

MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk  
\*\*\*This form is a public record\*\*\*

MEETING DATE: 11/3/11

SUBJECT: CONTINUED FROM 10/13/11  
+ 10/27/11

AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: PAUL ADOLPH PHILLIPS

ADDRESS: 1212 SW CLAY APT #217

CITY/STATE/ZIP: PORTLAND OR 97201

PHONE: \_\_\_\_\_ DAYS: 503-224-9954 \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

WRITTEN TESTIMONY: YES

**IF YOU WISH TO ADDRESS THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

10/13/11 #1

## Visit Information

4/18/2011 8:30 AM	Provider JOSHUA GEPNER, MD	Department Fm Residents Chh	Dept Phone 503-494-8573	Encounter # 1014605566
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## Progress Notes

JOSHUA GEPNER, MD 4/18/2011 8:46 AM Signed

## SUBJECTIVE:

Paul Adolph Phillips is a 57 y.o. male who complains of chronic low back pain. Ran out of oxycodone and Morphine, taking ibuprofen and gabapentin. Concern about heroin addiction, does not want to refill oxycodone. Walking with walker mostly, can walk 50 yards without on a good day. Making progress but "bad attitude," very much looking forward to suing the city and county for his injuries. No bowel or bladder problems, leg numbness, saddle anesthesia.

## OBJECTIVE:

BP 142/80 | Pulse 92 | Temp (Src) 36.1 °C (97 °F) (Oral) | RR 18 | Ht 1.854 m (6' 1") | Wt 92.987 kg (205 lb) | BMI 27.05 kg/(m<sup>2</sup>)

Poorly groomed, fingernails very long.

Patient appears to be in mild pain, slow, shuffling gait with walker. Lumbosacral spine area reveals no local tenderness or mass. Painful and reduced LS ROM noted. Intact distal pulses, preserved strength bilaterally, normal sensation.

## ASSESSMENT:

57 yo gentleman with PMHx hip fracture, legal blindness, chronic back pain, elevated BP.

## PLAN:

1. Chronic Back pain: improving somewhat in function with PT. Pleased pt does not want oxycodone refill. Medication contract signed for morphine. Discussed heat, ice, ibu, gabapentin, stretching. Refilled morphine.
2. HTN: refill and resume metoprolol
3. Health maint: refer for colonoscopy. PARQ held, all patient questions answered.
4. F/u: 1 month or prn

## Patient Education

[View Patient Education Report](#)

## Visit Summary

## Referring Provider

No Referring Provider Per Patient

## Reason for Visit

Back pain

## Reason for Visit Audit History

[View Reason for Visit Audit History Report](#)

## Encounter Vitals

Row Name	04/18/11 0814
<b>Enc Vitals</b>	
BP	142/80 mmHg -SD
Pulse	92 -SD
Resp	18 -SD
Temp	36.1 °C (97 °F) -SD
Temp src	Oral -SD
Weight	92.987 kg (205 lb) -SD2
Height	1.854 m (6' 1") -SD2
Pain Score	05 - Moderate to Severe -SD2
Pain Loc	Back (Lower) -SD
Recorded by	[SD] SD 04/18/11 0818 [SD2] SD 04/18/11 0816

11/3/11 #1

Done By  
**BERENT PA, KARA L**

Done On  
Thu Dec 9, 2010 3:38 PM

**Order**  
**(Order #: 54710025) Qty: 1**

**X-RAY SPINE THORACOLUMBAR STANDING [RAD01133]**

**Order Information**

Date and Time 12/9/2010 12:04 PM	Released By Wendy Olmstead	Authorizing Kara Berent, PA	Department Rad General Chh
Release Date/Time 12/9/2010 12:04 PM	Start Date/Time 12/9/2010	End Date/Time None	

**Order Details**

Frequency None	Duration 1 occurrence	Priority Routine	Order Class Normal
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**Process Instructions**

To schedule your appointment, please call (503) 418-0990.

