Part 4 of
accident investigation
#980217CNE5086

041497

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NWBP 609-D 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PEC
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nursing: (7pm - 7Am) OBSERVATION
4-30-97 7pm	Received child in same unresponsive state. Continues to be in-
	tubated c̄ size 4.0 NTT & connected to servo ventilator on SIMV
	peep 5; Vt 92, rate 15, FiO2 21%. Apnea when off vent. O2
	sat maintained at 98%. Connected to C-P monitor c̄ alarm limits
	on. HR - 112/min. Pulses palpable. Cap refill 2 sec. BP - 89/51.
	NGT in site & receiving continuous feeding c̄ Similac 20cal/oz at 30cc/hr.
	Abd. soft & non-distended. Voiding freely. No Stool.
8pm	Temp. 36°C (R). Clothed c̄ warm one-alls & covered c̄ blankets.
	ETT suctioned & dry. mouth suctioned for minimal oral
9pm	secretions. mom took baby in her arms & cuddled for a good
	while in chair. Baby positioned for comfort while with mom.
10:30pm	Back to crib. Positioned on his (R) side c̄ pillow support.
12Am	Voided large amt. ETT suctioned for very minimal secretions.
	Turned to (L) side.
4Am	Diaper changed. Turned to (R) side & positioned for comfort. ETT suc-
	tioned & obtained nothing. HR stable. Neuro. no change.
7Am	Condition unchanged. Supportive care given. VS stable. O2
	sat coming down to 95% at times. Report given to on-coming
	shift. K C Brazil, N

105MVE REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5/1/97	Rotating Fellow
11:50 AM	6 month old male s/p Drowning.
	HD #17 Wt = 8 kg
	RESP SIMV Peep = 5 IMV = 15 MAP = 7 TV = 92
	FiO_2 = 21 % ETT 4.0 cuffed ⊖ none
	Respiratory Rate coincides c̄ ventilator
	~~good~~ B/L BS
	FEN ~~[illegible]~~ Continuous feeds Sim 20 30 cc/hr
	⊕ wet diaper
	Abdomen soft ⊕ BS
	HEME ∅
	CARDIO HR = 119
	BP = 91/34
	pulses 2+ cap refill < 2 sec S_1S_2 ∅ murmur
	ID T: 36.5 ax
	NEURO Last flow study 4/23 ⊕ cerebral flow
	Apnea Test 4/18 ⊕
	Pupils fixed & dilated, unresponsive to painful stimuli
	Assessment: 6 month old
	Hypoxic Ischemic Injury
	Vegetative
	Plan: Supportive
	JPR

04144

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PATIENT PROGRESS OBSERVATION RECORD

80460017 04/13/1997

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DATE	OBSERVATION
5/1/97	PCW Attending
3:15 pm	
	No change in exam - No cortical or brainstem fn.
	On TPN feeds.
	Plan:
	- Supportive care.
	[signature]
5/2/97	Resident Note
10:45 am	unchanged from yesterday
	① Resp RR=15 vent Peep=5 IMV=15 FIO_2=25%
	92 ITV
	① No new issue
	② CVR: 112-103 84/49 - 94/37
	hemodynamically stable.
	③ ID: afebrile
	④ Fen/gI: full feeds 720/7x wet diaper
	Sim 20 30cc/cog 10
	① weekly weights
	⑤ Heme: No issues ① Ferensol
	⑥ Neuro: No changes
	[signature]
	petalik 649-9177

11605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5/2/97	Rotating fellow
1055 AM	6 month old male S/p Drowning
	HD # 18
	RESP SIMV PEEP - 5 TV - 93 Rate - 15 FiO_2 = 25%
	RR = 15 (ventilator)
	SaO_2 = 93-97% good breath sounds
	FEN Sim 20 30 cc/hr 60 cal/kg/day
	no stool since 4/30 Abdomen soft BBS
	CARDIO HR = 105 BP = 84/49
	cap refill brisk SaO_2 ∅ murmur
	ID T = 35.1 Tmax 37.4
	NEURO non responsive
	Assessment. 6 month old male
	S/p Drowning
	Vegetative
	Plan. Supportive Care
	[illegible]

04144

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ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

[illegible] 612-A
[illegible] JONATHAN
[illegible] DIANA
M 10/23/1996
2721 GRAND CONCOURSE [illegible]
BRONX NY 718 584-44[illegible]
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
5/2/97	PCW Attending
11 20 AM	
	No change in examination - brain dead
	Apneic - on mechanical ventilation.
	On full feeds
	Plan:
	Supportive care
5/3/97	PCC attending
9 20 a	no spontaneous movement or respirations
	Tolerating feeds
	A: clinically brain dead
	P: Cont supportive care

105ME REV.3/72

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PATIENT PROGRESS
OBSERVATION RECORD

NWGP 609-D 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PEG
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

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DATE	7P-7A Nsg OBSERVATION
4/1/97	Nsg Note
7-7P	Turned pt. ⊘ ETO NTT → SONYO ventilator
	⊘ TV - 4.0 freq 5 FIO2 92, rate 15 FIO2 .35,
	Breating bilaterally, no wheezing. Pulses
	palpable, cap. refill 1-2 sec. Pupils equal
	fixed and dilated, ⊘ response to any tactile
	stimuli. C/R monitoring ⊘ alarm limits 80-120
	HR - 10-50 → tested & functioning well.
	NGT patent and cotent for continuous feeding
	30cc HF. abdomen soft w/ bowel sound.
8	→ Mother @ the bedside, oral suctioning done
	obtained some cloudy secretion
	→ T37.4 BP 94/37 HR 15 on 146
8PM-9	cuddled by mother, V/S stable.
	→ mother crying @ times @ bedside.
	→ suctioned ⊘ large cloudy-brownish
	secretion sticky in consistency.
10	→ tucked to bed, ⊘ ⊘ acute distress
	→ mom, quiet time.
12	→ above BP 100/60 HR 15,
	→ suctioned ⊘ copious secretion
24	→ NBT Qwk, feeding 0-15cc prem
5	→ [illegible]

BOSMIE REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
6	→ urine output good 1 - large urine output large.
	→ a.m. care rendered, ē NTT care reported ē and nurse, O_2 sat 98%,
7	→ NTT patent & intact. r
	[illegible]
5/3/97 9AM	PMH (Cross Coverage)
	Pt [illegible] crib no Δ overnight HD#19
	resp: SIMV peep5 TV=93 IMV=15 FiO_2 25%
	RR=15 O_2 sats
	Lungs: good AE Bilat occ wheezes
	CVS: HR= 93-103 BP 84-89/49
	exam S1 S2 RRR
	FEN/GI: Simzo @ 30cc/hr
	Bowels
	ID: Tm=36.2
	Neuro: no change from previous exam
	O movement O respiration
	HP: cmo dcs rate qp drowning
	cont current care.
	[illegible] MD/PNP

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PATIENT PROGRESS OBSERVATION RECORD

0414

NNEP 607-A
TURNER, JONATHAN
KING, DIANA
B 10/23/19
2711 GRAND CONCOURSE
BRONX NY 71
8046017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
	Aug - 79 - 1 p
5/2/97 7A	received c̄ # 4 NT tube to Neo SIMV PEEP-5 Rate - 15 TV - 93 FiO2 - 25. Breathing bilaterally. O2 sat - 99%. on ETA monitor c̄ appropriate alarm limits on & functioning. Extremities warm, pink, (+) pulses c̄ brisk cap refill. No spontaneous movement - unresponsive to stimulation. c̄ NGT to continuous feeds bin xo @ 30 c/hr.
8a	VS, BP taken & recorded. Skin care done - temp - 35°. Extremities warm to touch. Right covered c̄ clothing & blankets turned & repositioned. Start PT & positioned for moderate thick clondy secretions.
10a	positioned for small thick cloudy secretions turned & repositioned.
12m	breathing bilaterally. temp 36°C. positioned for same result. turned & repositioned.
2p	positioned for same result. O2 sat 95↑ turned & repositioned - Mother phoned -
4p	breathing bilaterally O2 sat - 95↑ - positioned for same result. turned & repositioned
6p	positioned as above. turned & repositioned - mother @ bedside [illegible]

11805M/E REV.3/72

041497

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PATIENT PROGRESS OBSERVATION RECORD

