

Part 2 of
accident investigation
#980217CNE5086

04144

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

ADMIT DATE: 4/15/1997
NAME: JOHN A.
STREET: 1100
CITY: NEW YORK
STATE: NY 717-784-4111
PHONE: 717-784-4111
FAX: 717-784-4111
SPECIALTY: 4/15/1997
If no patient's name, adm. no., sex & Doctor

DATE	OBSERVATION
4/15/97 4:20pm	<p>PCCU Fellow Admit Note - cont.</p> <p>(Plan: 1) Cont. CR monitoring 2) Cont. vent. support 3) Cont. intubation support 4) Cont. w/ antibiotics 5) Monitor for signs of DIC, liver failure and pulmonary edema 6) Assess I/O 7) Babygram (Full x-rays) 8) Monitor crp, MAP</p> <p><i>Degue</i></p>
4/15/97 4:30pm	<p>Procedure Note - Nasal Intubation</p> <p>The patient was orally intubated in a 4.0 cuffless ETT w/ cpr. Pt tolerated procedure well.</p> <p><i>Degue</i></p>

04149

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

M.W.P. 612-A	23/1492
DOB-13. JUN 77	SEX - F
NAME - CIARA	DATE - 04/13/97
If no place, patient's name, adm. no., sex & Doctor	

Discharge Planning

DATE
<p>4/16/97 Pt 15 w/ l.m. 10 & brought to NCB ER. Pt was found face down in a bath tub, unresponsive according to Mother. She stated pt 10 in the bath tub after she got up to go to the bathroom. Mother stated she had been trying to wake pt in the bathroom while mother went to the kitchen to cook something. Mother then ran (shouting to the bathroom) to see if pt was breathing. Found pt unresponsive. Mother stated she came running to help after she saw pt unresponsive. Mother then called 911. Police was quick to get there. EMS was called. Pt was taken to NCB ER. At the 2nd visit pt was found to be in Montefiore Hospital. Pt is in critical condition and might not survive through the night.</p> <p>Pt lives in Bronx, NY. Mother (M. T.) is a full-time homemaker and 2nd to nothing. She works at Concourse Shtr. M. T. is Mother, the asst. director of the shtr. Andrea Jacob and maternal aunt Linda Turcic. Mother explained what happened which is 15 year old daughter. Mother was 11 foster at age 14-15. At 18 she married Christopher Turner. She has a child from her first marriage. The child is now 11 years old.</p>

704144

MONTEFIORE MEDICAL CENTER

**SOCIAL WORK SERVICES
DISCHARGE PLANNING**EVERY ENTRY MUST BE DATED & SIGNED

ADL 012-A	SE
J. 25-11-1987	2
TO MRC	
J. 25-11-1987	
M. I. 22/1996	
GRANDE SOCIETY	
1994-4	
EU45501 15/1997	

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

DATE	
11/15/97	Mr C been at. Mother has notified him of pt's condition. Plan is to have family support him with his daily. Maint homes after discharge. Pt's wife is deceased. Pt's ex-wife and mother here. 1st birth relationship. Thus independent and wife not close. Father spoke to the maternal grandmother and she said she is here to support pt and night.
	I spoke to the social service case worker who said Ms. Spivack will be following case. Pt's doctor will be placed in touch with her. Inpatient is going to April 1st. Urology Dept. Dr. Rice and Dr. Nelson took pt's statement and spoke to the doctors and myself. They have any questions they will call me. This case is under instruction.
	Mother's family is originally from West End Bronx. They contacted CHS Bronx to social worker to inform them of the situation and that the family might need him later. I will continue to provide family therapeutic support
	HSC AM (SU)

041491

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/15/97	NSQ 30° 11:30 PM 30° Jonathan transferred from NCB ER with neck-drawing. constant # has ET in place, poorly secured & being manually ventilated @ 100% O ₂ & good chest expansion & air leak. Connected to Siemens Servo 900C & FiO ₂ 100%, peep 8 PSB, TV 84cc & 14V 15/min. ET tube has blood in it & pt coughing up blood & such large amt. bloody secretions. Pressures = 29-30. On GR monitor @ 11MITS set/functional, h/g in place & draining air & sm amt dark green fluid. ⑥ hand periphercal IV infusing N/S + 20mg Epi /100cc at 2cc/hr. ⑥ hand periphercal IV infusing N/S + Dopamine 30mg /100cc at 2cc/hr. Foley in place, leaking & some removed & replaced & sm amt yellow urine occurring. Urine sent 4/a. Placed under radiant warmer @ TSC set 27. T>34° rectally HR 176/H, BP 151/96. Pupils dilated to 6MM + not reactive to light. RR 15 & respiratory. Feet dusky & weakly palpable pedal pulses + 4° refill. ⑥ leg More
4/15/97	LEANNI Jonathan

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
3/12	B/p = 124/76. Arterial line attempts being made
3/13	B/p = 112/107 Epi need 1cc/hr. ♂ axillary A/L inserted by Dr. Singer + infusing .9% NaCl + heparin 1u/cc at 3cc/hr. C good waveform on monitor. Nasally reintubated by Delaney w/ #4.0 cuffed & difficulty + failed at "m" - cuff inflated = 2cc air. NT sup sm amt bright red blood. Nose oozing blood.
3/14	Epi discontinued off. FiO ₂ IV 80%. Having loose yellow stool.
3/15	B/p = 154/55 HR 180/min. Pulses weakly palpated. Dopamine turned off. Attempts being made to start CVP line. Maint IV soln D ₅ W 1/4 NS 3L acetate to ♂ hand peripheral IV
4/1	FiO ₂ ↓ 60%. + sats = 100%. Glucose = 262. Aerating well, PENRL 6M/M Continues to intermittent abdominal breathing & tensing of abdomen, 1/2 aspirated air + 5cc clear fluid. Urine = 15cc/hr. T > 36° - warmer remains on ad 37° B/p = 81/47. Perfusion 4° is weak pulses HR 197-205/min. No response to painful stimuli, NT sup sm amt bloody secretions. ♂ femoral CVP inserted + sutured complete to fem port infusing .9% NaCl + heparin 1u/cc at 3cc/hr is good waveform + CVP reading 9-10. Visited briefly by mom + grandmother.
4/2	B/p via cuff ↓ 7 1/2. Dopamine restarted at 1cc/hr. New CVP line. Continues to have loose yellow stools.
5/1	Dobutray 300mcg/100cc of NaCl started at 2cc/hr. Urine = 0cc. Dr. Lopez aware. PENRL 6M/M & extremities dusky now. I = 100% nurses HR 207/min B/p = 92/53. PABORT R

04149

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

30460017 4/15/1977
Joachim, John
80460017 4/15/1977

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

DATE	OBSERVATION
4-15 cri	ng 3-11 ³⁰ (cont)
5 th	Bipura cuff = 88/50.
5 th	50cc. Albuterol infusing x 30ml in 4 hr. Hand peripheral IV. HR continues 180-205/min
5 th	8 meq NaHCO ₃ IVF by Dr Lopez. Maint Alk D-W 1/2% + 20mEq KCl + 26m Catluc + ↑ 3cc/lhr thru CVP line
6 th	No urine output. De Lopez aware. Ringer's lactate 100cc x/hr thru peripheral IV. F _O 2 40%. Sets 98-100% Oxidizing bilaterally, Not sure sm amt clear bldy streaked mucus. Continues = agonal breathing + abdominal tensing. N/A aspirated for CVP + 5cc green fluid. T↑ 37°8 HR 216/min B/P = 74/60. CVP = 9. PEEP 6 mm Extremities dusky - 4 th refill. No spontaneous respirations or movements noted. ABG/lytes drawn.
6 th	Epi drip restarted at 1cc/hr + piggybacked to Bipura + Dihydraline. CVP been port infusing Maint + intermittent CVP readings. Eyes dilated by Ophtholology + examined by same. Chest X-ray obtained
7 th	Urine output 0cc. De Lopez aware Lasix 10mg IV givn, HR 213/min. B/P = 95/28 CVP = 10 Warmer remains off PEEP 4-6 mm. Extremities cool, dusky = weakly palpable pulses.
7 th	IMV ↑ 20/min. Glucose = 339. Ringer's lactate 200cc x/hr