**Order Providers**

Authorizing Provider Kara Berent, PA	Encounter Provider Rad Chgen1
Specialty of Authorizing Physician Assistant Orthopedic Surgery	Authorizing Pager 16267

**Original Order**

Ordered On Wed Dec 1, 2010 1238	Ordered By Kara Berent, PA
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**Associated Diagnoses**

- Thoracic compression fracture [805.2]**
- Lumbar compression fracture [805.4]**

**Comments**

Ht on (11/15/2010) 188 cm (6' 2"), Wt on (11/15/2010) 101.606 kg (224 lbs)  
Ap and lat

**Order Questions**

Question	Answer	Comment
<b>Reason/Referral Dx</b>	<b>t12 and L1 compression fractures</b>	

**Appointments for this Order**

<u>12/9/2010 12:05 PM - 20 min</u>	Rad Chgen1 (Resource)	Rad General Chh
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**Encounter**

[View Encounter](#)

**Encounter Specific Audit Trail**

[View Encounter Specific Audit Trail](#)

**Results**

**X-RAY SPINE THORACOLUMBAR STANDING (Order 54050903)**

**Patient Information**



11/3/11 #2

**Patient Information**

Patient Name	Sex	DOB
Phillips, Paul Adolph	Male	3/10/1954

**Procedures signed by Amer J Mirza, MD at 11/16/10 1429**

Author: Amer J Mirza, MD	Service: Orthopedic Surgery	Author Type: Physician
Filed: 11/16/10 1429	Note Time: 11/16/10 1421	

**ORTHOPAEDIC OPERATIVE NOTE**

Date: 11/16/2010

MR: Paul Adolph Phillips 00225289

**PREOPERATIVE DIAGNOSIS(S):**

1. Left intracapsular displaced femoral neck fracture
2. Blindness
3. Hypertension

**POSTOPERATIVE DIAGNOSIS(S):** Same**PROCEDURE:** Left hip bipolar hemiarthroplasty**IMPLANTS:** Zimmer Size 13 TM stem, +10.5 neck length, 28 mm inner head, 53 mm outer shell.**STAFF SURGEON:** Amer Mirza, MD**ASSISTANT SURGEONS:** 1. Mathew Harrison, MD PGY5**Anesthesia:** General**Estimated Blood Loss:** 450 ml**Fluids:** 1 liter Hespan, 2 liters crystalloid**Urine Output:** 700 ml**Complications:** None appreciated**Specimens:** None**Drains:** Medium hemovac drain**Indications:**

Mr. Paul Adolph Phillips is a very pleasant unfortunate 56 year-old male who sustained a left hip fracture in a ground-level fall. He had immediate pain in the left hip and was unable to weight bear on the injured. The patient was brought to the OHSU emergency room and x-rays were obtained of the pelvis and the left hip revealing a displaced intracapsular femoral neck fracture. I discussed treatment options with the patient. We discussed both nonoperative and operative treatment options. Nonoperative treatment would entail a period of protected weightbearing on the left lower extremity. I did not recommend nonoperative treatment given the significant associated morbidity and mortality. We also discussed additional risks of non-operative treatment of the patient's hip fracture including, nonunion, malunion, avascular necrosis of the femoral head, leg length discrepancy and potential for chronic pain in the hip. Given the patient's age, I recommended operative treatment of her hip fracture with a cemented hip hemiarthroplasty. Risks of surgery including but not limited to bleeding, infection, nerve injury, hip instability, hip dislocation, groin pain, need for repeat surgery including conversion to total hip arthroplasty, leg length discrepancy, deep venous thrombosis, stroke, and death. Questions were elicited and answered. Knowing the risks and alternatives, the patient elected to proceed with operative treatment of his hip fracture with a hip hemiarthroplasty

**Procedure in Detail:**

The patient was identified preoperatively in the preoperative holding area. He was brought to the operating room and laid supine on the operating room table. After starting general endotracheal anesthesia, the patient was positioned in a the lateral decubitus position with the operative side up on a bean bag. An axillary roll was placed in the axilla of the down arm. The bean bag was inflated to secure body, torso, and pelvis as well. The patient was given 2 grams of intravenous antibiotics preoperatively (Ancef). The left lower extremity was then prepped and draped in the usual sterile manner using ChlorPrep and DuraPrep. A formal surgical timeout was performed to verify the patient's name, surgical site marking, surgical consent, patient position, surgical sponge counts, surgical equipment/ implant present in the operating room, and preoperative

10/13/11 #2

## Progress Notes

JOSHUA GEPNER, MD 5/16/2011 12:35 AM Signed

## SUBJECTIVE:

Paul Adolph Phillips is a 57 y.o. male presenting for ED follow-up. Was seen for morphine withdrawal. Was doubling up on medications, ran out, went into withdrawal, and did not call clinic until he had been out of medications for several days. Today Mr. Phillips is requesting more pain medications for injured back. States he twisted it protecting his dog from another dog that is very small but aggressive. Has not done physical therapy exercises. Is working on suing the city. His gastro sx of diarrhea, upset stomach have resolved but he feels his pain is poorly controlled.