NW6P 609-D 02005409
TURNER, JONATHAN
KING, CIANA
N 10/28/1996 PEC
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
7P-7A)	5/2/97 NSG Note
7P-730P	→ pt. ⊂̄ 4.0 NTT → SIMV ⊂̄ 25% FIO2
	O2sat 99%, SIMV, Peep 5 Rate 15, breathing ⊂̄ the
	ventilator. PTO response to any stimuli
	Breath sound bilaterally - good no wheezing
	noted, NTT patent & intact.
	C/R monitoring ck alarm limit 90-150, HR 120-90
	tested & functioning well.
	Skin cool to touch T 36°C / rectally.
	→ abdomen soft ⊂̄ NGT ⊂̄ant for continuous
	feeding Similac 20 cal @ 30 cc/H
	→ bladder palpable not distended - diaper
	wet ⊂̄ good amount urine output.
	→ pulses palpable, cap refill 1-2 sec.
	pupils equal dilated ⊂̄ reacting to light
8	→ BP 89/49 HR 15 CR 99
	→ Suctioned ⊂̄ mod. amount of cloudy secretions
	sticky, some secretions from nose & mouth
	→ mother @ bedside, cuddled pt @
	bedside chair.
9	→ back to crib O2 sat 96-98%
10	→ bed bath given by mother ⊂̄ assisted
12	→ c/c feeding TV 37.0°C MD aware assessed ⊂̄ plan

605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4 →	V/S stable, NOT restored to same formation, continuous feeding [illegible]
6 →	Kept clear & dry, NOT yet at [illegible] continuous feeding injecting well.
7 →	V/S stable. pregnancy

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PATIENT PROGRESS OBSERVATION RECORD

8046 0017

If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
	Nursing Note 7A/7p
5-3-97	Received Turner in smcrcb c̄ rails up.
	Intubated c̄ # 4.0 NTT cuff is @ nare. Connected
7A	to Siemens 900c Servo WP = 60 Settings SIMV mode
	peep/s IMV 15 TV 93 Freq 25/min Color pk Lips
	& nailbeds. Aerating bil c̄ vent rate, c̄ occ.
	wheezing. CPT & suction via NTT for sm white secretions.
	mouth care pro & repositioning 3 hrs. On cardiac/apnea
	monitor alarm limits set & on, tested functional.
	V/s 90-100's HR BP 80/40 78/30. Skin cool to touch
	Temp ↓ 36 Rectal. Abd soft & flat. passing stools &
	voiding: NGT via nare, patient receiving similac 20 cal
	FS @ 30cc/hr via Kangaroo pump. Neuro - pupils
	fixed & dilated, & spontaneous breathes or movements
	& response to pain stimuli. Cont. c̄ plan of care.
8	V/s 36.3 114 93/51 R. Wet diaper c̄ stool & ed
	skin care done. Suction via NTT & mouth for
	small white secretions. Mouth care done (L) side position
9A	V/s stable No visitors or calls.
10A	V/s unchanged - Neuro status same. Fentanyl o.5cc
	NG given skin care done - Rt side position.
	No changes - aerating c̄ vent settings. Suction
	for sm white secretions. No visitors or calls

1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5-3-92 12 noon	V/S stable. wet diaper changed, skin care done. Position left side. Neuro status unchanged
1 PM	Suction for minimal secretions mouth care done
1 pm	V/S stable No changes. Color pink sat 96-97%
2	V/S stable No changes, No changes Neuro status. No visitors or calls. Position Rt side.
3	CPT & suction via NTT & nasal for some secretions mouth care done & skin care. Neuro status unchange. Mother & grandma visiting at bedside.
4 P	CPT & suction via NTT & nasal for some secretions position on back. Aerosol & vent. settings. Neuro status unchange - stable
6 - 6:30	V/S stable Feminsol o-sac via NG-gavage. Complete bed bath given by mother & skin care done. Clp [illegible] mother holding and cuddling pt. Use communication skills to help parent vent/ventilate her feelings and cont to provide emotional support. Report given to Relief RN — [illegible]

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PATIENT PROGRESS OBSERVATION RECORD

NW6P 609-D 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 F
2751 GRAND CONCOURSE 104
BRONX NY 718 584-44
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
3/24/97	Nursing 7P-7A
7P.	Sister intubated ⊼ 4.0 cuffed N.T. tube
	~~HR~~ Servo, SIMV P5 R15 TV 93 O_2 25%.
	Coarsing well Bilateral clear ⊼ O_2 Sats 97%
	On Cardiac Monitor HR 100's NSR ⊼
	alarms set and functioning. Abdomen
	soft N.G. tube in place for continuous
	feeds H.F. 20 calories at 30cc hr.
	Voids in diaper. Pupils fixed and
	dilated. No spontaneous movement.
8PM	T 35.7 Voided. Hearing sleeper &
	covered ⊼ blankets. Pupils dilated
	non reactive. N.G. feeds continue at
	30cc hour. Repositioned. Non irritating
10P	Continues as above. NG feeds 30cc hr.
	Talking ⊼ M.D. Voided
7A.	Suctioned for small amount of
	secretions. Aerating well. Pupils
	remain dilated non reactive. No
	spontaneous movement noted feeds
	continue 30 hr. Repositioned Voided
2AM	Continues as above. NG. feeds
	continue.

IR1605A/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4 Am	Repositioned. Suctioned for small to moderate amount of white secretions. NG feeds continued.
6 Am	Suctioned for small amount of white secretions. Voided a small. Repositioned
7 Am	Report given [illegible], RN
5/4/97 9 pm	PCC [illegible]
	Unresponsive
	agonies
	on SIMV
	tolerating intubation
	A: clinically brain dead
	P: Cont supportive care as
	Mom refuses ventilator w/c
	[signature]
5/4/97 2pm	Resident Progress Note
	No Events. No changes
	Resp: SIMV Peep-5 ITV=92 IMV=15 FIO2=25%
	No spontaneous breaths. lung clear (B)
	CVR: 108-119 93/51-105/55
	RR S1S2 ⊖m/g/r
	Hemodynamically stable
	FD: Afebrile - No lines. No issues
	Heme: No known issues. No signs of bleeding
	[illegible] 30cc/hr. [illegible]

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

NWGP 610-8 0200540
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 F
2751 GRAND CONCOURSE 104
BRONX NY 718 584-4400
80460017 04/15/1997 A

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DATE	
5/3/97	It is a (illegible) to meet pt. was found food and Mabath observance. Pt is presently on full life support. Mother continues to visit pt. daily. Mother did have an appointment to follow, the president of the sister. He also wrote in a letter stating she believe mother needs intensive psychotherapy. Hence it has been decided it is (illegible) will continue to mother of pt. Jessica and the (illegible) of the sister will get back to me. Mother spoke to her family and her visitation rights to Christopher was changed to once a week for an hour. Mother was pleased with this. Mother is holding on to the belief "God will save my child" Staff is supportive but indicates to mother are and she pt's status. Will continue to provide pt/mother to therapeutic support. HSW Amesu

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PATIENT PROGRESS OBSERVATION RECORD

NWGP 609-D 0200540
TURNER, JONATHAN
KING, DIANA
N 10/22/1996 F
2751 GRAND CONCOURSE 104
BRONX NY 718 584-44
80460017 04/15/1997

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DATE	OBSERVATIONS
5/4/97	CCM Note
Support	Mask CPAP / Mech Vent / CVP Line / Art Line / Swan Ganz / Catchol Pressor / TPN / Dialysis
Clinical	Jonathan is s/p [illegible] disease, still [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] but patient remains [illegible]
	O/S: T=37°C BP=104/63 HR=15 RR=115
	Resp: SIMV: PEEP=5 FiO2=92 FiO2=21 IMV=15 [illegible]
	[illegible] [illegible], [illegible]
	ID: [illegible]
	CVS: [illegible] [illegible] [illegible]
	FEN: CGT [illegible] [illegible] [illegible] [illegible]
	[illegible] well
	Home: [illegible]
	Plan: [illegible] + [illegible]
Rx/Meds	[illegible] 0.5 cc [illegible]
	[illegible] [illegible] 2 gm Q4h.
Summary and Plan	1. Continue supportive care
	2. [illegible] plan for long term care