PLEASE DATE AND SIGN ALL ENTRIES

04149

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

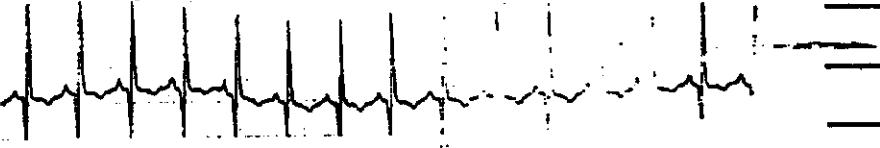
MONTEFIORE MEDICAL CENTER
 HENRY AND LUCY MOSES DIVISION
 THE JACK D. WEILER HOSPITAL OF THE
 ALBERT EINSTEIN COLLEGE OF MEDICINE

04147

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

ST 612-A 5/15/97
 J. 15-1-30-2712
 X1-A 1A-A 1-1-3015772
 27-1 SPAIC CORC-JALE NY 71-34-46
 4/15/1997
 If no plate, patient's name, adm. no., sex & Doctor

DATE	OBSERVATION
4-15-97 4-16-97	hours
11/16/97 ^{1M}	Jonathan contains = "4. Decuffed NT to jaws, SIMV rate 20, TV 23/8, F, O ₂ 40%. Chv. - hypotension, respiratory rate 24 breaths/min. Sust NT for body oscillations + clonus + reflexes. Pant/pt. Oniced/pancreas monitor in series tooth alarms Jonathan 4-16-97 12 ^{1M}
	
	or auto tested, see above at g. Extremities pale/dusky, cool & very weak (palpable), strong pains C4-5 w/ left. Fortified fat, soft. Pulse 120cc (C) c 5 mm, minimal reaction, distal extremities not pales dry eyes, dry mouth, dry gas, eyes discharge & open of diaphragm, isolated far jolty movements of trunk + extremities. Abd soft, girth 43cm, having melt loose, foul smelling stools. No tooth damage & blood found. (D) hand NS looks intact. (E) femoral CVP line + dog ear tail, long port w/ ring Ds 1/4 NS + 50mg NaHCO ₃ + 20mEq KCl c 18cc/hr, also inserted into tail CVP drainage; short port = D, W + Dobutamine 250mg/100ml x 3cc/hr, Ds IV + Arginine 300mg/100cc x 1cc/hr + D ₅ W + Epinephrine 5mg/100ml x 1cc/hr. (R) replaced line to NS/Hypotension on @ 3cc/hr, to continuous read- out of alarms on auto tested, (E) wave form, dangerous CVP wave. Folg to SBD in ch. glycerine. Overload warmer skin a. abd not 35° turns off. T 38.3° sec 15 sec on/bottle

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	no frag long interval; talking + holding baby,泰福， feeling guilty + worrying baby's death. Grandmother present, but status as above. Cough and sweating. No improvement in D-W. See VS record. Both sides. Grandmother phone'd.
1 st	Pain lips, chest back (C), elongation (C). Chest flaccid. Diaphoretic. ABG + ECG drawn, normal. No rales or wheezes. Contagious respiratory movements + cool skin & diaphoresis evident. IV surface well, dark grey or infiltration. Press line to D-mone, CVP dangerous. Output 9.3-4cc/k/hr. T 38°, no other VS record. Rush support given to mother.
2 nd	CVP, BP 7, ADH + dopamine 150mg/100ml CEC/10. Wgt 8.20. Mother sent to sleep. See VS record
4 th	Pain, sweating but not elongation. Just for last day NT sweating + anterior sweating. Report. No drainage bilious fluid, cold soft. Extremities remain cool/less, pale/dusky = SpO ₂ less VE > LE, no fil C 4 sec. Rashes in mouth/tach. No diaphoresis. IV surface well, patient Ad to D. 1/4 NS + 30mg KCl/100ml CEC/10. Press line C 0 mm, CVP dangerous. TV 190 F, O ₂ 3.35%. Output 3-4cc/k/hr. Cortisol white, body now cold/stole. T 38°, Tylenol given as ordered. See VS record.
5 th	Unchanged. Rash + mouth rash given. VSS
6 th	Pain, lips, sweating worse. Just for last NT sweating pale sweat. Report. No drainage bilious fluid, cold soft. No rales wheezes. Extremities remain pale/dusky, cold, no fil C 3 hrs. IV surface well. NS looks start of flushed. Press line C 0 mm. CVP dangerous. Output 1.0-1.5 k/hr. T 39.4. Toxins not tried, typical

04144

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/16/97	Pccu. Fellow Note:
12pm	Smos & sp Near drowning. No changes in neurological status overnight. Remains ventilated + on IV pressor support.
	PE: Comatose
	1202 Re & BP 10/53 Vital signs SWS+PS 20 6/8 50% Pupils fixed + dilated ~4mm. Lungs - Clear - ventilator breaths (3), Apneustic breaths, Cor - RR ~ 15 5-6 O +/++ Pulse Abd - Soft, O +/++ Ext - w/w, CRT ~ 2s
	Neuro - O Spontaneous movement, hypo no reflex O Corneal reflexes O Pallo eyes
	A: Smos near drown
	P: (1) Resp - Continue Ventilation Support (2) CV - Will try to wean pressors as tolerate. Dri on Dopamine 1/Depotrace 1/Ephedrine (3) FEN - Monitor Electrolytes regularly. No abnormalities so far. Culture on IYF p 2/3 months + Ca replacement
	(4) Renal - routine w/o + renal func
	(5) Hme - in DIC (mild) No active bleeding at time. If evidence of bleeding will give FFP - Culture on Vit K
	(6) ID - on Ceftriaxone
	(7) Neuro - Severe cerebral insult. No spontaneous fm r-t. L. mm-l. EEG placed but today it was

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

Joaquin, Jonathan

7 days old
30160017

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

DATE	OBSERVATION
4/16/97	<u>Readat Note</u>
12:0pm	Jonathan is a 6mo old baby boy who suffered a near submersion injury on 4/15/97. He arrived in the ER in full cardiac arrest. He was resuscitated and is now in ICU intubated.
	① <u>Resp</u> : SIMV = 20 FR = 20 Tidal volume = 90 Sat 99% --- PEEP = 8 (no pressure support) FiO ₂ = 35%
	② clear secretions some ↑ intestinal marking on xray
	③ HR = 196-203 BP = 104/34-100/40 continues on Dopamine 5mcg/kg/min Dobutamine 5mcg/kg/min PRSS 0.01mg/kg epinephrine = 0.1mcg/kg/min poor perfusion cold distal extremities. cap refill >2sec
	④ remains tachy - will attempt to wean the epi some, as pressures remain stable
	(cont)

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	PEN/612 8.12kg NPO recen ^y NF @ D5 1/4 + 30mg KCl q.c - This am:
	143 111 18 99 3.9 24 10.8 7.5 (up from 6.7 this am) TB = 0.4 Hb = 235
	Mg = 1.7 Hb = 2.9 PT/PT = 314/95 Appears to have anoxic injury to hep/liver as OT/PT are elevated.
	Currently on maintenance fluids (yesterday total H2O = 747/456) CO ₂ yesterday 16 at 8pm - had required NaCl ₃ drip - df'd this am. Received Schedule to receive albumin to 4g (will discuss with attending if required). On Ca ⁺ Cl ₃ 160IV Q6 ^d = 88mg/kg/dy will do mg in am & see if Mg ⁺ replaced as also required, continue until the ① continue Zantac 1.8mg/kg/dy ② continue Ca Supplement (80mg/kg/dy → will q if Ca ⁺ does not continue to respond. ③ (if no response, Smax 8) FD: febrile anoxia - may be contributory to tachycardia. Penicillin max dose. CT E unless trachea asp. (+) polyps in trachea aspirate

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

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

**PATIENT PROGRESS
 OBSERVATION RECORD**

EVERY ENTRY MUST BE DATED & SIGNED

04149

HOSP. 612-A C-22-100
 JAC I. JONES A.
 KILL, DIANA
 B-12-10096
 27-1 GRAND CONCOURSE FL.
 L.I.V.K. BY 717-214-42
 5-24-97
 If no plate, patient's name, adm. #, bed & doctor

