicole Morrison - PA on 06/11/2021 9:45 AM.

Cancellation Comments

pharmacy contacted and he should receive eye drops today per pharmacy staff

Appointment Information

Appt Type: CTF MD_Sick Call
Date: Friday, June 11, 2021
Time: 8:10 AM for 5 min
Urgency: Routine
Made By: Tamela Clinkscale
To Visit: CTF Sick Call - Blue
Reason: c2b pm

Appt Comments

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Male DOB: [REDACTED]

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Home: 377183

Electronically Signed by Doctor Unity on 06/11/2021 at 4:17 PM

**06/11/2021 - Chronic Care Clinic: f/u cutaneous lymphoma, hand fx
Provider: Margaret Crenshaw - MD
Location of Care: Correctional Treatment Facility**

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)
Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
* HOLD ASPIRIN 6/5, 6/6, 6/7. RESUME AFTER PROCEDURE
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL

HPI

Current Problems:

DENTAL DISORDER NOS (ICD-525.9) (ICD10-K08.9)
HEADACHE, MIXED (ICD-784.0) (ICD10-G44.89)
PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

* HOLD ASPIRIN 6/5, 6/6, 6/7. RESUME AFTER PROCEDURE
LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route:
EXTERNAL

Current Allergies:

* PERCOCT: HIVES (Critical)

Other HPI

#. Primary cutaneous follicular b cell lymphoma

- initially diagnosed in 2007 and treated initially with rituximab
- with subsequent recurrence and treatment again with rituximab with development of an allergic vs infusion reaction
- recurrence documented again in 2019 which was the last time the pt had imaging but did not undergo the oncology-recommended treatment at that time but instead was following with an alternative medicine provider who prescribed topical rapamycin and naltrexone
- the patient currently has skin lesions on his face, neck, and upper chest
- the patient was seen by HUH oncology on 5/19/21 to re-establish oncology care
- recommendations were for a repeat skin bx, bone marrow bx and PET/CT for interim staging
- pt completed bone marrow biopsy and PET/CT
- awaiting results which have not been received here yet
- pt reports he is doing well
- bone marrow bx site healing well
- no concerns today

#. SCC of head/neck, base of tongue

- treated with surgery, chemo, and XRT in 2007
- had not had recent surveillance imaging prior to incarceration but no s/s c/f recurrence

#. R 5th metacarpal neck fracture

- seen by Dr. Wilson (ortho hand) this week
- rec'd for surgical repair

#. HTN, h/o tachycardia

- on metoprolol h/o HTN and tachycardia
- BP and HR are both WNL today

#. L shoulder pain

- pt reports new L shoulder pain over the past few weeks
- may have started after fall with R hand fx as above
- describes the pain as "a muscular pain"
- xray was done which showed some mild joint narrowing but no acute process
- was prev referred to PT which is pending

Review of Systems

ROS reviewed. No changes.

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Vital Signs

Height: **75** in.
Weight: **253** lbs.
BMI: **31.74**
Temperature: **97.5** degrees F
Temp Site: **Tympanic**
Respirations: **16**
Pulse Rate: **81**
Rhythm: **Regular**
Blood Pressure: **108/73** mm Hg
(mm Hg)
Pulse Ox: 97%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Skin

Inspection: very small healed biopsy site over right sacrum without any drainage, discharge, or erythema

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

Hypertension Control: Controlled

Assessment/Plan:

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND.

- following with orthopedics and recommended for surgical repair
- working to coordinate OR date and will do requested preop work up including labs, EKG, and CXR
- of note, pt has requested that he NOT be scheduled for any outside medical appointments next week so he has a chance to get the commissary order he has placed for "healthy" foods he feels he does not get on the trays
- reviewed w pt the risks of potentially delaying care, pt accepts these and reiterates his request for no outside visits next week
- will d/w referral coordinator to ensure no visits next week

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

- recurrent disease, following with oncology and awaiting derm eval for biopsy
- was rec'd for PET/CT and bone marrow bx which were completed
- unable to review PET and bone marrow biopsy reports until after patient visit
- bone marrow bx reviewed showing normal bone marrow
- PET/CT results reviewed as below
- significant for mildly active R submandibular and left upper cervical lymph nodes, suspicious for lymphomatous/tumor involvement

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- no e/o metastatic dz/malignancy w/i chest, abdomen, or pelvis
- no e/o intracranial metastatic disease
- results were NOT reviewed w the patient as they were obtained after his visit, will review w pt at visit next week
- call placed to Dr. Ali's (oncology) office and message left with his MA to determine if lymph node bx should be persued prior to onc follow up
- as of this note's signing, had not received a call back
- will f/u with pt in 1 week

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007.

- recent PET/CT with no e/o soft tissue recurrence w/i the throat

HYPERTENSION - Unchanged. -BP at goal today

- c/w current regimen

PAIN IN LEFT SHOULDER.

- imaging w/o acute bony process
- PT scheduled

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 1 weeks.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Electronically Signed by Margaret Crenshaw - MD on 06/11/2021 at 3:06 PM

06/10/2021 - TextNote: sc

Provider: Tamela Clinkscale

Location of Care: DC JAIL MMHS

This document contains external references

Electronically Signed by Tamela Clinkscale on 06/10/2021 at 4:12 PM

06/10/2021 - TextNote: sc

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Provider: Tamela Clinkscale

Location of Care: DC JAIL MMHS

This document contains external references

Electronically Signed by Tamela Clinkscale on 06/10/2021 at 3:38 PM

06/10/2021 - Urgent Care: Patient Return Ortho (Wilson)

Provider: Charles Sarbeng - DNP

Location of Care: Correctional Treatment Facility

Patient Return

Hospital: HUH

Return Type: Outside Consultation

Comments: patient returned from HUH ortho with Dr Wilson. Report

Diagnosis: right small finger metacarpal diaphyseal fracture sustained 21/2 weeks ago.

Recommended surgical fixation. Obtain pre-op labs, cbc, bmp, covid test, urine drug screen, ekg, cxt, call orthopedic clinic at (202)-865-1183 for any question.

referral generated

labs ordered

covid screening, EKG and CXR pending surgery date

Process Orders

Check Orders Results:

LabCorp: ABN not required for this insurance.

Tests Sent for requisitioning (June 10, 2021 1:54 PM):

06/10/2021: LabCorp -- CBC With Diff [005009] (signed)

06/10/2021: LabCorp -- Basic Metab Panel [322758] (signed)

Electronically Signed by Charles Sarbeng - DNP on 06/11/2021 at 9:30 AM

06/11/2021 - Append: Patient Return Ortho (Wilson)

Provider: Charles Sarbeng - DNP

Location of Care: Correctional Treatment Facility

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Male [REDACTED]

377183

Home: 377183

urine toxicology

Electronically Signed by Charles Sarbeng - DNP on 06/11/2021 at 10:34 AM

06/08/2021 - Sick Call: L shoulder pain

Provider: Kamilah Ray-Boyd - PA

Location of Care: Correctional Treatment Facility

Sick Call Provider

Referral Source: Self

Chief Complaint: L shoulder pain

HPI: Pt continues to c/o L shoulder pain s/p fall a few weeks ago. Pt had a normal xray of L shoulder. Describes pain as dull/achy. Motrin and heat rub do not help much. States it now hurts to elevate the arm. No other complaints. No new trauma/injury. Denies shooting pain; numbness/tingling in extremities.

Vitals not clinically indicated.

See HPI;

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Musculoskeletal

Gait & Station: normal gait

FROM in Left shoulder with mild pain during abduction >90 degrees; no ttp of shoulder; no edema/erythema

Psych:

Judgement: intact

Assessment and Plan

Assessment/Plan:

PAIN IN LEFT SHOULDER - Unchanged.

Begin lidocaine gel

Continue ibuprofen prn

Referral to PT for consult

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CHRISTOPHER WORRELL

Male DOB: [REDACTED] 1

377183

Home: 377183

Medications: Lidocaine hcl 2 % external gel apply to affected area bid prn for pain.

Also requested refill on systane eye drops. Pharmacy notified.

Orders: PHYSICAL THERAPY

Patient informed on how to utilize the sick call process and advised that if you feel like your health concerns are not being addressed, please follow the DOC grievance process as stated in the Inmate Handbook.

