APPENDIX

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APPENDIX A

NOT FOR PUBLICATION

FILED

APR 25 2023

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

UNITED STATES OF AMERICA, Plaintiff-Appellee, v. MICHAEL LEE MAC CLEARY, Defendant-Appellant.	No. 21-50240 D.C. No. 3:20-cr-02361-LAB-1 MEMORANDUM*

Appeal from the United States District Court
for the Southern District of California
Larry A. Burns, District Judge, Presiding

Submitted April 21, 2023**
Pasadena, California

Before: WARDLAW and KOH, Circuit Judges, and MCMAHON,*** District Judge.

Michael Lee Mac Cleary pleaded guilty to knowing importation of methamphetamine, in violation of 21 U.S.C. §§ 952 and 960. He was sentenced,

* This disposition is not appropriate for publication and is not precedent except as provided by Ninth Circuit Rule 36-3.

** The panel unanimously concludes this case is suitable for decision without oral argument. *See* Fed. R. App. P. 34(a)(2).

*** The Honorable Colleen McMahon, United States District Judge for the Southern District of New York, sitting by designation.

principally, to a term of 84 months incarceration and a five-year term of supervised release that included—among other conditions—a digital search condition. Alleging procedural and substantive errors in connection with his sentence, Mac Cleary appealed. We have jurisdiction under 28 U.S.C. § 1291, and we affirm.[1]

1. The district court did not procedurally err in its consideration of Mac Cleary's medical condition. Mac Cleary's claim for procedural unreasonableness is reviewed for abuse of discretion.[2] Although Mac Cleary received inadequate medical care for his colostomy bag in the past, the district court's conclusion that he was getting adequate medical treatment in the Bureau of Prisons at the time of sentencing was "plausible, rational, and based on the record; therefore, it [was] not clearly erroneous." *See United States v. Graf*, 610 F.3d 1148, 1158 (9th Cir. 2010) (citing *United States v. Hinkson*, 585 F.3d 1247, 1261 (9th Cir. 2009) (en banc)). In particular, the note in Mac Cleary's medical records concerning his colostomy bag change—which mentions "ineffective health care maintenance"— refers to his

[1] The parties are familiar with the facts of this case, so we include them only as necessary to resolve the appeal.

[2] The government argues that the procedural errors Mac Cleary alleges are subject to plain error review because they were not raised below. *See United States v. Burgum*, 633 F.3d 810, 812 (9th Cir. 2011). However, it appears that Mac Cleary's lawyer did not have a full opportunity to assert her objections, so plain error review is inappropriate. Fed. R. Crim. P. 51(b); *United States v. Martinez*, 850 F.3d 1097, 1100 n.1 (9th Cir. 2017).

previous issues with inadequate medical care but does not mention continued inadequacy.

2. The district court properly considered Mac Cleary's childhood abuse when evaluating the 18 U.S.C. § 3553(a) sentencing factors. The presentence report indicates that Mac Cleary had suffered sexual abuse, which the court expressly recognized in considering Mac Cleary's history and characteristics. Given the nature and seriousness of the offense, Mac Cleary's extensive criminal record, and that his conviction was for the same offense as his previous conviction (only two years prior), the district court did not abuse its discretion by not giving "a lot of weight" to Mac Cleary's abuse as a child. *See United States v. Stoterau*, 524 F.3d 988, 1001–1002 (9th Cir. 2008) (explaining that abuse a defendant suffered as a child, along with other considerations, did not render 151-month sentence unreasonable).

3. The district court did not impose a substantively unreasonable sentence. Mac Cleary's sentence is not "shockingly high," and there is nothing illogical or "otherwise unsupportable" about the district court's 84-month sentence. *See United States v. Ressam*, 679 F.3d 1069, 1088 (9th Cir. 2012) (en banc) (quoting *United States v. Rigas*, 583 F.3d 108, 123 (2d Cir. 2009)); *see also Gallo v. United States*, 552 U.S. 38, 52 (2007) ("[T]hat the appellate court might reasonably have

concluded that a different sentence was appropriate is insufficient to justify reversal of the district court.").

Mac Cleary received a sentence at the low-end of the Sentencing Guidelines. The district court expressly considered the range of sentencing factors, including the nature and seriousness of the offense, as well as Mac Cleary's history and characteristics, and concluded that a within-Guidelines sentence was appropriate. *See United States v. Amezcua-Vasquez*, 567 F.3d 1050, 1055 (9th Cir. 2009) ("[A] Guidelines sentence will usually be reasonable.") (internal quotation marks and citations omitted). The offense was Mac Cleary's sixth felony conviction and the court found that it was part of a "pattern of continuing criminal activity" that was "getting more serious." Mac Cleary attempted to import distributable quantities of methamphetamine twice in a span of two years, and he had not been deterred by a lesser sentence.

4. The computer search condition in Mac Cleary's written judgment is not unlawful. Supervised release conditions are reviewed "deferentially, for abuse of discretion." *United States v. Weber*, 451 F.3d 552, 557 (9th Cir. 2006). Whether a written judgment conflicts with an oral pronouncement of sentence is reviewed de novo. *United States v. Napier*, 463 F.3d 1040, 1042 (9th Cir. 2006). Where a district court's oral pronouncement of sentence is "ambiguous," the written

judgment controls to the extent that it clarifies that ambiguity. *United States v. Munoz-Dela Rosa*, 495 F.2d 253, 256 (9th Cir. 1974).

The district court stated at the hearing that Mac Cleary would be "subject to search of his person, his property, his residence, and his vehicle by the probation officer." The court's written judgement merely clarifies what "property" was subject to search, including not only "residence" and "vehicle" (both of which were mentioned at sentencing), but also "house" and "papers," as well as "computers" and "electronic or digital storage devices." At most, the court's oral pronouncement is ambiguous about whether the word "property," includes computers and digital storage devices. *See United States v. Allen*, 157 F.3d 661, 668 (9th Cir. 1998) ("[An oral sentence] is ambiguous when it is capable of two or more different constructions, both of which are reasonable."). But "where there is an ambiguity in the oral pronouncement of a sentence, [the] unambiguous written judgment controls." *Fenner v. U.S. Parole Com'n*, 251 F.3d 782, 787 (9th Cir. 2001); *see also Green v. United States*, 447 F.2d 987, 987 (9th Cir. 1971) ("That the sentence in writing should be referred to in order to resolve ambiguities in the oral pronouncement is well settled.").

Mac Cleary alternatively argues that the district court erred in imposing the computer search condition because the court did not articulate a nexus between the search condition and the sentencing goals set forth at 18 U.S.C. § 3583(d). "The

law only requires some nexus between the computer search condition and furthering 'the goal of deterrence, protection of the public, or rehabilitation of the offender.'" *United States v. Bare*, 806 F.3d 1011, 1019 (9th Cir. 2015) (quoting *United States v. T.M.*, 330 F.3d 1235, 1240 (9th Cir. 2003)).

The search condition here applies only if "reasonable suspicion exists that the offender has violated a condition of his supervision and that the areas to be searched contain evidence of this violation," and the supervised release conditions are themselves designed to deter the defendant from further criminal conduct, to protect the public, and to encourage defendant's successful rehabilitation. *See United States v. King*, 608 F.3d 1122, 1131 (9th Cir. 2010) (affirming a reasonable-suspicion-based search condition as "reasonably related to protecting the public and preventing recidivism"). Accordingly, the required nexus between the search condition and the goals of probation is satisfied.

AFFIRMED.

APPENDIX B

UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

FILED

JUN 28 2023

MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS

UNITED STATES OF AMERICA, Plaintiff-Appellee, v. MICHAEL LEE MAC CLEARY, Defendant-Appellant.	No. 21-50240 D.C. No. 3:20-cr-02361-LAB-1 Southern District of California, San Diego ORDER

Before: WARDLAW and KOH, Circuit Judges, and MCMAHON,* District Judge.

The panel has unanimously voted to deny the petition for panel rehearing.

The petition for panel rehearing is **DENIED.**

* The Honorable Colleen McMahon, United States District Judge for the Southern District of New York, sitting by designation.

APPENDIX C

UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	No. 20-CR-2361-LAB
	)	
v.	)	November 1, 2021
	)	
MICHAEL LEE MAC CLEARY,	)	12:09 p.m.
	)	
Defendant.	)	San Diego, California
	)	

TRANSCRIPT OF SENTENCING
BEFORE THE HONORABLE LARRY ALAN BURNS
UNITED STATES DISTRICT JUDGE

APPEARANCES:

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Reported by Stenotype, Transcribed by Computer

SAN DIEGO, CALIFORNIA, NOVEMBER 1, 2021, 12:09 P.M.

* * * *

THE CLERK: Calling number 13 on the calendar, 20-CR-2361, United States of America versus Michael Lee Mac Cleary. If counsel could state their appearance, please.

MS. KHAN: Good afternoon, Your Honor. Zainab Khan from Federal Defenders, appearing for Mr. Mac Cleary. I apologize for making the Court wait. I was in with Judge Battaglia arguing motions in limine.

THE COURT: Okay.

MS. CARTER: Good afternoon, Your Honor. Lyndzie Carter on behalf of the United States.

THE COURT: All right. Ms. Carter, good afternoon.

Mr. Mac Cleary is present. Good morning, Mr. Mac Cleary.

THE DEFENDANT: Good morning, sir.

THE COURT: This matter is on for sentencing. Mr. Mac Cleary has pled guilty to importing methamphetamine. One of the things that I've reviewed to prepare for sentencing is a presentence report.

Ms. Khan, did you go over the presentence report with your client.

MS. KHAN: I did, Your Honor.

THE COURT: Here's what else I have looked at and considered. First, a sentencing memorandum, filed on behalf of

the defendant. Attached to that is a letter from Mr. Mac Cleary, which I've looked at, and some medical records. I have reviewed all of those.

The defense sentencing recommendation is contained in their sentencing memo. The government filed a sentencing summary chart, which includes their recommendation. I have looked at that as well.

The defendant's filed objections to the presentence report. And those objections have been responded to by a probation officer in an addendum. So those are the things I've reviewed. Have I failed to mention anything that either side submitted beyond -- beyond what I reviewed?

MS. KHAN: No, Your Honor.

MS. CARTER: No, Your Honor.

THE COURT: Okay. Let me start with the objections.

First are factual objections to paragraphs 7 and 9. Paragraph 7 says that following his arrest, the defendant admitted his involvement in the drug smuggling venture. He started by telling agents he'd been released from county jail in May for a previous smuggling conviction.

He noted he was placed in a hotel upon his release due to the pandemic, included that he was able to extend his stay at the hotel with financial assistance from a family member. And the objection is that looking at the videotape of his post-arrest statement, he didn't state that he was placed in a

hotel upon his release from custody, but instead said he was homeless until he was able to stay at the hotel.

None of that will affect the Court's sentencing discretion on this, whatever the reasons were for him being at the hotel, so I'll resolve that that way.

Paragraph 57 contains another factual objection. And in 57, it's reported that when the defendant was arrested for a previous smuggling offense at the border, that a week before he was arrested for that offense, which was, by the way, August 2nd, 2019, he was involved in a physical altercation with someone in Tijuana, a man.

He stated he had no knowledge that the male was somehow connected to the local cartel. After he -- after the altercation, he was telephonically contacted by the man, told if he wanted to avoid his group from taking revenge, he'd have to unlawfully transport drugs.

The defendant agreed, a taxi cab picked him up, took him to an apartment complex where he was given eight packages which were taped to his legs and groin. The taxi cab driver then sent him to the border. And he admitted he was given 650 Mexican pesos for cab fare and trolley fare. He denied he received a smuggling payment. During fingerprinting, the defendant made an unsolicited statement that he committed the crime for the sole purpose of financial gain.

The objection is that he didn't make an unsolicited

statement that he committed the crime for financial gain. He says he was under duress, so he maintains that. He pled guilty to the offense in state court?

MS. KHAN: Yes, Your Honor.

THE COURT: All right. The Court will rely on the guilty plea, rather than any of the attending circumstances of what the defendant said. The guilty plea, of course, admits that he was criminally liable for the crime of importing drugs into the United States on that occasion.

He was given a 16-month sentence that he served, so that's the way I'll resolve that. I'm happy to hear from you generally, Ms. Khan, on behalf of Mr. Mac Cleary.

MS. KHAN: Yes, of course, Your Honor. Your Honor, I don't think Your Honor addressed some other factual objections made in my first objection. I just wanted to bring them forth, that, you know, he didn't say he intended to transport the drugs to Apple Valley. I reviewed them myself, the post-arrest statement, and I just wanted to make that clear as well.

THE COURT: Oh, okay. Well, let me back up, then. I'm sorry I jumped over that. Let's see. That's paragraph 9. And the defendant explained he intended to smuggle the methamphetamine and transport the drugs to Apple Valley.

What did he say with regard to that?

MS. KHAN: Your Honor, he said that he had heard that someone could sell drugs for more money if sold in northern

California. And that near the end, he reiterated he didn't know where the drugs would be sold.

THE COURT: Okay. There's no objection to paragraph 8, though, right? You didn't list an objection to paragraph 8. In paragraph 8, he says that, once he received the drugs, his friend, Mirabelle, helped him package them, so that he could transport them. He placed the packages on his body himself. Then took a taxi cab to cross the border.

MS. KHAN: No, I don't object to that.

THE COURT: Okay. Well, I'll consider all that in context of 8 and 9 together, and 7, for that matter. But I'll accept your exception that he didn't definitively say he was going to Apple Valley to distribute the drugs.

MS. KHAN: Thank you, Your Honor.

THE COURT: So, Ms. Khan, I'm happy to hear from you, then.

MS. KHAN: Thank you, Your Honor. Your Honor, admittedly, I recognize that some of the circumstances of this case would give the Court pause. Of course, his recent prior and, you know, the circumstances of his arrest. I certainly recognize that. The reason I'm asking for a three-year sentence, Your Honor, is that I do believe that Mr. Mac Cleary has certainly looked at what his actions were in the past two years.

