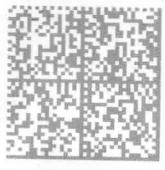


Gary M. Northington 193035
Cotton Correctional Facility
3510 N. Elm
Jackson, MI 49201

U.S. POSTAGE ▶ PTNEY BOWES

ZIP 49201 \$ 001.75⁰
02 4W
0000344127 JAN 17 2020



Rudy Davis
P.O. Box 2088
Forney, TX 75126



15 JAN 2020

Gary M. Northington 193035
3510 N. Elm
Jackson, MI 49201

Rudy Davis
P.O. Box 2088
Forney, TX 75126

Dear Rudy and Erin,

I'm thrilled to finally be able to take a one or 2 day break from court stuff and get back to spreading The Word with my brothers. I started writing my last motion a few days ago, then woke up at 0300 hours and wrote straight through until 1430 hours to get it done while my brain was functioning properly. My B-12 shot must have put me on a roll. 😊

Enclosed are 2 letters to Governor Gretchen Whitmer on genocide in Michigan prisons and custodial coercion against those of us who expose the TRUTH. Whitmer #1 is about the coercion and stands alone. Whitmer #2 is supported by the 24 pages of my medical records that I am putting out in public as evidence against The Beast.

Notice what the vision out of my right eye looks like to me on page 2 of Whitmer #1. I'll elucidate this at a later date.

You may have difficulty scanning in #1 because the left edge is so close.

I just filed an ADA complaint about JCF not being barrier-free for those of us disabled persons who need daily exercise to combat cardiovascular disease. Warden Noah Nagy got my related note and actually read it, today. My Unit Manager asked what I needed. I said, "Daily outside exercise; a constitutional right". Life at JCF resembles that story about rides with the U.S. Marshal in your 01 JAN 2020 email; "Pragmatic Brutality". Thanks for all the help.

All for Jesus... I John 4:8. God Bless!

Bro. Gary M.

Dated: 07 DEC 2019

Whitmer #1;

Gary M. Northington 193035
3510 N. Elm
Jackson, MI 49201
(517) 780-5000 email @ JPay.com

GRETCHEN WHITMER
Governor
P.O. Box 30013
Lansing, MI 48909
(517) ___-___

RE: GENOCIDE & ABUSE IN MDOC PRISONS By State Actors

Dear Governor WHITMER,

After JULY 2013, I could not walk without support because my left leg was largely paralyzed since AUGUST 2013 by refusal of Dr. Badawi KHADER ABDELLATIF (of Dearborn) to treat a MRSA infection in my left leg from APRIL to AUGUST of 2013. This forced me to use laundry bleach to kill the surface infection at that time.

From 09 MARCH through 11 JUNE 2016, I had many untreated Heart Attacks and Strokes.

On 23 JUNE 2016, I had CABG X3 Open Heart Surgery because my Coronary Arteries were 70 to 95% blocked. This was because ABDELLATIF and CORIZON HEALTH refused to treat me for HYPERLIPIDEMIA for over 10-years. This was because I cannot take Statin drugs and Questran that I can take costs about \$100 per month. Literally, Dr. ABDELLATIF was attempting to murder me for profit.

On 01 AUGUST 2016, I filed a federal civil rights complaint while still medically frail from the multiple Heart Attacks, Strokes and 23 JUNE 2016 Heart Surgery. I was very weak, had no stamina, slept 22-hours a day and had serious memory loss.

On 03 AUGUST 2016, MDOC transferred me from MACOMB Correctional Facility (MRF) to CARSON CITY Correctional Facility (DRF) while I was still medically frail. The 12-hour bus ride caused my left leg to swell from DEEP VEIN THROMBOSIS (DVT) and clots of it moved into my lungs. On 06 AUGUST 2016, I was hospitalized for this after 3-days of leg pain, severe fatigue, then chest pains.

Since CARSON CITY FACILITY (DRF) did not have my required Special Diet, I was left on my own to feed myself. On 25 AUGUST 2016, I was transferred from Carson City (DRF) to MUSKEGON Correctional Facility (MCF). On 27 AUGUST 2016, I was hospitalized half a day for pleural effusion caused by the 12-hour bus ride from Carson City to Muskegon. At MCF, Warden Sherry L. Burt refused to let me have my legal document footlockers.

On 16 to 17 JANUARY 2017, I was transferred from Muskegon (MCF) to Cotton Correctional Facility (JCF) at Jackson in a third 12-hour bus ride.

On 18 JANUARY 2017, my guitar and typewriter were taken from me because MDOC STAFF deliberately damaged them while in their possession from 16 to 18 JANUARY 2017. They were okay when put on the truck in sealed containers on 16 JANUARY 2017 at MCF. They were in the sealed containers upon arrival at COTTON but JCF Property Officers _____ STEPHENS and BRENDA SCHMELTZ broke the seals outside my presence, contrary to MDOC Policy PD 04.07.112. A lot of my duly owned hobbycraft, musical accessories and papers, batteries and other prisoner store goods were also taken for nefarious excuses.

All aforesaid was retaliation for me filing the civil rights complaint on 01 AUGUST 2016, incited by MELODY WALLACE and RICHARD D. RUSSELL of the MDOC Office of Legal Affairs, and done in coordination with Asst. Attorney General Peter Y. Ho.


Jpay Tell your friends and family to visit www.jpayers.com to write letters and send money!

On 05 JUNE 2019, my JUNE 2016 CABG X3 Open Heart Surgery Grafts were 100% blocked. On 05 JUNE 2019, two (2) stents were put in my heart to partially cure this. My left coronary artery is still 95% blocked. I had been in Kidney Failure from 2015 to 2019 due to blocked renal arteries but no one treated me to avoid cost of treatment. I felt really bad, had mental confusion, terrible infections with rashes and lack of stamina for years. On 07 JUNE 2019, one (1) stent was put in my right renal artery and my kidney signs improved. All this was because Dr. Charles S. JAMSEN of Jackson, MI also did not treat me for HYPERLIPIDEMIA.

On 27-28 JUNE 2018, I was transferred from COTTON (JCF) to LAKELAND Correctional Facility (LCF). JCF Property Officer James Sims, who was holding my guitar, typewriter and other property, refused to transfer my property to LAKELAND, contrary to MDOC Policy PD 04.07.112, Sec. X. Sims said Asst. Attorney Generals Peter Y. Ho, James E. Long, Meredith Beidler, Andrew Jurgensen, Sarah R. Robbins and other AGs told him not to let me have my guitar until I dismissed my civil rights lawsuit on lack of medical care.

On 27 AUGUST 2019, I was transferred to CHIPPEWA Correctional FACILITY (URF) in the U.P. On 27 OCTOBER 2019, I was transferred back to COTTON (JCF) where Property Officer James Sims took more of my duly owned property upon instruction of said Asst. Attorney Generals. On 01 NOVEMBER 2019, Sims took my duly owned protective eyeglasses off my face. I am, now, going blind because Sims and MDOC STAFF will not return my protective eyeglasses. Sims said something about having a "personal thing" while taking my property that sounded like he was pressing me for a homosexual affair.

I have "optical migraines" upon exposure to bright sunlight and occlusive carotid disease that caused retinopathy. Every long exposure to bright sunlight causes increased retinal damage and ever-increasing blindness. Sometimes I go totally blind after which my vision is distorted for months.>>↓

No treatment for this since AUGUST 2015.  ← This is what my right eye vision looks like.

You need to terminate these UNCIVILIZED State Actors who retaliate for exercise of court access and attempted to MURDER ME through repetitive transfers and undue stress of my MEDICALLY FRAIL being.

"The right to sue and defend in the courts is the alternative of force" and attribute of CIVILIZED and ORDERLY persons. CHAMBERS v B & O RR, 207 US 142, 148 (1908).

Sincerely,


Gary M. Northington

PS: Warden Noah Nagy is at (517) 780-5111;
His Administrative Assistant, Kim Napier at 780-5121

Jpay Tell your friends and family to visit www.jpay.com to write letters and send money!