DATE	PCC attending	OBSERVATION
4/16/97		5 1/2 month old who sustained an immersion injury > 24 hours ago. On mechanical ventilation requires epi, dox, dabs to maintain SpO ₂ > 90%. Urine output responded to volume expanding & diuresis. His urine of 0L.
12 ²⁰ p		LFT's are still pending. On exam has fixed dilated pupils, (-) corneal reflex. No oculopathy no response to noxious stimuli. Has symmetric vegetations? spinal stenosis
		I spoke to Mom, Mom's friend, + Dr. Flora. I explained the physical findings + their significance for brain death. I explained that the neurologist would declare brain death + that by law brain death was equivalent to legal death. She agreed (Mom) that she did not want to "pull the plug"
	A:	Clinical brain death
	P:	Nonreactive to w/w stimuli but support of vital functions <i>for</i>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	Child Protection CX
4/16/97	This is unfortunate story of 6 month old baby, who was left unattended in hot high water sitting in seat with suction cups on (snorkel - MGH). (Pearl Beach) 2nd brother Christopher was in water as well, mother intubated. She found infant failed to respond? (hypoxia) (5-10 min) + resuscitated him. Now his pupils are fixed & dilated; core body temp ~40°C., consciousness level suspect. Mother age 18, not here now. MGH prognosis is poor. Acc to MGH mother is very caring & loving + a good mother - children have health care (NYC) since they live in a shelter). Father lives separated not involved.
1 PM	CPC to follow
Gifford	SLC, et al. 1992, and Severe anoxia \rightarrow drowning Progression wanted \rightarrow poor.
	J. Gifford, M.D. Att 917506505

04144

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

ALB 612-A 2207
 BLAETTER, JOSEPHINE
 ST. C. CLARA R. 1-238-1937
 27-1 CHATE CONC. 100-
 LUX NY 710-334-4421
 80460017 04/15/1937

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

DATE	NSG 7A-7P	OBSERVATION
4/16/57		<p>Rec'd infant orally intubated = #4.0 Cuffed (inflated) w/ T & servo vent. settings SEMV, peep 8, TV 91, resp. time = 50%, I:W=30, 35%. Nail beds + mucous membranes abd. dusky. O-sats 99-100%. Breathing E went off synchronical / regional respiration noted. E's clear + equal - good respirator. On C-I monitor in RT. Alarms not set appropriately. O'piles. Gas refill 3-4 sec. Catherized bl. Cool to touch. It on Dopamine at 3mcg/kg/min; Dobutamine at 1mcg/kg/min + epinephrine at 0.1mcg/kg/min dips. BP's 10/130's via cuff, pos. w/ 100-105° via 9ft line. O'px - Art line intact & good kynform. Fhe's be well via pressure px 5/5t → b/c release/blocking/leaking/occl. noted. Line good & rec'd/vented as well CVP line. Pt febrile as recorded. Tylenol gr. Dr Antibiotics coverage. No tr. SB intub & biliru drainage noted. St. grise positive. Pt on zantac. Not place- ment ventilat. Abd soft + non-tender. No r.t. h. - 1 warfarin maint. P main</p>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	Double lumen Cath intub E D5%4 ± 30kg/c at 10cm + CVP line for intermittent tending = 9-10. White past & Dobutamine 150ug/min DzW at 1cm/h Epinephrine 5ug/h & a drow at 1cm/h + Dobutamine 250ug/min a drow at 1cm/h. All IV's infusing well via Abbott pump. Pupils are non reactive. R = 3mm & P = 4mm. DS past respiratory movement / eye openings. No response to painful moves. Skin - dry / cool Extremes full & pulse slow noted. No S/S 2352C Activity noted. — Kardex
930 A	Dobutamine 50 → 1cm (since). Well monit. V/F & bilirubin + sent. SKIN AN 4 g of blod noted from old I/O site. bandage Applied. Elendal or roll. Eye sl-puff. 1100 A Skel for An. An + g bld - free incision BS remain. Clean & equal intact - E good perfusion. Con 's & fishy / 2 mm Hg plus exm cested. Eye base (e.g. Z) mask bld. hi 20's. Dz. Forti + furosemide made aware. Monitors + out of room crib. Asking when child will be better & bld to come down. Asking about if able to refuse to have child declared "brain dead". Mother not a social worker & Dr. Smits regarding imports Chloro - D condition — H.A.

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

PATIENT PROGRESS OBSERVATION RECORD

AM 2 012-3
3100 1 331-7
31 1 11-2
5 1 1/23/19
27 : GRAN COACH 685
64044 #1 717 194-1
20466017 04/15/1997

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	W.S.C. 7A-7R Cont'd)	OBSERVATION
4/16/97	Albumin 25% below min ($30\text{g} \times 30\text{min}$) for V. albumin level. P infection R hand held + the slightly puffy at IV site & foot swelling -	Handheld puffy
10 th	P Sats 90-92. BS still mostly clear + equal bil c good perspiration. Shallow for med. Rx + a pink, frothy secretion. FID 9450 ⁰ , peeped R 10. — Kanso	
20 th	Phenobarbital level sent. Status verbal. NGT can't + SD c am on 4 th of spine. D. Stab = 66. News soon verbal. — Perfusor gone. Temp had from earlier Tylenol + cool soak/cold bath given. Mat. cramp after + about in + out of room while mother gone —	Kanso
4 th	Temp Rd to 40° . Tylenol given (2nd time) Cool soak/bath given again. R cold IO Site can't c am on 4 th of bldgs. because dry applied. IV's very well. Urinary clear, amber urine V. rd Foley, NPD status maintained —	Kanso
5 th	Shed for Sh. Hand to blood-tinged perspiration. ABG's + drainage. Mouths	

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
6/8/89	Remains nonresponsive. No resp to stim. ECG/cont No S/S of sue barbiturate noted. — <u>Kennedy</u>
6/8/89	Went to referred a friend. Asking unrealistic questions & support goes. Sput disc 0.1 to 0.5 mg/kg. FIO ₂ 1.60% T�W 37°C as per HBC results. Cr- Cart. notes also fine. MANT-SVF to be tit'd to D/DW 2.0/0.9% NA Acetate/ + 3D Lactate/L + 1.5 g m Ca glu/L at 15cc/h - Brown holes — <u>Ki.</u>
6/8/89	Brain neurologically nonresponsive fixes & draws. Di Strib as noted. Man at bedside sending bubble to infant. Notes comforted a Healer from TV show Strange Universe in from Francesco. Mother brought in baby clothes, shoe, baby food, toys etc. Support & update goes throughout day. Report one to delay use - — <u>Kennedy</u>

041447

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

**PATIENT PROGRESS
OBSERVATION RECORD**

EVERY ENTRY MUST BE DATED & SIGNED

REF ID: G12-A
JESSICA JONATHAN
A. L. LANA
M. J. MAYER
27-1 CRAIG CONCOURSE
BRONX NY 71 384-22
8046001 34/15/1982
If no plate, patient's name, adm. no., sex & Doctor

DATE	NOTES	OBSERVATION
4/16 11 th		<p>Received Tracy J. Joaquin lying under resuscitated impressions off. Pt on CIR monitor limits set. Oximacs are on & fully functional. Remains = H, I.O. Cuffed/inflated NIP (P) are connected to Serovent settings SIMV mode PEEP 10 Rate 24/min TRV 16 F.O₂ 40%. Color pulse pink 22-24±10 spontaneous respirations noted, aerating bilaterally clear equal B.S. of flaring retractions & dobs 100%. HR 180's ST ectopy P waves + 4 Oedema, periorbital poor 3-4 sec cap refill brisk BP WNY skin warm/dry extremities cooler to touch. Abd soft, flat (B.S. (P) not dampened seen for green fluid. NPO & this time. #8F foley - SD draining light amber urine >cc/kg/hr. GBM, deep on G BM. Nurse; continued to be unresponsive pupils (P) & (C) 4mm fixed & dilated, no spontaneous movement total, Oxygines lines; (P) Anilia arterial line intact - Dexamfam dry DI, unfusing & hyperpigment skin 1/4 cm. (P) Dr Cap forward site dry DI (P) bleeding thromboplastin unfusing & maintain IVF D10w+4W Nacl/h & 30mg Flecitil + 1.5 gm Ca glucl 18G/hr, peggytate & heparinized saline 10ml/hr. (P) intermittent CVP reading</p>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	white posturing = ① Cisephrine 5mg/100cc. C.E. ydr. 0.8mg/kg/min. ② Dobutamine 250/100cc. DSW C.I.C. ydr. 5mg/kg/min and ③ Dopamine 150/100 C.I.C. ydr. 3mg/kg/min. pt also has ④ & ⑤ peri hep shock AV's which are patent, dry D/I, O'ness swelling. pt has ⑥ dry to ⑦ cold (mid arm) for resting at previous intra osseous site d/I, dry bleeding spot marked. ⑧ dry elevated from e bedside reading stories to cpt. support green. 8/13 8.8 Tyndall green ordered for ox. #E#357, CRP114/b CRP8 Pupils 4-5mm regular, fixed & dilated 2224 C no spontaneous respirations noted upto 100%. C/T green sputum for loose white/pink secretions via W/T, sputum mainly for thick green secretions urine out 37c. this hr. Labs sent - A/G, L/tos, CBC PT, PTT, Fibrinogen & an ordered. Mouth care green Tyndall to both eyes. More drying pt's hair attempts to sit, very anxious. Distress III 9/8 receiving CaCl 160mg IVSS as ordered. 10/8 15 X E#84 ST RR 24/min Sat 100% BP 116/146 CRP8. Pupils 4-5mm, fixed, dilated. No change in cardio status sputum +1 for same secretions, urine out 30. Received Zantac IVSS as ordered. 11/8 PT/PTT repeated via wrist stat @ hand & sent by MD Receiving Ket Bolus 4mg/2cc. over 1hr as ordered for Lof 2.9 A/G 7.33Z - 37.11S Cpi & 6cc/hr for 0.06mg/kg/min.