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: prn.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Problems: DENTAL DISORDER NOS (ICD-525.9) (ICD10-K08.9)
HEADACHE, MIXED (ICD-784.0) (ICD10-G44.89)
PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG

400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take

medication with food to avoid GI upset; Route: ORAL

* HOLD ASPIRIN 6/5, 6/6, 6/7. RESUME AFTER PROCEDURE

LIDOCAINE HCL 2 % EXTERNAL GEL (LIDOCAINE HCL) apply to affected area bid prn for pain; Route: EXTERNAL

Allergies: * PERCOCET: HIVES (Critical)

New Orders: PHYSICAL THERAPY [PT]

DC JAIL MMHS

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August 13, 2021
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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Electronically Signed by Kamilah Ray-Boyd - PA on 06/08/2021 at 2:05 PM

06/08/2021 - TextNote: sc
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 06/08/2021 at 9:06 AM

06/07/2021 - Urgent Care: Patient Return Bone Marrow Biopsy (with result from CRISP)
Provider: Amanda Shelton - NP
Location of Care: Central Detention Facility

Patient Return

Hospital: HUH
Return Type: Outside Imaging/Diagnostic Test
Medications: Metoprolol 25mg daily
ASA 81mg daily
Records Received: No
Comments: Report to follow
Referrals Written: No
Follow-Up: Chronic Care Clinic
Comments: 49 yo male with cutaneous follicular B cell Lymphoma needing bone marrow biopsy for further eval. Bone Marrow Biopsy completed. Dressing to the right sacrum c/d/i.

Electronically Signed by Amanda Shelton - NP on 06/07/2021 at 4:30 PM

06/11/2021 - Append: Patient Return Bone Marrow Biopsy (with result from CRISP)
Provider: Margaret Crenshaw - MD
Location of Care: Central Detention Facility

DC JAIL MMHS

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 TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

CLINICAL INFORMATION:

DLBCL

SPECIMEN TYPE: BONE MARROW

VIABILITY: 98 %

INTERPRETATION:

****NO CLONAL LYMPHOID EXPANSION DETECTED****

Lymphocytes include precursor B cells/hematogones, polyclonal mature B cells, NK cells and immunophenotypically normal CD4+ and CD8+ T cells.

No evidence of an atypical B-cell or T-cell population detected.

Myeloid elements exhibit immunophenotypic evidence of intact maturation with no detectable aberrant marker expression. Blasts are not increased. Flow Cytometry reviewed by Ila Bansal, M.D.

SAMPLE DESCRIPTION:

The analyzed WBCs in the sample include 5% lymphocytes, 5% monocytes and 89% are maturing myeloid cells. 0.8% display weak CD45 and low side scatter consistent with blasts.

GATING STRATEGY:

Maturing myeloid cells and lymphocytes were selected for analysis based on CD45 staining intensity, forward scatter and side scatter.

Gate A - Maturing Myeloid Cells

Marker	Percentage
CD2	0
CD3	0
CD4	0
CD5	0
CD7	0
CD8	0
CD10	51
CD11c	56
CD13	55
CD19	0
CD19+CD5+	0
CD20	0
CD23	0
CD33	0
CD34	0
CD38	21
CD45	100
CD56+CD3-	0
CD64	2
CD117	0
HLA_DR	4
Kappa CD19+	0
Lambda CD19+	0
K/L Ratio	NA

Gate B - Lymphocytes

Marker	Percentage
CD2	59
CD3	49
CD4	25

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

CD5 53
CD7 56
CD8 25
CD10 22
CD11c 7
CD13 0
CD19 25
CD19+CD5+ 2
CD20 12
CD23 8
CD33 0
CD34 0
CD38 58
CD45 100
CD56+CD3- 11
CD64 0
CD117 0
HLA_DR 34
Kappa CD19+ 7
Lambda CD19+ 5
K/L Ratio 1.40

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute, Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

NUMBER OF MARKERS: 22

Test Performed by Quest, Chantilly,
Quest Diagnostics Nichols Institute,
14225 Newbrook Drive, Chantilly, VA 20151
Patrick W Mason, M.D., Ph.D., Director of Laboratories
(703) 802-6900, CLIA 49D0221801

Electronically Signed by Margaret Crenshaw - MD on 06/11/2021 at 9:57 AM

06/05/2021 - Sick Call: Initial Visit

Provider: Joyce Oppong - NP

Location of Care: Correctional Treatment Facility

Sick Call Provider

Referral Source: Self

Reason for Visit: Initial Visit; Eye discharge/ dental broken

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

HPI: 49 y/o female presents to sick call c/o mucus in the eye, and unable to read despite using reading glasses. denies eye pain and redness.
pt also requesting to see dental provider for his broken tooth denies dental pain

Review of Systems

General: Patient denies anorexia, chills, fatigue, malaise, sweats, weight loss.

Eyes: Patient complains of discharge. Patient denies blurring, diplopia, eye pain, irritation, photophobia, vision loss.

Dental: Patient denies bleeding gums, broken tooth, jaw pain, lost filling, temperature sensitivity, toothache, swelling. dental broken and pain

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Eyes

External: no visible eye discharge, no redness noted.

Ears/Nose/Throat

Lips/Teeth/Gums: dental caries noted on tooth # 8 and 9 no abscess noted

Assessment and Plan

General health and wellness, including healthy diet and aerobic exercise during recreational time, reviewed with the patient. Health hazards of tobacco, illicit drug use, and excessive alcohol intake discussed and patient advised to quit if using, or not to initiate if not already using.

Assessment/Plan:

#DENTAL DISORDER NOS - New.

Medications: Ibuprofen 600 mg oral tablet Take one tab po TID as needed for pain.

Orders: DENTAL- comment only

#FOLLOW UP- comment only

- no visible eye redness, and eye discharge noted

- will refer to ophthalmology clinic.

Patient informed on how to utilize the sick call process and advised that if you feel like your health concerns are not being addressed, please follow the DOC grievance process as stated in the Inmate Handbook.

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: prn.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Problems: DENTAL DISORDER NOS (ICD-525.9) (ICD10-K08.9)
HEADACHE, MIXED (ICD-784.0) (ICD10-G44.89)
PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL
* HOLD ASPIRIN 6/5, 6/6, 6/7. RESUME AFTER PROCEDURE

Allergies: * PERCOCET: HIVES (Critical)

New Orders: DENTAL [DEN]

Electronically Signed by Joyce Oppong - NP on 06/06/2021 at 4:08 PM

06/05/2021 - TextNote: Sick Call TextNote
Provider: Joyce Oppong - NP
Location of Care: Correctional Treatment Facility

There was no sick call slip on file for 5/31/21.

Electronically Signed by Joyce Oppong - NP on 06/05/2021 at 9:37 AM

06/05/2021 - Internal Other: Appointment Canceled
Provider: Doctor Unity
Location of Care: DC JAIL MMHS

DC JAIL MMHS

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Appointment status changed to canceled by
Joyce Oppong - NP on 06/05/2021 9:37 AM.

Cancellation Comments

see notes

Appointment Information

Appt Type: CTF PA_Sick Call
Date: Monday, May 31, 2021
Time: 8:15 AM for 5 min
Urgency: Routine
Made By: DeBreaka Posey - PA
To Visit: CTF Sick Call - Blue
Reason:

Appt Comments

f/u shoulder xray

Electronically Signed by Doctor Unity on 06/07/2021 at 5:13 PM

06/05/2021 - TextNote: sc
Provider: Diane Gatling - MA
Location of Care: Correctional Treatment Facility
This document contains external references

Electronically Signed by Diane Gatling - MA on 06/05/2021 at 8:54 AM

06/04/2021 - Internal Other: Appointment No Show
Provider: Doctor Unity
Location of Care: DC JAIL MMHS

Appointment status changed to no show by
Margaret Crenshaw - MD on 06/04/2021 12:10 PM.

No Show Comments

DC JAIL MMHS

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August 13, 2021
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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

pt seen for patient return visit, CC visit rescheduled

Appointment Information

Appt Type: Chronic Care_MD
Date: Friday, June 4, 2021
Time: 8:40 AM for 5 min
Urgency: Routine
Made By: Margaret Crenshaw - MD
To Visit: CTF CC Crenshaw
Reason: C2A

Appt Comments

[]PET/CT 6/4 ([]BMP, []NPO []diet order (covid to be done at WHC))
[]BM Bx 6/7 ([]NPO@mN [] stop ASA 48h prior []COVID [] CBC , INR
[]wilson 6/10
[]Skin biopsy w HUH derm []onc f/u []port placement

Electronically Signed by Doctor Unity on 06/07/2021 at 5:14 PM

06/04/2021 - TextNote: Sick Call TextNote

Provider: Kamilah Ray-Boyd - PA

Location of Care: Correctional Treatment Facility

Pt is scheduled for CCC visit today. Medical concerns will be addressed at that time.

Electronically Signed by Kamilah Ray-Boyd - PA on 06/04/2021 at 12:09 PM

06/04/2021 - Internal Other: Appointment Canceled

Provider: Doctor Unity

Location of Care: DC JAIL MMHS

Appointment status changed to canceled by
Kamilah Ray-Boyd - PA on 06/04/2021 12:09 PM.