WHITMER #2:

Dated: 07 JAN 2020

Gary M. Northington 193035
3510 N. Elm
Jackson, MI 49201
(517) 780-5000 email @ JPay.com

GRETCHEN WHITMER

Governor
P.O. Box 30013
Lansing, MI 48909
(517) ____-____

RE: State GENOCIDE & MURDER IN MDOC PRISONS

Dear Governor WHITMER,

I spent at least 11-years in prison with: (1) openly bleeding rashes from head to toes much of the time (attached EXHIBIT H, pp. 1-5, 7-12), and (2) almost DAILY events of either beating my body on the floor by PASSING-OUT and/or laying on my bed unable to function because of HYPOTENSIVE EMERGENCIES (attached EXHIBIT E; EXHIBIT H, pp. 6, 13-14). I had to accept aforesaid as a part of prison life because I could not get medical treatment. This was largely because when I went to MDOC Health Service for care: (3) they charged me an extortionate \$5 medical COPAY; then (4) they told me to drink plenty of water to which I usually told them, "I drink 15 glasses of water a day and have soaking-wet cold sweats every night"; then (5) they sent me back to my cell without diagnosis or treatment.

This \$5 COPAY was and is a GENOCIDAL behavior modification tactic intended to keep prisoners from seeking care for serious medical needs that has: (6) cost hundreds of millions of dollars for otherwise unneeded medical treatment that could have been avoided with prompt care; and, (7) caused unnecessary TORTURE and painful DEATHS of hundreds to maybe thousands of Michigan prisoners (I've personally seen 50 to 70 deaths). Further, this \$5 COPAY isolates prisoners from their families because they cannot purchase postage and deprives prisoners of necessary health items such as toothpaste (I went for a year without toothpaste).

The open bleeding and infected rashes (EXHIBIT H, pp. 1-5, 7-12) of aforesaid number (1) were caused by 10 years of various stages of undiagnosed, untreated and PAINFUL RENAL FAILURE (attached EXHIBIT L). This was finally treated by a concerned Henry Ford Hospital doctor on 07 JUNE 2019 with a stent to open the 95% stenosis of my right renal artery.

Regarding aforesaid number (2): For 15-YEARS, I had to DAILY live with HYPOTENSIVE EMERGENCIES and sometimes passing-out from undiagnosed ATRIAL FIBRILLATION before I FINALLY GOT a diagnosis for it in JULY 2019 (attached EXHIBIT E). My blood pressure drops to near 50/20 mmHg, oxygen to 85%, and pulse drops as low as 23 beats per minute because the fibrillated beats have no cardiac output. Every such event of ATRIAL FIBRILLATION is IMMINENT DEATH as I get weak and nauseated, dizzy, my vision becomes dim and sparkly, then I have a hot flash and pass-out or lay down before passing-out. This effectively becomes a 30 to 120 minute coma (see EXHIBIT E, p. 9) where I defecate and vomit on myself (EXHIBIT E, pp. 2-3, 6) that has caused 2 Near-Death events.

My ATRIAL FIBRILLATION is triggered by daily HYPOTENSIVE EMERGENCIES of Postprandial Hypotension that are usually caused by eating breakfast and lunch. Dr. Badawi KHADER ABDELLATIF told me, "Don't eat the foods that cause it" which is every food eaten at those meals, so he was telling me to starve to death. A McLaren Hospital doctor said I should have a pacemaker but CORIZON HEALTH INC. will not allow a pacemaker installed because of cost.

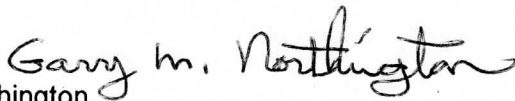
The aforesaid was caused by 10-years of Dr. Badawi KHADER ABDELLATIF not treating HYPERLIPIDEMIA that he saw it in my blood serum levels of lab tests. I cannot take STATINS for high cholesterol because they drive my liver enzymes to near 900 (attached EXHIBIT L). He did not prescribe the needed QUESTRAN medication that lowers my cholesterol because CORIZON HEALTH INC. said it "costs too much". This refusal to treat HYPERLIPIDEMIA clogged my arteries and, in addition to 10-years of aforesaid ATRIAL FIBRILLATION and RENAL FAILURE, caused me to have multiple HEART ATTACKS and STROKES where Dr. ABDELLATIF sent me back to my cell to die at least 8-times in MARCH through JUNE of 2016.

CORIZON Doctor Dr. Badawi Khader ABDELLATIF often told me of things like aforesaid maladies, "It doesn't matter" and "God will take care of it", rather than treatment and testing to determine their cause.

Please get rid of the \$5 prisoner medical COPAY and get rid of CORIZON HEALTH INC; both of which are causing GENOCIDE/murder of MDOC prisoners for profit.

Sincerely,

Gary M. Northington



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

Gary M. Northington,
Plaintiff Pro Se,

No. 2:16-cv-12931
Judge Paul D. Borman
Magistrate Mona K. Majzoub

vs

ABDELLATIF, et al,
Defendants.

_____/

Gary M. Northington #193035

4269 W. M-80

Kinchloe, MI 49784

email @ JPay.com

Plaintiff Pro Se

_____/

Sarah R. Robbins, Asst. Attorney General

P.O. Box 30754

Lansing, MI 48909

(517) 335-7573

Atty. for MDOC Defendants

_____/

CHAPMAN LAW GROUP

RONALD W. CHAPMAN (P37603)

WEDAD IBRAHIM (P81970)

JOHN C. CORDELL (P_____)

1441 W. Long Lake Road, Suite 310

Troy, MI 47098

(248) 644-6326

Atty. for CORIZON Defendants

Exhibit E

Plaintiff's MDOC and Hospital Records on 01 JULY 2019

Food-Triggered HYPOTENSIVE EMERGENCY (9- pages): Pre-syncope and syncope (pp. 1, 9); Atrial Fibrillation (pp. 2, 4-8); Bradycardia (pp. 2, 4, 6-7); Defecated and Vomited (pp. 2-3; 6); Hypotensive Emergency (pp. 2, 4, 6, 9); Irregular Heart-beat and Palpitations (p. 4); Postprandial Hypotension (p. 6); Statin Allergy (p. 7); Hypothyroidism (p. 8); Ambulance Record (pp. 4-5)



McLaren Greater Lansing Hospital
401 W Greenlawn Ave, Lansing, MI 48910
Phone: (517) 975-6000

Patient Summary
Discharge Instructions, Orders and Medications

Visit Summary For GARY NORTHINGTON

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 70 years Sex: Male DOB: 11/15/1948 MRN: 300000844867
Address: G ROBERT COTTON CORRECTIONAL JACKSON, MI 49201
Home: (989)584-3941 Work: -- Mobile: --
Primary Care Provider: --
Race: White Ethnicity: Not Hispanic, Latino, or Spanish Origin
Language: English
Health Plan: 1°MCD - MEDICAID HMP INCARCERATION

Immunizations Provided: Immunizations
No Immunizations Documented This Visit

Discharge Diagnosis: 1:Dizziness; 2:Pre-syncope; 3:Carotid stenosis; 4:Coronary artery disease; 5:Essential hypertension; 6:Hypothyroidism

Mode of Discharge Transportation: Other: State Vehicle

*Postprandial Hypotension
and atrial fibrillation*

Yes - Patient/Family/Caregiver demonstrates understanding of instructions given

Gary M. Northington
Patient/Family/Caregiver Signature

07/04/19 16:09:14
Date/Time

Relationship to Patient

NORTHINGTON, GARY M
Patient Name

Provider Signature

Date/Time

Exhibit E, 9 pages

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: LCF

COMPLETED BY: Jennifer J. Meyer, RN 07/01/2019 5:38 AM

Patient Name: GARY NORTHINGTON

DOB: 11/15/1948

ID#: 193035

Patient presenting with chief complaint(s) of: Cardiovascular.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
07/01/2019	5:51 AM		45	regular	18		90/56	99		
07/01/2019	5:42 AM						79/52			
07/01/2019	5:41 AM	96.8	49	regular	18		74/46	99		156.60

← Bradycardia

← Hypotensive Emergency

MISCELLANEOUS AND OTHER COMPLAINTS

Subjective:

Date of Onset: 07/01/2019.

Associated symptoms: Approx. 04:50 am, Prisoner states he felt his BP dropping. Woke up in a cold sweat. Had Officer notify HC. Prisoner arrived to HC via w/c. Diaphoretic. Alert & oriented. Feeling nauseated. Prisoner vomited x3 & had a BM when it started. ← Told to nurse by c/o Buendia.

Objective:

Physical Examination Findings

Vitals taken. Blood sugar = 146. LSCTA. Heart rate, extra beat noted. Provider arrived and notified. EKG ordered.

← Atrial fibrillation

Assessment:

Gave Day shift Nurse report and passed the Prisoner along to her.