041447

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

100-018-A 5200140
JULY 1, 1970
110, 214A
271 CEDAR CONDUCE
BLK RT 712-754-44
80460017 04/15/1977

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

DATE	OBSERVATION
Missing 7-7 ^A	
7/17 12 ^A	T3GS Tymalgia, sponge bath given by nurse, linen A. NP 19351 Otolarynx inspection 3-4 sec caprefill brisk. Inspected for secretions thick & pink/white secretions Color pinkish pink No change in visual status No spontaneous respirations noted urine output g. NLT = 400, green fluid. Recovery Ceftriaxone ordered. Dated 7/1 M/Davos
2 ^A	T4377 VSS intubated x1 for same secretions. Pupils P Sms fixed / dilated (C) pupillary 4mm nonreactive. No change in visual status. urine output g.
4 ^A	V5 (P) T38 ^S Tymal green Both genx linens A. int 8.10SK Pupils 5mm equal nonreactive. No spontaneous movement noted. urine output g. Opi & 4a h Intubated for secretions thick white/pink secretions via NLT. suctioned nasally for large amount thick green secretions Guts 100% Chest clear
6 ^A	88101/39 NP 156 Sat 100% O pulses x 4, perfusion 3-4 sec caprefill. extremities cold, trunk warm No jugular drainage present (C) calf dry. ABG blood drawn sent Recovery Justin 75 ordered Mouth congestion, labiate to both eyes. Abn. O status unchanged. (P) Avith n17 line > (P) veniform dry D11 (P) DL CVP dry D13 O redness (P) swelling

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	glucose 91. Both P & C are reflexes dry D.I.
	Report given — R Frederik Jr
6/1/97,	Nothing Abnormal
9 AM	Child without signs of brainstem function. Pupils fixed + dilated No response to noxious stimulation. Absent corneal, absent oculocephalic responses, absent gag reflex.
	Tips: Clinical Brain Dead Rec: Capillary test and G-6-PD Available to family evaluation Brain death. <i>J. Martineau</i> Sternbachain MD
4/17/97 12:15 PM	PCW Attending 6 month old ♂ - near drowning Clinically brain-dead Pupils 5mm and non-reactive No corneals No spontaneous movement or response to painful stimuli. No change in heart rate with painful stimulation.

041491

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

MRP C12-A
JUL 17 1997
JUL 17 1997
X 1022217-
97-1592-CC-C-005E
BY 710224-
07079
30460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

DATE	OBSERVATION
4/17/97	On dopamine and α adrenergic (cont.) Electrolytes normal Imp: No sign of cerebral or brainstem function.
	Plan: <ul style="list-style-type: none"> -Hemiva test -Nuclear medicine cerebral blood flow study to confirm brain death -Continue cardiorespiratory support
4/17/97 12:35pm	PCCU Teller Program Not Dr. by Hofstetler b/w 8 pm during C physical on admit i know death. Current cutives are 5mg fentanyl of dobutamine. Dose is a bit that has changed. Pulse 170 BP $100/40$ CR-3m Gcs 0 Comely skin dead recent lab
	D-dil Fibrinogen 5 mg

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	<p>lays Good = very bad Mr SS & we \approx And soft</p>
	<p>No comed, No go, No dolls No spots, hair n. power.</p>
	<p>Bout bulb was dry = PC consist of bad death</p>
	<p>Pl: \rightarrow Refer see 1) Cut ce signal already 2) Cut abit</p>
	<p>(Off)</p>
4/17/07	<p>1st PM - Nuclear Med Note</p> <p>Chest Dynamic + static imaging shows evidence of intramedullary - therefore, \rightarrow this is <u>not</u> consistent = Brain Death</p> <p>If pt's condition continues to deteriorate, the study should be repeated tomorrow</p>

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE
11/17/97

0116 a male blindfolded to NCB El. Pt. Jnr Ford
face down in a bath tube, unconscious. He is presently
on full life support. Several tests are being done
to determine brain function.

I have met Mr. Methic several times since the
beginning of this case. Methic is disabled and
cannot move his right arm forward to the side. It
is believed he has suffered a stroke. One night ago
his mother, his best friend, Dr. Sager, one resident and myself
were able to discuss his condition and consciousness.
It was explained to his mother that his brain function
was partially gone. He exists. Methic was apparently fully
rest. Methic has limited manual functioning, but
needs time to expand to nice level. My attorney
last the CSCRA Director of the Shattered Program
had concerns about Methic being social. I spoke
to Methic she denied this and said she had
never had the urge if she did feel Methic
was social to talk him to her.

This afternoon Methic and his friend
went to go in (next to the siding) Christy
Christy is presently in foster care. The trial
date, November 15, is not going to open. Kindly let me
know when the hearing date for Methic will be.

U4144:

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE
4/17/92 Male also spoken to briefly for a few times.
He wanted to know how often families come.
He is not sure whether mother will be angry or
not that doesn't help the DT. Dr. K.
said if mother needs to be assured that she did
not do this. I also spoke to his wife. She didn't
have a problem with him coming to speak to the therapist's office
for pt/family

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

PATIENT PROGRESS OBSERVATION RECORD

Joachim
2005-09-09
04/13/1997

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	Patient	OBSERVATION
4/17/97 10am		No significant changes overnight Only some \downarrow K+ & Ca+ with mostly \uparrow cooling core extremes
	Bay Systems	7.47/30/207/1
	① Resp - Fins one gas	7.45/35/34/3.6
	$FIO_2 = 40\%$ Peep = 10 TV = 93 IMV = 24	
	PR = 24	$PR = 24$
		lungs with good air entry bilaterally
	adjustments: $FIO_2 = 30\%$, peep = 8 IMV = 20 TV = 93	
	① repeat gas	7.45/38/34/3.6
	with continue to follow gases ad with Repeat x-ray (to follow) if shows more signs of ARDS.	
	④ AP: 196-206 overnight was an done to 150s	
	after wean of epi	
	BP = 102/43 max = 116/46	
	CVP 10-8 average (currently 5)	
o	PRSS	
	on dopamine = 1cc/10 = 3mcg/kg/min	
	Dopamine 1cc/10 = 5mcg/kg/min	
	↓ l/c'd epinephrine does an →	

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	<p>(1) follow pressures and main pressure support.</p> <p>(2) FEN/et 8. kg 593/610 F-0 Blood glucose = 66-111 weight = 2.9Kg and was bolused</p> <p>Repeat 2.9 → Bolused with increase in maint. fluids from 1.6mg/kg/dy → now 3mg/kg/dy K or KCl (holding Ac in UF 2° undetermined liver function)</p> <p>$\text{Ca}^{++} = 3.3$ at last pt and 4.4 today 3.45 this am. Had been on Ca \pm 18 mg/kg/dy → increased today to 160 mg/kg/dy. LFTs ↑ yet to 314 PT = 95, today $297/110$ PT.</p> <p>ominous sign that pt & ↑ today → suspect for shock liver. Albumin = 7.7 Belly = Osgood's - not < shock liver.</p> <p>(1) Continue IUF fluids at D₅ 1/2 NS + 4% NaCl + 60mg K⁺ + 3.0g of Ca gluconate</p> <p>(2) lytes this pm afternoon</p> <p>(3) will follow LFTs in am</p>
	<p>(4) Heme: Hct = 24</p> <p>① transfuse to 15cc/kg PRBC IV $\text{PT}/\text{Ort} = 18/47$ fibrinogen = 40.</p> <p>No active bleeding will repeat coagulation studies if pt</p>
	<p>(5) D: The pt remains on Day 3/ febrile. No fever Tmax body = 38.5° cultures remain negative to date</p>

04149:

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

AMER 612-4 02015467
JACOB J. JOSEPH 3-1
F.M. 116AA 3-1-12231776
374 GRAND CIRCLE
EAST RIVER NY 718-34-44
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