69/88

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PATIENT PROGRESS OBSERVATION RECORD

2701 GRAND CONCOURSE
BRONX NY
80460017 04/15/1997

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DATE	OBSERVATION
	Nursing Note 7A/7P
5-4-92	Received Turner in small crib T. 99.6 axp. Intubated 2 c ⅝ Y.c NTT cuff 15 @ nare. Connected to Servo 900C Servo Vent simv mode peep/5 Imv-15 TV-93 Fio2 25%. Color pk, lips & nail beds. Breaths T. wave settings, ⊘ spontaneous sat's 95-97%. CPT & suction via NTT for med mucous secretions, suction nasal pharynx for med thick yellowish green secretions. Mouth care PRN & reposition q 2hrs. On cardiac/apnea monitor alarm limits set on, tested & functionals. V/S stable. Neuro status unresponsive pupils fix dilated ⊘ spontaneous movements ⊘ response to painful stimuli. NGT in place & patent receiving CNL Feeds Similac 20cal @ 3cc/hr via Kangaroo pump. Abd soft flat voiding & passing stools.
7A	V/S 37.R 119 104/63 15. CPT & suction via NTT for med mucous secretions, suction nasal pharynx for thick yellow green mucous mouth care done. Stool WD diaper. Bed skin care done. Left side c̄ prop.
10A	V/S stable. No visitors or calls. Tensil 0.5cc/NG given - natural lens to OU. Pulse sats 96-97%. Pacifier

VR1605M/E REV.3/72

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DATE	OBSERVATIONS
12 noon	Pt's stable no changes Resp support same. No visitors or calls. Talorpti neuro status same.
2P	CPT & suction via NTT for some secretions mouth care done Rt side position
4P	Complete bath given. Neuro status unchanged. CPT & suction via NTT for some secretions. Mouth care, Rt side Position. NG feeds
6-6P	Suction & retapped - Resp support unchanged. Respiratory. [illegible]

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TURNER, JONATHAN
KING, DIANA
M 10/28/1996 P
2751 GRAND CONCOURSE 104
BRONX NY 718 584-44
80460017 04/15/1997

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DATE	OBSERVATION
7/4-5-97	Nursing 7P-7A
7P	Continue intubated c 4.0 cuffed N.T. tube to Vent, SIMV P15 TV 90's R15 O_2 25% Operating ventilatory c O_2 Sats 90's. Color good. OOB held by Mom. Grandma visiting. On Cardiac Monitor HR 110-130's NSR c alarms set and functioning. Abdomen soft. N.G. tube in place for continuous feeds. Similac 20 cal. Out 30 cc hr. Voids in diaper. Pupils dilated, not reactive. No spontaneous movement noted. Pulses in tact.
8PM	Afebrile. Voided. Suctioned via trach for small amount of white secretions. Operating well. O_2 Sat 96%. N.G. feeds continue 30 hr. Repositioned.
9PM	OOB held by Mom. Until 9:30 P.M.
10PM	In bed. Positioned for comfort. Suctioned as needed. Voided. Feeds continue 30 hr. Dressings to tube sites.
7AM	Repositioned. Voided. Feeds continue at 30 hr. Suctioned for small amount of white secretions.

160GME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4AM	Continues as before. Repositioned. Suctioned small amount white secretions. Voided
6AM	Suctioned as above. Repositioned. Feeds continue 30 cc/hr. Voided
7AM	Report given [illegible]
5/5/97	Rotating Fellow
10:45 AM	6 month old male s/p Drowning.
	HD # 21
	RESP. Peep = 5 FiO_2 = 26% IMV = 15 TV = 93
	SaO_2 = 97% good BS
	breaths ē vent
	FEN Wt = 8kg
	NG for continuous feeds Stm 20 30 cc/hr
	@ start yesterday
	CARDIO HR = 97 - 120
	BP = 80/52
	cap refill < 2sec SiO_2
	ID T = 36 Tmax = 37.6
	NEURO non responsive
	Assessment. 6 month old male
	s/p near drowning
	Plan. Supportive Care
	[illegible]

0414

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PATIENT PROGRESS OBSERVATION RECORD

MRCP 609-A 02000[illegible]
TE[illegible]ER, JONATHAN
RIC[illegible], DIANA
M 10/28/1996
2781 GRAND CONCOURSE
BRONX NY 71[illegible]
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
5/5/97	Resident Note
	No events overnight
	Mom concerned about dry skin on fingers
	Resp: same vent settings - peep 5 FIO2=25% IMV=15 TV=93
	Clear lung bilaterally SaO2 91%
	CVR: RRS, S2 0m/g/r Not tach (97-120)
	80/52
	good perfusion
	ID/Heme: No issues
	Fen/GI: continues to tolerate feeds well.
	Belly soft - Non distended 0 H/S megaly
	Neuro: No change
	Optalid
	putalik
5/5/97 3 PM	PCW Attending
	No change in condition.
	On feeds.
	Apneic / on ventilator.
	Plan:
	- Supportive care
	- Will consider placement nasogastric tube

041497

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PATIENT PROGRESS OBSERVATION RECORD

NW6P 609-D 0200540
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PS
2751 GRAND CONCOURSE 1048
BRONX NY 718 584-44
80460017 04/15/1997 A
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EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nsg Notes OBSERVATION
5/5/96 7A	Received Jonathan in the crib c̄ side rails up. Remains intubated c̄ 4.0 NTT → Siemens 900C Ventilator, SIMV, peep 5, Insp-Atm V.O 1.38, breaths 30 TTV 92, IMV 15, PIP 15, FiO2 21%. O2 sat 97-100% Aerating bilaterally, BS coarse, no spontaneous breaths noted. Remains on cpk monitor c̄ alarm limits set and functioning. Apical HR 94, NSR, pulses palpable, extremities warm, cap refill 2 seconds. Abdomen is soft, nontender and undistended. NGT feeding HF @ 30 cc/hr infusing. Voiding via diaper, no bm yet. Pupils Amm non reactive. Nonnurse
8pm	Suctioned ETT for small loose yellow secretions. Pt was repositioned. Comfortable
10pm	Received medication as ordered no changes in status.
12M	Suctioned ETT for same, no changes
2am	No changes in status
4am	Mother at bedside. Bed bath given. No changes in neuro status.

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DATE	OBSERVATIONS
6pm	ETT replaced as per policy. BS clear, suctioned ETT and name for same. It was repositioned.
7pm	No further changes in status MNeller
5/6/97 9:45 AM	Rotating Fellow.
	Jonathan is a 6 month old male s/p Drowning
	RESP SIMV PEEP = 5 TV = 92 IMV = 15 FiO_2 = 25%
	good aeration SaO_2 = 98%
	FEN Wt = 8 kg
	Sim 20 at 30 cc/hr via NGT
	100 cal/kg/day Abdomen soft ⊕ BS ∅ HSM
	Jeninsol 0.5 cc BID ⊖ WD ⊕ stool
	CARDIO HR = 107 BP = 91/50
	cap refill < 2sec S_1S_2 ∅ murmur
	ID T = 35°
	NEURO non-responsive - no change
	Assessment. 6 month old male s/p Drowning
	Vegetative
	Plan. Supportive Care
	JBC

0414

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NLCP 609-A 020059
TURNER, JONATHAN
MISC. DIANA
M 10/23/1996
2701 GRAND CONCOURSE
BRONX NY 7125
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
5/6/97 10:15 AM	PCW Attending
	No change in condition.
	Met with mother regarding plans for future i.e. placement.
	[signature]
5/6/97	Resident Note
	No changes → persistent vegetative state
	Resp: peep=3 ITV=97 IMV=15 25% FIO2
	lungs clear (B)
	(2) No Δ
	CVR: 107
	91/54 - 74/27
	RRS1S2 ⊖ m/g/K
	- (1) hemodynamically stable
	Fen/gi: wt ~8kg
	tolerating full feeds Sim 20 @ 30 cal/o
	∅ stools yet today
	ID afebrile
	Neuro: No change
	[signature]
	Pediatric

NR1605M/E REV.3/72

041497

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PATIENT PROGRESS OBSERVATION RECORD

NW6P 609-D 020054
TURNER, JONATHAN
KING, DIANA
N 10/28/1996
2751 GRAND CONCOURSE
BRONX NY 718584-
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
5/6/97	Nursing Notes 7P-7P
7P-	Received Jonathan in small cub - Pt remains unresponsive to stimuli. Remain intubated c #4.0 cuffed NTT → servo ventilator; setting SIMV mode; peep = 5; TV 92; IMV rate 15; FiO2 25%. O2 sat 100%. Pt aerating bilaterally c coarse BS. Pt on C/A monitor c alarm limits set appropriately. HR 103-107. Extremities warm (pt swaddled in blankets) capillary refill ~2 secs. Abdomen soft + non-distended. NGT patent → CNG feeding. Seen so far @ 30 c/hr in progress.
8P-9P.	VST 35.9 @ HR 107 B/P 91/54 c spontaneous resp. Suctioned for small amount of cloudy secretion via NTT c moderate amount of cloudy secretion clearly. O2 sat 98-100%. Repositioned. No bad. wet diaper - zinc oxide applied to buttocks.
10P-11PM	O2 sat 98% c spontaneous respiration. No changes in neuro status. - remains unresponsive. Pupils fixed + dilated.
12N-1P.	Suctioned for secretion as before - repositioned. O2 sat 98-99%.