Plan:

ORDERS

Status	Order	Reason	Date
completed	Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment		
completed	Sick call if signs and symptoms of infection develop or symptoms do not subside		

Document generated by: Jennifer J. Meyer, RN 07/01/2019 6:11 AM

Provider: Margaret Ouellette PA

Exhibits p. 2

NAME: NORTHINGTON, GARY M
NUMBER: 193035
D.O.B.: 11/15/1948

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: GARY NORTHINGTON
DATE OF BIRTH: 11/15/1948
DATE: 07/01/2019 6:36 AM
VISIT TYPE: Provider Visit-unscheduled

History of Present Illness

1. Dizziness

Onset was 2 Hour(s) ago. Severity is severe. The problem is unchanged. The patient describes it as (an) light-headed. It occurs spontaneously. Denies aggravating factors. Relieving factors include rest. Associated symptoms include nausea, vomiting and weakness. Pertinent negatives include chest pain, diplopia, hearing loss, loss of vision, headache, palpitations, seizures, slurred speech or tinnitus.

Chronic Problems

Dermatophytosis

Hypothyroidism

Hyperlipidemia, mixed high cholesterol

Anemia

Disorder, personality NOS

Degeneration, vitreous body

Opacity, vitreous NEC

Hypertension, essential NOS

Recent MI, Unspecified Site Myocardial Infarction

Atherosclerosis, coronary

CAD, Arterial Graft

Embolism/infarction, pulmonary

Rhinitis, allergic

chr airway obstruct nec - 496

GERD

Hyperplasia, prostate

Disorders, skin NOS

Osteoarthritis NOS

Claw foot, acquired

Dizziness

Edema

Symptoms inv respiratory syst/chest

Chest Pain, Unspecified

Pulmonary Embolus, History of

Long-term Use of Anticoagulants

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Questran	4 Gram	60	Injest 1 packet mixed with water BID PRN
KOP			
Plavix	75 Mg	30	Take one tablet daily KOP
Coreg	6.25 Mg	180	2 Tablets PO BID s/p CABG
Hold if pulse < 60			
Lisinopril	10 Mg	30	Take 1 by mouth once daily
Nizoral	2 %	1	apply topically to affected area, after 5-10
min rinse with water 2 times a week			KOP

NORTHINGTON, GARY

193035

11/15/1948

1/3

Exhibit E,
P. 3

Zaditor	0.025 % (0.035 %)	1	one drop each eye BID
Cyanocobalamin Injection	1,000 Mcg/ml	1	Give 1ml IM every month
Verapamil Er	120 Mg	30	Take one tablet daily KOP
Saline Nasal Spray	0.65 %	1	One spray in each nostril daily as needed
KOP			
Synthroid	50 Mcg	30	Take one tablet by mouth in am on empty
stomach with a full glass of water	KOP		
Zantac	150 Mg	30	Take 1 daily as needed for heartburn
Senna	8.6 Mg	30	Take 1 daily as needed for constipation kite
for refills			
Aspirin	325 Mg	30	Take 1 by mouth once daily
Pain Reliever	325 Mg	60	Take 1 - 2 by mouth 3 times a day as
needed			
Nitroglycerin	0.4 Mg	1	1 tablet PO PRN chest pain, may repeat
every 5 minutes	contact physician if used 3 or more.	profile	
Incruse Ellipta	62.5 Mcg/actuation	1	1 puff daily. ACMO approved
indefinitely			
Proventil	90 Mcg	1	1 PUFF Q 4-6 hours PRN. Kite for Refill
limit of 2 canisters/12 month.	profile		

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Carbamazepine; Tricyclic Anti-depressants		
Phenothiazines		
Benzodiazepines		
Latex	Appears To Get Irritation/rash.	

Review of Systems

Constitutional:

Negative for fever.

HEENT:

ENMT

See History of Present Illness.

Respiratory:

Positive for:

- Dyspnea.

Negative for cough and wheezing.

Cardiovascular:

Positive for:

- Irregular heartbeat/palpitations.

Gastrointestinal:

See History of Present Illness.

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
07/01/2019	6:36 AM	74.0			82/52	40	18	99	
07/01/2019	5:51 AM				90/56	45	18	99	
07/01/2019	5:42 AM				79/52				
07/01/2019	5:41 AM	74.0	156.6	96.8	74/46	49	18	99	

Hypotensive Emergency
Bradycardia

FiO2 PeakFlow Pain Score Comments

Report per 3'rd shift RN. PA in to evaluate. EKG completed as ordered. To PA for interpretation. To sent to Promedica ER via ambulance.

Heart rate has Extra beat noted.

Blood sugar= 146

Atrial Fibrillation

Measured By

Jennifer J. Meyer, RN
Jennifer J. Meyer, RN
Jennifer J. Meyer, RN
Jennifer J. Meyer, RN

Physical Exam

NORTHINGTON, GARY
193035
11/15/1948

Exhibit E,
p.4

No acute distress. Well nourished. Overall appearance is ill-appearing and pale.

Head / Face: Normocephalic.

Eyes:

Right

No icterus.

Left

No icterus.

Respiratory: Normal to inspection. Lungs clear to auscultation and percussion.

Cardiovascular:

Rate and Rhythm: Heart rate is bradycardic. Rhythm is regular.

Neurological:

Level of Consciousness: Normal.

Orientation: Alert and oriented X 3. Grossly normal intellect. .

Memory: Intact. .

Psychiatric:

The patient is oriented to time, place, person, and situation.

Procedures

EKG Interpretation:

Rhythm: atrial fibrillation w/SVR. Rate: 43. QRS Axis and Voltage: normal. Chamber Hypertrophy/Enlargement: normal. ST/T Wave Abnormality: nonspecific abnormality, T-wave leads 1, 11, aVL, V5, V6. Myocardial: Q wave lead 111 (?significance).

Assessment/ Plan

Shortness of breath (786.05)

Dizziness and giddiness (780.4)

Hypotension NOS (458.9)

- has not taken **Coreg 12.5, Lisinopril 10 mg**

CAD, Arterial Graft (414.04)- CABG x 3 2016

- CABG x 3 2016

Atherosclerosis, coronary (414.0)

- CI and DES of D1. LIMA to LAD patent, SVG to RCA patent, and occluded SVG to OM. S/P PTA

Plan comments: Send patient to Promedica via ambulance

Called report to Promedica ER provider

Follow-up upon return

Verbalized understanding of plan of care

Office Services

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	07/01/2019	Patient was reassured	
completed	07/01/2019	Patient education provided and patient voiced understanding	
completed	07/01/2019	Discussed treatment of low blood pressure, A- fib with SVR (new)	

Document generated by: Margaret A. Ouellette, PA-C 07/01/2019 7:01 AM

NORTHINGTON, GARY
193035
11/15/1948

3/3

Exhibit E,
p. 5

Patient Name: NORTHINGTON, GARY M
MRN: 300000844867

DOB/Age/Sex: 11/15/1948 70 years Male

Kowalczyk, DO, Michael C

Consultation Notes

Document Type: Cardiology Consultation
Service Date/Time: 7/2/2019 11:16 EDT
Result Status: Auth (Verified)
Document Subject: Consult Note-cardiology
Sign Information: Carlson, FNPC, Katherine A (7/2/2019 11:50 EDT); Madala, MD, Mohan C (7/2/2019 11:29 EDT)

Chief Complaint

dizziness, lightheadedness

Reason for Consultation

atrial fibrillation

History of Present Illness

This is a 70 year old male with pmh of hypertension, hyperlipidemia, hypothyroid, DVT/PE, MI, CAD with CABG x 3 (2016), cardiac stents x 2 on 06/05/2019, and a renal artery stent on 06/07/19. He also has a history of post-prandial hypotension that he reports has been ongoing x 30 years. He transferred to MGL on 7/1 from Coldwater Regional Hospital; originally presented from Lakeland Correctional Facility following an episode of symptomatic bradycardia and hypotension.

Patient reports he awoke at 4 am and had a snack per his usual routine. He laid back down and shortly thereafter began having cold sweats, nausea, and had the urge to defecate. He ambulated to the bathroom where he did vomit and have a bowel movement (not diarrhea). He called for help at that time and was taken to the medical unit for evaluation. He was found to have a blood pressure of 80s/40s and a heart rate in the 30s. An EKG performed at that time revealed him to be in atrial fibrillation with a heart rate in the 40s. He reports that he had another episode of N/V with another bowel movement, and then his symptoms began to resolve. He was then taken to Coldwater Regional and subsequently to MGL for further evaluation. EKG done at Coldwater showed a sinus rhythm with a rate of 67 and frequent PVCs.