He wrote what I thought was a wonderful letter to the

Court, admitting that -- you know, accepting responsibility for what he did previously, and then what he did in this case.

You know, he -- you know, hadn't -- I think he had a difficult situation occur, and a case resulted state side. And then he, you know, left custody in the middle -- right when the pandemic and everything shut down in March of 2020.

And he wasn't getting his Social Security disability insurance. He was in a lot of pain, he needed health care certainly. I've included a lot of medical records or a summary of the medical records that Mr. Mac Cleary was dealing with.

Mr. Mac Cleary has been dealing with pain all his life. You know, he was in a crane accident about a decade ago, and a crane hit him in his back. It certainly messed up his spine. It provided -- it produced a lot of injuries.

And after that, he sustained a car accident in which, again, he suffered through a lot of injuries for that as well. And then he suffered a gunshot wound to his back as well. I mean, there's been repeated hemorrhaging of his back certainly.

Since then he has had to manage his pain through opioids. And it's been extremely, extremely difficult for him just to live a life of constant pain.

He's also, you know, dealt with a lot growing up. I think Mr. Mac Cleary, you know, when he was younger, he was unfortunately molested at a very young age by a neighbor.

And he -- you know, he acted out in ways when he was

younger that had his parents put him into psychiatric treatment and other things like that. And it took a -- you know, it derailed him from finishing school. He wasn't able to properly deal with those emotions. And then he began working, and then he had this terrible work accident.

And he, unfortunately, also due to his pain, became addicted to methamphetamine. So there's been a lot happening in Mr. Mac Cleary's life that has led him to this point. I will also note, Your Honor, when Mr. Mac Cleary was arrested in this case, I recognize he understood the COVID pandemic was occurring, conditions of confinement were harsh, but, you know, he took this action during a pandemic. I recognize that.

However, he did have a colostomy bag when he entered custody, and it was not properly cared for. So I certainly can recognize, and I know the Court said this in other cases, where our clients, you know, go into custody during the pandemic, having committed a crime during the pandemic, they are aware that conditions will be harsh.

Certainly, I think that there may be some truth to that certainly, but I do think that here, there was a complete lack of medical care. Mr. Mac Cleary has -- his health has just nose dived since he entered custody. And not for purposes of COVID. His colostomy bag was not getting changed. I had to e-mail the marshals multiple times to talk to the facilities to get him new changes to colostomy bags. And he would wake up in

his mess repeatedly. And, you know, the medical records detail how his colostomy bag site became infected, and it led to other symptoms as well.

It ended up becoming that, you know, I really pushed for a surgery to occur for his colostomy bag to be removed. And when that eventually happened months and months later of Mr. Mac Cleary suffering, they did remove it. But then they realized that due to the lack of care that had occurred, it produced other -- other symptoms as well and other illnesses.

He -- you know, I can tell you that I met Mr. Mac Cleary when he was first arrested. And what he looks now, he looks completely different. He has certainly -- you know, he's been in the hospital for months. We've continued this sentencing for several months because he's been in the hospital.

It's my understanding that he has another operation scheduled for April. So I thought -- and Mr. Mac Cleary just really wanted to be sentenced. It's been a very anxious time for him. And he also wanted to, you know, be designated, so that he could go to a medical facility. And it would be a little bit easier than being at the hospital, because they put his legs in handcuffs, his hands in handcuffs the entire time.

He's actually gotten two blood clots in his legs because of that, and he will have to be operated on for that as well. So it's just been a very difficult time for him,

medically speaking. And, Your Honor, I recognize he committed this crime, and that there has to be punishment. And we're asking for three years, which is certainly more than what he did last time. And you know I think the reason that we're asking for that is so that he can, you know, get the care that he needs while in BOP custody, but then also, you know, the after care is not a burden upon the BOP, but instead he uses his Social Security and disability benefits to get the care that he needs, once he's released.

I also included that, you know, he became infected with COVID-19 during this time as well. So there's been a lot that's been happening with Mr. Mac Cleary, in terms of his health. So he's been in custody for about 15 months and 20 days now. You know, there was a very low amount of drugs involved in this case, about 394 grams of methamphetamine was found on his person.

He completed Safety Valve successfully. Due to his health issues and just the things that he's faced in his life, including the sexual abuse at the age of 11, including the loss of his only child. His daughter passed away at the age of three from a SIDS-like incident. And this was extremely devastating to him. And it really ended his partnership with the mother of his deceased child.

And I think it's just been one thing after another. And he certainly hasn't helped himself by engaging in this type

of conduct, but he has certainly -- and when he speaks, it will be clear that he certainly does not want to live the rest of his life in jail.

I think even the crane injury, even the car accident, and everything else that he's been through, the pain management, his current hospitalization has been much worse than what he's ever experienced before.

And it's left upon him that his life is short and he doesn't want to spend it in jail. So he certainly, I think, has been deterred. And that's why we're asking for a 36-month stay, Your Honor.

If you have any other questions, we're happy to answer them.

THE COURT: All right. Thank you, Ms. Khan. Mr. Mac Cleary, what do you have to say on your own behalf this morning?

THE DEFENDANT: I want to get across the part that I don't want to stay in jail. There's a man that's next to me in the same room. He's 68 years old, and they're putting chains and handcuffs on him. I want no part of that.

I -- obviously, I haven't taken advantage of anything that anybody has done for me in the past. And you know what I mean? But I get it. You know, you get more with honey than you do with vinegar, and I've had vinegar my whole life.

I have -- I'm encouraged -- I'd like to tell you that

I want to go to school to learn how to cut hair, while I'm on probation, when I come out. You know, I mean, and be successful, you know, that's -- I'm done.

I mean, you will never see me again. And I get it. You hear that all the time, and they come back to you. There's a 99 percent recidivism rate. But I beat probation last time, because I was in the Feds before. And, you know, 99 percent of the people go back. I was one of four that didn't go back within the first year. 12 years later, I messed up because of the COVID, you know, I thought I could get away with it. I'll be honest. You know what I mean?

And I don't know that -- what I thought success was, but I for sure didn't anticipate staying in jail. And then going to the hospital, and being in the hospital. I've been in there six months, handcuffed to a bed 23 and a half hours a day. And that's real harsh. The food is better, but I mean, I can barely walk.

I'm on this -- one of them walker things. This is the first time I've walked with a cane in six months. I didn't want to come in here in a wheelchair. You know, I left the wheelchair out there, because I'm proud. I just wanted to show that, hey, I'm going to do this, because, for no other reason, that people don't believe that I'll do it. I'm hard-headed like that.

You know, I live in Mexico, because I can't afford to

live in San Diego. That's the God's honest truth. You know what I mean? It's $250 for a one-bedroom apartment right across the border versus $2,000. And I get $950 Social Security. So there's no money there.

And I didn't do the best -- I mean, I made mistakes. I rushed it. I did all kinds of stuff when I could have gotten more money, I think, on my Social Security, but I didn't. I didn't do a lot of things. And I aim to make corrections. And, you know, I get it. Two strikes, and you know, you're on -- I've been warned by Homeland Security that if they catch me again, they're going to whisper in your ear that I don't deserve to come out. And I would agree with that.

THE COURT: Well, let me assure you, they don't contact me or whisper in my ear or anything.

THE DEFENDANT: I'm telling you what they told me.

THE COURT: It sounds like an idle threat that they may have said that.

THE DEFENDANT: It worked.

THE COURT: Okay. Anything else?

THE DEFENDANT: Other than thank you, Ms. Khan, for everything that you've done and said on my behalf. I thank you for that. And anything you could do, you know what I mean, going forward, sir.

THE COURT: All right. Thank you, Mr. Mac Cleary. On behalf of the United States?

MS. CARTER: Thank you, Your Honor. The government isn't recommending minor role in this case. However, we are recommending the minus four Fast Track. He has a significant criminal history, as the Court is aware, spanning from 1984 to 2019, but he did accept responsibility for his offense immediately in the post-arrest. And I believe signed his plea agreement within two months.

We're also recommending the minus two variance for the waiver of indictment. I understand the Court's position as it relates to that. And then ultimately, we are requesting a further variance down to 60 months.

As Ms. Khan had indicated, this is a small amount, 394 grams actual. I recognize that the defendant does have an addiction problem, and has significant medical issues. The government appreciated his letter that he had written. It was -- it came across as very genuine, but given the criminal history that he has, the fact that he committed this offense a month after being released from the state after a smuggling conviction, the government is submitting that a 60-month sentence would be appropriate in his case.

THE COURT: I think it was a little bit longer, wasn't it? He was released in March of 2020, March 23rd, according to the probation report. And he committed this offense in August, so it was a short time, but more than a month.

MS. CARTER: Thank you, Your Honor. That is correct.

So on that, Your Honor, we would submit on our recommendation. We would defer to the Court for any further variances, given the medical outline that the defense counsel has submitted to the Court.

THE COURT: All right. Thank you. The Court finds as follows: The base offense level here is a 32. Because this involved the importation of methamphetamine, two levels are added. As the prosecutor points out, they have not recommended minor role, nor has the defense. I've read the sentencing brief, and there's no argument that's been made.

I don't know that I'm required to address that sua sponte, but given the fact that the defendant had committed a very similar offense in 2019, the year before, I would not be inclined to find minor role in consideration of the 3B factors and his criminal record overall. But, again, I think it's moot. Neither side has recommended minor role here.

The government has recommended Safety Valve. The defendant, under the current guidelines, is not eligible for Safety Valve, so the Court will follow that recommendation, but do so by giving the defendant a variance, rather than correctly -- rather than calculating as part of the guidelines, which would be an incorrect calculation at this point. So we remain at 34.

Three points come off for acceptance, four points comes off for Fast Track. I grant that adjustment and that

departure. So from 34, seven points come off. And this is just -- just the guidelines. Seven points come off. And I find that the defendant's offense level, then, is actually 27, not 25.

He's in criminal history category IV. And these guidelines, I find, are a hundred to 125 months, rather than 84 to 105, as listed in the government's sentencing summary chart.

Turning to the 3553 factors, and keeping in mind the guidelines, the Court first adjusts downward -- varies downward two levels to account for the Fast Track.

I do so because there's now a conflict between the criteria for -- I'm sorry, Fast Track -- Safety Valve. There's now a conflict between the current guidelines and the First Step Act regarding what qualifies for Safety Valve. The defendant would qualify under the latter, but does not qualify under the present iteration of the guidelines, but it seems to me it's a matter of time before that gets corrected.

The Sentencing Commission does not have a quorum at this point, so it can't take that action, but everyone anticipates that it will. In all events, I find that a variance is warranted, because the defendant gave a full account of his involvement. And the record under the Lopez case would not be disqualifying. So that gets us down to 84 to 105 on the guidelines.

I find that this offense is serious, not because of

the amount of drugs involved. As the prosecutor points out, this is -- it kind of pales in comparison to cases that, even this day, I've had. The last one was 86 kilos of methamphetamine. Another one was 54 kilos.

This fellow, you know, compared to them is a piker. But what does set him apart is he's got a long record. I'm told that, well, it's -- you know, a lot of this is due to his addiction, but -- and the addiction was due to his health problems, but the record sort of belies that, in my judgment.

He began committing crimes at 18 years old, and he's now 55. He was arrested in 1984 at age 18. Again, in '88. These were misdemeanor charges.

In 2002, before the onset of these medical problems, he was convicted of possessing methamphetamine as a felony charge, and was given a probationary sentence for that. And that, as far as I can tell from his history and what's self-reported, as well as in the medical records and police report -- I'm sorry, probation report, all of that preceded -- the possession of methamphetamine preceded any addiction to drugs caused by an injury.

2003, again, preceding the onset of the medical problems, he's convicted of delivering methamphetamine. 10 years custody suspended, two years, probation. On and on. Willful injury and causing bodily injury. He pled guilty to a felony. The probation report notes that there were three

victims involved.

2004, an assault. Again, in 2004, this is the federal conviction the defendant alluded to, possession of a firearm by a convicted felon. He did 46 months. As he points out, he did make it through supervised release without being violated.

2010, minor offense, driver's license or something. 2012, he pled guilty to possessing K2 and marijuana, under an ounce. And also some kind of traffic offense.

But by 2019, you know, he's back to serious bad behavior. He's in almost -- well, at least, as far as the actus reus is concerned, very similar circumstances to this crime.

He's in the pedestrian lanes at San Ysidro. He comes by, and he gets caught with 520 grams of methamphetamine strapped to his thigh. And to his groin.

And then he tells this pretty fantastic story about coming to the aid of someone. And then getting a call that, oh, they're going to come after him. And none of that is really explained. And particularly curious in light of what he says about how he was struggling to get by. He 's living in a hotel for 250. I don't know how they reached him. Maybe he had a cell phone or something, but to tell you the truth, Ms. Khan, the whole thing seemed contrived to me.

In all events, without regard to the facts, he pled guilty and he was given 16 months. I note, and according to

the probation report, he only served six months of that.

And I don't know if it was because he was released early, the release date was right at the beginning of the pandemic, March 23rd, 2020. I understand the state court gives halftime credit, but even with that, he was sentenced 9/16/19, and he's out in March, which is about six months. So that's even less than the halftime credits. Halftime on 16 months would be eight months. He did less than that.

And in all events, you've pointed to that as the sentence, and it does not provide a benchmark for me, particularly because the halftime credits, and I don't know the circumstances, but the state court sentences are typically very, very low.

I don't know whether they take into account his criminal history or not. Maybe they do. They used to. When I practiced in state court, criminal history used to be part of the equation in the sentence, but who knows what goes on now.

In all events, I don't consider it a benchmark for the sentence imposed here, which is imposed with consideration of the advisory guidelines and 3553 factors.

In terms of his history and characteristics, I'd note that he does have substantial medical issues. Those are corroborated by the medical reports in this case. And as he points out, up to this point, he's been on a walker. You know, and he obviously needs additional medical attention.