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

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

EVERY ENTRY MUST BE DATED & SIGNED

MAP 512-A 6/2/97
 JONES, JOHN T.
 11-11-1924
 221 CRAIG CIRCLE, SE
 WASHINGTON, D.C. 20003
 (202) 544-7100
 6/17/97

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

DATE	OBSERVATION
4/17/97	<p>Nurse's Note 7A-730P: Received Jonathan in stretcher bed. Eyes closed, no spontaneous movements or response to touch, voice or painful stimuli. Pupils \approx 4-5mm bilaterally & non-reactive. (L) Pupil slightly larger than (R) Pupil. Anterior fontanelle open & full. Posterior fontanelle closed. Has a #0 cuffed NTT taped securely intact to (L) Ear. On Sennheiser Servo 800C ventilator w/ settings: SIMV, Rate 24, TV-92, PEEP-10, FIO₂-40%. lungs aerating bilaterally at 24 c the vent. No spontaneous or agonal respirations noted. Lung auscultation clear - slightly worse bilaterally. Lips & nailbeds pale pink. O₂ sats 100% via continuous pulse oximetry. Also on continuous cardio-respiratory monitoring w/ alarms enabled, limits set & checked. In sinus tachycardia at 180. No ectopy noted. Apical rate regular. Has (R) arterial line w/ good wave form & blood return. Arterial BP's running 100's/40's-50's (unmonitored) ————— S. Adams RN</p>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/17/97	<p>Nurse's Note Continued: correlating fairly well w/ cuff at 120's/50's. Peripheral pulses strong x4 extremities. Capillary refill delayed at 5-6 seconds (5-upper extremities; 6-lower extremities). Has</p> <p>(R) Femoral Double luxen CVC line Brown port used for CRP readings intermittently - reading 5 c good wave form. Maintenance fluids of 0.5% NS + 40 meq Na AC/K + 30 meq KACK + 1.5G Calivac at 18 cc/hr. White port infusing w/ c drops of: Epinephrine 500g in 100cc DOW at 0.4cc/hr (0.04 mcg/kg/min); Dopamine 160 mg in 100cc D5W at 1cc/hr (3mcg/kg/min); Dobutamine 250mg in 100cc D5W at 1cc/hr (3mcg/kg/min). CVC exit site is redness, swelling or drainage. Transparent dressing dry & intact. Arterial line exit site also clear & dry is redness, swelling, blanching or drainage. Has</p> <p>(R) + (I) Hand NS 10cc/s in place which both flush well & are also is redness, swelling, drainage. Skin is pale pink warm to touch & mildly diaphoretic.</p> <p>Abdomen soft & flat c hypoactive bowel sounds in all four quadrants</p> <p>(Continued) ————— G. Achanver</p>

041447

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

442 517-A
JANET, JONATHAN
11-1111-1
11-1111-1
27-1 GRANT CONC. 1
BED 14 RY 71
11440017 4/12, 1997
Geachin

If no plate, patient's name, adm. no., sign Doctor

DATE	OBSERVATION
4/17/97	Nurse's Note Continued: Salen Syrup tube taped securely in place to R nose to straight drainage of moderate amounts of greenish drainage. #8 FR Foley in place draining clear yellow urine at 1-2 cc/kg/hr.
8A:	VSS. HR ↑ 180's. No spontaneous respirations noted. Suctioned for scant clear & cloudy white secretions. Rectal temp 38.5°C. Received Tylenol 120 mg PR. Also received BAC 4mg bolus at 8AM for K+ - 2.9 on Nova Lyses. IVF's changed to 0.5% NS + 40mLb NaCl/R + 60mLb KCl/L + 36G dextrose/L at 18cc/hr.
9A:	Seen by Neurology at bedside. Cold water calorics performed bilaterally S response. Neuro unchanged. VSS. Paraphrenic drip 0/c'd go per Dr. Kung. SIMV ↓ 20 at 8AM (ABG - 747/301/207). PEEP ↓ 8, FiO2 ↓ 30%. Dexmedetomidine - 110. A/FG & Nova Lyses sent S/P KAC bolus.
10A	VSS. HR w/ 70's. Neuro & perfusion stable. Received Vitamin K 2mg IV as ordered.

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/17/97	Nurse's Note Continued: ABG - 745/38/134/99 Vent settings unchanged. Grandmother telephoned. Information & support provided. Rectal temp ↓ 37.9°C
11A	Mom at bedside. Very tearful about blood transfusion. Support & information given. Social Services involved. Called Social worker from shelter.
	VSS. Perfusion & Neuro unchanged.
12P	VSS. Rectal temp 37.8°C. Skin cooler. Suctioned for sputum. Large air leak noted from mouth & nares. Cuffed extubated. → 2cc. Received Ceftriaxone 300mg IV as ordered.
1P	Transported off floor to Nuclear. Medicine for Cerebral Perfusion Study by Dr. Peltz, RN, & Respiratory Therapist. VSS. Had large watery brown foul-smelling BM's prior to study & desaturated to 80's. Blood O ₂ c 100%. O ₂ relief. Relaxed procedure well.
2P	Arrived back at PICU. Put back on bedside monitor. Turned epoxixed. Suctioned for sputum. VSS. Rectal temp ↓ 36.8°C. Skin cool. Covered c linens & mizarin. Continued — S. Adams RN

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

1159 612-1 05/17/97
 1159-1 10517-1
 81 1. STARR
 A 1/17/97
 07-1 CRANE CONCOURSE
 LIGHTS BY 712-534-
 20460017 4/15/1997

Josachin, J.

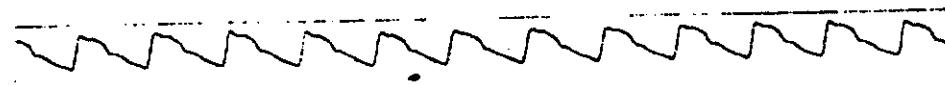
If no plate, patient's name, adm. no., sign Doctor

DATE	OBSERVATION
4/17/97	Nurse's Note Continued: Received Zantac 5mg IV as ordered.
3P:	FST : Rectal Temp. 36.3°C . Placed on infant radiant warmer. Neuro, pulses & perfusion unchanged.
4P	Grandmother back at bedside. Received PRBC's 120cc over 4 hours. No s/s adverse rxn's at start of transfusion. VSS. Rectal temp unchanged. Skin warmer. Perfusion unchanged.
5P:	Rectal temp $\uparrow 37.5^{\circ}\text{C}$. CNP's 78-9. VSS. Received bath, skin care & linens changed. Turned & positioned. Suctioned for small amounts of cloudy white muddy blood tinged secretions from NTT (at 2pm, s/he had for large amounts cloudy white secretions w/ blood clots visible. Dr. Lopez aware.) Neuro unchanged.
10P:	Respiring quietly. No changes. ABC \rightarrow 74 ⁷⁴ 54 74/130/136. Lyses WNL. Rectal temp $\uparrow 37^{\circ}\text{C}$. VSS. Neuro unchanged.
7P:	V.S.S. Nutrition stick - 35. (Continued)

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/17/97	Nurse's Note Continued: Dr. Putalik aware. Pt received 16cc of D10W IV & MIVF's ADT D10W + 40 mg NaCl/L + 100 mg KCl/L + 36 G glucose/L at 18cc/hr. MIVF off during blood from 4p-8p. Report given <i>S. Ataxoskev</i>
4/17/97	Murphy
	↑ ³⁰ Gas was received on stretchered to side hallway. He is intubated via O mask & 4.0 cuffed ET tube - Servo went to SIMV PEEP 8 TV-92 IMV 20 FiO ₂ 30 O ₂ Sat 100% by hister. Parkard monitor operating equally breath sounds coarse biles. NG tube in place O mask → straight drainage & small amount bilious fluid draining. Abd soft non-tendered. O femoral CVP line in place & blue port presently far continuous bleeding white gauze ↓ 35cc/150 mg dopamine 1/10cc @ 1cc/hr (≈ 3mcg/kg/min) also Dihydralazine 250mg/100cc @ 1cc/hr (≈ 5mg/kg/m). Subesidera red nose dry clean, clear day to same. O hand IV C PRBC's infusing. Both Iu. O hand pulse lock in place both peripheral site 5 lumen red nose. O carotid arterial line in place & good wave form.