Patient reports that he had been prescribed 120 mg verapamil po daily for rate control of his atrial fibrillation in May of this year. He had a cardiac catheterization on June 5, 2019; records indicate "PCI and DES of D1. LIMA to LAD patent, SVG to RCA patent, and occluded SVG to OM" (from Department of Corrections records sent with patient). Patient states that his verapamil was not returned to him following his stay at Henry Ford Allegiance in June. He was therefore without this medication from approximately June 8th until his new prescription came on June 30th. He took his first dose with dinner on 6/30, and this episode occurred at approx 4 am on 7/1. His other home medications include clopidogrel, 81 mg aspirin, carvedilol 12.5 BID, and lisinopril 10 mg QD.

Since arrival at MGL he has had a carotid doppler study which showed bilateral ICA stenosis of 50-69%. EKG showed sinus bradycardia with a rate of 57. An echocardiogram was performed; results are pending. Last blood pressure was 121/70 with a HR of 53. Labs show troponin 0.020, Hgb 11.1.

Upon exam this morning patient denies chest pain, palpitations, headache, or edema. He reports that while most of his symptoms have resolved, he still complains of some nausea and dizziness with position changes. He is a non-smoker. His father also had coronary artery disease.

Problem List/Past Medical History

Ongoing

Allergic rhinitis
Anemia
Carotid stenosis
Chest pain
Chronic airway obstruction
Claw foot
Coronary artery disease
Coronary atherosclerosis
Dermatophytosis
Edema
Essential hypertension
GERD
Hyperlipidemia
Hypertension
Hypothyroidism
Osteoarthritis
Personality disorder
Prostate hyperplasia
Pulmonary embolism

Historical

Procedure/Surgical History

Renal angiogram (06/07/2019), Stent placement (06/05/2019), CABG x 3 - Coronary artery bypass grafts x 3 (01/01/2017).

Medications

Inpatient

famotidine, 20 mg= 1 tabs, Oral, BID
Ketotifen 0.035% Oph Soln, 1 EA, Eye-Both, Q12H
lisinopril, 10 mg= 1 tabs, Oral, Daily w/Lunch
Plavix, 75 mg= 1 tabs, Oral, Daily
Proventil HFA 90 mcg/inh inhalation aerosol, 90 mcg= 1 puffs, Inhale, Q4H, PRN
Spiriva, 18 mcg= 1 cap, Inhale, Q24H
Synthroid, 50 mcg= 1 tabs, Oral, Daily
Xarelto, 20 mg= 1 tabs, Oral, Daily w/Supper

Patient Name: NORTHINGTON, GARY M

MRN: 300000844867

DOB/Age/Sex: 11/15/1948 70 years Male

Kowalczyk, DO, Michael C

Consultation Notes

Review of Systems

Constitutional: [No fevers, chills, sweats]

Eye: [No recent visual problems]

ENMT: [No ear pain, nasal congestion, sore throat]

Respiratory: [No shortness of breath, cough]

Cardiovascular: [No Chest pain, palpitations, syncope. Mild dizziness with position changes.]

Gastrointestinal: [No vomiting, diarrhea. Mild nausea with position changes.]

Genitourinary: [No hematuria]

Hema/Lymph: [Negative for bruising tendency, swollen lymph glands]

Endocrine: [Negative for excessive thirst, excessive hunger]

Musculoskeletal: [No back pain, joint pain, muscle pain, decreased range of motion. C/o right neck anterior neck pain with assoc headache; chronic]

Integumentary: [No rash, pruritus, abrasions]

Neurologic: [No confusion, dysphagia, loss of balance]

Psychiatric: [No anxiety, depression]

Physical Exam

Vitals & Measurements

T: 36.5 °C (Oral) **TMIN:** 36.4 °C (Oral) **TMAX:** 36.9 °C (Oral) **HR:** 62 (Monitored)

RR: 17 **BP:** 121/70 **SpO2:** 99% **WT:** 70.500 kg **HT:** 70.500 cm

Temperature Oral: 36.5 Deg C Peripheral Pulse Rate: 53 bpm Low Heart Rate

Monitored: 62 bpm Respiratory Rate: 17 br/min Systolic Blood Pressure: 121 mmHg

Diastolic Blood Pressure: 70 mmHg Mean Arterial Pressure, Cuff: 77 mmHg Blood

Pressure Location: Right arm Blood Pressure Method: Automatic

General: Alert and oriented, well nourished, no acute distress.

Eye: EOMI, normal conjunctiva

HEENT: Normocephalic, atraumatic, normal hearing

Neck: Supple, non-tender, no carotid bruit

Lungs: Clear to auscultation, no crackles or wheezes noted, non-labored respiration

Heart: Regular rate and rhythm, no murmur appreciated.

Abdomen: Soft, non-tender, non-distended, normal bowel sounds

Skin: Skin is warm, dry, no rashes or lesions. Pale in appearance.

Neurologic: Clear speech, no tremor, moves all extremities equally.

Psychiatric: Cooperative, appropriate mood and affect

Extremities: No edema noted bilaterally. Weak pedal pulses bilaterally.

Assessment/Plan

1. Symptomatic bradycardia/hypotension

-Discontinue verapamil

-Discontinue carvedilol

-Monitor blood pressure and heart rate

2. Paroxysmal atrial fibrillation

-Patient reports hx of warfarin therapy with difficulty keeping INR at therapeutic level

-Start Xarelto 20 mg qd for anticoagulation

3. Coronary artery disease

-Per cardiac catheterization from 06/05/19: PCI and DES of D1. LIMA to LAD patent, SVG to RCA patent, and occluded SVG to OM

Home

aspirin 325 mg oral tablet, 325 mg= 1 tabs, Oral, Daily

Coreg 12.5 mg oral tablet, 12.5 mg= 1 tabs, Oral, BID

cyanocobalamin 1000 mcg/mL injectable solution, 1000 mcg= 1 mL, IntraMuscular, Monthly

Increase Ellipta 62.5 mcg/inh inhalation powder, 1 EA, Inhale, Q24H

lisinopril 10 mg oral tablet, 10 mg= 1 tabs, Oral, Daily

nitroglycerin 0.4 mg sublingual tablet, 0.4 mg= 1 tabs, SubLingual, Q5 Min, PRN

Nizoral 2% topical shampoo, 1 app, Topical, Q3 Days

Ocean 0.65% nasal spray, 1 sprays, Nasal, Daily, PRN

Plavix 75 mg oral tablet, 75 mg= 1 tabs, Oral, Daily

Proventil HFA 90 mcg/inh inhalation aerosol, 1 puffs, Inhale, Q4H, PRN

Questran 4 g/9 g oral powder for reconstitution, 1 packets, Oral, BID, PRN

senna 8.6 mg oral tablet, 8.6 mg= 1 tabs, Oral, Daily, PRN

Synthroid 50 mcg (0.05 mg) oral tablet, 50 mcg= 1 tabs, Oral, Daily

Tylenol 325 mg oral capsule, 650 mg= 2 cap, Oral, Q8H, PRN

verapamil 120 mg/24 hours oral capsule, extended release, 120 mg= 1 cap, Oral, Daily

Zaditor 0.025% ophthalmic solution, 1 drops, Eye-Both, Q12H

Zantac 150 oral tablet, 150 mg= 1 tabs, Oral, Daily

Allergies

statins (elevated lfts)

Latex

benzodiazepines

carbamazepine

phenothiazines

Social History

Alcohol - 07/01/2019

Home/Environment - 07/01/2019

Patient Name: NORTHINGTON, GARY M
MRN: 30000844867

DOB/Age/Sex: 11/15/1948 70 years Male

Kowalczyk, DO, Michael C

Consultation Notes

-discontinue 81 mg aspirin
-Continue clopidogrel 75 mg daily through June 2020 secondary to stents.
-Patient reports that he cannot take statins because due to liver enzyme elevation; is currently taking Questran for hyperlipidemia

Injuries/Abuse/Neglect in household: No.
Lives with correctional facility.
Tobacco - 07/01/2019

4. Essential hypertension

-Monitor blood pressure off of verapamil and re-evaluate
-Patient reports that in the past he has taken enalapril/HCTZ but had negative side effects ("dried out my liver"); cannot remember any others he has tried in the past

5. Hypothyroidism

-Continue levothyroxine 50 mcg po daily

The patient was seen and examined by attending physician. Awaiting echocardiogram report. Requesting records from Henry Ford allegiance. Thank you for the opportunity to participate in this patient's care.