I paid attention as you described his particular problem with the colostomy and the bag, and the bag not being treated correctly. I think that's been resolved at this point. And I do have that in mind as well.

But, at the same time, his criminal history is -- is mixed. I'm sorry, his personal history is mixed. He's had some adversities in life. You mentioned he lost a daughter. And he's 55 years old. I don't know when he was molested, but -- and I don't mean to discount that, but you know, there's been a lot of water under the bridge since that happened as a child. And he's now 55, and been in jail many, many times. So I don't give a lot of weight to that factor. And it's -- it's upsetting and tragic that he lost a child. I have that in mind.

And then I have his physical condition in mind. It's not a fake in any respect. He's not faking any kind of medical condition. He's truly suffered from injuries in the past and accidents and dope addiction.

You know, I note that his purpose here was to cross methamphetamine in order to sell it. He even reiterates that in his personal statement to me. I got 330 grams of crystal, he writes, planned to walk across the border, so I could take it into the U.S. and make some good money.

So he was going to distribute this. It wasn't just a matter of crossing. It wasn't a personal use amount. He

intended to make money off of it. And I suppose in light of what he says about his financial condition, that provides some explanation. But with all respect, Ms. Khan, I don't find that a variance down to 30 months is -- or 36 months is warranted, given his criminal record and the fact that, you know, he did this not a month later, but about three months or four months after he got out, he did the same thing again.

And, you know, the larger picture is, it's just a pattern of continuing criminal conduct. And it's getting more serious. Now he's back in federal court again. And I assume he's here, notwithstanding the small amount, because, you know, they tried by sending him to state court. And he got a fairly lenient sentence. He got six months. And they said, you know, we're not going to do that again. I don't know what their actual reasoning is, but you know, that would make sense to me. So I decline to vary down to 36 months.

The government's asked me to vary down to 60 months. And they point out that, well, he waived his right -- he waived his right to appeal, Speedy Trial Act provisions. As you've noted, Ms. Khan, I've not accepted that justification for a variance before. Let's put this in its proper context. Here's a fellow who was in custody, in custody during the pandemic. He was released in March, right at the beginning of the pandemic, but we knew about it. And he must have known about it.

And, again, I don't know this for sure, but it's possible that his early release from custody -- appears to be early was on account of the pandemic. At the time the pandemic began, here, I was the chief judge. We had over 3,000 people in custody. We made a concerted effort to cull the jail population. We got it down to 1900. Maybe the state court did the same thing. It was a dangerous place to be.

But who knew that best? The defendant. The defendant knew that best. He was in custody with all of these folks. And it was not a place where you wanted to be in close contact during the pandemic. And yet months later, he goes out and subjects himself to being arrested again, with the natural and probable consequence that he would go back to jail, and be back in that same condition.

So for the government to say, well, number one, you know, give him a variance because of COVID. He picked the time, place, and manner to do this. He picked the date of July 15th to do this. Everyone was well aware of the pandemic at that point, particularly the defendant. Particularly the defendant. And yet he did this then.

Second -- no, no, I've heard from you fully, Ms. Khan, I'm not going to revisit this.

Second, the idea that he waived his right to a speedy trial. You know, look, he waived that by pleading guilty. And everyone knows that it's black letter law, Tollett versus

Henderson decided by the Supreme Court in 1973 makes clear that all nonjurisdictional claims, including, in particular, speedy trial claims, are waived when one pleads guilty.

So if he tried to raise that, it would, you know, immediately run up against that legal obstacle. Second -- second, what were we supposed to do? Well, we know that the Ninth Circuit has not said we were supposed to be trying cases in the middle of the pandemic. They decided the Olson case in April. So the idea that he's entitled to some kind of credit because he picked the, you know, onset of the pandemic to commit this offense, and then gave up certain rights, I reject both of those as basis for a variance.

You've asked me to consider his medical condition and his hardships that I've already referred to as a basis for further variance. Now, the guidelines here, even giving him the first variance for Safety Valve are 84 to 105 months. There's nothing, nothing that says that there's a presumption that I have to give the low end of the guidelines. The guideline range is to be considered. And the Court's to consider and weigh the equities that are argued in favor of the defendant, and those that cut against him.

And here, I've done that. You know, if it weren't for the equities, I'd certainly be at 105 months on this case. Even though it's a smaller amount, the defendant's criminal record, and the fact that he'd just done this, and just been

punished before would push me to find that this was an aggravated case.

I am taking into consideration all of the equities that you wrote about, the things that he's mentioned, the things that he said today, including, in particular, his medical condition, which, by the way, he's getting adequate treatment for, I find now in the Bureau of Prisons. But I take that into consideration in setting his sentence within the guidelines. And I find that from 105, they justify setting the sentence at the low end of the range, 84 months.

The Court imposes 84 months. That's to be followed by five years supervised release. The defendant is not to go into Mexico during the period of supervised release. You'll have to reapply or ask for a reconsideration of the amount you get through Social Security if you can't survive here on that.

There may be other forms of aid, but being in Mexico is not a good thing for you. You've proved that twice in the last year by trying to smuggle drugs in.

He's subject to search of his person, his property, his residence, and his vehicle by the probation officer. He must participate in a program of drug and alcohol abuse treatment, including drug testing. The Court sets the testing regimen as three random tests per month for the first year. He's not to have any drugs in his system, including marijuana, no illicit drugs. And he's not to miss any tests without a

good excuse.

If after the first year, he's tested clean, and he's shown up for all the tests, the probation officer will have discretion to reduce or eliminate the drug testing regimen.

He must provide complete disclosure of his personal and financial records. The Court is not going to require him to seek and maintain employment. I assume you're on Social Security disability, right?

THE DEFENDANT: That's correct.

THE COURT: Yeah, so he's not able to work, so I don't order that.

He may reside in a residential reentry center for up to 120 days, once he's released from custody. This is a nonpunitive condition. It's a way to give you a place to get your feet back on the ground, find a place to go live, and not be out on the street while you adjust and assimilate back to society.

I impose no fine. I don't impose a hundred dollar penalty assessment, if the government will remit it. He doesn't look like he's in any condition to work in prison industries.

MS. CARTER: So remitted, Your Honor. Thank you.

THE COURT: So no penalty assessment based on the government's motion. So that's the sentence. Five years supervised release, Mr. Mac Cleary, and 84 months in custody.

You have a right to appeal. You signed a waiver of appeal provision, but it cut off at below the low end of the guidelines at 71 months. And I have obviously imposed a sentence 13 months higher than the appeal.

So if you disagree with the sentence that I have imposed, if you think I made the wrong decision, or I've messed up procedurally, whatever your reasons are, you can appeal. You need to speak to Ms. Khan, and she'll file the papers for you.

But here's what you need to know about the right to appeal. You have 14 days to make your decision and get the paper filed, if that's what you choose to do. Do you understand?

THE DEFENDANT: I do.

THE COURT: If you had one more thing you wanted to say, you can tell me.

MS. KHAN: Please do not discuss any appeals.

THE DEFENDANT: No, no, no. This has nothing --

MS. KHAN: Well, I would rather you not say anything.

THE DEFENDANT: Where my probation is. My probation is, I want to go back home to Omaha.

THE COURT: Okay. You can make that request at the time. You know, if you've done fine in jail, there haven't been problems, I have no problem granting a transfer of supervision to Nebraska.

THE DEFENDANT: Thank you very much. That's where I have cousins at, and you know, people that will take care of me, and I can afford to live.

THE COURT: Okay, good. That sounds like a good plan. And I'll embrace it if the recommendation is made.

MS. KHAN: Your Honor, if I could make two requests. I would ask that he be designated to as close to Omaha as possible.

THE COURT: Okay. The Court will make that request, that he do his time as close to Omaha, Nebraska as possible. What's the other one?

MS. KHAN: I would also request that the Court recommend RDAP.

THE COURT: Yeah, I'll recommend RDAP for him, too. He's got a longstanding drug problem.

MS. KHAN: And the final thing, Your Honor, is that I just wanted to make an objection to the sentence, because there will be an appeal of substantive and procedural defects.

THE COURT: What are the procedural defects? Substance is -- you don't even have to raise that. It's automatically preserved if the sentence is just too long.

What are the procedural problems? What didn't I do that I should have done?

MS. KHAN: Your Honor --

THE COURT: Because we can cure them now. I mean, if

there's really a problem where I just glossed over something or didn't follow what the Ninth Circuit says I need to do. I think the guidelines were correctly calculated. And I think I went through all my reasons. I embraced all your arguments. What procedural problem was there?

MS. KHAN: Your Honor -- I would say, Your Honor, that the criminal history was a little mischaracterized, while the Court was going through it.

THE COURT: How so? How so? I read right from the probation report.

MS. KHAN: I think, Your Honor, there was that one point, where you said that there was a trafficking conviction, where instead it was a possession of methamphetamine conviction. There was also, you know, a lot of his criminal history does not score. It's several years ago. I think the Court didn't properly, you know, look at how many years had gone between the different various --

THE COURT: No, you're wrong about that, Ms. Khan. I went through year by year, and gave the year of each offense to which I was alluding. As far as the trafficking conviction's concerned, he pled guilty, this is page 8, paragraph 40, to delivery of methamphetamine, according to the probation report. Delivery of methamphetamine, possession of controlled substance with intent to deliver while in possession of a firearm. It looks like they dropped the firearm charge.

That's certainly a trafficking charge. Delivery is trafficking. And then, of course, there's a second offense of importing. And then in this case, as I mentioned, you know, he told me in his own letter that his purpose was to traffic in drugs. He was going to sell them in the United States.

So I don't want to belabor this. Do you have any other objections?

MS. KHAN: Yes, Your Honor. I think the Court should have taken -- knowing that Mr. Mac Cleary has been hospitalized at the very beginning of sentencing, I think there should have been some questioning of whether he was in -- he was able to proceed to sentencing.

THE COURT: Able to?

MS. KHAN: Proceed on sentencing.

THE COURT: Today?

MS. KHAN: Yes.

THE COURT: You're saying today?

MS. KHAN: Yes.

THE COURT: Look, Ms. Khan, that's so disingenuous, because I was willing to continue the case. And you told me, no, don't continue the case anymore. He's ready to be brought from the hospital. That's the background here.

MS. KHAN: Yes.

THE COURT: And to say that I should have said, oh, well, he really doesn't want to come, even though he told me he

wants to come. And you told me explicitly in e-mails. And then to raise the idea that I should have questioned that? That's disingenuous on your part, Ms. Khan.

MS. KHAN: No, Your Honor, I mean --

THE COURT: That's enough. That's all. We're in recess.

(The proceedings concluded at 12:49 p.m., November 1, 2021.)

COURT REPORTER'S CERTIFICATE

I, CYNTHIA R. OTT, Official Court Reporter, United States District Court, Southern District of California, do hereby certify that pursuant to 28 U.S.C. §753 the foregoing is a true, complete and correct transcript of the stenographically reported proceedings had in connection with the above-entitled matter and that the transcript page format is in conformance with the regulations of the Judicial Conference of the United States.

DATED at San Diego, California, December 3, 2021.

/s/ CYNTHIA R. OTT
CYNTHIA R. OTT, RDR, CRR

APPENDIX D

DATE	EVENT	RECORD	BATES
11/28/2007	Discharged from hospital in good condition. Pain controlled with meds, advised to wear Aspen collar for three months at all times. Meds: Ranitidine 20mg; Colace 100mg; Percocet 5mg; Bacitracin – topical Spouse- Brenda MacCleary	4	MACCLEARY_0024516
12/5/2007	Scalp stables removed. He is unable to control pain (taking Tylenol, Percocet, Ibuprofen) will try adjusting his meds to obtain better pain control (prescribed OxyContin 30mg every 12 hours -12 tabs; Percocet 5mg-10 tabs; Ibuprofen -30 tabs 800mg). Impressions: neuralgia 2) scapula fracture 3) HTN (hypertension) 4) scalp laceration staple removed	4	MACCLEARY_002520-24
12/27/2007	Admitted to ED in Omaha (lives in Council Bluffs, IA) for cervical spine MRI – mild broad based disc protrusion at C6-C7 fracture MRI shoulder – mild to mod hypertrophic panus involving AC joint w mild impingement upon supraspinatus muscle	4	MACCLEARY_002532-34
1/24/2008	X-ray of spine shows cervical fracture	4	MACCLEARY_002539
6/5/2010	**Admitted to the Creighton Medical Center ED in Omaha, NE (discharged same day). 44 year old, car accident 3 days ago. Driver hit by another car– injured neck, back, right wrist, r foot, and left wrist; headache, neck pain, numbness and weakness. Broke dentures and glasses during accident.** **Past history – chronic pain. Lives with spouse, unemployed. Current meds: ibuprofen 800mg, Lyrica 75mg; Percocet 10mg 4xday; Methadone 10mg 3xday** **Diagnosis: contusion and musculoskeletal strain. Impressions: Radiculopathy LLe (lower left extremity), t strain**	4	MACCLEARY_002541-47

DATE	EVENT	RECORD	BATES
5/25/2012	Admitted to the Creighton Medical Center ED, Omaha NE, for narcotic withdrawal. Experiencing Nausea/ vomiting (15x in 24 hours). Ill-appearing and anxious. Moderate distress; History of abdominal surgery. Methadone pills fell in the sink – sick when doesn't have pills, vomited 3x during assessment; diarrhea on stretcher. Given Dilaudid i/m and Phenergan. Prescription for Percocet 10mg (10tabs) and Phenergan (helps nausea) Current meds: ibuprofen 800mg, Lyrica 75mg; Percocet 10mg 4xday; Methadone 10mg 3xday	4	MACCLEARY_002548-56
3/6/2014	Seen at pain management clinic for f/u and med refills. Complains of right arm cramping. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; displacement of lumbar intervertebral disc without myelopathy Current meds: Oxycodone 10mg 1 4/day; Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Cyclobenzaprine 10mg. Given refills for Percocet and methadone	5	MACCLEARY_002681-82
4/3/2014	Seen at pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; displacement of lumbar intervertebral disc without myelopathy. Current meds: Oxycodone 10mg 4xday; Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Cyclobenzaprine 10mg. Given refills for Percocet and methadone	5	MACCLEARY_002679-80
5/1/2014	Seen at pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy; pain in soft tissues of limb.	5	MACCLEARY_002677-78