Lead III

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

EVERY ENTRY MUST BE DATED & SIGNED

H 167301390 C
 37-167301390-4411
 NY 71-7504-4411
 80460017 -4/15/1987

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

DATE	OBSERVATION
4/17/87	Nursing (cont'd)
7am	To Harriet Rickard monitor & edema, redness at site Digital pulses palpated. a 99% Nellie 500 units Heparin B. 3 with intra pressure infusion. Radiant overhead warmer in use & room set at 30 & skin probe in place. Skin warm to touch. Pulse palpated Capillary refill 4-5 sec. Pupils dilated 45 mm, non- reactive. Gag reflex is poor response to all stimuli & spontaneous moving to breathing Stethoscope in place drawing clear yellow sputum PRBC's completed. ① hand IV now saline lock Maintenance IV fluid of D5W & 40mEq NaCl, 6mEq KCl & 3gm Cefazocetek @ 18cc/hr restarted via blue port of CVP & readings 1'd to intermittent. Temp 39.2 Warmer turned off. T-176 R-20 & rect BP 115/50 CVP 9 Wire out at 1cc/kg/hr. Small amount foul smelling stool soiled. Eyelids edematous.
9am	Inspected for small abscess clear returned breath sounds unchanged. ABG drawn & sent to lab. am lyte. Glucose by glucometer = 65. Turned + positioned 10am Temp now 37.1. Covered & infant blanket now at bedside. Non-persoan physically calm but I burping unset. She is crowning at bedside. Non-reactive to

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	participate in care & is taking weaning formula.
	Absence of reflexes & spontaneous movements. Slight reflexes to touch. Head not yet round >10cm H.L.
11am	ABG's good result. Pco ₂ to 7 mmHg & t _{CO₂} 18. NG tube drawn minimal. Lungs negative. Gastric tube ordered to持有 12m Temp 36.9. New blanket added. Head consider, rectal temp was taken 36.4. ABG 152 BP 105/60. Temp 18°C rectal breath sounds above positioned for ventilation clear returns. Pupils fixed & dilated. Pulse 14, capillary 4-5 sec. Small loose grey brown stool smelling strong passed (Lemke D - 2) with no vomit. Mother turned & positioned.
13m	Temp now 36.2. Head warmer turned on, rectal 34.2°C skin pink in place. Mouth maxed bedside. Other VS remain stable. Breath sounds clear, equal bilat. Temperature
14m	Temp 36.2 Warner temp 9.35. Head out patient remains >10cm H.L. Pulse 14. Capillary 4-5 sec Pupils 5mm, no ptosis, fluctuated for small amt loose clear returns. Turned & positioned. Mom sleeping at bedside despite being encouraged 41 days in family home.
15m	Temp 36.5 Warner temp 9.35. HR 15 remain stable. Bloods drawn from art line for ABG/ova tyts, CR + SMA 12. Pupils fixed. Remains very passive to all stimuli. Eyes & extremities red. Pupils 5mm, no ptosis
16m	11mins out patient >10cm H.L. Breath sounds acetone, Jax, Jaundice

04147

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

MR. P. 617-1
 JONES, I. J. 101-1
 111. CIA A R. 1-137197
 7. CLASS CONCOURSE
 LADY NY TEL 734-1147
 80460017 04/15/1977

DATE	OBSERVATION
4/18/97	Pcmr fall Osages N.t. Dr. Lucy
11:30am	Unfortunate halo was removed - per request of brain doctor. Four slings around the head will still cut - sagittal one. BP has stabilized at 100/ OS 88 mm Hg. Will do chest x-ray. Will also do gas test.
	<i>Allegro</i>
4/18/97	Resident Note
11:30 am	Jonathan's condition remains relatively unchanged today.
	<u>By System</u>
	(1) <u>Respiratory</u> : Vent settings weaned over night to 9.42/36/136 99% TV = 92 Peep = 5 rate = 18 FiO ₂ = 30%. Imp with some minimal ronchi at bases. Still no signs of infection or pulmonary edema clinically.
	(1) Ogas later today & in AM. (2) consider arterial test
	(2) <u>CVP</u> : VPS, + ECG semi-volumetric. HR = 140 - 174 BP = 97/48 - 112/55

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	hemodynamically stable. Perfusion still +5 sec on diode expanders. CVP = 5-9
	<ul style="list-style-type: none"> ① Wear tops today ② Continue dobutamine today ③ Feces: 8 kg. Taking IVFQ D₅₀W + 40 meq NaCl + 60 meq KCl/L + 3g Coagulase/L
1/43 (11/21/84) 4/6 (29/1/84)	<p>liver are stable. No signs of DIC ($\text{Na} = 143$)</p> <p>$M_d = 2.7 \quad M_h P = 149 \quad M_d + M_h P = 531 / 45$</p> <p>$GFR/PT = 240 / 100$ equally matched</p> <p>belly soft. Stools are here negative</p> <ul style="list-style-type: none"> ② Continue maintenance fluids ④ 12-24th liters ⑤ continue zantac ⑥ Repeat CT's in am (stern/abdomen) watch abdomen (cr.) ⑦ Here: Recovery 2nd 1/2 of 1/4 (out of PROCToday) (15 ccf/g X 2nd). HCT = 31 this am ↑ from 22. ⑧ Post transfusion HCT this pm No overt signs of bleeding. Yesterday Coag studies had started to normalize. Will not repeat studies unless evidence of coagulopathy. <p>Continue on Ubenimf</p>
	<ul style="list-style-type: none"> ⑨ TD: Child had a temp of 39.2° last evening Today - will recheck temp $\geq 39^{\circ}$ On Ceftriaxone currently. No organism identified. No obvious infectious source for fever. <p>n.Clinic...</p>

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

04144

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

NAME: C12-A
 J. ACHILLE JOSEPH
 F1 11-11-1941
 27-1 GRAND CONCOURSE
 NEW YORK NY 10434-21
 If no date, patient's name, adm. no., sex & doctor

DATE	OBSERVATION
	(6) Name: Is change in neurologic status ① Consider a test today ② consider EEG
	hospital
	putalik
4/18/97 12:20PM	PCW Attending No change in clinical exam. Continues on full ventilatory support. On renal dose dopamine and low dose dobutamine. NPO Electrolytes normal. On ceftriaxone Plan: - Continue support. - Will discuss with Neurology the best course to proceed with in order to confirm brain death.
	<i>Perry</i>

PLEASE DATE AND SIGN ALL ENTRIES

641-2

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

80-0017-11-1997
 Gocher J.
 If no place patient's name, adm. no., sex & Doctor

DATE	OBSERVATION
4/18/97	<p>Nurse's Note 7A-730p: Received Jonathan in stretcher bed c siderails tx'd. On continuous cardio-respiratory & pulse oximetry monitoring c alarms enabled. Zents set & checked in sinus tachycardia of 150's c no noted ectopy. Apical rate-152 regular. Skin is pink warm & dry. Lips & nailbeds pink. Peripheral pulses strong. Capillary refill 4-5 seconds x 4 extremities. (L) Axillary arterial line taped securely in place c good wave form & blood return. No redness, swelling, drainage or blanching at site. Arterial BPs running 100s/50s, correlate well c (R) arm cuff BPs. (R) Femoral double lumen CVC in place. Transparent dressing clean, dry & intact. No redness, swelling, drainage at site. White port infusing well c Dexamurine 150mg in 100cc D5W at 1cc/hr (3mcg/kg/min) & Dobutamine 250mcg in 100cc D5W at 1cc/hr (5mcg/kg/min). Brown port infusing c MIVAP 7000 + 4000 mcg Naloxone + 100 mcg Fentanyl (Continued)</p>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/18/97	<p>Nurse's Note Continued: + 3G Ca Gluc/L at 18cc/hr and utilized for intermittent CVP readings of 07-8^o ē good wave form. Also Has R + L Hand NS locks which flush well and are ī redness, swelling or drainage at site. Has 2+ peripheral & dependent edema of upper extremities. Has a #4.0 cuffed #1 NTT taped securely intact to fall.</p> <p>On Siemens Servo 900C Ventilator ī settings: SIMV, Rate - 18, TV - 92, PEEP - 5, FiO₂ - 30%. O₂ sats 100%. Breathing ī the vent at 18pm. Lungs auscultated for scattered rhonchi bilaterally & rales on R side. Peak pressures - low 20's. Abdomen soft & flat ī #1 Bowel sounds. NPO ī Salix suppository in R nose to straight drainage of scant amounts green bilious fluid.</p> <p>#8FR Foley in place to straight drainage of clear yellow urine ≈ 1-2cc/kg/hr.</p> <p>8A vss. Rectal temp 37²°C ī warmer set at 35⁴°C. No spontaneous movements noted, even ī noxious stimuli, nor any change in HR. Pupils 4mm bilaterally, reactive to light.</p> <p>(Continued) _____ S. Adams RN</p>