## Current outpatient prescriptions

Medication	Sig
• acetaminophen 500 mg Oral Tablet	Take 1,000 mg by mouth every six hours as needed.
• aspirin 81 mg Oral Tablet	Take 4 Tabs by mouth once daily.
• gabapentin 300 mg Oral Capsule	Take 1 Cap by mouth two times daily.
• ibuprofen 400 mg Oral Tablet	Take 1-2 Tabs by mouth every eight hours as needed for moderate pain. Indications: Osteoarthritis
• metoprolol tartrate 25 mg Oral Tablet	Take 1 Tab by mouth two times daily.
• MISCELLANEOUS MEDICAL SUPPLY (RX DURABLE MEDICAL EQUIPMENT MI)	Please dispense walking cane.
• MISCELLANEOUS MEDICAL SUPPLY (RX HOSPITAL BED VAR HT W/ MATTR)	
• morphine SR 15 mg Oral Tablet Extended Release	Take 1 Tab by mouth every twelve hours.
• morphine SR 15 mg Oral Tablet Extended Release	Take 1 Tab by mouth every twelve hours.
• morphine SR 15 mg Oral Tablet Extended Release	Take 1 Tab by mouth every twelve hours.
• morphine SR 15 mg Oral Tablet Extended Release	Take 1 Tab by mouth every twelve hours.
• omeprazole 20 mg Oral Capsule, Delayed Release(E.C.)	Take 1 Cap by mouth once daily.
• ondansetron 4 mg Oral Tablet	Take 1 Tab by mouth every eight hours as needed.
• ondansetron ODT 4 mg Oral Tablet, Rapid Dissolve	Take 1 Tab by mouth every eight hours as needed for nausea/vomiting.
• oxyCODONE, immediate release, 5 mg Oral Tablet	Take 1-2 Tabs by mouth every six hours as needed.
• polyethylene glycol (MIRALAX) 17 gram/dose Oral Powder	Take 17 g by mouth once daily.
• promethazine 25 mg Oral Tablet	Take 1 Tab by mouth four times daily as needed for nausea/vomiting.
• senna 8.6 mg Oral Tablet	Take 1 Tab by mouth twice daily as needed.
• senna-docusate 8.6-50 mg Oral Tablet	Take 1 Tab by mouth two times daily.

Allergies: Review of patient's allergies indicates no known allergies.

ROS: No dyspnea or chest pain on exertion. No new neurological complaints. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract or prostatic symptoms.

## OBJECTIVE:

The patient appears well, in NAD.

BP 114/62 | Pulse 100 | Temp (Src) 37 °C (98.6 °F) (Oral) | RR 18 | Ht 1.854 m (6' 1") | Wt 91.173 kg (201 lb) | BMI 26.52 kg/(m<sup>2</sup>)

Neck supple. No edema. Rises easily and moves around room with walker. No gait changes. Mood euthymic, inconsistent historian, perseverates on obtaining pain medications and is uninterested in discussing other medical issues or alternative treatments for his pain. Remainder of exam deferred due to counseling.

## ASSESSMENT:

57 yo male with opioid dependence and withdrawal due to overuse, chronic pain.

## PLAN:

1. Opioid Dependence: Mr. Phillips overdosed on his medications, took them in a non-prescribed and unsafe manner that

10/27/11 #2

lead to an admission in the emergency room. He also has had multiple calls for early refills and multiple ED visits to obtain narcotics. All of these constitute violations of the clinics narcotics policy. For these reasons, I told him I was no longer willing to prescribe narcotics to him. He then threatened to return to the ED "to get pain meds" and to switch to another physician who would prescribe for him. I told him he was free to do so. I provided a one month Rx for his morphine, split into two-week doses. He refused to take the prescription with him. I told him we would provide emergency care for 30 days but no further narcotics. Case was discussed with clinic manager.  
2. Gastroenteritis: possibly with significant withdrawal component. Now resolved, no indication for clonidine at this time.  
3. F/u: PRN acute issue in next 30 days.