Cancellation Comments

seen by CC provider

Appointment Information

DC JAIL MMHS

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Appt Type: CTF MD_Sick Call
Date: Friday, June 4, 2021
Time: 8:20 AM for 5 min
Urgency: Routine
Made By: Tamela Clinkscale
To Visit: CTF Sick Call - Blue
Reason: c2a am

Appt Comments

Electronically Signed by Doctor Unity on 06/07/2021 at 5:09 PM

**06/04/2021 - Urgent Care: Patient Return PET/CT (with results from CRISP)
Provider: Margaret Crenshaw - MD
Location of Care: Correctional Treatment Facility**

Patient Return

Hospital: WHC
Return Type: Outside Imaging/Diagnostic Test
Records Received: No
Comments: PET/CT completed
"results to follow"
Referrals Written: No
Follow-Up: Chronic Care Clinic, Outside Clinic
Scheduled: Yes

Patient completed PET/CT today, awaiting results. Has bone marrow biopsy pending. NPO order placed. Also needs to hold ASA for tomorrow and Sunday prior to procedure. Reviewed w patient who expressed understanding. Has visit pending with hand surgery next week as well. Will follow up in CC next week.

Medications:

HOLD ASPIRIN 6/5, 6/6, 6/7. RESUME AFTER PROCEDURE #0 x 0
Entered and Authorized by: Margaret Crenshaw - MD
Signed by: Margaret Crenshaw - MD on 06/04/2021
Method used: Printed then faxed to ...

RxID: 1938427534276940

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Electronically Signed by Margaret Crenshaw - MD on 06/04/2021 at 12:08 PM

06/04/2021 - Append: Patient Return PET/CT

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Reviewed sick call slip, pt c/o broken teeth. Dental referral generated

Electronically Signed by Margaret Crenshaw - MD on 06/04/2021 at 12:10 PM

06/11/2021 - Append: Patient Return PET/CT (with results from CRISP)

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Patient: WORRELL, CHRISTOPHER

MRN: WHC-000007604983

EXAM DATE/TIME

6/4/2021 11:14 EDT

Reason For Exam

Known Cancer (Specify Site)

Report

Exam: PET CT scan - base whole-body

CLINICAL HISTORY:

Cutaneous follicular B-cell lymphoma, right face.

Also prior history of squamous cell carcinoma of the head and neck, status post surgery and radiation therapy.

PS: Subsequent treatment strategy for lymphoma

Reported height: 75 inches,

Reported Weight: 250 lbs

RADIOPHARMACEUTICAL:

16.4 mCi F-18 FDG, Intravenously

The patient's fingerstick blood glucose level at the time of examination was 90 mg/dl.

TECHNICAL:

Approximately 1 hour after the administration of the radiopharmaceutical, PET with low dose noncontrast CT imaging from the top of the skull to feet was performed on the PET/CT scanner.

The images were reconstructed with and without attenuation correction.

PLEASE NOTE: CT scan performed above was of low-dose used for attenuation correction of the PET images and anatomic localization of PET findings. The nuclear medicine physician reviews the localization CT primarily for correlation of PET findings and therefore identifying and reporting of pathology beyond reportable/emergent incidental findings may be beyond the scope and purpose of the exam.

Please contact nuclear medicine for any questions.

DC JAIL MMHS

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August 13, 2021
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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

COMPARISON: No prior PET/CT for comparison
CORRELATION: CT imaging of the head and neck dated June 04, 2021 correlated with PET imaging and reviewed with the neuroradiology, Dr. Louis Smith.

DESCRIPTION:

Head and neck: PET images of the brain do not demonstrate any abnormal hypermetabolic activity. PET images of the face and neck demonstrates punctate focus of moderate hypermetabolic activity noted within the left upper cervical lymph nodes at level 2A location (SUV max 4.7) and left level 2b cervical lymph node (SUV max 4.2). The lymph nodes are nonenlarged by CT appearance. Some submandibular lymph nodes more prominent on the right with mild activity (SUV max 3.2). These lymph nodes appear to be borderline by size and one of them demonstrates some hypoaattenuation suspicious for necrosis.

Evidence of right radical neck dissection. No focal abnormal activity to suggest soft tissue recurrence within the throat.

Chest: PET images of the chest do not demonstrate any abnormal metabolic activity. No enlarged active mediastinal, hilar or axillary nodes of concern..

Abdomen and pelvis: PET images of the abdomen pelvis demonstrate physiological distribution. No enlarged abdominal, pelvic lymph nodes.

Mild activity of almost symmetrical nature within normal-appearing inguinal lymph nodes (SUV max 2.6).

Distended bladder is noted. Physiological distribution is noted within the gastrointestinal tract and urinary tract.

Evaluation of upper or lower extremities is unremarkable..

Musculoskeletal: No active osseous lesions of suspicion within the skeleton.

Decreased activity within the anterior aspect of L5 vertebral body, nonspecific versus prior radiation

IMPRESSION:

1. Mildly active right submandibular and left upper cervical lymph nodes as described suspicious for lymphomatous/tumor involvement.

2. No scan evidence of soft tissue recurrence within the throat in this patient with reported throat malignancy.

3. No scan evidence of metastatic disease/malignancy within the chest, abdomen or pelvis. Mildly active bilateral internal lymph nodes positive to be reactive in nature.

Comment: Please refer to dictation of diagnostic CT imaging of head and neck dated June 04, 2021 for anatomical details.

All MedStar CT scans are performed using one of these three dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction techniques.

Reading Location: NUCPACS2

***** Final *****

Dictated by: Kanchan Kulkarni, MD

Dictated at: 06/04/2021 1:19 pm

This Imaging Study Was Reviewed and Its Interpretation Verified by: Kanchan Kulkarni, MD

Electronically Signed: 06/04/2021 1:19 pm

Patient: WORRELL, CHRISTOPHER

MRN: WHC-000007604983

EXAM DATE/TIME

6/4/2021 11:14 EDT

Reason For Exam

Known Cancer (Specify Site)

Report

DC JAIL MMHS

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August 13, 2021
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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

EXAM: Head CT with intravenous contrast
Neck CT with intravenous contrast

INDICATION: Cutaneous follicular B-cell lymphoma of the right face, history of remote stroke
squamous cell carcinoma status post surgery, chemotherapy, and radiation therapy

TECHNIQUE: Axial CT images were obtained of the head and neck following the uneventful
intravenous administration of 100 cc Isovue-370, with sagittal and coronal reformatted images
generated from the axial data. All MedStar CT scans are performed using one of these three dose
reduction techniques: automated exposure control, adjustment of the mA and/or kV according to
patient size, or use of iterative reconstruction techniques.

FINDINGS:

Head CT: No intracranial hemorrhage or cortically based ischemia is present. No mass, mass
effect, or extra-axial fluid collection is present. The ventricles have normal size and
configuration. No lytic or blastic osseous lesion is present.

No abnormal parenchymal or meningeal enhancement is present. The dural venous sinuses and larger
intracranial arteries exhibit normal enhancement.

Neck CT: Postsurgical changes from a radical right neck dissection are noted, including absence
of the right submandibular gland, sternocleidomastoid muscle, and internal jugular vein.

Atrophy of the left submandibular gland and the parotid glands and diffuse pharyngeal mucosal
and some mucosal thickening are consistent with postradiation sequelae. No abnormal pharyngeal/
laryngeal enhancement or mass is identified to suggest local tumor recurrence.

Multiple right submandibular level IA and IB lymph nodes exhibit hypermetabolism and are mildly
enlarged, measuring up to 13 x 10 mm, greatest orthogonal axial dimensions on axial image 70.

A slightly smaller lymph node posterior to the above lymph node exhibits a central area of
hypoenhancement concerning for necrosis.

Multiple left cervical chain level IIA and IIB lymph nodes are subcentimeter but exhibit
hypermetabolism. No right cervical chain lymphadenopathy is identified using CT criteria.

The thyroid gland is normal.

The nasal cavity and oral cavity have a normal appearance. The retropharyngeal soft tissues are
normal.

The paranasal sinuses and mastoid air cells are clear. The orbital soft tissues are normal. No
lytic or blastic osseous lesion is present.

IMPRESSION:

1. No evidence of intracranial metastatic disease.
2. Postsurgical changes and postradiation sequelae as above, without evidence of local primary
pharyngeal tumor recurrence.
3. Right submandibular and left cervical chain hypermetabolic lymphadenopathy as above concerning
for metastatic and/or lymphoproliferative disease.

Reading Location: ESRVACL1A

***** Final *****

Dictated by: Louis Oscar Smith, MD

Dictated at: 06/04/2021 12:43 pm

This Imaging Study Was Reviewed and Its Interpretation Verified by: Louis Oscar Smith, MD

Electronically Signed: 06/04/2021 12:43 pm

Patient: WORRELL, CHRISTOPHER

MRN: WHC-000007604983

EXAM DATE/TIME

6/4/2021 11:14 EDT

Reason For Exam

Known Cancer (Specify Site)

Report

DC JAIL MMHS

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TextNote

CHRISTOPHER WORRELL

Male DOB: 06/26/1971

377183

Home: 377183

EXAM: Head CT with intravenous contrast

Neck CT with intravenous contrast

INDICATION: Cutaneous follicular B-cell lymphoma of the right face, history of remote stroke squamous cell carcinoma status post surgery, chemotherapy, and radiation therapy

TECHNIQUE: Axial CT images were obtained of the head and neck following the uneventful intravenous administration of 100 cc Isovue-370, with sagittal and coronal reformatted images generated from the axial data. All MedStar CT scans are performed using one of these three dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction techniques.