64-1111

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY **MUST BE DATED & SIGNED**

1100 AM REV 3/72
 64-1111-1
 4/18/77
 10:00 AM COT 114
 B.M. 37.1°C
 P. 71 R. 14
 G.O.D. 7.0
 If no place patient's name, adm'g pb., sex & Doctor

DATE	OBSERVATION
4/18/77	Nurse's Note Continued: And not reactive to light. No reflexes present. Anterior fontanelle open & full - slightly tense. Had moderate infant green stool - swelling B.M. Skin care given. turned & positioned. Suctioned for small amounts of cloudy white thin secretions & blood from N.T. Had small amount pale yellow thin secretions from O. Rare & clear oral secretions. Tolerated well's desaturations. Grandmother telephoned. Information & support provided.
9A	VSS. Warmer maintained. Skin warm. Perfusion & Neuro unchanged. Dextrose Stk - 58. Dr. Tolentino aware. Had another sooty stool. N-G tube & drainage. Placement confirmed by auscultation. Small amount green below fluid noted in tube. Patent.
10A	VSS. Rectal temp \uparrow 38°C. Warmer & 35°. Dr. King aware. Started PRBC infusion of 120cc over 4°. MIVF off during transfusion. Dextrose 5% & tube monitoring (continued) — S. Ackerson

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/18/97	<p>Nurse's Note Continued: Mother at bedside. Information & emotional support provided. Mother insisting on "keeping machines on" and expressing fear that the MD's will "pull the plug on him". Supportive teaching provided (spoke at length w/ Dr. Putalitz re: the prospect of donating blood for her son). Had another same stool. Subhorned for same. Turned & positioned.</p> <p>11A: Transfusion of PRBC's infusing well. RSS. Rectal temp \downarrow 37.5°C. Warmer on. Dextrose stick-53. Dr. Putalitz aware. Received Drow 16cc IV via ② Hand PIV. Also received earlier at 10AM, Vitamin K 2mg IV & Ceftriaxone 200mg IV as ordered. Continued support given to mom. ② Hand NS 10cc noted to be infiltrated. Dr. Putalitz informed. Angioedema removed and warm soaks applied. Extremity elevated. Dobutamine drip d/c'd at 1PM.</p>
1AP	<p>RSS. Rectal temp \uparrow 38°C. Warmer off. BP's stable S Dobutamine. HR \downarrow 95's. Perfusion stable. Neuro unchanged. Dextrose stick-50. Had another same stool. Urine output 9s. Started back on NUT. n.a. - 1 hr / monitor. (1) — S. Adams RN</p>

०४१५७ :

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	OBSERVATION
4/18/97	Nurse's Note Continued: due to ↓ blood glucose. Mom at bed side. Reaching to comfort. Supportive care continued. Na. N = 6 drainage:
1P	VSS. Encouraged mom to rest/eat. Noted to be tremulous, but calmed down when asked why she was shaking. Refused food. Suctioned for same.
2P	VSS. Rectal temp \downarrow 36°C. Skin cooler. Perfusion & Neuro unchanged. Warmer back on. Lower extremities covered in blankets. Dextrose stick \uparrow 68. PRBC's finished 230p. Gave final 10cc as per Dr. Putalka to complete unit. No S/S adverse rxn. CRP's \uparrow 9. MIVF \uparrow 18 cc/hr
3P	VSS. Maintained on warmer. Mom at bedside.
4P	VSS. Rectal temp 38°C. Skin warm. Warmer maintained. Dextrose stick \uparrow 74 Received Lasix 8 mg IVP as ordered. Mom & Grandmother visited at bedside.
5P	Had large diuresis from Lasix - 70cc (from H2O) S. Ackers RN

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/18/97	Nurse's Note: Continued: Mother & Grandmother at bedside. Continued information & support provided. VSS. ABG - 743/32/140.
	at 4pm. Temp - 38°C. Warmer off, for bath
6P	VSS. Rectal temp ↓ 37.5°C off warmer. Received bath & skincare. NTT re-taped by RN's Adams & Mahon. C #15 at O'Nore Site. no N-G drainage. Dr. Weingarten at bedside for rounds. Salem strip tube removed & N-G tube placed. Still no drainage. Intraosseous site dressing removed - no bleeding, redness or swelling noted. New 4SD applied to area. CCP's ↓ 5-6. Had 215 cc of clear urine via Foley. Had smear of same stool. Urine sent for C&S. Continued support given to family. Turned & positioned suctioned for same
7P	Stable. Report given. IMV ↓ 15. FIO2 ↓ 25%. O2 Sats ↓ 99%. Dr. Weingarten speaking to family — W. Adams RN

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	OBSERVATION
4/18/97	<p>Scrn attending notes 10pm Discussed Jonathan's care with his mother and grand mother this evening We understand that Jonathan is clinically without brain function. Neurologic notations since 4/16 demonstrate exam c/w brain death. Cerebral blood flow measures on 4/17 however demonstrated some flow and can therefore not confirm the clinical assessment.</p>
	<p>The mother remains hopeful and does not accept that when the brain has died that the body has died and has requested that a healer by the name of Ben Hui come see Jonathan (from California - she had made initial contacts for with his office)</p>
	<p>Case discussed with Karen Thomas from risk management who suggested that when Brain death is declared, that reasonable accommodation be extended and further discussion to occur on 4/21/97.</p>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
10 th Jan. 98	was examined
	(-) corneal (-) craniocervical reflexes.
	(-) gag. pupils 5mm non reactive no movements spontaneously or to painful stimulation
	flaccid.
	applied heat performed. with 100% O_2 to ET
	Baseline T° 38 125 -0.3 99
5"	T° 41 319
10"	T° 81 283
15"	T° 101 286
	# had no respiratory effort during 15 minute testing.
	was Traige 6 month old with hypoxic ischemic trauma/ injury with lack of clinical brain function.
	agreed test (+) and exam c/w brain death
<u>Plan</u>	<ol style="list-style-type: none"> 1) Respiratory support 2) Repeat nuclear medicine scan 3) consult neurology for second formal testing for brain death protocol 4) risk management involved <p style="text-align: right;">Jewerant</p>

041441

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	OBSERVATION
4/19/97	+CCM attending Note
6 ¹⁰ am	clinical exam unchanged
	no spontaneous movements.
	no respiratory effort.
	leucap - good nutrition, see consults x-rays.
	con - ulc. s.s. 5 m. gr.
	#VQ - soft. stools 4" x 1" in frequency guaiac (-)
	Ex + - facie no contracture.
	Nervo - (-) consuls 1 (-) eye pupils 5 mm nonreactive
	imp 5 1/2 month old neck discharging.
	No clinical brain function
	Plan ventilatory support. Wean FiO₂ and rate as tolerated to normal ABG's.
	Nuclear medicine flow study today follow LFT's, electrolytes and ABG.
	stool now guaiac (-) → begin feeds and wean IV fluids as tolerated by D-sticks.
	no .. . mouth intake and

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	<p>continued emesis overnight</p> <p>✓ PTT/PTT - lab stable D/c Vitamin K</p> <p>✓ emesis and if (+) D/c infusion <i>metoclopramide</i></p>
4/19/97	<p><u>Re-read chart note</u></p> <p>far</p> <p>Stomach condition has remained largely unchanged overnight.</p>
	<p><u>By Systms</u></p> <p>① Respiratory R/R = 15</p> <p>IMV = 15 TU = 91, 5 ^{breaths} _{peep} $FIO_2 = 25\%$</p> <p>Sat_s = 99-100%</p> <p>7.41 32 102 98 - 2.</p> <p>Will not intubate further at this point as we wish to keep his ptt normal and returning O₂ would bring her below 7.41.</p>
	<p>② Continue to follow gases</p> <p>③ CVP = 130-162 BP = 89/43 - 114/71</p> <p>CVP = ? off all</p> <p>RR & S₂ Y6 semi</p> <p>CPK yesterday was normalizing</p> <p>④ Follow CVP</p> <p>⑤ For ptg: labs overnight stable except no evidence of SIADH. Stools have been multiple (9 in 12 hrs yesterday)</p> <p>↓ stored in the evergreen</p>