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DATE	OBSERVATIONS
7p-3p.	Repositioned - aerated bilaterally - O2 sat 98% ∅ Hrs in Nemo status ∅ spontaneous movements. CNG feeding in progress.
4p-5p	T37³ suctioned for secretion as before - repositioned Bed bath given & linens changed. ∅ spontaneous movements.
6p-7p.	Mother visited - made aware of no changes in pt condition. Pupils remain fixed and dilated. Remains on ventilator setting as before O2 sat 95%. Remains on CNG feeding @ 30 ml/hr.
7p.	O2 sat 97%. Kept pt. Grandmother [illegible]

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PATIENT PROGRESS OBSERVATION RECORD

NW6P 609-0 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 104E
BRONX NY 718 584-4400
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

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DATE	70-75°A OBSERVATION
6/5/97 7P	Received Jonathan usually intubated in a x.o cuffed NTT → breaths set in the IMV mode: SIMV, FiO2 .92, TMV 15, FiO2 .27, freq 5. On-ETT monitor & pulse ox monitoring, O2 sats 98-100%, monitor alarm limits set & functioning. Bilateral breath sounds & HH fairly in Sim. rate at 30 c/m, abdomen soft & nondistended.
8P	→ VS taken, temp 34.3, skin cool to touch, kept warm in shelter. Breathing well bilaterally in some occasional rhonchi that clears after suctioning. CPT & nebulizer for moderate thick white secretions, suctioned. Oral care & eye care done. Temp 36.8, kept warm in shelter. Mom updated in pt. condition - Capillary refill brisk & peripheral pulses equal. Abdomen soft & nondistended, bowels fuzzy. Voiding in the diaper, in mild diaper rash, Betadine jelly applied. Reposition
9P	Cuddled by Mom in her arms.
11	→ Back in the crib, no changes noted.
12A	→ Breathing well bilaterally CPT & nebulizer for moderate secretions.

R1605M/E REV.3/72

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DATE	OBSERVATIONS
	sensation for the EH, responsive.
	eye care & oral care done. —
24	~~[illegible]~~ change noted.
4A	Anally well bilaterally, CPT & initiated for moderate fecal retention, responsive. Eye care & oral care done.
6	~~[illegible]~~ for moderate fecal retention, responsive. — Std
7	stable, dentist, no changes noted — [illegible]

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PATIENT PROGRESS OBSERVATION RECORD

NWEP 609-0 0200540
TURNER, JONATHAN
KING, DIANA
M 10/28/1996
2751 GRAND CONCOURSE
BRONX NY 718 584-44
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	7P-7:30A OBSERVATION
5/6/97 7P	Received infant nasally intubated c̄ a 2.0 NTT → Ventilated c̄ the following settings: mode: SIMV, freq 5 TV 9 cc, PIP 27, PEEP 5, FiO2 .15. On CR monitor & continuous pulse ox monitoring c̄ alarms limits set & functioning. On intermittent NS feeding c̄ SMA 20 mL/hr & feeding tube. Abdomen soft & non-distended, +BS
8P	Vitals, auscultatory breath sounds bilaterally c̄ equal breath sounds, CPT & suctioned for moderate thick white secretions, repositioned. Oral care & eye care done. Mild chest wall noted, zinc oxide applied. Cap refill brisk, peripheral pulses good, color pink, Pupils fixed & dilated, no spontaneous movement noted, no spontaneous respiration noted. Abdomen soft & nondistended, +BS, no palpable feeds.
~~7P~~ 9P	Covered by Mom. Mom has been asking questions about plans for the baby.
12A	CPT & suctioned for moderate thick secretions, repositioned. Palpable feeds. Oral care & eye care done.
4A	Suctioned for moderate thick [illegible]

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DATE	OBSERVATIONS
	[illegible]
6A	CAT + [illegible] for moderate [illegible],
	[illegible] weighed, [illegible] + [illegible]
7A	~~[illegible]~~ [illegible] stable, report given [illegible]

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HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

[illegible] DEPARTMENT
[illegible] JONATHAN
[illegible] DIANA
M 10/28/1990
2751 GRAND CONCOURSE
BRONX NY
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/7/97	Resident off Service Note Admit 4/15/97
10:30A	This is the extremely tragic story of
	Jonathan (Joachin now Turner) who was a 7mo
	old boy who had a near drowning episode
	on 4/15/97, and he has become SEVERELY impaired
	2° to this incident.
	Mom left him in the bath in a plastic
	flotation device under the care of his ~2yr old
	brother. She left him alone (went to kitchen)
	~5min later her two year old came to find her -
	She found Jonathan unresponsive in the tub.
	EMS → to ER → resuscitated. Round #3
	of Epi → captured HR.
	Total down time by charting is ~50min.
	The child has minimal brain flow
	(see below) and has a dismal prognosis.
	See below.
	Resp Systems: ~~The child initially had~~
	(1) Resp: No sig resp effort from the beginning
	Currently on vent settings.
	SIMV pressure 5 ETV = 192, MV = 15
	FiO_2 = 21%
	Satts 100%. Does not breathe

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DATE	OBSERVATIONS
	above the vent clear lungs ①
	Apnea test on 4/18 → showed retention
	of CO_2 to 101 at 5 min → NO SPONT
	breathing.
	① May require trach, if swab
	can identify an institution that
	will accept this clinically Brain
	dead child for long term care.
	② CVR: RRS, S2 ⊖ m/g/R
	HR = 110 – 120 BP = 102/63
	No issues.
	Hemodynamically stable
	③ Fen/GI: has been on full feeds for
	Quite some time NW 0 Sim 20 at 30 c/o
	Cog per feeding tube.
	is 720 cc/kg = 62 kcal/kg/day.
	adequate for this child in a
	persistent vegetative state.
	① may do gtube (see resp above - plan)
	if plan to ship to long term
	care facility
	④ Heme: on Feraferol (0.5 cc Mg BID) 3 mcg/kg/day
	B - Blood type 4/18 most recent CBC
	9.7 / 10.5 mcv 79
	31.6 142 p/abs
	255 27 B 13 M 4 80
	[illegible] 18/12 [illegible] 404

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041497

NW6P 609-D 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PEO
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
8046001 04/15/1997 A
If no plate, patient's name, adm. no., sex & Doctor

PATIENT PROGRESS OBSERVATION RECORD

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DATE	OBSERVATION
	initial CBC 4/15 12.8 / 39 429K
	transfused on 4/18.
	① No need to ✓ CBC
	② continue feeds
	ID: He is afebrile. No obvious signs of
	infectn. Full sepsis work up done
	at intake → got 3 days of ABX (Ceftriaxone)
	⊖ Blood, urine, CSF cultures
	① got VZIG during period of limit
	chicken pox exposure
	② got 6 mo immunizations (? consider
	whether flu ought to be done).
	③ Surveillance trach cultures
	periodically (most recently 4/18 + candida)
	④ Nystatin oral solutn.
	Neuro: pupils fixed & dilated
	⊖ oculocephalic
	⊖ gag
	⊖ No mov't to painful stimuli.
	Clinical Brain death, with ⊖
	apnea study. HOWEVER, 2° to
	flow studies on
	4/12/97 4/21/97 4/22/97 →