FINDINGS:

Head CT: No intracranial hemorrhage or cortically based ischemia is present. No mass, mass effect, or extra-axial fluid collection is present. The ventricles have normal size and configuration. No lytic or blastic osseous lesion is present.

No abnormal parenchymal or meningeal enhancement is present. The dural venous sinuses and larger intracranial arteries exhibit normal enhancement.

Neck CT: Postsurgical changes from a radical right neck dissection are noted, including absence of the right submandibular gland, sternocleidomastoid muscle, and internal jugular vein.

Atrophy of the left submandibular gland and the parotid glands and diffuse pharyngeal mucosal and some mucosal thickening are consistent with postradiation sequelae. No abnormal pharyngeal/laryngeal enhancement or mass is identified to suggest local tumor recurrence.

Multiple right submandibular level IA and IB lymph nodes exhibit hypermetabolism and are mildly enlarged, measuring up to 13 x 10 mm, greatest orthogonal axial dimensions on axial image 70.

A slightly smaller lymph node posterior to the above lymph node exhibits a central area of hypoenhancement concerning for necrosis.

Multiple left cervical chain level IIA and IIB lymph nodes are subcentimeter but exhibit hypermetabolism. No right cervical chain lymphadenopathy is identified using CT criteria.

The thyroid gland is normal.

The nasal cavity and oral cavity have a normal appearance. The retropharyngeal soft tissues are normal.

The paranasal sinuses and mastoid air cells are clear. The orbital soft tissues are normal. No lytic or blastic osseous lesion is present.

IMPRESSION:

1. No evidence of intracranial metastatic disease.
2. Postsurgical changes and postradiation sequelae as above, without evidence of local primary pharyngeal tumor recurrence.
3. Right submandibular and left cervical chain hypermetabolic lymphadenopathy as above concerning for metastatic and/or lymphoproliferative disease.

Reading Location: ESRVACL1A

***** Final *****

Dictated by: Louis Oscar Smith, MD

Dictated at: 06/04/2021 12:43 pm

This Imaging Study Was Reviewed and Its Interpretation Verified by: Louis Oscar Smith, MD

Electronically Signed: 06/04/2021 12:43 pm

Electronically Signed by Margaret Crenshaw - MD on 06/11/2021 at 9:59 AM

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

06/04/2021 - TextNote: sc

Provider: Tamela Clinkscale

Location of Care: DC JAIL MMHS

This document contains external references

Electronically Signed by Tamela Clinkscale on 06/07/2021 at 1:59 PM

06/03/2021 - TextNote: Diet Order

Provider: Jacqueline Yuille - PA

Location of Care: Correctional Treatment Facility

Prior to PET CT in AM specific diet instructins given by WHC. Patient can only have meat (protein) and vegetable on tray. He cannot have pasta, bread, rice or potatoes, no dairy, no caffiene, no fruit, sugar, candy, gum, mints or cough drops.

Electronically Signed by Jacqueline Yuille - PA on 06/03/2021 at 2:40 PM

06/03/2021 - TextNote: COVID-19 Surveillance Abbott neg

Provider: Marlon Mitchell - MD

Location of Care: Central Detention Facility

Rapid COVID-19 PCR test negative.

Electronically Signed by Marlon Mitchell - MD on 06/03/2021 at 2:34 PM

06/03/2021 - TextNote: Rapid Abbott COIVD-19 Testing

Provider: Jacqueline Yuille - PA

Location of Care: Correctional Treatment Facility

Pt to have PET CT scan and needs COVID-19 results to be sent to hospital. Rapid Abbott test accepted and performed. Results pending.

Electronically Signed by Jacqueline Yuille - PA on 06/03/2021 at 11:14 AM

DC JAIL MMHS

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

06/02/2021 - TextNote

Provider: Joyce Oppong - NP

Location of Care: Correctional Treatment Facility

Pt swabbed by cc provider

Electronically Signed by Joyce Oppong - NP on 06/02/2021 at 12:52 PM

06/02/2021 - Internal Other: Appointment Canceled

Provider: Doctor Unity

Location of Care: DC JAIL MMHS

Appointment status changed to canceled by
Joyce Oppong - NP on 06/02/2021 12:51 PM.

Cancellation Comments

see comments

Appointment Information

Appt Type: CTF MD_Sick Call
Date: Wednesday, June 2, 2021
Time: 10:15 AM for 5 min
Urgency: Routine
Made By: Joyce Oppong - NP
To Visit: CTF Sick Call - Purple
Reason: C2A/ 13 labcorp

Appt Comments

Electronically Signed by Doctor Unity on 06/07/2021 at 5:14 PM

06/02/2021 - Lab Report: SARS-CoV-2, NAA, SARS-CoV-2, NAA 2 DAY TAT

Provider: Marlon Mitchell - MD

Location of Care: Correctional Treatment Facility

DC JAIL MMHS

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Patient: CHRISTOPHER WORRELL

ID: 1100 377183

Note: All result statuses are Final unless otherwise noted.

Tests: (1) SARS-CoV-2, NAA (139900)

! SARS-CoV-2, NAA Not Detected Not Detected

This nucleic acid amplification test was developed and its performance characteristics determined by LabCorp Laboratories. Nucleic acid amplification tests include RT-PCR and TMA. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b) (1), unless the authorization is terminated or revoked sooner.

When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay.

Tests: (2) SARS-CoV-2, NAA 2 DAY TAT (998900)

! SARS-CoV-2, NAA 2 DAY TAT Performed

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 06/04/2021 6:00 AM

(1) Order result status: Final

Collection or observation date-time: 06/02/2021 12:09

Requested date-time:

Receipt date-time: 06/03/2021 00:00

Reported date-time: 06/04/2021 05:37

Referring Physician:

Ordering Physician: M Mitchell (momitchell)

Specimen Source:

Source: 1100

Filler Order Number: 15318469690 LAB

Lab site: Performed At: BN, LabCorp Burlington 1447 York Court, Burlington NC

272153361 Sanjai Nagendra MD Phone: 8007624344

(2) Order result status: Final

Collection or observation date-time: 06/02/2021 12:09

Requested date-time:

Receipt date-time: 06/03/2021 00:00

Reported date-time: 06/04/2021 05:37

Referring Physician:

Ordering Physician: M Mitchell (momitchell)

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Specimen Source:

Source: 1100

Filler Order Number: 15318469690 LAB

Lab site: Performed At: BN, LabCorp Burlington 1447 York Court, Burlington NC
272153361 Sanjai Nagendra MD Phone: 8007624344

The following results were not dispersed to the flowsheet:

- SARS-CoV-2, NAA, Not Detected, (F)
- SARS-CoV-2, NAA 2 DAY TAT, Performed, (F)

Electronically Signed by Margaret Crenshaw - MD on 06/04/2021 at 8:30 AM

06/02/2021 - Urgent Care: Nursing

Provider: Linda Stephens - RN

Location of Care: Correctional Treatment Facility

URGENT CARE _ RN

1 Vitals

Vital Signs

Weight: 252 pounds

Temperature(): 97.6 degrees F

Pulse: 87

Respirations: 16

Blood pressure: 106/74 mm Hg

O2 Sat 98%

Pt seen by Provider. Alert, awake, and oriented X3 verbally responsive and compliant.

No further complaints voiced.

Electronically Signed by Linda Stephens - RN on 06/02/2021 at 10:54 AM

06/02/2021 - Chronic Care Clinic: f/u chronic conditions

Provider: Marlon Mitchell - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL

HPI

Current Problems:

HEADACHE, MIXED (ICD-784.0) (ICD10-G44.89)

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.

ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL

CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL

Current Allergies:

* PERCOET: HIVES (Critical)

Hypertension HPI

Onset: > 5 years

Historical Details: -taking meds w/out issue

-feels he "almost" had a fib or at least had an increased heart rate and thus started taking a bblocker

-no hx of hf

-had possible syncopal episode 5/30/21

-->describes getting up to ? urinate but cannot recall any other events

-->unclear if there was actual LOC

-->eval during MERT did not show any gross abnl, neurologic deficits or hypotension

-->pt was d/c'd w/out issue

Care: followed by PCP, takes meds regularly

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CHRISTOPHER WORRELL

Male DOB: 06/26/1971

377183

Home: 377183

Risk Factors: obese/inactive

Other HPI

##aspirin

- reasserts no hx of a fib, no hx of cvd (esp given recent calcium score)
- started w/ previous
- no bleeding, bruising, hematuria, hematemesis, black+tarry stools/melena

##b cell follicular lymphoma

-stable, has upcoming imaging appt for re-staging

##labs

-reviewed, wnl

Medications:

ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. #90 x 0

Entered and Authorized by: Marlon Mitchell - MD

Signed by: Marlon Mitchell - MD on 06/02/2021

Method used: Printed then faxed to ...
Unity @ DC Dept of Corrections (retail)

Washington, DC 20003 USA

Ph: 202-698-0423

Fax:

RxID: 1938258478919290

NPO FROM 6/3/21 11:59PM NPO from 6/3/21 11:59pm for upcoming procedure #1 x 0

Entered and Authorized by: Marlon Mitchell - MD

Signed by: Marlon Mitchell - MD on 06/02/2021

Method used: Printed then faxed to ...