DATE	EVENT	RECORD	BATES
	Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Given refills for Percocet and methadone		
5/29/2014	Seen at pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy. Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Given refills for Percocet and methadone	5	MACCLEARY_002675-76
6/26/2014	Seen at pain management for f/u and med refills. Ran out of meds earlier, not tolerating the decrease so well; neck pain with rue radiculopathy Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy. Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Given refills for Percocet and methadone.	5	MACCLEARY_002677-74
8/19/2014	Seen at for pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy; pain in soft tissues of limb. Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Given refills for Percocet and methadone	5	MACCLEARY_002671-72
9/17/2014	Seen at pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy; pain in soft tissues of limb	5	MACCLEARY_002669-70

DATE	EVENT	RECORD	BATES
	Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Given refills for Percocet and methadone		
11/10/2014	Seen at pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy; pain in soft tissues of limb Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Refills for Percocet and methadone	5	MACCLEARY_002667-68
12/9/2014	Seen at pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy; pain in soft tissues of limb. Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Lyrica 100mg. Given refills for all meds.	5	MACCLEARY_002665-66
3/17/2015	Seen at pain management for f/u and med refills. Waiting for primary care to do blood work. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy; pain in soft tissues of limb Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Given refills for Percocet and methadone	5	MACCLEARY_002663-64
5/12/2015	Seen at pain management for f/u and med refills. Med history: arthritis, hep c, HTN. Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar	5	MACCLEARY_002659-60

DATE	EVENT	RECORD	BATES
	intervertebral disc without myelopathy *(protrusion or herniated disc)*; pain in soft tissues of limb Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Given refills for Percocet and methadone		
8/5/2015	Seen at pain management clinic for follow up. Low back pain, radiating down both legs, meds are doing well. Current meds: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 2/day. Given refills for Percocet and methadone	5	MACCLEARY_002657-58
9/8/2015	Seen at pain management for med refill. Patient ran out of methadone for 4 days now, he was out of town so unable to make appt – he's going through what he thinks are withdrawals. Med history: arthritis, hep c, HTN Assessments: other symptoms referable to back; pain in joint, shoulder region; displacement of lumbar intervertebral disc without myelopathy; pain in soft tissues of limb Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002655-56
2/3/2016	**Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity.** **Med history: arthritis, viral hep c, HTN** **Surgical history: Gunshot wound to back** **Assessments: panniculitis *(inflammation bottom layers of skin)* affecting regions of neck and back; lumbosacral *(5 joints, lumbar vertebrae and sacrum region);* other intervertebral disc displacement *(herniated disc)*,**	5	MACCLEARY_002652-54

DATE	EVENT	RECORD	BATES
	lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)		
3/30/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002649-51
4/27/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg 30 tabs	5	MACCLEARY_002646-48
5/25/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002643-45
6/20/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity.	5	MACCLEARY_002640-42

DATE	EVENT	RECORD	BATES
	Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)		
7/20/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs) Ibuprofen 800mg, 60 tabs	5	MACCLEARY_002637-39
8/17/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002634-36
9/14/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement,	5	MACCLEARY_002631-33

DATE	EVENT	RECORD	BATES
	lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)		
10/12/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002628-30
11/15/2016	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002625-27
12/14/2016	Seen at pain management for med refill. Pain rated 9/10 – intensified by cold weather. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002623-24
1/17/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN	5	MACCLEARY_002620-22

DATE	EVENT	RECORD	BATES
	Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)		
2/15/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002617-19
3/21/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002614-16
4/25/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs) Ibuprofen 800mg, 60tabs	5	MACCLEARY_002611-13

DATE	EVENT	RECORD	BATES
5/23/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002608-10
6/24/2017	Pain clinic does a Tox Screen - Results positive for THC, Methadone and Percocet	5	MACCLEARY_002697-99
8/2/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002605-07
9/6/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002602-04
10/4/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN	5	MACCLEARY_002599-01

DATE	EVENT	RECORD	BATES
	Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)		
11/8/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs)	5	MACCLEARY_002596-98
12/19/2017	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002593-95
1/17/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Stopped marijuana 1/2/2018. Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (2 tabs every 8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002590-92
1/17/2018	Tox Screen for pain management clinic. Positive for THC, Hydrocodone, Hydromorphone, Dihydrocodeine, Norhydrone, Oxycodone, Methadone, EDDP, Acetaminophen	5	MACCLEARY_002693-96

DATE	EVENT	RECORD	BATES
3/6/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Stretched out medications due to being late. Med history: arthritis, viral hep c, HTN Surgical history: Gunshot wound to back Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 90tabs); Methadone 10mg (1-2/8hours, 90tabs); Ibuprofen 800mg	5	MACCLEARY_002587-89
3/6/2018	Tox Screen for pain management clinic. Positive for THC, Methadone, EDDP, Naproxen, Diphenhydramine	5	MACCLEARY_002690-92
3/20/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002583-85
3/20/2018	Tox Screen for pain management: Pos for THC, Oxycodon, Oxymorphone, Noroxycodone Methadone, EDDP, Acetaminophen	5	MACCLEARY_002687-89
4/24/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002580-82
5/22/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity.	5	MACCLEARY_002577-79

DATE	EVENT	RECORD	BATES
	Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg		
5/22/2018	Tox Screen for pain management clinic: Pos for THC, Oxycodon, Oxymorphone, Noroxycodone Methadone, EDDP, Acetaminophen	5	MACCLEARY_002683-86
6/19/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002574-76
7/7/2018	**Admitted to hospital for sigmoid perforation (page 1896)** ***[colon perforation is a puncture, cut, or tear in the wall of the colon (large intestine). Can cause air and intestinal material to leak into the abdomen.]*** **CT Abdomen & pelvis:** **1. Perforated viscus & associated findings as described. The site of perforation may lie in the sigmorectal junction.** **2. Other findings - Significant hepatic fatty infiltration. Secondary enteritis with probable inflammatory changes noted. Adrenal gland enlargement.** **Findings: Perforated viscus with free air and complex moderate ascites.** **Descending colon and sigmoid colon has moderate wall thickening.**	9	SCRIPPS_Page 764-765

DATE	EVENT	RECORD	BATES
	Large amount of stool with some liquid materials in the colon. The sigmorectal junction may be site of perforation with unusual sinus track right laterally. Mid small bowel mild to moderate wall thickening and inflammatory changes are present **The lower lungs have atelectasis without large consolidations.** **Significant hepatic fatty infiltration. Pancreatic fatty atrophy.** **Moderate diffuse left adrenal gland enlargement and mild right adrenal gland enlargement. Mild prostatic enlargement with minor dystrophic calcifications. Small hiatal hernia. Mild atherosclerosis.**		
7/8/2018	**Received patient from OR (page 137]). Intubated to vent, sedated. Sedated on fentanyl and ketamine drip (page 48)** **Stoma pinkish w minimal bloody secretion in colostomy bag (page 33)** **Post ex lap and colostomy. Mid abdomen incision stapled half up and lower half of incision open with gauze packing (page 36)** **Preoperative diagnosis: perforated intestine (page 119)** **Post op diagnosis: perforated recto sigmoid colon.** **Procedures: Partial colectomy with end colostomy *(removing part of colon but not rectum)*** **Mobilization of the splenic flexure for partial colectomy**	9	SCRIPPS_Page 22
7/8/2018	Case Manager notes. History: Hep C, chronic shoulder pain/goes to methadone clinic, gunshot wound/exploratory abdominal surgery in	9	SCRIPPS_Page 2225

DATE	EVENT	RECORD	BATES
	2010. Admitted with sigmoid perforation after a week of constipation and either enema or colonoscopy In Mexico. OR (operating room) for partial colectomy and end colostomy, now sedated and on ventilator. No family has been here with patient. Will await change in patient's level of consciousness for full assessment.		
7/9/2018	Hospitalized at Scripps Mercy – here for wound vac placement in abdomen. No drain for now, JP and colostomy intact. Assist with locating family.	9	SCRIPPS_Page 12; Page 31
7/12/2018	Restless and delirious – given Haldol. CT scan of head w/out contrast – No CT evidence of acute intracranial abnormality. History: Sigmoid colon perforation. Encephalopathic	9	SCRIPPS_Page 59 & Page 2391
7/13/2018	Abdomen Ultrasound - No definite abdominal pathology identified on sonogram. No biliary obstruction identified.	9	SCRIPPS_Page 2411
7/14/2018	Needs restraints bc keeps pulling feeding tube out and pulling gown off	9	SCRIPPS_Page 309
7/15/2018	Came to hospital with severe abdominal pain over last 6 days; constipated, water enema in TJ (lives in Mexico). Continued pain. Abdominal surgery for GSW in abdomen, Nebraska 2010 (this is actually a MVA, not a GSW – don't seem to have the GSW records) History: 1. HEP C (accdg to patient) 2. Chronic pain, shoulder injury, motorcycle accident – methadone from pain clinic 3. Denied Diabetes mellitus Assessment: 1. perforated viscus sigmoid/rectal junction area 2. Hx of constipation, r/u iatrogenic perforation 3. Anion gab metabolic acidosis, secondary to perforated viscus 4. Sepsis secondary to perforated viscus and acute abdomen	9	SCRIPPS_Page 403

DATE	EVENT	RECORD	BATES
7/16/2018	Pain controlled with methadone 40mg and oxy before wound vac change HEP C, GSW hx, chronic pain (page 150) Discharge planning - patient lives alone and does not have support; never been to a SNF before (skilled nursing facility). (page 174) Was living in a trailer in Mexico, but recently sold it and has no place to go (page 219)	9	SCRIPPS_Page 15
7/17/2018	**Re Eval due to surgical debridement of wound.** **Dx: Sigmoid perforation** ***Debridement - removal, thoroughly cleaning the wound and removing all hyperkeratotic (thickened skin or callus), infected, and nonviable (necrotic or dead) tissue, foreign debris, and residual material from dressings***	9	SCRIPPS_Page 1846
7/18/2018	Social worker notes: Pt endorses symptoms associated with anxiety, depression or PTSD. Pt believes he suffers from PTSD following work accident - beam fell killing seven of his coworkers and severely injuring him. Denied family history of mental illness as well as any current or previous SI/ HI. Provided outpatient mental health resources including Family Health Centers and Access and Crisis Line for outpatient follow up. Pt lives alone in SSH located in Tijuana, Mexico.	9	SCRIPPS_Page 538-539

DATE	EVENT	RECORD	BATES
	SW provided extensive emotional support and supportive counseling as pt discussed "near death" experience of sigmoid perforation caused by negligent medical care in Mexico.		
7/19/2018	**Surgery performed 1) partial colectomy with end colostomy 2) Mobilization of the splenic flexure for partial colectomy** **Pre Op diagnosis: perforated intestine** **Post op diagnosis: perforated rectosigmoid colon** ***Perforation of rectum or sigmoid -not uncommon and can occur in any age group. Rectosigmoid colon is characterized by inadequate blood supply and high pressure due to less caliber which is the rationale behind perforation of the distal part of the colon***	9	SCRIPPS_Page 527
7/21/2018	**CT scan of abdomen/pelvis showed left capsular hematoma and possible PE at the right lower lobe. CT angiogram and venous doppler. Another surgical intervention pending doctor's recommendation.** **Findings:** **1. Bilateral pyelonephritis *(infection of kidney)* with no hydronephrosis or urinary tract calculi.** **2. Moderate consolidation left lower lobe possibly from pneumonia and aspiration. Moderate left pleural effusion.** **3. Fat stranding throughout the small bowel mesentery, greater omentum from recent bowel perforation with postsurgical change. Persistent peritonitis possible.**	9	SCRIPPS_Page 1775 & Page 2486]

DATE	EVENT	RECORD	BATES
	4. Large left perisplenic fluid collection with rim enhancement. Probably subcapsular given the mass effect on the spleen. No active bleed. Most likely from a subacute subcapsular hematoma. Superinfection is possible. **5. Status post recent Hartmann procedure with surgical drain. No abnormal fluid collections identified adjacent to the surgical drain. Thickening of rectum, distal colon probably from mild colitis, proctitis.** **6. Small bowel ileus.** **7. Metallic shrapnel in the spine.** **8. Possible pulmonary embolism at the right lower lobe. Consider CT angiogram of the chest for evaluation.** **9. Findings of possible pulmonary embolism *(blood clot)*, perisplenic hematoma, pyelonephritis**		
7/21/2018	**CT Angio Chest Impressions:** **1. Acute moderate bilateral pulmonary emboli. No pulmonary artery hypertension or right heart strain.** **2. Moderate to severe consolidation left lower lobe with air bronchograms from pneumonia or aspiration. Adjacent moderate pleural effusion. Patchy mild pneumonia right upper lobe.** **3. Moderate thickening of the distal esophagus could be from esophagitis.**		SCRIPPS_Page 2506 - 2508

DATE	EVENT	RECORD	BATES
	4. Metallic foreign body (shrapnel) embedded in the posterior elements at T11-T12. MRI is contraindicated. Old fracture deformity right scapula.		
7/22/2018	Surgical wound mid abdomen connected to wound vac. Colostomy at left abdomen JP Drain at right abdomen. S/P prior to admit at left buttock VU Venous Duplex Lower Ext: Negative for deep vein thrombosis in both lower extremities [page 2524]	9	SCRIPPS_Page 13
7/25/2018	Pt on flagyl PO, wound vac still present to abdominal wound. RLQ JP drain in place, dressing changed.	9	SCRIPPS_Page 1577
7/26/2018	Closure of abdominal wound on Friday. Going to Skilled nursing facility - Windsor Gardens San Diego. Friend Andres plans to cross border and pick him up after rehab done	9	SCRIPPS_Page 290
7/29/2018	Ready to transfer to Windsor Gardens Chest x-rays: Improving but persistent patchy left basilar consolidation with small left pleural effusion.[page 2585]	9	SCRIPPS_Page 425
9/26/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity. Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002571-73
10/23/2018	Seen at pain management for med refill. Sore all over, achy muscles; can't get up	5	MACCLEARY_002566-70