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DATE	OBSERVATIONS
	at nuclear medicine → that demonstrate "some cerebral flow", we cannot declare this child brain dead officially.
	① Neuro had followed — call upon him as necessary
	② Discuss utility of some time repeating cerebral flow study — ? benefit.
	Social - Mom is 18, seems to have had not any intention of causing this injury — however, she is entirely unrealistic about this situation & the pts prognosis.
	① initially she wanted a brain trasplant for her child, offering her own
	② Then she requested that her son's brain be cloned.
	③ Despite CONSTANT, DAILY, Reiteration that her son has no brain function that has any meaning she says that ~~she~~ we don't know that he doesn't have function, that he does think & feel and that we can't tell.
	Denial is VERY pronounced → her
other	son is not currently in her custody as no family members would
	take [illegible] and she is young

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PATIENT PROGRESS OBSERVATION RECORD

04 1
C2 3 3
JONATHAN
CIARA
M 10/23/19
GRAND CONCOURSE
BRONX NY 71
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
	to ~~be taken~~ lose her shelter residential spot. She wants to learn how to handle the rent & take Jonathan home - but she HAS NO HOME, AND WILL NOT likely get CUSTODY of HIM AGAIN.
	Many many many hours are spent with her reviewing the situation, but it appears that the guilt she feels for this error of omission will not permit her to see the situation as it stands.
	* I told her today that we will NOT ~~repeat~~ do an EEG as it will yield NO further meaningful info - unless neuro wants it done.
	Gretabel
	Gretalik 649
	gp

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DATE	OBSERVATIONS
5/7/97 4pm	PCW Attending
	No change in neurologic condition.
	Apneic / tolerating feeds.
	Plan:
	- Supportive care.
	- Will schedule for tracheostomy & gastrostomy if long-term care placement seems to be an option.
	- Social services will let us know as soon as they are informed about placement.
	[signature]

04149

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PATIENT PROGRESS OBSERVATION RECORD

NWGP 609-D 0200540C
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 F
2751 GRAND CONCOURSE 1045
BRONX NY 718 584-44
80460017 04/15/1997 A
If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
	Nsg note
5-7-97 7a	Received Mr Turner in crib side raised up. PT is on a cardio resp monitor alarm limits set on ~~bed~~ HR 110-120 reg rhythm noted. PTs skin is warm to touch T 38.8. BP 102/63 Cap refill less good pulses noted. PT is now a 4.0 cuffed ETT to (L) nare SIMV peep 5 TV 106 FiO2 21 rate 15 PT has good breath sounds O2 sat 98-100%. PT has NGT infusing STM 20 cal @ 30cc/h PTs abdomen is soft to touch PT is voiding well. Skin is intact.
8A	PT was turned positioned (R) side. Chest PT an suctioning done small secretions removed. good breath sounds noted. O2 sat 98-100%. PTs nares suctioned for large amt of green colored secretions pt noted to have redness to Rt corner of nares aspect of nare w/ potential marker channel. Dressing applied skin care done NGT repeaned. Dressings dried redness to nares noted
10	PT was turned + positioned on back. Chest PT + suctioning done. mouth care done pt has large amt of green colored secretions from back of mouth. Bowel movement is intact. Dressings dried. eye care done.
8p	PT was turned + positioned on (L) side. Explained bed bath given + redness to nares noted skin care done. O2 oxymetry sats stable. O2 sat 96-100%.

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DATE	OBSERVATIONS
	2 blankets placed on pt. pt's skin is cool to touch T 36.5
8pm	PT was placed on back. Chs T PT an sorting done lungs have mild ronchi. O2 sats 96%. Diapers dry PT had a small bowel stool. pt's abdomen is soft to touch Eye care done.
4- 8pm	PT was placed on (2) side. Chs T PT & suctioning done moderate amt. of secretions removed O2 sats 97% Diapers dry pt is working well. Pulse oximeter placed Air bed.
7:30	Report given ——— Ethel City

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PATIENT PROGRESS OBSERVATION RECORD

0414

AWEP 609-A 0200545
TURNER, JONATHAN
MING, DIANA
M 10/23/1996
2751 GRAND CONCOURSE
BRONX NY 10468-4
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
7/7-8/97	Nursing
7P	Condition intubated c 4.0 ET tube to
	Vent. SIMV PS TV 92 R 15 O2 21%. Ventilating
	lungs bilaterally c O2 Sats 90's
	Color good. Voiding in diaper. On
	Cardiac Monitor HR 110's-120's NSR
	c alarms set and functioning. Pupils dilated
	NG tube in place for continuous
	feeds Similac 20 Cal 30 cc hr.
8AM	Apnea/bradycardia noted. Suctioned for
	small amount of white secretions
	resting well. NG feeds continue
	Repositioned. Mom visiting. Cyanosis
12A	Suctioned as above. NG feeds
	continue 30 hr. Voided. Cyanosis
4AM	Repositioned. NG feeds continue at
	30 cc hr. Voiding. Pupils dilated NO reaction
8AM	Report given. Pupils fixed dilated,
	NO reaction. J. McCoy R

VR1605M/E REV.3/72

050497

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THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NW&P 610-B 020056
TURNER, JONATHAN
KING, DIANA
M 10/29/197
2751 GRAND CONCOURSE
BRONX NY 7IR 594
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nursing 7A-7P OBSERVATION
7-8	Received Jonathan lying in stretcher crib, side rails↑ H.O.B elevated on pillow. He is unresponsive to any stimuli. Pupils are fixed and dilated #4.0 dilated N.T.T. patent and stented, connected to servo-vent delivering 15 SIMV breaths c̄ 25% O2 Peep 5 TV 92. Resp rate 15 c̄ bilateral = b.s. audible. Continuous pulse oximetry present O2 sats 100%. H.R. 112 c̄ regular rhythm noted. Skin warm to touch T 36.3 - Cap refill 1-2 seconds. Diaper in place. NGT patent c̄ formula 20 cal infusing. Abdomen soft and non distended B.S (+)
8-9A	Turned and repositioned. Suctioned for moderate amts of white exudate. Pupils continue F:D.
10-11A	Turned and repositioned - Suctioned for small amts of white exudate. Pupils F:D No spontaneous respirations.
12-1P	T 36.8 - Suctioned for moderate amts of exudate - wet diaper Δd. Feeds continue at 3cc/hr. Pupils F:D No spontaneous respirations - Unresponsive - Marian Mattson

NR1605ME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5/12/97	NURSING
2:50 p.	HR NOTED TO BE ↓. DR. WEINGARTEN
	AWARE, AMBUED = 100 %, CHEST
	COMPRESSIONS BEGUN, RECEIVED
	ATROPINE 0.16 mg VIA ETT. IV ACCESS
	ATTEMPTED, BUTTERFLY PLACED IN (R)
	HAND, O2 SATS 40-60 %. ATROPINE
	0.16 mg (IV) repeated, EPINEPHRINE 1:1000
	0.8 mg VIA ETT, CONTINUES S RESPONSE OF
	EPINEPHRINE 0.8 cc 1:1000 IV g.bm
	O2 SATS ↓ 48, CHEST COMPRESSIONS
	CONTINUED, NAHCO3 12 meq IV AND
	CaCl2 100 mg IV. HR REMAINS S
	RESPONSE. ATROPINE 0.16 mg IV,
	EPINEPHRINE 0.8 cc 1:1000 IV. ATROPINE
	0.16 mg IV followed by EPINEPHRINE 0.8 cc
	1:1000 IV. NO RESPONSE TO MEDICATIONS,
	IV FUNCTIONING WELL S FLUSH. PT.
	DECLARED @ 3:06 pm BY DR. WEINGARTEN.