RxID: 1938258079901120

Do you currently work within the facility (have a "detail"?): no

If yes, what area do you work in?: n/a

If yes, does your job have any negative effects on your health or well-being?: n/a

Review of Systems

General: Patient denies anorexia, chills, fatigue, malaise, sweats, weight loss.

Eyes: Patient denies blurring.

Cardiovascular: Patient denies chest pain, dyspnea on exertion, orthopnea, palpitations, peripheral edema, syncope.

Respiratory: Patient denies cough.

Genitourinary: Patient denies hematuria.

Skin: Patient denies itching, suspicious lesions, wound or infection.

Neurologic: Patient denies headache, paresthesias.

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TextNote

CHRISTOPHER WORRELL

Male DOB: 06/26/1971

377183

Home: 377183

Vital Signs

Height: **75** in.
Weight: **252** lbs.
BMI: **31.61**
Temperature: **97.6** degrees F
Respirations: **16**
Pulse Rate: **87**
Rhythm: **Regular**
Blood Pressure: **106/74** mm Hg
(mm Hg)
Pulse Ox: 98%

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Head

Inspection: NC/AT

Palpation: no masses or tenderness of occipital, parietal, frontal bones

Neck

Neck: supple, no masses, trachea midline, no anterior/posterior cervical, posterior auricular or supraclavicular lymphadenopathy; post radiation changes to right neck

Respiratory

Effort: nwob

Percussion: ctab

Palpation: normal

Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: RRR S1/S2-normal, no murmur, rub, or gallop

Pedal Pulses: 2+ radial pulse

Peripheral Circulation: no cyanosis, clubbing, edema, or varicosities

Gastrointestinal

Abdomen: wnl

Musculoskeletal

Gait & Station: normal gait

Extremities

RUE: moving all extremities wnl

short cast is present

LUE: moving all extremities wnl

RLE: moving all extremities wnl

LLE: moving all extremities wnl

Skin

Inspection: tanned

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Assessment and Plan

Hypertension Control: Controlled

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE - Comment Only. stable, has appt upcoming, NPO order in. Obtained covid sample. Pt has declined covid vaccination in past. Labwork wnl. Pt has f/u planned

Orders: 2019 Novel Coronavirus (COVID-19), NAA

HYPERTENSION - Unchanged. well-controlled on bblocker, which is not the usual initial medication but seems to be working. Would not stop for this reason. If pt were to have repeated falls w/ concern for bradycardia and/or hypotension, would consider decreasing dose of metoprolol or simple discontinuation w/ replacement w/ HCTZ, CCB or ACEi. Continue following

Medications: Metoprolol tartrate 25 mg oral tablet Take 1 tab P.o bid..

##aspirin

-counseled pt that there is scant data re use of aspirin in 49 y/o w/ no real risk of CVD

-stopping would be safe

-given it is unclear if pt ever had a fib (thus unclear if chads2vasc even necessary, but if calculated would be 1) and pt's insistence that aspirin has been well tolerated and helps him, would simply continue as the pt accepts possible side effects, incl but not limited to severe bleeding; red flags specifically reviewed

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: 1 weeks.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

New Orders: 2019 Novel Coronavirus (COVID-19), NAA [139900]

Process Orders

Check Orders Results:

LabCorp: ABN not required for this insurance.

Tests Sent for requisitioning (June 2, 2021 12:56 PM):

06/02/2021: LabCorp -- 2019 Novel Coronavirus (COVID-19), NAA [139900] (signed)

Electronically Signed by Marlon Mitchell - MD on 06/02/2021 at 1:11 PM

05/30/2021 - Urgent Care: MERT- C2 A

Provider: Meena Kumar - NP

Location of Care: Correctional Treatment Facility

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Vital Signs

Height: **75** in.
Temperature: **96.6** degrees F
Temp Site: **Oral**
Respirations: **16**
Pulse Rate: **101**
Rhythm: **Regular**
Blood Pressure: **123/83** mm Hg
(mm Hg)
Pulse Ox: 100%

HPI

MERT

Block: C2 A

Time Called: 7:15 pm

Time Team Arrived: 7:20

HPI: MERT was called C2 A , upon arrival with MERT team to the unit - patient lying on floor alert and oriented x3 , able to get up with minimal assistance to get on stretcher, and inmate was brought to Uc clinic

C/O Headache throbbing 10/10 whole head hurts, feels cold ,
ate food from tray lunch, dinner , hx of cancer 15 years ago lymphoma , treated with radiation on head
denies any recent treatment

blood sugar 107

Previous TST: 0 (04/15/2021 10:01:56 PM)

Current Problems:

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)
FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)
(ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Current Allergies:

* PERCO CET: HIVES (Critical)

Review of Systems

General: Patient denies anorexia.

Eyes: Patient complains of blurring.

Ears/Nose/Throat: Patient denies decreased hearing.

Cardiovascular: Patient denies chest pain.

Respiratory: Patient denies dyspnea.

Gastrointestinal: Patient denies nausea, vomiting.

Neurologic: Patient complains of headache.

Psychiatric: Patient complains of anxiety.

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Head

Inspection: NC/AT

Eyes

External: conjunctivae and lids normal

Pupils: equal, round, reactive to light

Ears/Nose/Throat

External Ears: normal, no lesions or deformities

Otoscopic: canals clear, tympanic membranes intact

Hearing: grossly intact

External Nose: normal, no lesions or deformities

Nasal: mucosa, septum, and turbinates normal

Lips/Teeth/Gums: , no gingival inflammation, no labial lesions

Pharynx: tongue normal, posterior pharynx without erythema or exudate

Neck

Neck: supple, no masses, trachea midline

Respiratory

Effort: no intercostal retractions or use of accessory muscles

Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Auscultation: S1 S2 +

Musculoskeletal

Gait & Station: normal, can undergo exercise testing and/or participate in exercise program

Digits & Nails: no clubbing, cyanosis, petechiae, or nodes

Neck: normal strength, no deformities

Spine, Ribs,& Pelvis: normal mobility,

Extremities

RUE: walking independently getting in and out of chair smoothly

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

LUE: walking independently gettign in and out of chair smoothly

RLE: walking independently gettign in and out of chair smoothly

LLE: walking independently gettign in and out of chair smoothly

Neurological

Cranial Nerves: II - XII grossly intact

Reflexes: 2+, symetric, no pathological reflexes

Sensation & Strength: grossly intact

Skin

Inspection: no rashes, lesions, ulcerations, or erythema

Mental Status and Exam

Judgement: intact

Orientation: oriented to time, place, and person

Memory: intact for recent and remote events

Mood & Affect: no depression, anxiety, or agitation

Assessment and Plan

General health and wellness, including healthy diet and aerobic exercise during recreational time, reviewed with the patient. Health hazards of tobacco, illicit drug use, and excessive alcohol intake discussed and patient advised to quit if using, or not to initiate if not already using.

Assessment/Plan:

HEADACHE, MIXED - Improved.

able to drink 2 cups of water at Urgent care clinic

patient was monitord got 30 minutes at UC clinci

Ibuprofin 400 mg - 2 tabs po x1 given

patient re-evaluated by provider - felt bettter -

discharged with officer to his unt

left ambulating with officer ,

Risks, benefits, and alternatives to treatment plan discussed.

Positive TST

Counseled may benefit from treatment to prevent future active tuberculosis.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Electronically Signed by Meena Kumar - NP on 05/30/2021 at 9:19 PM

Electronically Signed by Kimball Beck - MD on 05/30/2021 at 10:20 PM

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TextNote

CHRISTOPHER WORRELL

Male DOB: 0 [REDACTED]

377183

Home: 377183

05/30/2021 - Nursing Note: MERT

Provider: Marcel Ngoh - RN

Location of Care: Correctional Treatment Facility

Vital Signs

Height: **75** in.

Temperature: **96.6** degrees F

Temp Site: **Oral**

Respirations: **16**

Pulse Rate: **101**

Rhythm: **Regular**

Blood Pressure: **123/83** mm Hg

(mm Hg)

Pulse Ox: 100%

Medical emergency was call and the named patient was found lying on the flood. HE was alert and oriented but unsteady with gaits.. while at medical 68 he complained of throbbing headache, rating his pain level to be a 10/10. He was given motrin 800mg stat and after relaxing for a long time he was sent back to his unit.