Attending Note:

The patient was seen and examined by me and discussed with housestaff/PA. Please see the notes above for further details. The pertinent findings of his/her evaluation were confirmed by me and were discussed with the housestaff/PA. I agree with impression and plan as outlined except as noted below.

Mr. Northington is 70 years old with hypertension, hyperlipidemia, DVT/PE, coronary artery disease status post coronary artery bypass graft x3 vessels in 2016. He has a LIMA to LAD, SVG to RCA and occluded SVG to OM. He had recent drug-eluting stent to the diagonal artery at Henry Ford Hospital. He was on carvedilol and verapamil when he presented with symptomatic bradycardia. Both medications have been discontinued and currently his heart rates are approximately 60 bpm. He denies any active cardiac complaints. He was recently diagnosed with paroxysmal atrial fibrillation. Our recommendation is to initiate rivaroxaban 20 mg daily and continue clopidogrel 75 mg daily through June 2020. Would withhold aspirin therapy to reduce his risk of bleeding. His ejection fraction at this time is 35 to 40% preliminary on echocardiogram. He is on lisinopril 10 mg daily. He is intolerant of all statins due to history of elevated LFTs. Will try to obtain previous records to find out his ejection fraction prior to our hospitalization.

Mohan C Madala MD FACC

Electronically Signed on 07/02/19 11:50 AM

Carlson, FNPC, Katherine A

Electronically Signed on 07/02/19 11:29 AM

Madala, MD, Mohan C

Family History

Coronary artery disease: Father.

Lab Results

Labs (Last four charted values)

WBC L 4.43 (JUL 02) 4.87 (JUL 01)
Hgb L 11.1 (JUL 02) L 11.6 (JUL 01)
Hct L 33.5 (JUL 02) L 34.7 (JUL 01)
Plt 213 (JUL 02) 235 (JUL 01)
Na 141 (JUL 02) 139 (JUL 01)
K 4.7 (JUL 02) 4.4 (JUL 01)
Cr 1.13 (JUL 02) 1.07 (JUL 01)
BUN H 19 (JUL 02) H 19 (JUL 01)
Glucose Random 98 (JUL 02) 88 (JUL 01)
PT 10.7 (JUL 01)
INR 0.99 (JUL 01)
PTT 25.6 (JUL 01)

Exhibit E,

PRISONER KITE

CSJ-105 rev. 7/05
4835-3105

Name G. Northington No. 193035 Date 11 JUN 2010

Assignment _____ Lock 7B-33L

To: Dr. Kilara JUN 14 2010

HEALTHCARE MOUND CORRECTIONAL
Recently I described a medical problem to you which you put in my records as being that I simply stop breathing. It was described as this: It begins with an overpowering sleepiness that causes me to "fall out" or instantly "go to sleep," I am unable to breathe, ~~but~~ still conscious, but paralyzed. Is there a name for this condition I told you about?

Officers and cellmates say it looks like I am not breathing.

You need an appointment to discuss in more detail.

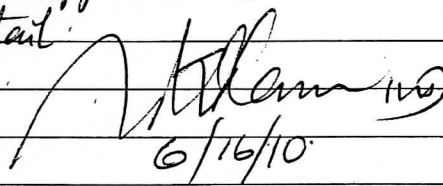
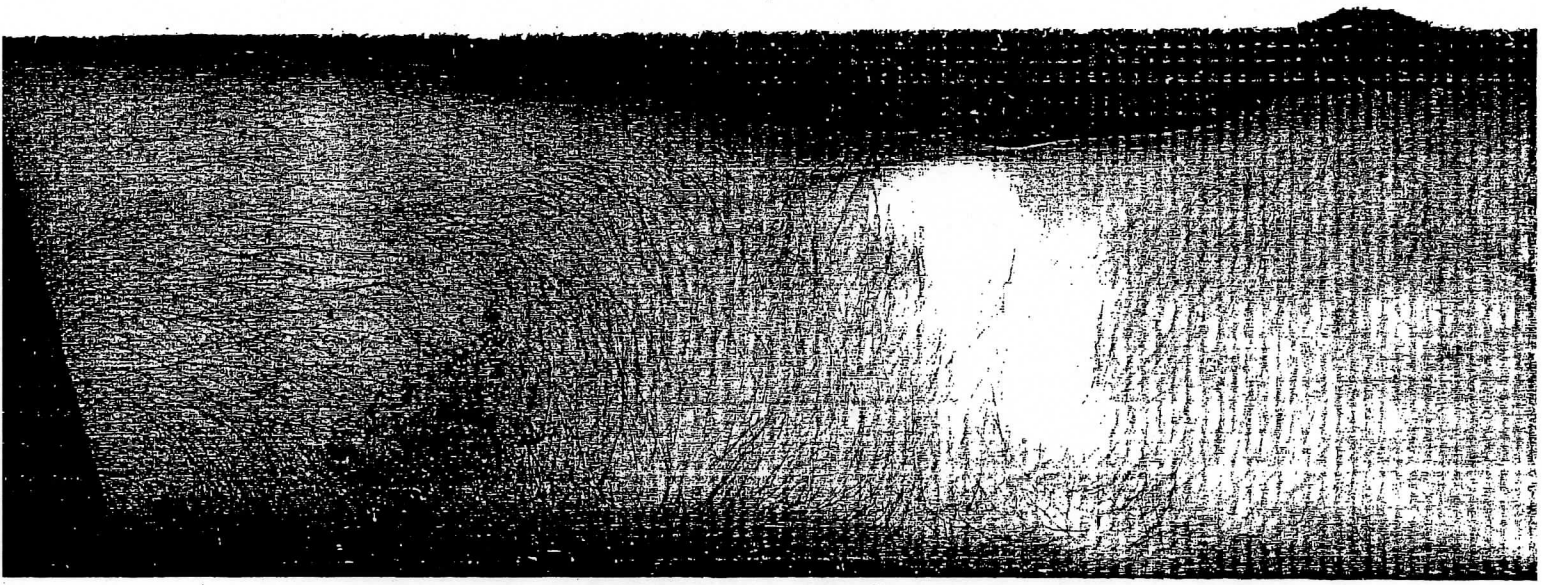

6/16/10

Exhibit E,
p. 9

12 MAY 2006



14-pages
Exhibit H, p. 1



(13 MAY 2006)
17th day. About $\frac{1}{3}$ size
it was at Day 3. These
covered every square
inch of my body a few
days prior. Originally,
there was fever, nausea,
vomiting and diarrhea.

Exhibit H, p. 2

MICHIGAN DEPARTMENT OF CORRECTIONS
NURSE PROTOCOL - DERMATITIS (MILD)

FACILITY: MCF

SITE: MCF

COMPLETED BY: Amy S. Meyer RN

11/30/2005 9:22 AM

PATIENT REPORT AND EXAMINATION WERE NORMAL, EXCEPT AS NOTED BELOW

Type of visit: Scheduled

Related to chronic condition? No

Subjective

Symptoms:

Patient complained of: - rash -- itching -

Onset of symptoms: 6 Weeks

Hx of present illness: says was seen on sick call for c/o rash and was issued medication that he feels was not effective. seems to think the rash is spreading.

Objective

Vital Signs:

Temp: 98.00 Pulse: 88 Resp: 16

BP: 0/0

Weight: 0 lbs. Last weight: 151.00 lbs.

Location 1: arms/trunk/leg Type: macular Color: hyperpigmentated Appearance: dry

Comments regarding objective findings: looks almost like dry skin eczema, but stops right at the knees.

Assessment

Alteration in skin integrity

Plan

Nursing Intervention:

Hydrocortisone 1% cream, applied twice a day, as needed for 1 week

Patient was given education.