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PATIENT PROGRESS OBSERVATION RECORD

NWGP 609-D 020054
TURNER, JONATHAN
KING, DIANA
M 10/23/1995
2751 GRAND CONCOURSE
BRONX NY 718 584-4
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
	Aug-7a-7p
5/8/97 7A	Received c̄ #3.0 cuffed NT tube to servo SIMV PEEP-5 F_{IO_2}-25% Rate-15 TV-93. Breathing bilaterally. O_2 sat-95% RR-15. On CIA monitor c̄ appropriate alarm limits on & functioning. Extremities warm, pink, (+) pulses c̄ brisk cap refill. No movement noted to stimulation. Pupils non reactive to light 3-4mm. Abdomen soft non distended. c̄ NGT to continuous feeds for 20 cal @ 30 cc/hr.
8A	VS, BP taken & recorded. Breathing bilaterally CPT & suctioned for small thick cloudy sputum. Skin care done. Turned & repositioned.
10A	O_2 sat-98%. RR-15
12pm	breathing bilaterally. O_2 sat-98%. CPT & suctioned for large thick cloudy greenish sputum.
2p	Bed bath done. Turned & repositioned
4p	Mother in. participating in care of child. O_2 sat-97%. RR-15 Pupils same. Reposition
5p	Nares c̄ slight redness. NT tube changed per policy & skin cleaned. Vaseline applied after
7p	

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HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NW6P 609-D 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PEC
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/8/97	Resident On Service Note
	read the service note + appreciated. Jonathan is a 7mo old boy who is s/p near drowning episode on 4/15/97. It is subsequently severely impaired.
	By systems:
	Respiratory: vent settings: SIMV 15, Peep 5, Pressure 9 FiO2 21%
	Lungs: CTA
	no spontaneous breathing
	CVS: HR 110 BP 100/30's
	no pressors. stable.
	FEN/GI: on full feeds. Similac 20 cal/oz
	Simzo 30 cc q6h via feeding tube.
	Total cals = 62 cal/kg/day
	Heme: most recent CBC 4/18 9.7 / 31 / 105 / 142
	currently on ferrous sol. 3mg/kg/day.
	transfused on 4/18.
	- stable.
	ID: full sepsis work-up done x2. Received 3 days of ceftriaxone. Afebrile
	Neuro: pupils fixed + dilated. (-) cat reflex.
	Clinically brain dead but still has some brain flow on radionuclide nuclear medicine

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PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5/8/97	Studies done 4/17, 4/21 & 4/23/97 Social: mom is very involved c̄ patient's care. Mom has expressed that she would like "everything" done for her child including tracheostomy & G-tube. A meeting will be held tomorrow c̄ mom, social work & myself regarding plans for long term facility. J. Livingston / G. Bini PL-2
5/6/97	Peds Neuro Chart reviewed + pt seen. (2 of service) pt w/o seizures or further events VSS: afebrile ⊖ resp'ns sport. lying w/o movement, nasal ETT in place. Neuro - unresponsive to deep pain CNS pupils fixed at 3-4 mm, disc pale (⊖ vessels seen). previous bilateral absent eye movements ⊖ doll's. absent corneals ⊖ gag reflex (fluid pooling in retropharynx. Motor ↓↓ tone throughout ⊖ spont movements ⊖ WD to pain. Diminished reflexes throughout. Imp 7 mo ♂ near drowning with brain death exam since 3rd day of hosp'n. Cerebral flow

041497

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NW6P 609-D 0200540
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 F
2751 GRAND CONCOURSE 10
BRONX NY 718 584-44
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/8/97	Studies x3 have shown minimal flow, therefore unable to confirm basis death, though clinically no Δ. EEG may help to confirm & for re-iteration to mother, if EEG shows cerebral silence. Will discuss w Dr. Spyro the brain death protocol, as 2 clinical exams documented @ 24 and 48° substantiate this w apnea test. Mother's denial certainly predetermining factor. Will F/U. HRaynes PCP 917 424 0693.
5/8/97	
3:40 pm	Rotating fellow
	Jonathan is a 6 month old drowning victim.
	RESP SIMV PEEP = 5 TV = 93 IMV = 15
	FiO_2 = 25 %
	SaO_2 = 95 - 98 %
	FEN Wt = 7.78 kg
	Sim 2/3 at 30 cc/hr via NGT
	Fenisol
	⊕ wet diaper
	Abdomen soft ⊕BS

VR1605M/E REV.3/72

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

NWGP 610-3 02005
TURNER, JONATHAN
KING, DIANA
N 10/29/19
2751 GRAND CONCOURSE
BRONX NY 718 584-
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	
5/9/97	Mother mother said she can't stay at this shelter because it is for women & children. Mother has a hearing on Friday to see what kind of shelter she will be placed in. We explored and discussed mother's concerns. Mother is sad about leaving all her friends and will miss them a great deal. She said she understands why she cannot stay there. Mother said she spoke to Mr Potter, caseworker for agency, and Mr Potter is looking into parenting classes closer to Mr Potter and she is trying to find a psychiatrist who will provide psychotherapy for mother. Mr Potter said he also would be there. She is going to contact him. I said the social worker who was treating the baby. Mother agrees to have a telephone line visit at the hospital. Mother tell me she got a job at Burlington Coat Factory. She said she explained her situation to the manager and he said his hours would be flexible. Mother said she needs the job. I suggested mother talk to the job. It appears mother might be overwhelming herself to think she has a lot of time and things going on in her life and a lot on her mind.

050497

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

NNCP 610-8 0200540
TURNER, JONATHAN
KING, DIANA
M 10/23/1996
2751 GRAND CONCOURSE 10-
BRONX NY 718 584-44
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	
5/9/97	Mattie deceased. I spoke to Anita last and she feels it is too much for Mattie. She will speak to her about this. I will continue to provide therapeutic support for pt/Mattie. HSW/MSW
	Follow: I spoke to Mattie about a foster placement. She said the doctors had referred this to her. We discussed what a foster family is and that pt might be placed in foster care. Mattie said she understood. She would like to visit the place before pt would be transferred. Told her this could be arranged. HSW/MSW

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HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NNBP 609-D 02005400
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PC
2751 GRAND CONCOURSE
BRONX NY 718 584-4400
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/8-9/97	Nursing 7P-7A
7P	Together intubated c 4.0 NT tube to Servo, SIMV 25 R 15 TV 90 O_2 25%. Ventilating bilaterally c O_2 sats 90's. Color good. On Cardiac Monitor HR 90-100's NSR c alarms set and functioning. Pupils dilated, non reactive. No spontaneous movement. Mom visiting held baby 1½. NG tube in place for continuous feeds, Similac 20 at 130 cc hr.
8PM	Afebrile. Suctioned for small to moderate amount of creme colored mucus. Ventilating well. Feeds continue. Repositioned
12A	Continues as above. Pupils non-reactive. Suctioned. Repositioned
4AM	Repositioned. Suctioned. Ventilator alarm silenced c Hospital Apt.
7AM	Report given [illegible]

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5/9/97	Resident Patrick Hale
2PM	7mo old of near drowning presenting in
	comatose state.
	By systems:
	Respiratory: remains on vent settings:
	SIMV rate 15, PEEP 5, ITV 93, FiO2 25%
	trachs — CPT
	CVS: HR 108-113
	BP 84/55
	RRR ∅ murmur
	Abd/GI: I/O: 713/ wet diapers
	on Similac 20 cal/oz at 30 cc/hr
	Total cals = 62 cal/kg/day
	Abd: soft, flat, nontender
	Skin: continues on Aquasol
	Neuro: unchanged since
	comatose state
	(AP) 7mo old of near drowning
	- continue current management
	CB, PL-2

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THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NWCP 610-B 0200540C
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 P
2751 GRAND CONCOURSE 104
BRONX NY 718 584-44
80460017 04/15/1937

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
	Rotating fellow
5/9/97	Jonathan is a 7 month old male s/p Drowning.
3 30 pm	RESP
	~~SIMV~~
	IMV = 15 Peep = 5 TV = 90 FIO2 = 25%
	FEN
	wt = 7.70kg
	feeds Sim 20 30 cc/kg
	ferinsol
	HEME Ø
	ID T = 35.2
	CARDIO HR = 104 BP = 126/84
	cap refill < 2 sec
	NEURO no change
	Assessment. 7 month male s/p Drowning
	Plan. Supportive Care
	JAR / J. Weinberg
5/9/97 4 30 pm	PCCM ~~Attending~~ Note
	Jonathan remains with no cortical or brainstem function. No response to any stimulation
	~~Imp~~ 7 month old s/p near drowning with no evidence of brain activity
	D...