Electronically Signed by Marcel Ngoh - RN on 05/30/2021 at 11:36 PM

05/30/2021 - Sick Call: Rt sore/swollen

Provider: Taiwo Adeyemo - NP

Location of Care: Central Detention Facility

Sick Call Provider

Referral Source: Self

Chief Complaint: Rt swollen /sore nostril

HPI: 49 y/o male presents for eval of Rt swollen and sore nostril.Pt reports hx of follicular non-hodging B cell lymphoma.States he was dx in 2007.Pt notes he has been having intermittent swollen and sore nostril since his cancer dx. States current episode started 2 days ago. Pt denies having any other complaints.

Vital Signs

Height: **75** in.

Temperature: **97.9** degrees F

Temp Site: **Oral**

Respirations: **18**

Pulse Rate: **74**

Rhythm: **Regular**

Blood Pressure: **108/83** mm Hg

(mm Hg)

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TextNote

CHRISTOPHER WORRELL

Male DOB: 0 [REDACTED]

377183

Home: 377183

Review of Systems

General: Patient denies chills. denies fever

Ears/Nose/Throat: Patient denies nasal congestion, nose bleeds. c/o swollen/sore Rt nostril

Cardiovascular: Patient denies chest pain.

Respiratory: Patient denies dyspnea.

Hematologic: Patient denies bleeding.

Physical Exam

General Appearance

well developed, well nourished, well hydrated, in no acute distress

Ears/Nose/Throat

External Nose: Notable for erythematous papula in rt nostril

Respiratory

Effort: no intercostal retractions or use of accessory muscles

Auscultation: no rales, rhonchi, or wheezes

Cardiovascular

Palpation: normal fremitus

Auscultation: RRR S1/S2-normal, no murmur, rub, or gallop

Mental Status and Exam

Orientation: oriented to time, place, and person

Assessment and Plan

General health and wellness, including healthy diet and aerobic exercise during recreational time, reviewed with the patient. Health hazards of tobacco, illicit drug use, and excessive alcohol intake discussed and patient advised to quit if using, or not to initiate if not already using.

Assessment/Plan:

Notable for erythematous papule in Rt nostril

Will tx bacitracin. Given 5 packs with instruction to use twice daily

Advised to return to care if no resolution

Understanding verbalized.

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: prn.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Problems: DENTAL DISORDER NOS (ICD-525.9) (ICD10-K08.9)

PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 377183

Home: 377183

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)
(ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)
HYPERTENSION (ICD-401.9) (ICD10-I10)

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily.
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL

Allergies: * PERCOCET: HIVES (Critical)

Patient informed on how to utilize the sick call process and advised that if you feel like your health concerns are not being addressed, please follow the DOC grievance process as stated in the Inmate Handbook.

Electronically Signed by Taiwo Adeyemo - NP on 06/16/2021 at 12:05 PM

05/29/2021 - Sick Call: SC
Provider: Julia Dorsey - MA
Location of Care: Correctional Treatment Facility
This document contains external references

Electronically Signed by Julia Dorsey - MA on 05/29/2021 at 2:39 PM

05/28/2021 - TextNote: Grievance
Provider: Traci Outlaw
Location of Care: Central Detention Facility

Resident submitted a grievance that he needs to be seen for his hand and to see how it is healing. Resident has been scheduled for several appointments for medical services, provider will follow-up with resident on the progress of his hand and any other test results as required. Grievance resolved

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Electronically Signed by Traci Outlaw on 05/28/2021 at 12:04 PM**05/28/2021 - Lab Report: CMP14+eGFR, CBC With Differential/Platelet, Prothrombin Time ...****Provider: Marlon Mitchell - MD****Location of Care: Correctional Treatment Facility**

Patient: CHRISTOPHER WORRELL

ID: 1100 377183

Note: All result statuses are Final unless otherwise noted.

Tests: (1) CMP14+eGFR (334943)

Glucose	94 mg/dL	65-99
BUN	11 mg/dL	6-24
Creatinine	0.83 mg/dL	0.76-1.27
! eGFR If NonAfricn Am	103 mL/min/1.73	>59
! eGFR If Africn Am	119 mL/min/1.73	>59

****Labcorp currently reports eGFR in compliance with the current****
recommendations of the National Kidney Foundation. Labcorp will
update reporting as new guidelines are published from the NKF-ASN
Task force.

BUN/Creatinine Ratio	13	9-20
Sodium	142 mmol/L	134-144
Potassium	4.3 mmol/L	3.5-5.2
Chloride [H]	107 mmol/L	96-106
Carbon Dioxide, Total	21 mmol/L	20-29
Calcium	9.3 mg/dL	8.7-10.2
Protein, Total	6.8 g/dL	6.0-8.5
Albumin	4.6 g/dL	4.0-5.0
Globulin, Total	2.2 g/dL	1.5-4.5
! A/G Ratio	2.1	1.2-2.2
Bilirubin, Total	0.4 mg/dL	0.0-1.2
Alkaline Phosphatase	72 IU/L	48-121

****Please note reference interval change****

AST (SGOT)	14 IU/L	0-40
ALT (SGPT)	12 IU/L	0-44

Tests: (2) CBC With Differential/Platelet (005009)

WBC	7.4 x10E3/uL	3.4-10.8
RBC	4.90 x10E6/uL	4.14-5.80
Hemoglobin	14.1 g/dL	13.0-17.7
Hematocrit	43.3 %	37.5-51.0
MCV	88 fL	79-97
MCH	28.8 pg	26.6-33.0
MCHC	32.6 g/dL	31.5-35.7
RDW	13.5 %	11.6-15.4
Platelets	308 x10E3/uL	150-450

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TextNote

CHRISTOPHER WORRELL

Home: 377183

Male DOB: [REDACTED]

377183

Neutrophils	68 %	Not Estab.
Lymphs	17 %	Not Estab.
Monocytes	10 %	Not Estab.
Eos	2 %	Not Estab.
Basos	2 %	Not Estab.
Neutrophils (Absolute)	5.0 x10E3/uL	1.4-7.0
Lymphs (Absolute)	1.3 x10E3/uL	0.7-3.1
Monocytes(Absolute)	0.8 x10E3/uL	0.1-0.9
Eos (Absolute)	0.2 x10E3/uL	0.0-0.4
Baso (Absolute)	0.1 x10E3/uL	0.0-0.2
! Immature Granulocytes	1 %	Not Estab.
! Immature Grans (Abs)	0.0 x10E3/uL	0.0-0.1
Tests: (3) Prothrombin Time (PT) (005199)		
! INR	1.0	0.9-1.2
Reference interval is for non-anticoagulated patients.		
Suggested INR therapeutic range for Vitamin K antagonist therapy:		
Standard Dose (moderate intensity therapeutic range):	2.0 - 3.0	
Higher intensity therapeutic range	2.5 - 3.5	
Prothrombin Time	10.7 sec	9.1-12.0

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 05/29/2021 7:39 AM

(1) Order result status: Final

Collection or observation date-time: 05/28/2021 10:14

Requested date-time:

Receipt date-time: 05/29/2021 00:00

Reported date-time: 05/29/2021 07:36

Referring Physician:

Ordering Physician: M Crenshaw (mcrenshaw)

Specimen Source:

Source: 1100

Filler Order Number: 14818448370 LAB

Lab site: Performed At: BN, LabCorp Burlington 1447 York Court, Burlington NC 272153361 Sanjai Nagendra MD Phone: 8007624344

(2) Order result status: Final

Collection or observation date-time: 05/28/2021 10:14

Requested date-time:

Receipt date-time: 05/29/2021 00:00

Reported date-time: 05/29/2021 07:36

Referring Physician:

Ordering Physician: M Crenshaw (mcrenshaw)

Specimen Source:

Source: 1100

Filler Order Number: 14818448370 LAB

Lab site: Performed At: BN, LabCorp Burlington 1447 York Court, Burlington NC

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 377183

Home: 377183

272153361 Sanjai Nagendra MD Phone: 8007624344

(3) Order result status: Final
Collection or observation date-time: 05/28/2021 10:14
Requested date-time:
Receipt date-time: 05/29/2021 00:00
Reported date-time: 05/29/2021 07:36
Referring Physician:
Ordering Physician: M Crenshaw (mcrenshaw)
Specimen Source:
Source: 1100
Filler Order Number: 14818448370 LAB
Lab site: Performed At: BN, LabCorp Burlington 1447 York Court, Burlington NC
272153361 Sanjai Nagendra MD Phone: 8007624344

The following lab values were dispersed to the flowsheet with no units conversion:

WBC, 7.4 X10E3/UL, (F) expected units: 10*3/mm3
RBC, 4.90 X10E6/UL, (F) expected units: 10*6/mm3
MCHC, 32.6 G/DL, (F) expected units: %
Platelets, 308 X10E3/UL, (F) expected units: /mm3
Neutrophils (Absolute), 5.0 X10E3/UL, (F) expected units: 10*3/mm3
Lymphs (Absolute), 1.3 X10E3/UL, (F) expected units: 10*3/mm3
Monocytes(Absolute), 0.8 X10E3/UL, (F) expected units: 10*3/mm3
Eos (Absolute), 0.2 X10E3/UL, (F) expected units: /mm3
Baso (Absolute), 0.1 X10E3/UL, (F) expected units: 10*3/mm3

The following results were not dispersed to the flowsheet:

eGFR If NonAfricn Am, 103 mL/min/1.73, (F)
eGFR If Africn Am, 119 mL/min/1.73, (F)
Globulin, Total, 2.2 g/dL, (F)
A/G Ratio, 2.1, (F)
Immature Granulocytes, 1 %, (F)
Immature Grans (Abs), 0.0 x10E3/uL, (F)
INR, 1.0, (F)

Electronically Signed by Marlon Mitchell - MD on 06/02/2021 at 9:39 AM
Electronically Signed by Margaret Crenshaw - MD on 06/04/2021 at 8:46 AM

05/27/2021 - Radiology: Routine, SHOULDER LEFT
Provider: DeBreaka Posey - PA
Location of Care: Correctional Treatment Facility

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Radiology Processing

X-Ray Type: Routine, SHOULDER LEFT
X-Ray Group: SG
X-Ray Ordered: SHOULDER LEFT
Date Requested: 05/27/2021
Exam Status: Complete
Exam Date: 05/27/2021
Technologist: R. Douglas

Radiographic Report

Report Date: 05/28/2021
Exam: SG, SHOULDER LEFT
Findings: Clinical History: Left shoulder pain x 1.5 wks s/p fall.

Technique: Internal and externally rotated views of the left shoulder were submitted for evaluation.

Findings: No acute osseous pathology. Mild narrowing of the acromioclavicular and glenohumeral joints. Surrounding soft tissues are unremarkable.

Impression: As above.

Report Status: Complete
Radiologist: Bonnie Davis MD

Electronically Signed by DeBreakea Posey - PA on 06/03/2021 at 8:52 AM

05/27/2021 - Sick Call: Initial Visit
Provider: DeBreakea Posey - PA
Location of Care: Correctional Treatment Facility

Sick Call Provider

Referral Source: Self

Chief Complaint: left shoulder pain

Reason for Visit: Initial Visit; Left Shoulder Pain

HPI: Patient with a PMH B cell lymphoma, diagnosed in 2007, and right unlar neuropathy s/p hernia repair. patient request eval for left shoulder pain that has been present approx 1.5 weeks "or so." Patient reports that approx 2 wks ago he did have a fall on his right side. In an attempt to prevent the fall, patient did attempt to brace himself using his LUE. Pain is described as achy, worse at the end of the day and sharp with abduction. Patient does use topical analgesic balm at night with temp relief of symptoms No parathesias. No new trauma. Patient not previously seen for this complaint.

Vitals not clinically indicated.

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TextNote

CHRISTOPHER WORRELL

Male DOB: 0 [REDACTED]

377183

Home: 377183

Review of Systems

Musculoskeletal: positive shoulder pain

Physical Exam

General; well developed male in NAD

MSK: splint noted to RUE. full active ROM left shoulder. Tenderness to palpation lateral aspect of the left shoulder. no bicipital groove tenderness. strong grip strength LUE. capillary refill and sensation intact. Pain elicited with abduction left shoulder with resistance

Assessment and Plan

Assessment/Plan:

PAIN IN LEFT SHOULDER - New.

s/p fall approx 2 wks ago

continue topical analgesic balm

pt given ibuprofen on the unit and Rx in system for motin 600mg prn

rest, avoid movements that exacerbated pain, do not sleep on left side to avoid further irritation

xray order placed

f/u sick call in 4 days for results

Medications: Analgesic balm oint AAA bid prn.x10 dys First dose now; Ibuprofen 600 mg oral tablet

Take one tab po TID as needed for pain. take medication with food to avoid GI upset.

Orders: Shoulder (L)

Patient informed on how to utilize the sick call process and advised that if you feel like your health concerns are not being addressed, please follow the DOC grievance process as stated in the Inmate Handbook.

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 3 days.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

Problems: PAIN IN LEFT SHOULDER (ICD-719.41) (ICD10-M25.512)

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)

(ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid. First dose now; KOP
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG 400) 1-2 gtt in eyes prn; Route: OPHTHALMIC
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab po TID as needed for pain. take medication with food to avoid GI upset; Route: ORAL

Allergies: * PERCOCET: HIVES (Critical)

New Orders: Shoulder (L) [SG 1]

Electronically Signed by DeBreakea Posey - PA on 05/27/2021 at 1:20 PM
Electronically Signed by Kamilah Ray-Boyd - PA on 05/27/2021 at 1:48 PM

05/27/2021 - Append: Initial Visit
Provider: DeBreakea Posey - PA
Location of Care: Correctional Treatment Facility

HPI correction: right ulnar neuropathy s/p hernia repair should state right wrist fracture s/p fall.

Electronically Signed by DeBreakea Posey - PA on 05/27/2021 at 2:02 PM

05/27/2021 - TextNote: Temperature Check - Infrared Thermometer
Provider: Julia Dorsey - MA
Location of Care: Correctional Treatment Facility

Vital Signs

Height: 75 in.
Temperature: 97.2 degrees F
(mm Hg)
Patient has no signs or symptoms related to COVID-19.

Electronically Signed by Julia Dorsey - MA on 05/27/2021 at 8:25 AM

05/26/2021 - TextNote: Sick Call TextNote

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Provider: Kamilah Ray-Boyd - PA

Location of Care: Correctional Treatment Facility

Pt was seen in CCC today but did not mention left shoulder pain. Will f/u with pt tomorrow in SC.

Electronically Signed by Kamilah Ray-Boyd - PA on 05/26/2021 at 2:15 PM

05/26/2021 - Internal Other: Appointment Canceled

Provider: Doctor Unity

Location of Care: DC JAIL MMHS

Appointment status changed to canceled by
Kamilah Ray-Boyd - PA on 05/26/2021 2:13 PM.

Cancellation Comments

see text note

Appointment Information

Appt Type: CTF MD_Sick Call
Date: Wednesday, May 26, 2021
Time: 8:15 AM for 5 min
Urgency: Routine
Made By: Tamela Clinkscale
To Visit: CTF Sick Call - Blue
Reason: c2a am

Appt Comments

Electronically Signed by Doctor Unity on 06/07/2021 at 5:13 PM

05/26/2021 - Chronic Care Clinic: f/u cutaneous lymphoma, HTN, wrist fx, etc

Provider: Margaret Crenshaw - MD

Location of Care: Correctional Treatment Facility

Chronic Care

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)
Take 1 tab P.o bid. First dose now; KOP
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP

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TextNote

CHRISTOPHER WORRELL

Home: 377183

Male DOB: [REDACTED]

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ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG
400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

HPI

Current Problems:

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND (ICD-815.09) (ICD10-S62.306A)
UNSPECIFIED INJURY OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER (ICD10-S69.91xA)
EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)
URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)
LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)
PREDIABETES (ICD-790.29) (ICD10-R73.03)
FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)
SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1)
(ICD10-C80.1)
HX OF COVID-19 (ICD10-U07.1)

Current Medications:

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.
First dose now; KOP
ASPIRIN 81 MG TAB (ASPIRIN) Take one tab po Qdaily. First dose now; KOP
ANALGESIC BALM OINT (LINIMENTS OINT) AAA bid prn.x10 dys First dose now; Route: EXTERNAL
CVS DRY EYE RELIEF 0.2-0.2-1 % OPHTHALMIC SOLUTION (GLYCERIN-HYPROMELLOSE-PEG
400) 1-2 gtt in eyes prn; Route: OPHTHALMIC

Current Allergies:

* PERCOCET: HIVES (Critical)

Other HPI

#. Primary cutaneous follicular b cell lymphoma
-initially diagnosed in 2007 and treated initially with rituximab
-with subsequent recurrence and treatment again with retuximab with development of an "allergic
reaction" vs infusion reaction
-recurrence documented again in 2019 which was the last time the pt had imaging but did not undergo
the oncology-recommended treatment at that time but instead was following with an alternative medicine
provider who prescribed topical rapamycin and naltrexone
-the patient currently has skin lesions on his face, neck, and upper chest
-the patient was seen by HUH oncology on 5/19/21 with the following recommendations (see separate
onc note for details):
-recommend repeat skin biopsy with mollecular studies
-needs PET/CT scan for interim staging
-needs bone marrow biopsy and port placement with plan for likely Gazyva/Bendamustine
-this plan was reviewed with the pt today

#. SCC of head/neck, base of tongue

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

-treated with surgery, chemo, and XRT in 2007
-no recent surveillance imaging but no s/s c/f recurrence

#. R 5th metacarpal neck fracture
-splinted
-awaiting ortho f/u

#. Skin lesion on back
-likely epidermoid cyst
-s/p I+D
-seen last visit for some drainage which has now fully resolved

#. HTN, h/o tachycardia
-pt is taking metoprolol for a reported h/o HTN and tachycardia
-BP and HR WNL today

Review of Systems

ROS reviewed. No changes.