Additional comments: also given bottle of blue shampoo with instructions for use. rekitte if no improvement will refer to the doctor

Disposition: Nurse Protocol completed

Exhibit H, page 3

MICHIGAN DEPARTMENT OF CORRECTIONS
SOAP Note Summary

Pg ID 1034

FACILITY: MCF

SITE: MCF

COMPLETED BY: Daniel Spitters, PA

05/10/2006 8:56 AM

Subjective

Unsched nsg referral pt w skin problem per pt since Sept last year burns itches worse after showering soap seems to bother. no med allergise per pt

Objective

On exam patches arms legs chest back etc of dry irrit skin reddeness excoriation from scratching non responsive to selsun HC helped w the itch but areas did not resolve

Assessment

eczematous dermatitis

Plan

disc tmt avoid drying soaps etc need oral agent antihistamine pt decl benadryl states was on 50 Tid and it made him way too sleepy we disc cyproheptadine see order this date pt agrees to kite in 7-10 days re improvement or no if not will need to step up t to benadryl starting w 25 mg pt ind understands and agrees

Medications

The following medication orders were written during this encounter:

<u>Stock</u>	<u>Brand Name</u>	<u>Start Date</u>	<u>Sig Codes</u>	<u>Dose</u>	<u>Generic</u>
<u>Name</u>	<u>Stop Date</u>	<u>Sig Description</u>			
N	Periactin	05/10/2006	1 PO BID prn	4mg	
	Cyproheptadine Hcl	06/10/2006	take one tablet as needed two times daily		

Exhibit H, page 4

NAME: NORTHINGTON, GARY M.
NUMBER: 193035
D.O.B: 11/15/1948

MICHIGAN DEPARTMENT OF CORRECTIONS

DWH EMERGENCY ROOM

PATIENT: GARY NORTHINGTON
 DATE OF BIRTH: 11/15/1948
 DATE: 08/07/2013 10:53 AM
 INMATE ID: 193035

Nursing Progress Note

Comments:

1048 - patient arrived to DWH ED with a slow, limping gait. patient is to be admitted to DWHC with a dx of Cellulitis of the (L) leg. patient is A/O x3, PWD, no s/sx of SOB/DIB. patient stated that his (L) great toe was red & swollen on August 1st and has slowly gotten worse and now the redness and swelling is above his knee. patient ambulated to the restroom to void.

1100 - Launder PA - C with patient at this time.

1110 - VO from Launder PA - C to establish an IV and administer the first dose of 1gm Vancomycin IVPB. Patient's VS are stable and he rates his pain when walking nearly a 10 out of 10, but when he's not bearing weight, the pain is a 3/10.

1115 - 18ga IV established in patient's (R) FA, IV flushed with 10mL saline without difficulties.

1118 - 1gm Vanco IVPB started at this time via pump at a rate of 125mL/hr. patient is resting comfortably. Lunch tray has been ordered.

1130 - patient is given a lunch tray, IV infusing without difficulties.

Date: 08/07/2013

Time: 10:54 AM

User: Aimee Deline, RN

Comments:

1145 - IV infusing without difficulties, patient is tolerating it well. IV infusion rate increased to 250mL/hr. Patient has finished eating his lunch tray.

1150 - patient report called to 4 East and given to Rubley LPN.

1235 - IV infusion of Vanco is completed. IV tubing disconnected and IV was flushed with 10mL Saline.

1243 - patient is taken out of DWH ED via w/c to the holding tank and from there the patient will be taken up to 4 East room 424B.

Date: 08/07/2013

Time: 11:49 AM

User: Aimee Deline, RN

Provider: David Launder PA

Document generated by: Aimee Deline, RN

Exhibit H, p. 5

NAME: NORTHINGTON, GARY M
 D.O.B.: 11/15/1948
 Inmate ID: 193035

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: MRF

COMPLETED BY: Diana L. Herring, RN 06/01/2015 6:52 AM

Patient Name: GARY NORTHINGTON
DOB: 11/15/1948
ID#: 193035

Patient presenting with chief complaint(s) of: Cardiovascular.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
06/01/2015	7:41 AM									
06/01/2015	0715		63		18		89/47			
06/01/2015	0650		59				84/42			
06/01/2015	0655		60				74/42			
06/01/2015	7:39 AM		60				73/41			
06/01/2015	0555	97.6	60		18		72/42	99		152.30

MISCELLANEOUS AND OTHER COMPLAINTS

Subjective:

Date of Onset: 06/01/2015.
 Associated symptoms: 0545 Was called over radio that a prisoner was down in the unit, was breathing but on the floor. Arrived to unit and inmate was using the restroom, noted coffee spill just outside stalls, inmate said he would be out in a minute, alert, with clear speech
 Previous history? Yes. Prisoner said his " BP drops out sometimes " said he usually lays in bed till BP " comes back up "
 Previous treatment? Yes.
 Result of injury? No. Prisoner denies injury he said he thinks he fell because BP is low, said this has happened before

Objective:

Physical Examination Findings
 Transported inmate to health care by wheel chair, alert, speech clear and appropriate, skin dry but inmate said earlier he got real hot and was sweating, he denies fever and chills. Color is very pale, inmate said he bruised his hip when he fell

Assessment:

Hypotension

Plan:

ORDERS

Status	Order	Reason	Date
ordered	Referred to provider (Badawi Abdellatif MD), for	Other: Consulted with MP Abdellatif	06/01/2015
completed	Patient education provided		
completed	Sick call if signs and symptoms of infection develop or symptoms do not subside		
completed	Other: History, Exam, Vitals,		

Document generated by: Diana L. Herring, RN 06/01/2015 7:51 AM
Provider: Badawi Abdellatif MD

Exhibit H, p. 6

NAME: NORTHINGTON, GARY M
NUMBER: 193035
D.O.B.: 11/15/1948

19 JAN 2016

Around 1300, an hour after eating "Poultry Stew" made of processed turkey used by TRINITY FOOD SERVICE (TSG), I began coughing-up fluids from my lungs and my Lower Legs swelled and had hives.

Around 2300, I went to HEALTH SERVICE because my blood pressure dropped to 50/20 and a hot-flash with profuse sweating occurred; like on 01 JUNE 2015 when I passed-out from eating a bologna sandwich. I could not stand until after I drank 2-cups of water which restored my blood pressure. HEALTH SERVICE said I was okay with B/P of 141/80 despite the HIVES on my legs. My calves, which are normally 22-centimeters, had swollen to 38-cm; my waist from 32 to 36-inches.

20 JAN 2016

I drank 20-glasses (10.3 lbs.) of water in a 24-hour period, and urinated only one ounce which was brown. Most of the water went into the EDEMA, with blood pressure of 50/20 to 70/40 for most of the time. The hives were up to my hip and on my arms.

23 JAN 2016

The rash/hives covered my entire body in 4-days. My 152-pound body gained 13-pounds of water weight in 4-days and continues to do so.

24 JAN 2016; SUNDAY

At HEALTH SERVICE for the 5th time, I was in RENAL FAILURE: My blood pressure had dropped to 50/20. The nurse put 2 saline I-Vs in me but could not get my blood pressure above 70/40 for 5-hours. The I-V could not run fast enough to counter water going into the EDEMA. DR. ABDELLATIF came in check to me. Around 1600 I said, "Give me 2-glasses of water", which brought my B/P up to 103/54 and I was sent to my cell.

27 JAN 2016

At HEALTH SERVICE at 0030 hours, my blood pressure was 182/73. My Lower Legs, front thighs, and forearms burned like a hot iron on my skin. From 0100 to 0600 hours in H/U-3, I walked the hall (except during count) to lessen the pain of EDEMA and anaphylactoid purpura. At 0800, HEALTH SERVICE gave me a Benadryl which I told them did not have any effect in the prior 4-days. I gained another pound. The doctor and 2 nurses saw me. The original nurse, Martha Rademaker, said the rash was worse. Around 2000 hours, EDEMA, pain and purpura are increasing.

29 JAN 2016: I am still like 27 JANUARY.

31 JAN 2016

My calves measured at 43-cm and waist at 39-inches. My legs have only about 10-degrees of movement. As always, the pain is severe like a hot iron on my skin when it flares-up or when I move.

10 FEB 2016

Around 1900 hours, during a shower: While scrubbing my legs, which are covered with atopic dermatitis and swollen to 2½-times normal size, I became nauseated and weak. After drying off, I suddenly sweated profusely, passed-out, then became conscious and blacked-out 4-times with dim and sparkled vision. I could not sit-up but had to keep my head between my knees. B/P was around 50/20. After drinking one cup of water, I began to feel better with blood pressure of 154/70. I went to HEALTH SERVICE.

Gary M. Northington
Gary M. Northington 193035

Page 25 of Complaint,
describing pages H7-H11 herein.