31605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	Nutrition Tc.
	Social worker attempting to find placement
	Weinzgarten mp

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PATIENT PROGRESS OBSERVATION RECORD

NW6P 610-3 0200540
TURNER, JONATHAN
KING, DIANA
M 10/23/1996
2751 GRAND CONCOURSE
BRONX NY 718 584-44
80480017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/9/97 935a	Received patient nasally intubated c̄ size 4.0 cuffed @ 15 nare with
	vent. settings of SIMV, rate of 15, Peep 5, FIO2 25% and O2
	saturation of 100%, no spontaneous respiration, equal chest
	expansion, aerating well, Neuro - patient is unresponsive, ↓ movement, pupils about 4→5 mm. fixed, CV → HR 104, very weak
	pulse, had a difficulty taking BP via cuff in the lower
	extremities, able to get a reading in the (R) arm ~~126~~/84
	past 8am (820a) after 3 attempts, capillary refill of 3→4 seconds
	cool extremities, temperature of 35.8 °C, layers of cover provided, GI & GU → an NG tube of similac flow per gravity
	infusing well at 30cc/hour, abdomen soft and non
8:30 pm	distended, x1 small formed yellow stool @ 850a, wet
	diaper, voiding spontaneously clear and light yellow
12:30 pm	1230pm NTT suctioned q 4h, NS instilled and did CPT,
	got small to moderate amt. of clear to yellow ish
	secretion, O2 sat - remains good 99% no change done
5p - 6:45 pm	in vent. and med/feedings, 645pm around 5p pt's nares
	heard in the (R) side of chest Dr. J. King notified, CPT'd and
	suctioned patient and positioned in his (L) side, breath sound
	improved & rales, O2 sat. last seen @ 6p 98%, patient's mother
	is in the process of giving him a bath, mother asking questions
	very concern. — [illegible]

1605M/E REV.3/72

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THE JACK D. WEILER HOSPITAL OF THE
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PATIENT PROGRESS OBSERVATION RECORD

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NWC Peer

NWSecure-B 0280540C
TURNER, JONATHAN
KING, DIANA
N 10/28/1996
2751 GRAND CONCOURSE
BRONX NY 718 584-44
If no plate, patient's name, adm. no., sex & birth date

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/9/97	Nursing
730p	Nasally intubated w/ 4.0 NTT with cuff de-
	flated & on Servo Vent - CMV PEEP = 5
	FiO2 = 92 Rate = 15 FiO2 = 21% - Ten el monitor
	w/ alarm limits set & operation.
	Mom on the process of bathing Jonathan
8p	T = 34.4 °C. HR = 92 /m RR = 15 /m. Being
	cuddled by grandmother. HR remains
	@ 90's O2 Sat = 100%. Lungs clear on
	auscultation. Doesn't need suctioning at
	present. Swaddled.
930	Back in crib. T = 35.8°C. Remains swaddled
	HR = 91 /m BP = 89/62 RR = 15 /m. Lungs clear.
	NP suctioned & scanty white secretion.
	UVC in place, infusing HF 20 cal/oz at 30 cc/h.
	Abdomen flat, soft on palpation. ⊘ BM.
	Wet pamper changed. Urine. No spontaneous
	movement noted; pupils ~ 4 mm equally
non-	reactive. Doesn't respond to any stimuli.
	Positioned to his side of crib.
10p	~~Se Sa~~ Natural stool 1 gtt on applied.
11 90	T = 34°C. Infant warmer turned on
	[illegible] 30 T = 35°C. ⊘ warm. T 36°

1605ME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
2³⁰	T= 36.5° C. RT functioned c scanty urine secretion; aerating well; ecg refills well 2 second; extremities warm to touch.
3³⁰	Swaddled & repositioned. Kept dry & comfortable.
6ᶜ	T= 36.5°C. Lungs clear & aerating well, ~~[illegible]~~ in progress. Stomach soft & not distended. RT functioning c scanty urine secretion. Repositioned
7	Report given — [illegible]

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PATIENT PROGRESS OBSERVATION RECORD

NWGP 610-B 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PEC
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/10/97 7AM	Resident Note +
	6 month of s/p drowning
	Resp: SIMV. Resp 5. TV 93. SMV-15
	FIO2 25%. Sats 97-100%
	Chest CTA. No spontaneous resp.
	Cardiac: HR 91-104. BP Sys 80s-120s
	Dias. 60s to 80s. ~~Not~~ well perfused
	cap refill 3-4".
	FEN2: On 20 cal. full vol. feeds NG.
	On Jevinsol Suppl. urinier. Stool ✓
	90% T 35.2 to 35.5
	At 6 mth of s/p drowning
	Pt supportive care. looking for
	long term placement. If impossible
	will get G tube and trach.
	J. Weingart (G. Bachrach) PL2

R1805M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5/10/97 10 am	PCCM attending Note.
	6 month old with no clinical brain function s/p near drowning. On ventilator support & nutrition. Pt's exam is unchanged.
	Neurology service does evaluate usefulness of a central venous EEG in the evaluation of brain death.
	Plan: Continue present care
	J. Wernoski
5/10/97 10 45 am	Rotating Fellow
	Jonathan is an almost 7 month old male S/P Drowning.
	Ventilator settings remain the same as do feedings.
	HR = 114 BP = 114/40 No changes in physical exam.
	Continue NG feedings and Ventilator Support.
	J. Wernoski

050441

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ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

NWCP 609-0 02005
TURNER, JONATHAN
KING, DIANA
M 12/29/19
2751 GRAND CONCOURSE
BRONX NY 11468
80460017 04/15/199

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patient's name, adm. no., sex & Doctor

DATE	OBSERVATION
5/10/97	Nursing Note 7A-7P
	Rec'd Jonathan in crib c̄ side rail ↑↑
	Color pink. Lips & nailbeds pink. Skin
	warm & dry to touch. Cont Holiday
	c̄ #4.0 cuffed ETT to Servo 900C vent →
	ETT securely taped to face. IMV rate = 15,
	PEEP = 5; TV = 90; FiO2 = 35%. Aerating ~~bilat~~
	c̄ clear sounds throughout. Continuous
	oximetry reading 98-100%. On CVA monitor
	c̄ alarms set Hi/Lo (H-150; L-80)
	functioning well. HR 110's. Perfusion
	good c̄ warm extrems & palpable dis. pulses. CVP lines cont c̄ Sm 20 @ 30cc/h →
	tolerating. I&O via pumper cont-
	dripping urine. Pupils cont non-
	reactive & dilated (fixed) Ø spontaneous
	movement / breaths noted.
8A	VSS. T = 36.5 ⓡ. Bundled in blankets to
	maintain temp.
10A	Suct'd p̄ CPT for mod thick yellowish
	mucous. Mod amt from mouth
	& nares. Repositioned. Artificial tears instilled
12N	T = 36.9 ⓡ Suct'd for mod amt ↑ same.

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
5/10/97	Repositioned.
3P	Suctd for sm amt of cloudy sl yellow mucous from ETT. Sm amt same from mouth & nares. Repositioned
4P	T=37.5. Passed mod formed yellowish stool. Suctd for mod amt of same. Bath & skin care given. Mouth care done. Linens D'd & repositioned. Tolerating feeds. ETT taps D'd & difficulty
6P	Suctd for sm amt of same. Repositioned. Mom did not visit on this shift — or call.
7P	~~[illegible]~~ Condition remains unchanged. [signature]
5/11/97 7am	PCCM Turnover Note
	Status unchanged.
	Exam - response to any stimuli
	Plan - continue present care
	[signature]

051297

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PATIENT PROGRESS OBSERVATION RECORD