Vital Signs

Height: 75 in.
Weight: 256 lbs.
BMI: 32.11
Temperature: 97.3 degrees F
Respirations: 16
Pulse Rate: 87
Rhythm: Regular
Blood Pressure: 109/77 mm Hg
(mm Hg)
Pulse Ox: 98%

Physical Exam

General Appearance

Comfortable, NAD

Respiratory

Effort: Normal

Musculoskeletal

Gait & Station: Normal

Skin

Inspection: well healed I+D site on back without drainage or erythema

Mental Status and Exam

Mood & Affect: Normal

Assessment and Plan

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Assessment/Plan:

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE.

- following now with HUH Oncology with recommendation for skin biopsy, bone marrow biopsy, and PET/CT for re-staging
- working on approvals and scheduling for this
- anticipate port placement for likely treatment with Gazyva/Bendamustine
- reviewed this plan with the patient today who states he is agreeable to repeat biopsies and imaging
- however, he today states that he was previously told that due to his prior reaction to rituximab, he should not have Bendamustine
- the reason for this is unclear, pt initially states he tested positive for an allergy this medication although does not know what type of testing was done to show this
- then later states that a "Dr. Lynch" who he describes as a "world renowned" oncologist told him not to take this medication during a phone call the pt had with him
- on brief review of literature there does not seem to be an obvious cross-reactivity with these two medications
- there ARE studies showing that it is SAFE to give rituximab to patients who have had reactions previously to Gazyva
- regardless, will defer decision on chemo agents to oncology and encouraged patient to review his concerns regarding prior reactions with his oncologist at his f/u visit
- needs labs prior to upcoming procedures --ordered/scheduled

EPIDERMOID CYST - Improved.

-I+D site healed

HYPERTENSION.

- BP at goal today
- c/w current regimen

FRACTURE OF FIFTH METACARPAL BONE, RIGHT HAND.

-awaiting f/u with ortho which is scheduled

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: in 1 weeks.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

New Orders: WOUND CARE [WNDCRE]

CBC With Diff [005009]

Prothrombin Time (PT) / INR [005199]

CMP14+eGFR [334943]

Process Orders

Check Orders Results:

LabCorp: ABN not required for this insurance.

Tests Sent for requisitioning (May 26, 2021 3:12 PM):

05/26/2021: LabCorp -- CBC With Diff [005009] (signed)

05/26/2021: LabCorp -- Prothrombin Time (PT) / INR [005199] (signed)

05/26/2021: LabCorp -- CMP14+eGFR [334943] (signed)

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Electronically Signed by Margaret Crenshaw - MD on 05/26/2021 at 3:26 PM

05/25/2021 - TextNote: sc
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 05/25/2021 at 5:06 PM

05/25/2021 - TextNote: HUH Oncology Consult
Provider: Tamela Clinkscale
Location of Care: DC JAIL MMHS
This document contains external references

Electronically Signed by Tamela Clinkscale on 05/26/2021 at 6:51 AM

05/25/2021 - Office Visit: care coordination, huh onc note
Provider: Marlon Mitchell - MD
Location of Care: Correctional Treatment Facility

-have been attempting to obtain HUH onc notes for care coordination, was not available as of yesterday evening
-today after multiple attempts able to obtain outpt onc note
-notably, for cutaneous b cell lymphoma no b sxs, pt needs derm eval for repeat skin bx to assess the sample w/ molecular studies, PET scan for interrim staging, will need to be treated given symptoms (pruritis) w/ tx likely to be Gazyva/Bendamustine
-->will also need bone bx + port placed
-->pt agreed w/ plan
-there are no s/s of recurrence for head and neck ca
-pt has already been referred to derm, for PET and bone marrow biopsy

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

- >currently awaiting final federal approval
- current onc rec is consistent w/ past recs
- pt will have f/u w/ CCC, next scheduled tomorrow
- will ensure usual PCP has access to records
- will follow prn

Electronically Signed by Marlon Mitchell - MD on 05/25/2021 at 3:02 PM

05/25/2021 - TextNote: Temperature Check - Infrared Thermometer
Provider: Monica Brooks - LPN
Location of Care: Correctional Treatment Facility

Vital Signs

Height: **75** in.
Temperature: **97.0** degrees F
Temp Site: **Oral**
(mm Hg)

Electronically Signed by Monica Brooks - LPN on 05/25/2021 at 9:34 AM

05/24/2021 - TextNote: Temperature Check - Infrared Thermometer
Provider: Myrtha Mathieux - RN
Location of Care: Correctional Treatment Facility

Vital Signs

Height: **75** in.
Temperature: **97.5** degrees F
(mm Hg)
Patient denies signs or symptoms related to COVID-19.

Electronically Signed by Myrtha Mathieux - RN on 05/24/2021 at 5:32 PM

05/24/2021 - TextNote: Temperature Check - Infrared Thermometer
Provider: Alice Atiemo - LPN
Location of Care: Correctional Treatment Facility

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CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Vital Signs

Height: 75 in.

Temperature: 96.8 degrees F
(mm Hg)

Patient has no signs or symptoms related to COVID-19.

Electronically Signed by Alice Atiemo - LPN on 05/24/2021 at 9:32 AM

05/24/2021 - Nursing Note: Nursing Wound Care

Provider: Alice Atiemo - LPN

Location of Care: Correctional Treatment Facility

Wound Care - Nursing

Follow Up

Subjective

Wound care, on middle of back

Pain Scale: 1 on a scale of 0 - 10, with 10 being most painful.

Physical Exam

Location: posterior on back

Discoloration: No

Redness: No

Swelling: No

Drainage: No

Odor: No

Plan

Educated on cleaning wound and wound-care treatment as prescribed by providers

Instructed to observe for signs and symptoms of worsening infection condition

Educated to report to medical for worsening symptoms (redness-swelling-drainage-increase in pain-chills-fever)

Patient will experience no further skin breakdown

Electronically Signed by Alice Atiemo - LPN on 05/24/2021 at 8:37 AM

05/23/2021 - Nursing Note: Nursing Wound Care

Provider: Janet Jackson - RN

Location of Care: Correctional Treatment Facility

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED]

377183

Home: 377183

Wound Care - Nursing
Follow Up

Subjective

Wound care
Pain Scale: 0 on a scale of 0 - 10, with 10 being most painful.

Objective

Physical Exam

Location: back
Discoloration: No
Redness: No
Swelling: No
Drainage: No
Odor: No

Assessment

Knowledge deficit related to condition

Plan

Educated on cleaning wound and wound-care treatment as prescribed by providers
Instructed to observe for signs and symptoms of worsening infection condition
Educated to report to medical for worsening symptoms (redness-swelling-drainage-increase in pain-chills-fever)
Patient will experience no further skin breakdown
area cleaned with normal saline without drainage noted.

Electronically Signed by Janet Jackson - RN on 05/23/2021 at 10:12 AM

05/23/2021 - TextNote: Temperature Check - Infrared Thermometer
Provider: Diane Gatling - MA
Location of Care: Correctional Treatment Facility

Vital Signs

Height: 75 in.
Temperature: 96.8 degrees F
(mm Hg)
Patient has no signs or symptoms related to COVID-19.

Electronically Signed by Diane Gatling - MA on 05/23/2021 at 9:26 AM

05/22/2021 - TextNote: Temperature Check - Infrared Thermometer

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TextNote

CHRISTOPHER WORRELL

Male DOB: [REDACTED] 377183

Home: 377183

Provider: Diane Gatling - MA

Location of Care: Correctional Treatment Facility

Vital Signs

Height: 75 in.

Temperature: 97.3 degrees F
(mm Hg)

Patient has no signs or symptoms related to COVID-19.

Electronically Signed by Diane Gatling - MA on 05/22/2021 at 11:05 AM

05/21/2021 - TextNote: Temperature Check - Infrared Thermometer

Provider: Alice Atiemo - LPN

Location of Care: Correctional Treatment Facility

Vital Signs

Height: 75 in.

Temperature: 97.2 degrees F
(mm Hg)

Patient has no signs or symptoms related to COVID-19.

Electronically Signed by Alice Atiemo - LPN on 05/21/2021 at 8:44 PM

05/21/2021 - TextNote: Temperature Check - Infrared Thermometer

Provider: Julia Dorsey - MA

Location of Care: Correctional Treatment Facility

Vital Signs

Height: 75 in.

Temperature: 97.3 degrees F
(mm Hg)

Patient has no signs or symptoms related to COVID-19.

Electronically Signed by Julia Dorsey - MA on 05/21/2021 at 9:49 AM

05/21/2021 - Nursing Note: Nursing Wound Care