DATE	EVENT	RECORD	BATES
	Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg		
11/20/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002565-67
12/19/2018	Seen at pain management for med refill. Pain present, but meds take edge of & allow daily activity Assessments: panniculitis affecting regions of neck and back; lumbosacral region; other intervertebral disc displacement, lumbosacral region. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg	5	MACCLEARY_002559-64
1/22/2019	Seen at pain management clinic for med refills. Pain still present – meds take edge off. Refill: Percocet 10mg (1tab every 4hours, 180tabs); Methadone 10mg (1-2/8hours, 150tabs); Ibuprofen 800mg *last date of these records*	5	MACCLEARY_002559-61
3/11/2019	Prehospital admission. Chief complaint: medication refill, generalized body pain. In July 2017 – major trauma victim – multiple bone fractures and colostomy bag placed. Crossing border bc he resides in TJ to seek attention and get pain meds refilled. Requesting non emergent transportation assistance to hospital –they pick him up	8	EMR_Page 588

DATE	EVENT	RECORD	BATES
3/12/2019	**Admitted at Scripps Chula Vista ED via ambulance for abdominal pain (discharged same day). Started over a week ago, chronic, nauseated, sharp off and on pain in LLQ.** **53 yo male w extensive abdominal history of colonic perforation and colostomy. Chronic abdominal pain slightly worse of the last couple of days. Increased output in the colostomy & complaining of double vision (intermittent but concerning) since an auto versus pedestrian accident in March. Came across the border today for pain management as he has run out of his pain medicines. (Pg 567)** **Past medical: Rectosigmoid colonic perforation status post colectomy** **Bilateral pulmonary emboli status post IVC filter;** **Anemia of chronic disease;** **Chronic pain from abdomen;** **shoulder pain from motor vehicle accident – on methadone from clinic in Apple Valley.** **Morphine injection 2mg.**	8	EMR_Page 557-589
3/12/2019	CT Head without contrast at Scripps. History: head trauma, headache, double vision. Findings: no acute infarct; no intracranial hemorrhage. Other findings: ventricles are mildly enlarged -probably from normal variation. Sulci are within normal limits. Brain parenchyma is unremarkable. vascular structures - normal limits for age. Midline structures - normal limits. Paranasal sinuses show mild mucosal thickening of the ethmoid air cells. Bony structures - normal limits for age.	8	EMR_Page 553-554

DATE	EVENT	RECORD	BATES
	Soft tissues show high density in the external auditory canals consistent with cerumen.		
9/28/2019	At Scripps Health Liberty Station – needs flu vaccine	8	EMR_Page 549-552
8/24/2020	Referral from ICE to Alvarado Radiology – fell during "Mexican basketball play" about a week ago. Pain in right elbow – requesting x-ray	1	MACCLEARY_001842
9/1/2020	At Scripps Health Express Solana Beach – needs flu vaccine	8	EMR_Page 544-548
9/11/2020	Medical wound follow up – scheduled colostomy bag change 9/10/20. Stoma normal appearing – no medical concerns Change colostomy bag every 2 weeks Meds: amlodipine 10mg Atorvastatin calcium 20 mg Colace 100mg Ibuprofen 600mg Lisinopril 10mg	3	MACCLEARY_002313
9/13/2020	Colostomy bag changed. Stoma appears normal with no sign of infection. Return in 2 days	3	MACCLEARY_002450
10/15/2020	Initial Intake Screening – arrived with negative TB Weight: 239 Height: 6'1 Alcohol withdrawal in June 2020 Pain from accident injuries, 11/26/2007 Chronic generalized pain	3	MACCLEARY_002325-32

DATE	EVENT	RECORD	BATES
	Meds: amlodipine 10mg Atorvastatin calcium 20 mg Colace 100mg Ibuprofen 600mg Lisinopril 10mg Reports history of ADD/ADHD		
10/15/2020	NEGATIVE COVID-19 test	1	MACCLEARY_001887
10/15/2020	Urgent mental health appt for 10/16- reports inability to sleep due to PTSD r/t accident in 2007	3	MACCLEARY_002312
10/16/2020	Health appraisal: Complaints - pain right shoulder, back, neck, arms. Impaired vision; Muscle, joint pain Drug & alcohol: Alcohol – 1 pint/day for 2mos; tobacco daily for 35 years, last used 3/23/20; marijuana 40 daily, last used 7/11/20 Mother & Father – deceased; Brother – unknown Medical/surgeries: HTN, HCV since 2007 – never treated, no IV drug use. 7/2018 colostomy r/t GSW- got sick in hospital (Dr Sue at Sharp CV); 2007 – hit by crane, c6-c7 sheared off end bone, torn brachial plexus, shattered scapula, broken left foot, 4 toes and right foot, BL hands broken 54 yo, healthy appearing, with colostomy in place to LLQ, tattoos generalized; LROM (limited range of motion) to left arm Problem list: colostomy care, colostomy present; S/P partial colectomy; Hypertension benign Housing: lower bunk, job limited, and program	3	MACCLEARY_002329-32 & MACCLEARY_002453--55

DATE	EVENT	RECORD	BATES
10/16/2020	Cardiac chronic care: Conditions - Hypertensive since 2007; Dyslipidemia since 2007; S/P colostomy Intolerant diet; Hospitalizations: GSW Obese w colostomy mid abdomen – weight: 237.4lbs. BP: 114/63 Recommended diet for health; daily exercise Medications: Amlodipine 10mg atorvastatin calcium 20mg Lisinopril 10mg Ibuprofen 600mg Tylenol extra strength Ran out of meds for 3wks for HTN – got meds 2 days ago	3	MACCLEARY_002319-22
10/16/2020	All over body pain from old crane injury. Pain 8 out of 10	3	MACCLEARY_002342
10/17/2020	Colostomy bag changed	3	MACCLEARY_002310
10/18/2020	Colostomy bag changed at request. Wants to speak directly to medical director re renewing chronos Meds: amlodipine 10mg Atorvastatin calcium 20 mg Colace 100mg Ibuprofen 600mg Lisinopril 10mg Tylenol extra strength 500mg	3	MACCLEARY_002308-09
10/18/2020	NEGATIVE COVID-19 test	3	MACCLEARY_002397

DATE	EVENT	RECORD	BATES
10/19/2020	Mental Health – no current or past mental health symptoms. Drug abuse/dependence – alcohol & cigarettes	3	MACCLEARY_002346-47
10/19/2020	Requesting cotton blanket – wool allergy. Colostomy and wants ABD binder to support his ABD (unsure what this is)	3	MACCLEARY_002306-07
10/22/2020	Colostomy bag changed at patients request; requesting renewal of chronos Abdomen – non distended, hyperactive bowel sounds	3	MACCLEARY_002305
10/23/2020	**COVID-19 test Positive results**	1	MACCLEARY_001887
10/26/2020	Stoma bag change is due tomorrow Assessment: ineffective healthcare management	3	MACCLEARY_002304
10/27/2020	Requesting blanket chrono – hasn't had one since coming back from Arizona – approved	3	MACCLEARY_002303
10/29/2020	**Asked about dressing changes (s/p partial colectomy); should be getting dressing changes every two days – but hasn't received dressing supplies for three days (10/25/20). Doesn't get all the supplies he needs. Housing unit in quarantine - supplies brought to housing** **Scheduled for dressing changes M, W, F**	3	MACCLEARY_002301-02
11/1/2020	**Issues sleeping, feeling run down. Colostomy not changed since Thursday and needs to be changed every 2 days – bruise on right ring finger** **Meds:** **amlodipine 10mg** **Atorvastatin calcium 20 mg** **Colace 100mg** **Ibuprofen 600mg** **Lisinopril 10mg**	3	MACCLEARY_002299

DATE	EVENT	RECORD	BATES
	Tylenol extra strength 500mg		
11/2/2020	Right 4th finger – proximal interphalangeal joint slightly red purplish – assured may have tiny vascular rapture and might get bruises that'll resolve	3	MACCLEARY_002297-98
11/3/2020	**F/u for COVID recovery – c/o headache, loss of smell, cough, loss of taste, body aches, malaise – not recovered**	3	MACCLEARY_002295-96
11/3/2020	**c/o headache, loss of smell, cough – thick white sputum; loss of taste; body aches and malaise. Patient appears unkempt**	3	MACCLEARY_002295
11/4/2020	**F/u for COVID positive – intermittent loss of smell, taste, fatigue – return to housing unit tomorrow; observed doing tricep dips**	3	MACCLEARY_002293
11/5/2020	F/u for COVID positive – reports feeling fine. Recovered	3	MACCLEARY_002291-92
11/9/2020	(had) Positive COVID test– seen for medical clearance; housed in quarantine; loss of taste, regained smell – patient stable /recovered from COVID-19	3	MACCLEARY_002288
11/12/2020	Complaints of RLS (restless leg syndrome) with inability to sleep – feels like running in sleep; the cold aggravates	3	MACCLEARY_002287
11/13/2020	Complains about diet– wants to cont. on the allergy/intolerant diet	3	MACCLEARY_002285
11/15/2020	Unable to sleep at night – RLS, kicks and moves; requesting colostomy supplies	3	MACCLEARY_002284
11/16/2020	Colostomy bag supplies	3	MACCLEARY_002283
11/19/2020	Missing all teeth except #21-29 (extract 29-26)	3	MACCLEARY_002361-62
11/20/2020	Given Colostomy supplies	3	MACCLEARY_002281

DATE	EVENT	RECORD	BATES
11/23/2020	Complains about RLS and his diet intolerance bc of GERD. He didn't receive correct diet this am. Colostomy changed during visit. 1) RLS 2) GERD 3) Colostomy care Start Mirapex .125mg Meds: amlodipine 10mg Atorvastatin calcium 20 mg Colace 100mg Flucelvax 05ml injection Ibuprofen 600mg Lisinopril 10mg Magox 400mg Tylenol extra strength 500mg	3	MACCLEARY_002279-80
11/24/2020	Dental - Teeth extracted - #26-29	3	MACCLEARY_002356-57
11/28/2020	**Other skin conditions: Both legs are swollen and red – onset 10 days ago** **BP: 136/74. Weight: 248.8. Discolorations in skin – pink, warm to touch.** **Plan – elevate legs, sick call if swelling and pain doesn't decrease. F/U on 11/30/20. F/U with Thompson on 11/30**	3	MACCLEARY_002338-41
11/29/2020	Chest x-ray – hazy opacity in lef lower lobe, could be atelectasis, scarring, promint paracardiac fat pad or pneumonia	3	MACCLEARY_002414
11/30/2020	Seen for c/o tooth pain; swelling/redness improved from water pill; colostomy site irritation from old adhesive. Meds: Furosemide 20mg	3	MACCLEARY_002276-77
12/1/2020	Notified about COVID test result	3	MACCLEARY_002300
12/5/2020	Signed up for water pills	3	MACCLEARY_002272

DATE	EVENT	RECORD	BATES
12/07/2020	**Reports pain at colostomy site – started on weds after changing bag pain 8/10; sharp radiating from outer colostomy to stoma. Site is "angry red" stoma growing in size. Taking Ibuprofen 500m, but not helping**	3	MACCLEARY_002258
12/10/2020	Requesting meds for RLS. He's cold and requests an extra blanket	3	MACCLEARY_002270
12/16/2021	Meds for RLS not working. RLS started 1 ½ years ago after he quit taking methadone	3	MACCLEARY_002267
12/17/2020	Needs something diff for RLS, asks for lotion for dry legs/flakey skin. Given A&D ointment	3	MACCLEARY_002265
12/18/2020	Requesting eye glasses; agitated that others have received glasses, he still hasn't and he's requested three times. Informed he did not meet criteria to receive eye glasses. Provided with colostomy bag supplies	3	MACCLEARY_002262
12/25/2020	Seen for stoma bag and flange change. Supplies provided to patient. Stoma paste not in stock; stoma site in poor condition, surface of skin eroded back 10 cm around opening and oozing fluid; unwilling to change stoma care techniques. Noted that he ripped the wafer (part of the appliance that goes against the skin and has a hole that fits around your stoma) with fingers to make to opening, then used medipore and paper tape to adhere stoma wafer to abdomen; patient expressed dissatisfaction with stoma supplies.	3	MACCLEARY_002259
12/28/2020	**Pain at colostomy site for past 10 days – lower abdomen; increased severity in past three days. Sharp, radiating pain through left abdomen increased in size. Requesting additional ostomy bag supplies – asks for supplies that will decrease irritation at ostomy site; changes dressing 3x/week. Experiencing similar abdomen pain resulted in**	3	MACCLEARY_002256

DATE	EVENT	RECORD	BATES
	hospitalization – polypectomy scheduled then deferred due to Covid		
12/29/2021	X-ray of abdomen – nonspecific bowel gas pattern; mild constipation	3	MACCLEARY_002255; MACCLEARY_002412
1/2/2021	**Skin irritation and leaking from colostomy bag after using the new bag supply. Requesting thicker ostomy bag which didn't' break or as difficult to keep intact. Supplied with extra bags**	3	MACCLEARY_002252
1/4/2021	**Seen for RLS. C/O sharp pain around colostomy site/radiating pain in middle of colostomy; lower abdomen swollen/distended; been swollen for 1 ½ months; abdomen is bloated and swollen around colostomy.** **Colostomy only supposed to be temporary until Jan 2019- but arrested and incarcerated. Saw a GI surgeon in Jan 2020 – Sharp to Tri City Vista hospital. Colonoscopy in Jan 2020 – multiple polyps detected – then sent back to George Bailey- not seen a GI specialist since** **Changed own bag. Mirapex changed from 1 to 2 tabs at night**	3	MACCLEARY_002250-51
1/5/2021	**Reports current colostomy bags are falling off and he's running out of supplies; he has no backing for the bags which is why they keep falling. Asks for a blanket bc he's cold.**	3	MACCLEARY_002247
1/8/2021	Macerated skin noticed around the stoma – resistant to teaching & would enlarge the circumference of properly cut stoma.	3	MACCLEARY_002245
1/7/2021	**Requesting help with colostomy change, "my bag is leaking" and can't do it by himself, medical says they can pass supplies through the food port. Patient refused stating he**	3	MACCLEARY_002246