NWCP 610-B 0200540C
TURNER, JONATHAN
RIC, DIANA
M 10/29/1996 P:
2751 GRAND CONCOURSE 104
BRONX NY 718 584-44
80460017 04/15/1997
Turner J
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nsg 7P - 7 3/4 OBSERVATION
5/10/97	Baby received in crib, siderails are up. His head is elevated approx thirty degrees and he appears comfortable. Pupils are dilated & not reacting to light. He is flaccid & is totally unresponsive to tactile stimulation. No gag. Intubated nasally with a size 4.0 cuffed ET tube, pt is being ventilated by the Servo ventilator SIMV Rate 15 TV92 PEEP 5 O_2 25%. No spontaneous breaths being taken, he is aerating bilaterally & is pale pink throughout. O_2 saturation is 96-97%. No rales or rhonchi heard on auscultation. He feels cool to touch, has palpable pulses and brisk cap refill. On C/A monitor & is in NSR. Abdomen is soft and flat. NG tube in place & he is having H/Strength 20 calorie H/Formula 30 cc per hour.
8pm	Pt remains unresponsive. V/S done T 36.8(R) HR 115 R 15 B/P 95/55. Position

NR1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	changed. Suctioned for scant secretion from E.T tube & mouth and moderate amt of blood tinged mucus from nares.
10pm	Artificial tears instilled in eyes. Mother is visiting
5/11/97 12A	Repositioned & suctioned, secretion from E.T tube is yellow & from nares its loose brown.
2A	Cared for as above, no change in his general condition.
4A	Suctioned & repositioned, secretion as above. Absorption of feed is good
6A	Eye drops instilled & baby given a bath. ET tapes changed
7A	Report given to RN
	LRowe

050497

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NW6P 610-B 02005409
TURNER, JONATHAN
KING, DIANA
R 10/28/1996 PE
2751 GRAND CONCOURSE 104
BRONX NY 718 584-440
80460017 04/15/1997 A

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/11/97 10:45	PICU Fellow Progress Note - Dr. Lee
	Remains unchanged. Will continue
	supportive care.
5/11/97	PL-2 Note - Weekend
	7 month old boy w/ s/P Drowning incident.
	Resp - SIMV 15 PEEP=5 TV=92 FIO2=25 96-100%
	CV - 119HR BP= 95-114/55-70
	Heme - Ø
	FEN/GI - SIM 20 30cc/hr cont.
	I=712 O's=7 Urine BMx2
	Ø lytes
	Neuro - Ø meds exam unchanged
	Plan: Cont. supportive care
	Karen Chin PL-2

JR1806ME REV.3/72

0504

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THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

AWCP 609-0 02003495
TURNER, JONATHAN
KING, DIANA
M 10/25/1996
2751 GRAND CONCOURSE
BRONX NY 718 584-44
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/11/97:	Nursing 7P-7A
7:30P	Received infant in infant Crib - side lying position ~~on C/R monitor~~, audible alarms - limits set and recorded on flow sheet - NSR - Good pulses x4 extremities capillary refill brisk - Nasally intubated ET 3.5 cuffed ETT - on a Servo Vent - PIMV mode - TV 92 FiO2 25% - IMV 15 - Peep 5 - Oxygenating well - bilaterally ⊖ BS - No spontaneous respiration. CNG feed of HF 20 cal/oz at 30 cm/hr - abdomen soft - not distended - skin intact - Pupils F+D.
8P-	VSS - afebrile - CPT & suctioned for large amt. of thick white secretion from ET - NP & OP - passive ROM done - PM bath - mouth care and skin care done by MOM & assistance. Tolerate feed well - No BM - MOM held infant for 2½ hrs.
10PM	Condition unchanged & guarded - O2 sats 100 - same vent. settings - CV status stable - Tolerate feed well - Remains on MOM's lap - artificial tears instilled OU.
12AM	Infant is back to bed - respiratory and CV status unchanged & guarded - Auscultated - Tolerance of Motion done - will delay bed & BM. →

JR1605ME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
2A	Condition unchanged - Respiratory and CV stats unchanged - O_2 Sats 100 - Lungs clear ⊜ BS - CV stats unchanged - Artificial tear OU instilled - Volumes feed well. NO BM - Wet diaper D^cd
4Am	Afebrile - Temp. 36.9 - Respiratory and CV stats stable - Feed continued at 30 ml/hr - CPT & suctioning done for moderate amt. of loose white secretion - mouth care given - Repositioned for comfort - MOM in family room.
6Am	Infant repositioned & wet diaper D^cd - Tear instilled OU - Pupils F+D - Feed continue at 30 ml/hr.
1P -	Condition unchanged. Report given — Mode of dev'l -

050497

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HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

NWCP 610-B 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 F
2751 GRAND CONCOURSE
BRONX NY 718 584-44
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	(Note Continued) OBSERVATION
5/12/97	NEURO
	no Δ in exam - no response/movt
	breathes c̄ ventilator
	Assessment: 6 month old male s/p drowning
	Vegetative
	Plan: Continue supportive care
	J. Weingarten MD
5/12/97 10:15	Pcem attending note
	6 month old s/p near drowning
	No brain function on examination.
	On pressors and vent support
	awaiting placement.
	J Weingarten MD
5/12/97 3:30 pm	Pcem attending Arrest Note
	Called to Jonathan's bedside for acute
	onset of a heart rate of 40. O_2
	sat reading 60. Chest compressions and
	Ambu c̄ 100% initiated. He received atropine
	and epinephrine via ETT without response
	HR dropped to 0. He subsequently
	received 3 rounds of intravenous

11605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	Pt also received $CaCl_2$ and $NaHCO_3$ during resuscitation.
	Arrest was called at 3:06 pm.
	pupils remained fixed and dilated
	Efforts made to reach pt's mother who reportedly is at work. The shelter director is also trying to reach the mother.
	No answer at the grandmother's grandmothers number.
	Case referred to medical examiner #1629
	since initial event was near-drowning.
	Neurology, child protection and
	Risk management informed. Family was
	of arrest.

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
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PATIENT PROGRESS OBSERVATION RECORD

NBCP 610-3 0200540
TURNER, JONATHAN
YOC, DIANA
M 10/29/1996
2751 GRAND CONCOURSE
BRONX NY 718 584-44
80460017 04/15/1997
TURNER, JONATHAN
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	NURSING OBSERVATION
7-9a	RECEIVED JONATHON LYING IN STRETCHER BED SIDERAILS
5.11.97	HE CONTINUES UNRESPONSIVE TO ANY TYPE OF STIMULI
	Pupils are fixed AND dilated. # 4.0 Cuffed ETT
	PATENT AND secured. CONNECTED TO SERVO-VENT
	delivering 15 SIMV breaths c̄ 25% O2 PEEP 5
	T.V. 90 RESP rate 15 c̄ NO SPONTANEOUS breaths
	noted. LUNGS SOUNDS clear to AUSCULTATION
	CONTINUOUS pulse OXIMETRY O2 SATS 99-100%.
	CONTINUOUS MONITORING via HEWLETT PACKARD. H.R. 106-116
	c̄ regular WAVE FORMATION NOTED. SKIN warm to
	touch Cap refill 2seconds. Slight dependent
	edema noted of extremities. Voiding into diaper.
	Hosetormula infusing at 30cc/hr into NGT
	Abdomen soft AND full Stool NOTED IN diaper.
8A	T° Afebrile - V.S. 100/62 - CONTINUES c̄ no
	SPONTANEOUS respirations. SUCTIONED for moderate
	amts of white exudate. Mouth AND naris SUCTIONED
	for thick clear exudate.
10A	Turned and repositioned. SUCTIONED for
	moderate AMTS of same type exudate.
12N	Tolerating feeds - Voiding into diaper.
2P	CONTINUES UNRESPONSIVE to ANY type of stimuli.
	Pupils are fixed AND dilated. No [illegible]

31605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	coted when suctioned.
4p	Bath and skin care given - Mouth care, eye care given Suctioned for moderate amts of cream colored exudate - Breath sounds continues wheezing or rales - Intermittant congestion audible.
5-6	Continues unresponsive. Pupils fixed and dilated. Mom did not visit today.
7p	Report given to relief nurse - Remains unresponsive. Turned and repositioned frequently to prevent breakdown - M. Lyne
9/12/97 10 AM	Rotating fellow
	Jonathan is a 6 month old male s/p Drowning...
	RESP
	SIMV Peep = 5 TV = 92 Rate = 15 FiO_2 = 25%
	SaO_2 = 98%
	Lungs clear
	FEN wt = 7.78 Med - Ferinsol
	Sim 20 30 cc/hr 62 kcal/kg/day
	Abdomen soft
	1 stool
	CARDIO HR = 112
	cap refill < 2 sec
	S_1S_2 ⊘ murmur