Exhibit H, - page 7

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: MRF

COMPLETED BY: Sharon R. Draveling, RN 01/19/2016 11:26 PM

Patient Name: GARY NORTHINGTON

DOB: 11/15/1948

ID#: 193035

Patient presenting with chief complaint(s) of: Integumentary.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
01/20/2016	12:00 AM	96.9	66	regular	18		158/81	99		
01/19/2016	11:10 PM	96.5	76	regular	18		168/84	100		155.90

ALTERATION IN SKIN INTEGRITY

Subjective:

Affected body part? Bilateral arm, leg
How did it occur? "eating processed meats, turkey, bologna"
Recent allergen exposure? yes
Patient complains of: itching,

c/o slightly raised red rash to bilateral arms, legs, head, abdomen, back, c/o itches. MSP Dr. Abdellatif called, given Benadryl 25 mg po as ordered, tol well.

Objective:

Wound Location: bilateral arm, leg.

Examination shows erythemic area with short well defined slightly raised border

Date of last tetanus booster: 11/14/2008

Instructed to keep affected area clean and dry, to notify healthcare if any new or worsening symptoms, verbalizes understanding.

Assessment:

Alteration in skin integrity.

Plan:

MEDICATIONS

Start	Stop	Medication	Dose	Rx Units	Issued Sig Desc
01/19/2016	01/22/2016	Diphenhydramine Hcl	25 Mg		0 Take 1 by mouth 3 times a day

ORDERS

Status	Order	Reason	Date
ordered	DIPHENHYDRAMINE HCL 25 mg CAPSULE		
ordered	Nurse Sick Call ; 3-73-B. Recheck rash arms, legs, face, head, chest, abd, back, feet from c/o allergic reaction to eating processed meat.		01/21/2016
completed	Physician contacted for same day treatment and orders		
completed	Medication allergies and other contraindications reviewed & pregnancy ruled out prior to treatment		
completed	Sick call if symptoms do not subside or become more severe		

NAME: NORTHINGTON, GARY M
NUMBER: 193035
D.O.B.: 11/15/1948

Exhibit H, p. 8

Pg ID 1044
1044

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: MRF

COMPLETED BY: Martha Rademaker, RN 01/21/2016 8:52 AM

Patient Name: GARY NORTHINGTON
DOB: 11/15/1948
ID#: 193035

Patient presenting with chief complaint(s) of: Integumentary.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
01/21/2016	8:52 AM		60	regular	18		150/85	99		158.40

ALTERATION IN SKIN INTEGRITY

Subjective:

Affected body part? generalized
When did it occur? 3 Days
Recent allergen exposure? yes
Patient complains of: itching,

Pt presents a/ox4 to health care with continued c/o urticaria to extremitys and lower trunk, onset 3 days ago. pt was seen in health care and given po benadryl witch he states has helped .

Examination shows superficial injury to skin;

Signs & symptoms of infection: increased redness,

Date of last tetanus booster: 11/14/2008

urticaria is obvious to extremitys and present to upper back, also top of scalp.

Assessment:

Alteration in skin integrity.
Potential or actual infection.

Plan:

ORDERS

Status	Order	Reason	Date
ordered	MSP Sick Call : Referred to provider (Badawi Abdellatif MD)	for condition not responding to protocol. 3-73b please assess urticaria no responding to PO benadryl.	01/21/2016
ordered	Referred to provider (Badawi Abdellatif MD)	for condition not responding to protocol. 3-73b please assess urticaria no responding to PO benadryl.	01/21/2016
completed	Medication allergies and other contraindications reviewed & pregnancy ruled out prior to treatment		
completed	Patient education provided		

Document generated by: Martha Rademaker, RN 01/21/2016 9:15 AM
Provider: Badawi Abdellatif MD

NAME: NORTHINGTON, GARY M
NUMBER: 193035
D.O.B.: 11/15/1948

Exhibit H, p. 9

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: MRF

COMPLETED BY: Martha Rademaker, RN 01/24/2016 10:12 AM Sunday

Patient Name: GARY NORTHINGTON

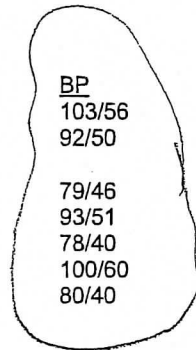
DOB: 11/15/1948

ID#: 193035

Patient presenting with chief complaint(s) of: Integumentary.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
01/24/2016	3:57 PM		76		18		103/56			165.10
01/24/2016	2:45 PM		69				92/50			
01/24/2016	2:09 PM									
01/24/2016	1:09 AM (actually "PM")						79/46			
01/24/2016	12:08 PM				24		93/51	99		
01/24/2016	2:08 PM						78/40			
01/24/2016	10:07 AM						100/60			
01/24/2016	1000 AM				20		80/40			



ALTERATION IN SKIN INTEGRITY

Subjective:

When did it occur? 5 Days

Patient complains of: pain, itching,

Examination shows superficial injury to skin; pruritic, peeling, cracking of the skin;

Signs & symptoms of infection: increased redness, increased swelling, increased pain

Date of last tetanus booster: 11/14/2008

Assessment:

Alteration in skin integrity.

Potential or actual infection.

EMERGENT/URGENT

Objective:

Primary Assessment

- Airway: Patent
- Breathing: Present
- Circulation: Pulse Present
- Profuse Bleeding: NA
- Possible Cervical Spine Injury: NA

Secondary Assessment

Skin Temperature
Normal.

Head to Toe Assessment

Level of Response
Awake.

Exhibit H, p. 10

NAME: NORTHINGTON, GARY M
NUMBER: 193035
D.O.B.: 11/15/1948

Pg ID 1048
1046

**MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES**

PATIENT: GARY NORTHINGTON
 DATE OF BIRTH: 11/15/1948
 DATE: 01/26/2016 6:56 AM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 67 year old male presents with chart review.

History of Present Illness

1. Chart Review

Additional comments:

CR as Benadryl is non formulary he has allergic reaction all over body, will reorder Benadryl from our stock

Allergic Reaction

Chronic Problems

Hypertension, essential NOS
 Asthma NOS

Past Medical/Surgical History

Condition	Year	Procedure/Surgery	Year
basal cell carcinoma			

Diagnostics History:

Test	Date Ordered	Status	Results
Chest x-ray, two views	07/28/2011	completed	
Chest x-ray, two views	11/06/2012	completed	
Chest x-ray, two views	08/21/2013	completed	
PPD 0.1 mL ID		completed	0 mm
PPD READ : PPD read	12/13/2010	ordered	
PPD 0.1 mL ID	12/13/2010	ordered	0 mm
PPD Read : HU 3-57 PPD Read	12/04/2012	ordered	
Monitor vital signs-Pulse Ox	07/22/2013	completed	
PPD Read : PPD Read (HU3- 73B)	11/11/2014	ordered	
PPD 0.1 mL ID	11/07/2011	ordered	
PPD READ : HU 3-57-B	11/07/2011	ordered	
PPD Read : HU3 PPD Read	10/24/2013	ordered	

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Bactrim Ds	800 Mg-160 Mg	14	One tablet twice a day
Lisinopril	20 Mg	30	take one by mouth every day
Proventil	90 Mcg	1	Inhale 2 puffs by mouth four times a day as needed
Terazosin Hcl	1 Mg	30	One capsule at night
Hydrochlorothiazide	12.5 Mg	30	One capsule every morning

Allergies

Allergen/Ingredient	Brand
Peanuts	
Carbamazepine; Tricyclic Anti-depressants	

Reaction:

Exhibit H, p. 11
 NORTHINGTON, GARY
 193035
 11/15/1948

1/2

Badawi M. Abdellatif, MD

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: MRF

COMPLETED BY: Emily A. Eames, RN 03/26/2016 8:01 AM

Patient Name: GARY NORTHINGTON

DOB: 11/15/1948

ID#: 193035

Patient presenting with chief complaint(s) of: Integumentary.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
03/26/2016	8:03 AM		67	regular	18		139/83			159.00

MISCELLANEOUS AND OTHER COMPLAINTS

Subjective:

Date of Onset: 03/20/2016.

Associated symptoms: Pt had soy in his meal, which caused him to break out into a red, itchy rash on BL legs. On 3/21 the rash extended up the length of the leg. Pt currently has still rash as he presents today.

Previous history? Yes. Rash with processed foods for 11 years.

Previous treatment? Yes. Benadryl- does not work

Result of injury? No.

Objective:

Physical Examination Findings

Erythemic, shiny skin with red raised bumps on BL lower legs. Healing red raised rash on BL thighs as well. Pt states Benadryl does not help and that hydrocortisone affects his immune system and causes infection.