DATE	EVENT	RECORD	BATES
	needs help. Pod is currently on lockdown – security says unsafe and not an option to bring patient out		
1/11/2021	Requesting furosemide – helpful for lower leg edema. Discontinued bc he'd refused meds several times. Noticed leg swelling so re ordered	3	MACCLEARY_002243
1/13/2021	COVID-19 – negative test	3	MACCLEARY_002404
1/21/2021	Refusing medical – he wants to get colostomy bag changed later	3	MACCLEARY_002417
1/25/2021	COVID-19 – negative test	3	MACCLEARY_002402
1/26/2021	Follow up on restless leg syndrome. Medication increased but now getting RLS during the day	3	MACCLEARY_002238
1/27/2021	**Evaluated at Chula Vista Emergency Room - parastomal hernia detected**	1	MACCLEARY_001158
1/28/2021	**Admitted to ED. 55 yo seen at Alvarado Hospital for pain and swelling at colostomy site. Emergency colonic surgery in 2018 & colostomy bag placed – does not recollect the nature of surgery or why it was done. Believes he was living in Mexico and brought emergency to San Diego – states surgery at Sharp Hospital, but no records found.** **Patient underwent colonoscopy in Jan 2020 – multiple polyps found. Scheduled for takedown of colostomy but canceled due to Covid.** **Evaluated on 1/27/21 – parastomal hernia. Medical history: restless leg; hypertension; hyperlipidemia. Surgery: emergency colostomy 2018.** **Social history: smoking history**	1	MACCLEARY_001158-1161 (copy in record set 3 MACCLEARY_002374-77)

DATE	EVENT	RECORD	BATES
	Meds: amlodipine 10mg; Atorvastatin 20 mg daily; Colace 100 mg daily; Ibuprofen prn; Lisinopril 10 mg daily; Mirapex 0.125 mg daily; Tylenol prn **Also seen at Tri City – trying to get those records** **Plan: requires surgery bc large parastomal hernia; probable colostomy takedown at same time**		
1/28/2021	Patient returned from offsite, no injuries, no signs of pain	3	MACCLEARY_002237
1/29/2021	Restless leg syndrome – meds help at night, getting RLS during day. Changed meds – Mirapex am / pm; pramipexole dihydrochloride am / pm	3	MACCLEARY_002236
2/1/2021	Reddened left extremity with few scabs – leg cramp kept awake.	3	MACCLEARY_002231
2/1/2021	**Requesting plastic chair to help with chronic back pain; lower leg swelling – doctor won't assign personal chair**	3	MACCLEARY_002223
2/2/2021	COVID-19 – negative test	1	MACCLEARY_001887
2/2/2021	f/u lower leg swelling 3-4 mos; mild erythema, redness with pitting edema in both lower legs; skin scratches w dry blood and mile erythema around left lower leg; takes amlodipine for BP control can cause edema – will prescribe topical abx to prevent skin infection	3	MACCLEARY_002229
2/2/2021	COVID-19 – negative test	3	MACCLEARY_002401
2/9/2021	COVID-19 – negative test	3	MACCLEARY_002400
2/11/2021	Asks for Covid vaccine	3	MACCLEARY_002227

DATE	EVENT	RECORD	BATES
2/16/2021	Refused to come down and change bag or sign refusal form	3	MACCLEARY_002242
2/16/2021	Colostomy bag change – small polyp present on right side of stoma; site is red and intact; bag changed by patient	3	MACCLEARY_002249
2/16/2021	COVID-19 – negative test	3	MACCLEARY_002399
2/17/2021	**Colostomy bag leaks – leaks all over clothes, underwear, uniform – needs supplies**	3	MACCLEARY_002224
2/18/2021	Needs to drain out ear – ear lavage 10 years ago worked great	3	MACCLEARY_002223
2/19/2021	**Colostomy bag leaking and soiling his clothes, distressing bc of contents on clothing; ear lavage – profuse wax drainage from both ears, decreased hearing**	3	MACCLEARY_002221
2/23/2021	COVID-19 – negative test	3	MACCLEARY_002426
3/3/2021	COVID-19 – negative test	3	MACCLEARY_002391
3/9/2021	COVID-19 – negative test	3	MACCLEARY_002398
3/13/2021	**Seen for puss draining from leg for 8 days, "need my bags Monday, wed, Friday."**	3	MACCLEARY_002215-2216
3/14/2021	Seen for superficial skin tear left shin – seen for wound care - dressing changed	3	MACCLEARY_002213-2214
3/15/2021	COVID-19 – negative test	3	MACCLEARY_002389
3/17/2021	**Offsite referral to general surgery for colonic reanstomosis per consult**	1	MACCLEARY_001845

DATE	EVENT	RECORD	BATES
3/17/2021	**Presents with history of gunshot wound to abdomen status post laparotomy with partial colectomy and descending colostomy. Patient underwent colonoscopy and evaluation of rectal stump. Patient is now requesting reversal of his colostomy.** **Past surgery: laparotomy w Hartman's procedure** **Family history: father - lung cancer, mother – cancer** **Morbid obesity** **Diabetes mellitus** **hyperlipidemia** **Substance abuse in remission; incarcerated** **Dental - only four or five teeth left on lower** **Past neck injury** **Stasis dermatitis from ankles down**	1	MACCLEARY_001162-1165 [also located in record set 3, MACCLEARY_002371-73]
3/19/2021	**Presents offsite for surgery consult 2 days ago for ostomy closure and hernia repair. Ostomy placed after 2018 GSW – doesn't know any details just woke up with ostomy bag. Incarceration delayed treatment of temporary colostomy. Not confirmed by records yet, patient good historian**	3	MACCLEARY_002208
3/19/2021	**Seen at housing unit for restless leg syndrome- not better with Mirapex; unable to sleep at night bc of RLS, wakes 6+ times a night. C/O leg edema and open sores spontaneously appear on left leg. Increased dosage of Mirapex**	3	MACCLEARY_002210-2211
3/24/2021	Seen for colostomy bag change.	3	MACCLEARY_002206
4/3/2021	Seen for colostomy bag change & rash on both knees (poss from laundry) putting hydrocortisone cream but not helping	1	MACCLEARY_002203
4/8/2021	Cardiac chronic care –	3	MACCLEARY_002314-18

DATE	EVENT	RECORD	BATES
	Hypertensive since 2007 Dyslipidemic since 2007 Chronic diseases: colostomy status, trauma, chronic pain Intolerant diet Hospitalizations: GSW, trauma Obese w colostomy mid abdomen – weight: 277 Cholesterol 143 (1/5/21) Abnormal EKG found on 11/18/2021 Covid-19 vaccination when available. Medications: Amlodipine 10mg atorvastatin calcium 20mg Loratadine 10mg Lisinopril 10mg Pramipaxole .125 Pramipexole dihydrochloride .125mg Ibuprofen 600mg Tylenol extra strength Change in meds: Norvasc 10mg & Lisinopril 10mg Ran out of meds for 3wks for HTN – got meds 2 days ago		
4/16/2021	Labs – high triglycerides; hemoglobin 6.0 (increased risk for diabetes	3	MACCLEARY_002387-88
4/13/2021	Imaging left leg – no evidence of hemodynamically sign etenosis; ankle brachial indices could not be performed due to vessel incompressibility	3	MACCLEARY_002510-11

DATE	EVENT	RECORD	BATES
	No evidence of deep vein thrombosis		
4/28/2021	Seen for colostomy bag supplies; ear pain, nasal congestion; ointment for dry leg	3	MACCLEARY_002187
4/30/2021	Seen for colostomy bag supplies	3	MACCLEARY_002184
5/5/2021	Dental - missing all but 5 teeth. Gingiva – inflames; masticating efficiency: poor. Prosthesis needed for upper and lower denture – extraction of decayed teen #22-26	3	MACCLEARY_002350-53
5/10/2021	Refused medical treatment this am	1	MACCLEARY_001913
5/13/2021	Chest x-ray – normal	3	MACCLEARY_002405
5/13/2021	Patient snapshot sent to Core Civic: • Abdominal pain • Allergy • Back pain • Colostomy care colostomy present on admission • Covid-19 w multiple comorbidities • Dependent edema • Dry skin • Dyslipidemia • Immunization • Covid test • Generalized joint pain • GERD • Health maintenance • Hearing loss due to cerumen impaction • Restless leg syndrome • Hypertension • Impacted cerumen • Leg edema	1	MACCLEARY_001903

DATE	EVENT	RECORD	BATES
	• Leg pain • Mouth pain • Obesity • s/p partial colectomy • skin tear of lower leg without complication		
5/13/2021	Treated for restless legs (RLS) with pramipexole (meds seem to be working) Current Meds at Otay Mesa Detention Center: • A&D ointment; • amlodipine; • atorvastatin (check sp?) calcium • Golytely solution • Hydrochlorothiazide • Lisinopril • Electrolyte solution • Pramipexole dihydrochloride • Tylenol extra strength	3	MACCLEARY_002179-2180
5/17/2021	Asks for ear lavage because he can't hear well. Receives lavage before returning to pod	3	MACCLEARY_002178
5/19/2021	COVID-19 – negative test	1	MACCLEARY_001887
5/19/2021	**Labs – consistent with diabetes**	3	MACCLEARY_002380
5/19/2021	Sick call for bilateral ear ringing – ear pressure & pops when yawns; previous problem resolved with ear wax cleaning – ear lavage scheduled	3	MACCLEARY_002185-86
5/20/2021	**Admitted to hospital for surgery - colostomy reversal with repair of parastomal hernia, appendectomy, & extensive lysis of adhesions. Under general anesthesia** **Appendix removed to prevent future complications**	1	MACCLEARY_001166-70

DATE	EVENT	RECORD	BATES
	Findings: extensive adhesions, rectal stricture, large parastomal hernia containing small bowel. **Monitored for safety (falls); pain, psychosocial needs during hospital stay. Remains at hospital until 6/1/21.** **History of GSW to abdomen status post laparotomy w partial colectomy and descending colostomy. Presented to ED earlier this year secondary to pain and change in stool habits. Undergone colonoscopy and evaluation of rectal stump. Now requesting reversal of colostomy** **Assessment: parastomal hernia, obesity**		
5/21/2021	Weight: 282lbs. Scheduled meds: • •atorvastatin 20 mg • •hydroCHLOROthiazide 12.5 mg • •lisinopril 20 mg Oral Daily • •pantoprazole 40 mg Oral QAM AC • •pramipexole 0.125 mg Oral TID Infusing meds: • Dextrose • Lactated ringers PRN meds: • acetaminophen, 650 mg, Q6H PRN • docusate sodium, 100 mg, Daily PRN • HYDROmorphone, 1 mg, Q3H PRN • • ondansetron, 4 mg, Q4H PRN	1	MACCLEARY_001166-77
5/21/2021	**Hospital Plan:** **1. Parastomal hernia**	1	MACCLEARY_001183

DATE	EVENT	RECORD	BATES
	-Status post surgical repair **-Reversal colostomy** **-Continue pain management** **-Monitor by surgery** **2. Hypertension** **-Monitor trend and justification accordingly** **3. Acute renal failure** **-Secondary to acute tubular necrosis** **-Continue with IV fluid** **-Monitor BMP urine output** **-Renal consult if indicated**		
5/22/2021	**Additional problem added to his medical plan:** **Tachycardia** **-Unclear etiology** **-Continue with pain management** **-Monitor on telemetry** **Post surgery: worsening acute renal failure Post 1 colostomy reversal #2** **prostatectomy #3 previous laparotomy for gunshot wound. Elevated white count hyperkalemia and nausea vomiting and pain. Appears to have diabetes with elevated glucose levels; hypertension with probable hypertensive cardiovascular disease to some component; gastroesophageal reflux disease; restless leg syndrome**	1	MACCLEARY_001184; MACCLEARY_001191
5/22/2021	Patient w expected ileus *(obstruction of intestine)* but non-compliant as he continues to remove it. Transferred to telemetry for better monitoring of vital signs	1	MACCLEARY_001199
5/23/2021	**Indication for hospitalization - Acute renal failure most likely secondary to ATN with associated infection.**	1	MACCLEARY_001208

DATE	EVENT	RECORD	BATES
	Urine for eosinophils is Positive; consistent with infection or component of interstitial nephritis with associated infection; urine sodium is elevated at 36 consistent with acute tubular necrosis. **Renal ultrasound only shows mild left Hydronephrosis *(kidney enlargement)*; no significant obstructive uropathy.** **Status post colostomy reversal, prostatectomy *(partial or complete prostate removal),* appendectomy, and laparotomy *(incision to examine abdominal organs).*** **Elevated white count; hyperkalemia. Diabetes with probable end organ disease; hypertension with probable hypertensive cardiovascular disease.** **Gastroesophageal reflux disease; nausea vomiting and pain syndrome; restless leg syndromes.** **May take 6 to 8 weeks to fully recover renal function; increased risk for further renal exacerbations.**		
5/24/21	Renal function slowly improving	1	MACCLEARY_001218
5/24/21	**Cognition - Overall Cognitive Status Impaired** **Orientation: Disoriented to time & situation** **Awareness of Errors: Assistance required to identify errors made** **Deficits: Decreased awareness of deficits** **Problem Solving: Assistance required to implement solutions**	1	MACCLEARY_001224
5/25/21	Patient noted with acute chronic renal failure. Nephrology - Showing renal improvement	1	MACCLEARY_001238
5/26/2021	Renal function is improving; disoriented to fact he's a prisoner	1	MACCLEARY_001256 & 001270