**Patient Education**

[View Patient Education Report](#)

**Visit Summary**

**Referring Provider**

No Referring Provider Per Patient

**Reason for Visit**

Withdrawal; Drug morphine  
Back injury

**Reason for Visit Audit History**

[View Reason for Visit Audit History Report](#)

**Encounter Vitals**

Row Name 05/12/11 1322  
**Enc Vitals**  
BP 114/62 mmHg -SD  
Pulse 100 -SD2  
Resp 18 -SD2  
Temp 37 °C (98.6 °F) -SD2  
Temp src Oral -SD2  
Weight 91.173 kg (201 lb) -JR  
Height 1.854 m (6' 1") -JR  
Pain Score 08 - Very Severe -SD2  
back  
Pain Loc Hip (Left) -SD2  
Recorded by [JR] JR 05/12/11 1322  
[SD] SD 05/12/11 1325  
[SD2] SD 05/12/11 1326

**User Key**

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

Initials	Name	Effective Dates
SD	Sheri Dionne	-
JR	Jenny Rodriguez Cma	-

**Allergies as of 5/12/2011**

No Known Allergies

**Medications**

**Discontinued Medications**

medication	Reason for Discontinue
<a href="#">morphine SR 15 mg Oral Tablet Extended Release</a>	Reorder

**Prescriptions Ordered This Encounter**

medication	Disp	Refills	Start	End
<b>morphine SR 15 mg Oral Tablet Extended Release (Discontinued)</b> Sig: Take 1 Tab by mouth every twelve hours. Class: Print Prescription Route: Oral	30 Tab	0	5/12/2011	5/14/2011
<b>morphine SR 15 mg Oral Tablet Extended</b>	30 Tab	0	5/26/2011	5/14/2011

10/27/11 #1

## Level Of Service

SPECIAL PROCEDURE ONLY VISIT [NOLOS]

## Order Detail

[Procedures with modifiers](#)[All charges this encounter](#)

## Questionnaire

## DOCUMENT FOR PRIMARY DX

Question Inj/III/Acci	Answer Illness [1]
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## Referring Provider Information

Referring Provider	Address	City	State	Zip Code	Phone #	Fax #
FAISON, CHRISTOPHER R	3181 S W Sam Jackson Park Rd	PORTLAND	Oregon [38]	97239-6011	503-494-8211	503-346-6997

## Patient Language

Languages Spoken at Home  
English

## Encounter Status

Closed by Scott Beadnell, PT on 3/22/11 at 5:04 PM

## Routing History

[Click to view encounter routing history](#)

## Encounter Specific Audit Trail

[View Encounter Specific Audit Trail](#)

## Office Visit

Paul Adolph Phillips (MRN 00225289)

## Visit Information

3/14/2011 2:00 PM	Provider	Department	Dept Phone	Encounter #
	JOSHUA GEPNER, MD	Fm Residents Chh	503-494-8573	1014527344

## Progress Notes

JOSHUA GEPNER, MD 3/16/2011 9:21 AM Signed

## SUBJECTIVE:

Paul Adolph Phillips "in terrible back pain." Out of oxycodone prescribed by ortho. Was taking 5-6 per day. Ran out of 50 in 9 days. Refuses to consider care facility. States he feels safe at home, no danger. Brings me a legal document declaring the 14 lb. dog that caused him to fall classified as a dangerous animal. States "Doctors are all prevaricators."

## Current outpatient prescriptions

Medication	Sig
• acetaminophen 500 mg Oral Tablet	Take 1,000 mg by mouth every six hours as needed.
• aspirin 81 mg Oral Tablet	Take 4 Tabs by mouth once daily.
• gabapentin 300 mg Oral Capsule	Take 300 mg by mouth two times daily.
• ibuprofen 400 mg Oral Tablet	Take 1-2 Tabs by mouth every eight hours as needed for moderate pain. Indications: Osteoarthritis
• metoprolol tartrate 25 mg Oral Tablet	Take 25 mg by mouth two times daily.
• MISCELLANEOUS MEDICAL SUPPLY (RX DURABLE MEDICAL EQUIPMENT MI)	Please dispense walking cane.