Plan:

ORDERS

Status	Order	Reason	Date
ordered	MP RNR : HU 3-73: R great toe with grey growth on the distal end of toe.	Rash on BL legs x 1 week.	03/30/2016
completed		Medication allergies and contraindications reviewed and pregnancy ruled out prior to treatment	
completed		Patient education provided	
completed		Sick call if signs and symptoms of infection develop or symptoms do not subside	

Document generated by: Emily A. Eames, RN 03/26/2016 8:21 AM
Provider: Kim R. Farris PA

Exhibit H, p. 12
NAME: NORTHINGTON, GARY M
NUMBER: 193035
D.O.B.: 11/15/1948

JCF H/U H28

From: Gary M. Northington 193035 12 MAR 2017

To: Warden Shawn Brewer, Dr. Charles Jansen (517)

- , Dr. Gary Kirstein, Richard D. Russell (517)

- , Melody Wallace (517) 655-4498, Heidi

Washington, Linda C. Wittman (517) -

Dear Dr. Jansen,

I told you a few times: I have hypertension between 0100 and 0300 hours every morning, then hypotension from 0500 to 0600 and my heart misses every 3rd beat.

From 0030 to 0600, today, I drank 3-glasses of water.

This morning, hypotension occurred when I was in the bathroom: (1) I suddenly felt weak, nauseated and vision in my right eye went out. (2) I sweated profusely, sat down and put my head between my knees. (3) I had no vision, my left arm had no feeling, and left leg buckled from weakness as I felt my way and fell to the toilet seat. (4) I heaved and vomited while seated with my head between my knees, then blacked-out for minutes. (5) Upon becoming conscious, my vision was black and sparkly. (6) As sometimes occurs, I urinated and defecated without control. (7) After I felt better and Nurses came, my Blood Pressure was 108/70 mmHg, O2 was 91%, and my Heart missed every 3rd beat.

Exhibit to Grievance #229 Gary M. Northington

Exhibit H, p. 13

From: Gary M. Northington 193035 29 APR 2017

FYI

Dear Dr. Jamsen,

I had another episode of every-morning hypotension that approached passing-out. This was not as bad as the 12 MARCH 2017 event.

My vision got dim and sparkly, and I was nauseated as usual. This got worse as I stood, then I sweated profusely. I got to my bed and layed-down just before I would have passed-out. It was 0530 hours.

My watch did not fit on my wrist from which I had removed it at 0505 hours. My calves had swollen from 22 cm to 33 cm in that 25-minutes. Both eyes had "sunspots" in the middle that Dr. Mia calls an "optical migraine".

I took nitroglycerin which seemed to relieve the swollen appendages and visual disturbance. I drank a cup of coffee which raised my blood pressure enough to be able to walk upright. After walking to breakfast in the cold air, then I was back to normal.

This and the 12 MARCH 2017 incident were about 30-minutes after eating a peanut butter sandwich and began when I urinated. On 01 JUNE 2015, I passed-out after eating a bologna (containing soy) sandwich. On 24 JANUARY 2016, it was after eating a big soy meal.

Gary M. Northington

Exhibit H, p. 14

NORTHINGTON, GARY

MCLAREN GREATER LANSING
401 W. Greenlawn, Lansing, Michigan 48910
(517) 975-7000

LABORATORY DISCHARGE SUMMARY REPORT

Collected	07/03/2016 05:06	07/02/2016 04:57	07/01/2016 09:10	06/30/2016 05:39	06/29/2016 05:20	06/29/2016 05:20	Reference	Unit
AST	74 H	103 H	149 H	138 H	131 H	131 H	15-37	U/L
LIPASE					341	341	73-393	U/L
AMY					52	52	25-115	U/L
eGFR AA	75	68	67	63	61	61	60-240	mL/min
eGFR NAA	62 ¹¹	56 ¹¹ L	55 ¹¹ L	52 ¹¹ L	51 ¹¹ L	51 ¹¹ L	60-240	mL/min

Collected	06/28/2016 05:04	06/27/2016 04:50	06/26/2016 04:10	06/25/2016 20:28	06/25/2016 04:10	06/24/2016 17:50	Reference	Unit
NA	130 L	134 L	132 L	135 L	137	139	136-145	mmol/L
K	4.3	4.4	3.7	3.8	4.1	4.5	3.6-5.2	mmol/L
CL	95 L	96 L	96 L	97 L	99 L	100	100-108	mmol/L
CO2	27	27	28	28	28	25	21-32	mmol/L
AGAPC	8.0	11.0	8.0	10.0	10.0	14.0	3.0-15.0	mmol/L
GLU	108 ⁹ H	114 ⁹ H	138 ⁹ H	150 ⁹ H	156 ⁹ H	163 ⁹ H	74-106	mg/dL
BUN	50 H	60 H	47 H	45 H	35 H	26 H	7-18	mg/dL
CREA	1.62 H	2.04 H	1.84 H	1.84 H	2.06 H	2.16 H	0.50-1.50	mg/dL
BUNCR	30.9 H	29.4 H	25.5 H	24.5 H	17.0	12.0	12.0-20.0	Ratio
CA	7.7 L	8.3 L	8.0 L	8.4 L	7.7 L	7.5 L	8.5-10.1	mg/dL
IONCA		1.07 L	1.06 L		1.00 L		1.13-1.32	mmol/L
MG	3.1 H	3.4 H	3.2 H		2.5 ⁷ H		1.8-2.4	mg/dL
PHOS	3.4	4.0	3.4		4.7		2.5-4.9	mg/dL
Tot Prot	5.8 L	6.3 L	6.3 L	6.3 L	6.2 L	5.9 L	6.4-8.2	g/dL
ALB	3.4	3.6	3.8	4.0	4.2 ¹⁰	3.6	3.4-5.0	g/dL
GLOBC	2.4	2.7	2.5	2.3	2.0	2.3	2.1-3.7	g/dL
AGRC	1.4	1.3	1.5	1.7	2.1 H	1.6	1.1-1.8	g/dL
TBIL	0.7	0.7	0.7	0.7	0.6	0.8	0.2-1.0	mg/dL
ALP	294 H	221 ¹⁰ H	90	69	59	61	46-116	U/L
ALT	573 H	790 H	772 H	787 H	896 ¹⁰ H	218 H	12-78	U/L
AST	130 H	239 H	328 H	399 H	796 ¹⁰ H	262 H	15-37	U/L
eGFR AA	52 L	40 L	45 L	45 L	39 L	37 L	60-240	mL/min
eGFR NAA	43 ¹¹ L	33 ¹¹ L	37 ¹¹ L	37 ¹¹ L	32 ¹¹ L	31 ¹¹ L	60-240	mL/min

Collected	06/24/2016 04:00	06/23/2016 18:20	06/23/2016 14:00	06/23/2016 14:00	06/23/2016 13:10 ¹²	06/22/2016 15:33	Reference	Unit
NA	143	144	142			136	136-145	mmol/L
K	4.0	3.7	3.3 L	3.2 L		4.0	3.6-5.2	mmol/L
CL	106	107	107			102	100-108	mmol/L
CO2	28	24	25			28	21-32	mmol/L
AGAPC	9.0	13.0	10.0			6.0	3.0-15.0	mmol/L
GLU	129 ⁹ H	149 ⁹ H	103 ⁹			108 ⁹ H	74-106	mg/dL
BUN	17	15	18			26 H	7-18	mg/dL
CREA	1.06	1.09	0.96			1.06	0.50-1.50	mg/dL
BUNCR	16.0	13.8	18.8			24.5 H	12.0-20.0	Ratio

Liver enzymes

Kidney or Renal Failure

Kidney Failure

¹¹ eGFR calculation (mL/min/1.73 m²) is affected by patient creat, sex, age, muscle mass, and ethnicity. Both African American (AA) and Non African American (NAA) ethnicity calculations are provided. eGFR is not applicable for patients less than 18 or greater than 70 years of age.

Legend: L=Low, H=High, CH=Critical High, CL = Critical Low A=Abnormal

Pt Name: NORTHINGTON, GARY
Med Rec: IR1123399
Gender/Age/DOB: M 67Y 11/15/1948
Location: IR3W034001
Rpt Run ID: R1618600586

Admit: 06/12/2016
Encounter: IR1001240570
Service: ENLAWN
Print: 07/04/2016 04:17
IR Discharge Summary Report

Discharge: 07/03/2016
Attending: MD FENTON, JAMES R
Ordering: DAHBUR, BASIL
Page 7 of 18

Exhibit L