DATE	EVENT	RECORD	BATES
5/27/2021	Renal function continues to improve. No respiratory distress at this time. Acute hypoxic respiratory failure Pulmonary consult: Continue breathing treatment; Doppler ultrasound to look for DVT; Unable do CT Angio (heart/blood vessels) due to kidney failure - consider VQ scan	1	MACCLEARY_001282 & 001288
5/28/21	No acute distress. Clinically improving. No fever chills. Pain is well controlled.	1	MACCLEARY_001336
5/29/21	**Complaining of increased abdominal pain. Surgical consult notified. KUB done 2 days ago showed possible ileus. Mild gas, no bowel movement. No surgical intervention at this time.**	1	MACCLEARY_001337
5/30/21	Patient still complain abdominal pain. No bowel movement; passing gas. Surgical consult recommended LTAC evaluation. Continue all current medical management.	1	MACCLEARY_001356
5/31/2021	Patient clinically improving. Abdominal pain has improved, but still there. Watery diarrhea. Surgical consult request for LTAC evaluation.	1	MACCLEARY_001370
6/1/2021	**Discharged from hospital to US Marshals.** **Discharge diagnosis:** **1. Parastomal hernia *(when intestines press outward near a stoma)* 2. Hypertension 3. Acute renal failure 4. Acute hypoxic respiratory failure *(not enough oxygen in blood)* 5. Deep vein thrombosis *(blood clots in veins)*** **Medications:** **Amlodipine 10 MG tablet** **Apixaban 5 MG**	1	MACCLEARY_001392-93

DATE	EVENT	RECORD	BATES
	Calcium carbonate 500 MG chewable tablet **Clonidine 0.1 MG tablet** **DSS 100 MG Caps** **Gabapentin 100 MG capsule** **Ipratropium-albuterol 0.5-2.5 mg/ml nebulizer** **Oxycodone ER 10 MG 12 hr tablet** **Oxycodone-acetaminophen 10-325 MG per tablet** **Pantoprazole 40 MG tablet** **Polyethylene glycol** **Hospital course: reversal of his colostomy & parastomal hernia repair. Acute renal failure secondary to acute tubular necrosis. - Renal function worsened despite receiving aggressive IV fluids. Renal ultrasound revealed mild left hydronephrosis with trace right perinephric fluid. Renal function gradually improved.** **Tachycardia - improved** **Hyperlipidemia, obese, history of high blood pressure. Abdominal pain & some abdominal distention noted; NGT was placed for slow, intermittent suction.** **Per Surgery the patient had an ileus *(bowel obstruction)* from narcotics used. Abdominal pain gradually improved but was still present.** **Surgery requested for LTAC evaluation for the patient.** **Pulmonary Critical Care consulted - on board for patient's acute hypoxic respiratory failure.**		

DATE	EVENT	RECORD	BATES
	Cont on oxygen supplement and breathing treatments. Attempts to titrate down on his oxygen resulted to saturation being in the 80's. **CT Angiogram could not be done at time of evaluation due to kidney failure. He was not in any distress and was started on Eliquis.** **LTAC evaluation done & accepted by Select Specialty Hospital.** **Discharged once clinically stable, not in distress, and cleared by consult services.** **Discharge disposition: LONG TERM ACUTE CARE**		
6/1-6/7/2021	**Admitted to Select Specialty Hospital. History of present illness: GSW to Abdomen, status post laparotomy with partial colectomy and descending colostomy. Alvarado ED earlier this year secondary to pain at the site as well as change in stool habits. Found to have a parastomal hernia. Patient has undergone colonoscopy and evaluation of rectal stump. Been following as outpatient.** **On 5/20/2021, pt was admitted to the hospital for reversal of his colostomy - taken to OR and tolerated procedure well. However, post op, his renal function deteriorated. With aggressive IV - renal function improved. Still complaining of abdominal pain.... surgery team recommends transfer to LTAC; case manager notified and transferred to Select Hospital** **Surgical history: abdominal surgery & hernia repair**	6	MACCLEARY_003030

DATE	EVENT	RECORD	BATES
6/1/2021	Medications at Select Hospital: • Norvasc 10mg • Eliquis 5mg • Lipitor 20mg • Neurontin 100mg • Hydrodiuril 12.5 • Zestril 20mg • OxyContin 10mg • Protonix 40mg • Zosyn 3.375mg • Mirapex .125mg • Tylenol 650mg • Tums • Catapres .1mg • Colasce 100mg • Duo-neb 3ml solution • Zofran 4mg inj • Percocet 5mg • Problem list: 1. Parastomal hernia 2. Hypertension 3. Acute renal failure 4. Acute hypoxic respiratory failure 5. Deep vein thrombosis [MACCLEARY_003033]	6	MACCLEARY_003027; 003032-33
6/2/2021	Pain managed with Percocet prn and routine OxyContin	6	MACCLEARY_002785
6/3/2021	JP drain was dislodged; developed loose stools improved after Imodium	6	MACCLEARY_002785
6/5/2021	Developed low grade fever	6	MACCLEARY_002743

DATE	EVENT	RECORD	BATES
6/6/2021	Fever - temp of 100.5; suspect stool may be draining from his lower abdominal wound with odor present. Later temp was 101.2. Cultures and CXR were done; started on Zosyn. A CT a/p ordered.	6	MACCLEARY_002743
6/7/2021	**Transferred to Select Hospital from Alvarado Hospital to continue care of drainage tube post-surgery. At Alvarado for reversal of his colostomy; complicated by worsening renal function. Aggressive IV fluids improved renal functioning. Lots of discharge at drainage tube.** **Decision made to transfer him to LTAC facility for continued management so transferred to Select.** **Patient had just undergone surgical reversal of his colostomy. He did accidentally pull out his JP drain and Surgery was consulted and per Surgery there was no need to replace JP drain**	6	MACCLEARY_002710
6/7/2021	**Discharged from Select Specialty Hospital. Diagnosis:** **1. Parastomal hernia** **2. Hypertension** **3. Acute renal failure** **4. Acute hypoxic respiratory failure** **5. Deep vein thrombosis** **6. Sepsis/ abdominal infection**	6	MACCLEARY_002709
6/7/2021	Temperature spiked over the weekend. Possible bowel leakage. May need transfer to Alvarado so surgery can assess leakage. Pt is clinically stable. Blood pressure is stable. Awake and alert. No increase in abdominal pain.	6	MACCLEARY_002711

DATE	EVENT	RECORD	BATES
6/7/2021	**Fever, bacteremia, wound infection - blood culture is positive for GNRs. Chills with constant abdominal pain but no n/v. He continues to have loose stools. Reports substernal chest pain. EKG done.** **Transferred to Alvarado Emergency Dept**	6	MACCLEARY_002743
6/7-6/17/2021	**Admitted to Alvarado Emergency Dept for evaluation of postoperative abdominal pain. Reports worsening abdominal pain since surgery, worsened over past four days, noted foul smelling drainage from drain in surgical site. Feels feverish, diarrhea since surgery, but semi-formed stool today; passing gas.** **Brought in by ambulance by SD Court/Law Enforcement. Discharged on 6/17/21 (MACCLEARY_001157)** **Infectious symptoms not stabilized. Patient at risk of rapid decompensation. Admitted for careful hydration, antibiotic therapy, and infectious source control (MACCLEARY_001398)**	1	MACCLEARY_001394; 1398
6/7/2021	Infectious disease is consulted: • Stricture obstructed distal left ureter with air within the left renal collecting system and left ureter status post percutaneous nephrostomy and study showing left ureteral to small bowel–ureteroenteric fistula. Purulent urine from the upper tract left renal pelvis. Cultures in progress. • Positive rectal VRE screen R/Ot urinary retention bladder outlet obstruction this is now resolved with an indwelling Foley. Creatinine Improved • Intra-abdominal fluid collections after elective takedown of a colostomy with reanastomosis and repair of parastomal hernia with mesh.	1	MACCLEARY_001540

DATE	EVENT	RECORD	BATES
	• Incidental appendectomy • Obesity • Hepatitis C untreated • Enlarged fatty liver • No clinical evidence of portal hypertension or splenomegaly • Hypertension • Dyslipidemia • Diabetes • Tobacco marijuana use • Maximum creatinine 1.8 now stable at 1.2		
6/8/2021	Recovering at select long-term acute care facility – increasing abdominal pain over the weekend with a CT scan suggesting anastomotic leak with abdominal abscess - patient transferred back for reassessment and intervention. He has no known drug allergies Complex comorbid medical history/past medical history: • 2006 - Diagnosed with hepatitis C - never treated. • 2007 - Work-related accident related to a crane with energy injury. • 2018 - sustained gunshot wounds for which he was admitted to • Sharp Chula Vista & had a colostomy and Hartmann procedure. Patient very vague about details of those events that he states he does not remember much about. In addition in reviewing • GI note from Dr. A Reddy back in February there was no record of any major surgery done in the sharp healthcare system. • Lived in Mexico prior to his incarceration • 2019 - federal custody	1	MACCLEARY_001416

DATE	EVENT	RECORD	BATES
	• Denies injection drug use • Nonalcoholic Liquor • half a pack of cigarettes per day • Recently diagnosed hypertension hyperlipidemia • Elevated glycosylated hemoglobin • Parastomal hernia		
6/8/21	Procedure performed: anterior intra abdominal drain placement, ultrasound and fluoroscopic guidance	1	MACCLEARY_001725-1728
6/9 /21	**Admitted with a complicated medical and urological history. Underwent reversal of colostomy with repair of parastomal hernia approximately 3 weeks ago - persistent drainage of intra-abdominal fluid into a JP drain which was traumatically removed in previous facility.** **CT scan revealed multiple abscesses which were drained percutaneously by IR; air/gas within the left renal collecting system and ureter raising the concern for ureteral enteric fistula or emphysematous pyonephritis. C/O abdominal pain and left flank pain; denies nausea or vomiting. Urine is grossly clear.**	1	MACCLEARY_001455
6/9/2021	Recommended surgery for cystoscopy, bilateral retrograde pyelograms, left ureteral stent placement. The risks, benefits, and alternatives explained & agreed upon. He understands that they are unable to place a stent in a retrograde fashion, may require percutaneous nephrostomy tube drainage thereafter. Continue antibiotics as per infectious disease recommendations	1	MACCLEARY_001459
6/10/21	**Surgery performed - Cystoscopy bilateral retrograde pyelogram, left ureteral stent placement** **Preoperative Diagnosis: Left hydronephrosis, air in the left renal collecting system and left ureter, ureteral enteric**	1	MACCLEARY_001478

DATE	EVENT	RECORD	BATES
	fistula, possible emphysematous pyelonephritis, status post colostomy takedown and repair of parastomal hernia **Postoperative Diagnosis: Same plus urethral stenosis, left distal ureteral occlusion**		
6/11/2021	Nephrostomy tube placed for urethral stenosis and left distal ureteral occlusion and ureteral intestinal fistula seen on cystoscopy	6	MACCLEARY_003138
6/14/2021	Seemingly stable; reports abdominal pain - diffuse in nature; nausea or vomiting. Left nephrostomy tube &Foley catheter	1	MACCLEARY_001555
6/15/21	**May need to be transferred to a tertiary care center.** **Problem list:** **1) wound infection at surgical site** **2) intra-abdominal abscess** **3) urinary retention** **4) hypertension** **5) obesity** **6) hyponatremia** **7) acute renal failure w atn** **8) hypalbuminemia** **9) anemia, chronic** **10) parastomal hernia repair and appendectomy** **11) deep vein thrombosis** **12) restless leg syndrome** **13) hyperlipidemia** **14) fatty liver**	1	MACCLEARY_001568-69
6/17 - 6/24/2021	Stable and transferred to Select Specialty Hospital for continued physical therapy & occupational therapy. Resting comfortably without SOB; no fever Medications: • Norvasc 10mg	1	MACCLEARY _003134-35

DATE	EVENT	RECORD	BATES
	• Eliquis 5mg • Lipitor 20mg • Neurontin 100mg • Hydrodiuril 12.5 • Zestril 20mg • Percocet 5 mg • Protonix 40mg • Zosyn 4.5 g • Mirapex .125mg • Tylenol 650mg • Tums • Catapres .1mg • Colasce 100mg • Dulcolax 10mg • Duo-neb 3ml solution • Ambien 5mg		
6/17/2021	Estimated stay at Select Specialty is 25 days. Patient is appropriate for Long Term Acute Care Hospital	6	MACCLEARY_003142
6/17-6/18/2021	Scripps Lab microbiology	8	EMR_491-497
6/18/2021	Lab work at Scripps Mercy Hospital	8	EMR_Page 491-496
6/20/2021	Blood in nephrostomy tube; urgency to urinate	6	MACCLEARY_003205
6/20/2021	Labwork at scripps	8	EMR_479
6/21/2021	**Difficulty with urinating. Foley in place. Spoke with team at Alvarado, recommend patient go to UCDS for surgery to correct complete stenosis of left ureter that is unable to be stent.** **Uretal-colic fistula needs repair**	6	MACCLEARY_003183

DATE	EVENT	RECORD	BATES
	Note: Flomax .8mg added to medications [MACCLEARY_003190]		
6/21/2021	Patient missed visit and declining all options for therapy this date secondary to abdominal discomfort, minimal motivation for OOB, fatigue. Concerned with abdominal pain and blood in output from nephrostomy drain.	6	MACCLEARY_003319
6/22/2021	Blood on TP last night, some upper abdomen pain. Here for ongoing medical stabilization and wound care [3222]	6	MACCLEARY_003192
6/22/2021	Pt is very high functioning, demonstrating impairments in endurance. Had inconsistent participation with therapy so far. Often limited by abdominal discomfort, pain, low energy. Barriers to discharge: medical complications and pain	6	MACCLEARY_003279-80
6/21-6/23/2021	Lab work from Scripps	8	EMR_ 461-490
6/23/2021	**Barriers to Discharge: Caregiver limitations, Capacity for self-care, Mobility challenge, Potential need for 24 hour care, Potential need for skills/non-skilled services** **Clinical Barriers: Clinical needs exceed caregiver capacity, Wound (nephrostomy tube, JP drain)**	6	MACCLEARY_003295
6/24/2021	**Admission Diagnoses at Select Specialty (same discharge diagnoses)** **1. Wound infection** **2. Intra-abdominal abscess in the left abdominal wall** **3. Hx of urinary retention with left hydronephrosis. S/p nephrostomy tube placed.** **4. Hypertension** **5. Obesity** **6. History of Acute Kidney Injury with ATN. Resolved with creatinine 1.1**	6	MACCLEARY_003143 -45

DATE	EVENT	RECORD	BATES
	7. Hypoalbuminemia with severe protein calorie malnutrition **8. Deep Venous Thrombosis** **9. Restless leg syndrome** **10. Hyperlipidemia** **11. Uretal-Colic Fistula** **Hospital course: 55 y.o. male w complex past medical history. Restless Leg Syndrome, Hypertension, history of trauma secondary to a gunshot wound to the abdomen requiring multiple surgeries.** **Hospital course complicated by pain and swelling at the colostomy site. Gunshot wound in the abdomen and Exploratory laparotomy done along with partial colectomy and descending colostomy.** **Hospitalized multiple times over the year for complications including swelling around the colostomy site, presence of a large parastomal hernia. Followed and managed by Surgery and GI consults. Seen by Surgery in mid-March and colostomy reversal & repair of the parastomal hernia done. Admitted to Alvarado for procedure. Later complicated by worsening renal failure and persistent abdominal pain.** **Transferred to Select Hospital on June 1. Antibiotic continued and the patient followed by Infectious Disease, who, at the time, recommended Surgery evaluation of possible anastomotic leakage.** **Patient discharged to Alvarado for Surgical evaluation. Reversal of his ostomy done by Surgery 2 weeks prior.**		

DATE	EVENT	RECORD	BATES
	Returned to Select hospital on June 17 to have continued rehabilitative management per PT/OT. **Admitted to Select and PT/OT Services continued rehabilitative therapies. Zosyn continued as Abdominal CT done previously showed evidence of abdominal abscess. Repeat Ct showed abdominal abscess on the left abdominal wall.** **Nephrostomy tube was placed on the patient on June 11, 2021 due to urethral stenosis and left distal ureteral occlusion and ureteral intestinal fistula as seen on cystoscopy. Wound care also provided by the wound nurse.** **Discussed with team at Alvarado - recommended patient be transferred to UCSD for corrective surgery of complete stenosis of the left ureter that was unable to be stented. Also has uretal-colic fistula in need of surgical repair the patient tolerated his treatment and therapies, followed closely by consult team and improved clinically. No distress and no complaints of chest pain, palpitations, or diaphoresis. Remained afebrile and in good spirits.** **Nephrostomy tube was in place and draining. Some hematuria but cleared eventually. Foley was also replaced. Urinalysis done. Nursing staff reported ST elevation on monitor. Serial Troponin negative and the patient did not have complaints of chest pain. Cardiology consulted and followed the patient - discharged to UCSD for Urology evaluation once patient clinically stable and cleared by consult team. Dressings were intact, nephrostomy and Foley were in place.**		

DATE	EVENT	RECORD	BATES
	Infectious Disease recommended continuing the patients Zosyn for 15 days starting on June 15, at the time of abdominal wall fluid aspiration. On the day of discharge the patient was with stable vital signs and not in distress		
6/24/2021	Pt to be discharged from PT services. Per EMR pt discharged 6/24/21 at 2045 to acute facility. Pt with minimal participation with PT secondary to abdominal pain, low energy, low motivation. Pt had walked 100ft using FWW during evaluation session only. Further attempts to walk for endurance pt declined. Provided with a written HEP. Pt to be re-evaluated as appropriate if returning to the facility. Recommend follow up with male PT per pt preference.	6	MACCLEARY _003318
6/24/2021	**Admitted to ED in Hillcrest Emergency for surgical problem re evaluation. Bleeding from nephrostomy tube and recurrent pelvic abscesses.** **In custody – sentencing soon. Came in for hematuria; he states he doesn't know why brought to ED. Unsure when urine became bloody Doesn't need admission or acute surgical intervention at this point.** **Tertiary recommended given complexity of GU problems. Outpatient follow up for reconstruction workup** **Nephrostomy tube bleed; complication of foley catheter; left flank pain. Final diagnoses:** • **hemorrhage of incontinent external stoma of urinary tract;** • **Cutaneous abscess of abdominal wall** • **Hydroenphrosis w ureteral stricture; other specified disorders of kidney and ureter; acute embolism & thrombosis of right popliteal vein; dorsalgia; contact w & suspected covid exposure**	7	MACCLEARY _004755

DATE	EVENT	RECORD	BATES
	• **Precipitous drop in hematocrit** • **Hyperlipidemia** • **Essential hypertension** • **Obesity** • **Long term use of anticoagulants** • **Long term drug therapy** • **Acquired absence other specified digestive tract** • **Personal history of other healed physical injury and trauma** • **Personal history of other venous thrombosis and embolism** • **Other diseases digestive system** • **Other diseases respiratory system** • **Other diseases of urinary system**		
6/24/2021	Covid test – negative	7	MACCLEARY_004781
6/25/2021	Seen by surgery and cleared for discharge. Abscesses very small, he is afebrile, hemodynamically stable	7	MACCLEARY_004771-72
6/25/2021	**CT abdomen and pelvis w contrast – abdominal pain, Nephrostomy tube bleeding. Placed for diversion due to ureteroenteric fistula.** **Impressions: splemeomegaly; splenic varies; portal hypertension**	7	MACCLEARY_004797-98
6/25/2021	On 6/24/21, patient transferred to UCSD for urology consult due to bloody output from foley. Urology consulted. CT abdomen and pelvis showed no acute changes. Pt is to be seen with urology outpatient follow up. Readmitted at Select Specialty. Diagnosis: 1) gastrointestinal symptom 2) hypertension 3) obesity Meds:	6	MACCLEARY_003694-95

DATE	EVENT	RECORD	BATES
	TYLENOL 650 mg NORVASC 20 mg ELIQUIS 5 mg, LIPITOR 20 mg, TUMS CATAPRES .1 COLACE 100 mg NEURONTIN 100 mg, HYDRODIURIL 12.5 mg, DUO-NEB 0.5-2.5 mg/3 mL nebulizer solution ZESTRIL 20 mg, PERCOCET 5-325 MG PROTONIX EC/DR 40 mg, ZOSYN 3.375 g MIRAPEX .125 mg Appropriate for long term acute care. Length of stay estimated 25 days [MACCLEARY_003698]		
6/26-6/28/2021	Labwork at scripps	8	EMR_441-460
6/28-7/3/2021	No distress / no pain	6	MACCLEARY_003711
7/4/2021	Some leakage from Foley bag	6	MACCLEARY_003711
7/5-7/7/2021	Lab work at Scripps	8	EMR- Page 429-440
7/5/2021	No new issues	6	MACCLEARY_003711
7/6/2021	Patient accidentally moved nephrostomy tube out a little while going to the bathroom yesterday. No flank pain. Tube is draining out blood. Renal US was ordered. Pt will have follow up appt with urology	6	MACCLEARY_003711
7/7/2021	Nephrostomy tube less bloody. No bright red blood. No flank pain. Renal U/S results pending.	6	MACCLEARY_003711
7/8-7/13	No changes, no pain	6	MACCLEARY_003711

DATE	EVENT	RECORD	BATES
7/9/2021	**Kidney function is probably deteriorating due to dehydration. Continue hydration. Resting /good spirits. Foley catheter ; nephrostomy tube**	6	MACCLEARY_003730-32
7/11/2021	Nursing note: c/o severe pain, located mainly in the back; generalized body ache - throbbing and uncomfortable. Can't sleep – requested Tylenol PRN. Will continue to monitor pain level	6	MACCLEARY_003873
7/12/2021	Renal imaging: Right kidney is 10.6 cm. Left kidney is 9.8 cm. Moderate amount of hydronephrosis in the left kidney. 4 cm cyst in the right mid kidney. No right hydronephrosis. IMPRESSION: Right renal cyst.	6	MACCLEARY_003721
7/14/2021	Currently stable and transferred to Select Hospital for continued physical therapy as well as occupational therapy. Resting comfortably in bed without any SOB. Kidney function is probably deteriorating due to dehydration. Pt had some leakage from nephrostomy tube. No foul smelling, no puss [MACCLEARY_003711]	6	MACCLEARY_003699
7/15/2021	Serangous fluid drained from nephrostomy tube. Trying to make appt with urology. If worsens will get IR involved here at select or UCSD ER. Ambien 5mg & Flomax added to medications	6	MACCLEARY_003708
7/16/2021	Patient's nephrostomy drain is dislodged and leaking, he is unable to see urology until 8/18 - they may send him to ED. Will continue to follow up. Clinical updates faxed to US Marshal.	6	MACCLEARY_003706
7/16/2021	**Admitted to Scripps Mercy ED for leakage of nephrostomy catheter. Nephrostomy complications; kidney infection; covid-19 vaccination administered** **Hospital problems:** **Nephrostomy complication (primary)** **Bladder infection**	8	EMR_Page 191-198

DATE	EVENT	RECORD	BATES
	High blood pressure disorder **History of blood clot to lungs** **High cholesterol or triglycerides** **Collection of pus in the abdomen** **Status post insertion of inferior vena caval filter** **CT Abdomen Impressions:** **1. Left ureteral stent in place. No hydronephrosis.** **2. Rectosigmoid anastomosis with small amount of soft tissue fascial thickening along the superior margin. No loculated fluid.** **3. Hepatic steatosis.**		
7/16/2021	Administered J&J COVID-19 vaccine	8	EMR_Page 215
7/17/2021	Felling well however, still having drainage coming from nephrostomy tube. Procedure deferred until Monday – non urgent	8	EMR_Page 408
7/18/2021	Reports feeling well with mild left-sided discomfort at the nephrostomy tube site. He reports continuous leakage without bloody output or purulence. Urinalysis consistent with infectious etiology therefore Rocephin started.	8	EMR_Page 245
7/19/2021	At Scripps for IR Nephrostomy Tube Change. Tube located in left kidney. Successful replacement. Given non emergent nature procedure deferred to 7/19/21. Procedure this am without any complications. Subsequently tolerating a diet without any pain and would like to transfer back to LTAC. Maintained on his home medications. Current scheduled meds: acetaminophen (TYLENOL) 325 mg lisinopriL (PRINIVIL) 20 mg amLODIPine (NORVASC) 10 mg pantoprazole (PROTONIX) 40 mg gabapentin (NEURONTIN) 100 mg	8	EMR_Page 215-219

DATE	EVENT	RECORD	BATES
	ipratropium-albuterol (DUONEB) .5-2.5mg pramipexole (MIRAPEX) 0.125 mg atorvastatin (LIPITOR) 20 mg (page 219) Clinical impressions: 1) Nephrostomy complication 2) Pyelonephritis 3) COVID-19 vaccine administered Discharge Diagnosis: Nephrostomy complication (CMS/HCC) History of pulmonary embolus (PE) Intra-abdominal abscess (CMS/HCC) Hyperlipidemia S/P insertion of IVC (inferior vena caval) filter Essential hypertension Acute cystitis without hematuria [pg 215]		
7/19/2021	Discharged from Scripps and transferred to rehab. Discharge Summary: 55 yo M with a somewhat complicated past medical history, made more complicated by the fact that he has been to multiple facilities, and does not recall details from each - currently he is as at Select Specialty. Also under custody, and has two guards at his bedside. Summary of medical care: From past records and LTAC paperwork – history of GSW to the abdomen, followed by multiple surgeries as well. He also has a hx of restless leg syndrome, is s/p a parastomal hernia repair with appendectomy (more recently perhaps?), DVT HLD, and obesity, and was admitted to Select on 6/7 after a prolonged hospital stay. He also had a reversal of an ostomy prior to this. He thinks he was at Alvarado for this admission.		EMR_Page_227-235

DATE	EVENT	RECORD	BATES
	Surgical history includes a rectosigmoid colonic perforation, status post partial colectomy, end colostomy placement, and wound vac placement on the midline abdominal wound on 07/08 with secondary closure of the abdominal wound on 07/27 and bilateral pulmonary emboli, status post IVC filter placement, not on anticoagulation secondary to splenic hematoma. Appears to have been on Zosyn for an E. Coli abdominal abscess; most recent imaging was 6/14 and reportedly showed a left abd wall abscess. He had a Foley for urinary retention (no longer) and had nephrostomy tubes placed on 6/11 for hydronephrosis. This is reportedly 2/2 urethral stenosis and left distal ureteral occlusion and ureteral intestinal fistula. He had associated AKI. On 6/24 he was reportedly transferred to UCSD for a urology consult due to hematuria, and was supposed to be set up for OP follow up. Doctor could not find record of this admission in "care everywhere" Past Medical History •AKI (acute kidney injury) •Brachial plexus injury •Chronic pain •DVT (deep venous thrombosis) •E. coli infection •Hyperlipidemia •Hypertension •Intra-abdominal abscess •Obesity •Restless leg syndrome •Scapula fracture •Urinary retention •Wound infection		

DATE	EVENT	RECORD	BATES
8/30/2021	Admitted to ED via ambulance, transported from jail with clogged nephrostomy tube; reports tube is draining, constant pain in left leg. Diagnosis: malfunction Nephrostomy tube - Tube is replaced and started on Keflex (antibiotic) Given 4mg morphine. Discharged to detention facility.	2	MACCLEARY_002145-20