04149

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

WEP 612-A 04149
 JUN 1 1981
 112-A R. F. C. 1981
 27-1 CLASS CORP 18-1
 EPIK NY 100-124-1
 80460017 147151977

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

DATE	OBSERVATION
	I have green stool in pm. Defer feeding for 20 to copious output of in light of 1 st positive agreena study (see below). His respiratory status might be optd. Will discuss with team this a remain on Zantac Home: Hct 37% (was 37) at all allow PR, PTT, fibrinogen t. time today - Anticoagulant continued resolution of DIC parameters. Vit K I.D. I remained basically afibrile ^{cooled} yesterday - No sig temp spike. On Ceftriaxone tracheal aspirate 30 polys on gram stain. Continue Ceftriaxone until final isolate is back on most recent tracheal asp. Asp from 4/14 = candida albicans <ol style="list-style-type: none"> ① continue Ceftriaxone ② follow urine culture ③ follow tracheal asp. <ol style="list-style-type: none"> ④ If has repeat cx w/ candida - if becomes well consider more febrile will consider fx.
	New: Sputum test yesterday was mm 0. A 10 min PCO ₂ = 701 mm

PLEASE DATE AND SIGN ALL ENTRIES

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

PATIENT PROGRESS
 OBSERVATION RECORD

MRP 612-A 07/17/90
 3201 JOHNSON
 141111
 N.Y. 100-1301
 2701 GRAND CONC. RD. 104
 BRONX NY 718-594-422
 80460017 04/15/1997

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	NEG 7P-73%	OBSERVATION
4/18/97		<p>Baby was received in bed with head up about twenty degrees. He is unresponsive to tactile stimulation and his pupils are equal but do not react to light. He is intubated nasally with a size 4.0 cuffed ET tube and is being ventilated by the servo-ventilator - SIMV Rate is PEEP 5 TV 92 O₂ 25%. He is aerating bilaterally. Some rhonchi heard especially in the bases. He is pink throughout and O₂ set is 99-100%. No spontaneous resp noticed. He is warm to touch (infant warmer set at 35° is in use) peripheral pulses are felt and his cap refill is 3-4 seconds. He is on the CTA monitor & is in NSR. Rt axillary line in place - heparinised N/S infusing at 3cc per hour. ECG waveforms are normal. Rt hand hep lock in place. Rt femoral double lumen central line in place and via</p>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	brown port he is having DSW & NaCl 40mEq/l, KCl 60mEq/l & Ca Glucinate 3Gm per lit, 18cc per hour. CVP is being monitored intermittently via same port. The white port has 1 DSW & Dopamine 10mcg/100cc, infusing at 1cc per hour. IV sites are satisfactory . Size 18 Foley catheter in place and clear urine is seen in collecting bag. His abdomen is soft & flat. NG tube still in place and clamped no residual.
8pm	his general condition is unchanged VS Done T37. HR 145 R 17 ABP 108/62 cuff BP 102/64. Large loose mucoid sputum negative for blood. Suctioned for his and a thick secretion - Specimen sent for culture. Blood glucose done 71mg/dl.
10p	V/S stable, O ₂ saturation remains at 99-100%. Dopamine drip titrated by MB. Zantac & Leftinzone given TSS as ordered & ointable applied to eyes as ordered.
10:30pm	Capneca test done by attending physi- cian, no respiratory effort noticed.
	Blood drawn for CAGS x 3.
	Position changed 8:27H

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

PATIENT PROGRESS
 OBSERVATION RECORD

HAD 612-A 0700445
 UNIT 1, 301 ST.
 NEW YORK
 N.Y. 10023/1991-10-
 27, CRAIG CONCOURSE 10-
 2000X NY 718-554-44-
 30460017 04/15/1997

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	NEG 7P-7 ³⁰ A Cont. OBSERVATION
4/19/97 12A	pupils remain non reactive to light and baby still unresponsive to any form of stimulation. Suctioned & repositioned - secretion scanty. VS stable
1A	No urine passed this hour (Total U=654)
2A	Lacrilube to eyes as ordered - Pupils still not reacting to light
4A	Blood glucose is 89 mg/dl, VS remain stable. Suctioned & repositioned.
5A	Blood drawn for CBCs, PT PTT & lytes.
6A	Granfac given IVS as charted. Given a bath, suctioned for small amt of yellow mucus & some blood tinged secretion from the nares. VS done - stable. Position changed.
7A	General condition unchanged, Report given to RN

Ronan

PLEASE DATE AND SIGN ALL ENTRIES

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

041447

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

SEP 612-A DECEMBER
 JACOBSON, JONATHAN
 I.A.C. ELAIA

R 10/23/1986 8:20

7 no place, patient's name, sign, sex & Doctor

2450017 1155111

DATE	NURSE'S NOTE	OBSERVATION
4/19/87		<p>Received pt at a a double bed. Pt was ad e 7m 35'. Pt is b/c Crohn's disease, always had pain and on the 130g fl. dash, pale pinkish or off white, nothing yellowish or upper extremities, low extremities (especially back). Colorex enlightened her lungs. Pt had no palpable pt and no mass estimation, lungs fixed and dilated 4-5cm. No nodules bilaterally. No signs present. Her b/c and was taking pred 5, 70mg, IMV 15, AMI FUD 250, Ocsat 100g. Tbles 7", 32, 6, 102, 9.8-2. Pt has a skin rash in fl. 100g/m. Fingers crusty and fingers unchanged 3-2m is normal procedure. Pt's PT turned + upper limb 92°. Pt NPO, asthma and a hyperventilating basal lung auscultated. Electrolytes: Na+ 144, K+ 3.9, Cl- 115, Cst. 6.4. May nausea for pt. Pt has a (C) double lung found limited sacral area intact. (O) Double lung activity present 10 mg HCl + 60ml + 3 gms fat around it. e. rectum. (O) 6g fat like going to the A usually requires 0.30 fl. and traction and no branching of rectal veins. (O) Perineal pt of hand is b/f. G-tamis column.</p>

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
8A	Obt. 2000. 1/4 mile. approx 14°. bright sun. Sawed to see white moth. Very pale. Desert 49°, R.R. Turned 1/4 mile. 14° F. No pupal movement present.
10A	Reduced 1/2 mile. Found turned 1/4 mile. Very pale. Moth white underneath. Sawed directly below. Desert 49°.
12P	Turned 1/2 mile. White moth. Very bright yellowish, Desert 10° F. 25°, 14° H. Turned upstream. Found 1/4 mile. Medicine. Not stable. It no longer reflect light. Tapped redactive reddish to 100°, 14°, 50°, Desert 10°, 14°. Connected to heat lamp.
7P	Arrived at 11a. At on cloudy day overcast desert. In 14°. White. Very bright. Desert 10°, Staffords see white moth.
4P	Did not much like gray. But it moves easily. Turned 1/4 mile. Moth was united of hot sand. Polystyrene, Alice Blue, cool green by MD. Searched a minute for white color, Desert 10°.
6P	IV out. 14°. Made Ward 1 of 2 sick in IV. Searched, turned and examined. Very pale. No pupal movement.
7P	At around 14°. 14°, 14°, 14°, 14°

04144

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

ALB 012-1
303PM 10/15/97
41-1-144
N 10/28/1997
37 1 GRADE CONCUISIVE
OF IX NY 718-004-22
80460017 04/15/1997

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

DATE	Observation
4/19 7 ^{AM}	Nursing 7 ^{AM} - 7 ^{PM}
4/19 7 ^{AM}	Received baby J. Joshua living on \odot side on separate mattress under radiant heat warmer Temp 35° via skin probe, abdomen soft & fully distended. Remains in #4-D NTI cuffed/ inflated \oplus rate connected to Servo Vent setting SIMV mode SpO ₂ 96% TIRuri TV 91cc F _{O₂} 25%. Color pink, ECG 120/min. \ominus no spontaneous breaths, assisting & titrating Isotonic D.S. throughout sets 980ml. HR 120 ST Oxidipry skin warm dry \oplus pulses $\times 1$, perfusion lower extremities six cap full, upper extremities 2/3 desaturated. BP 89/48 \oplus generalized edema throughout \oplus Abdom. flat \ominus NTI clamped. voiding in diapers. pt has dark brown/green legged stool. Mucous \oplus pupils from fixed/dilated, no response from tactile, visual stimuli, no spontaneous movement. No IV lines currently in place.
8 ^{AM}	VS \oplus T 36 ⁹ HR 123 PR 15 Sat 980/10 BP 84/48 CPT Kurnikow for thick green secretions via NTI. Suctioned for thick brown secretion via naso. Repositioned on \odot side. Numerous attempts \ominus IV access unsuccessful by MD Feeds started Pedialyte 65cc/hr, NTI checked hr ... + \Rightarrow initial infusion fluids started.

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
9/2	Dstick 16 - IV (1) foot started by MD lopen receiving IVF D10W + 40mg NaCl/ $\frac{600}{300}$ cc/hr as ordered. Feeds 1 10cc/hr tolerating well residuals. XEP/23 BP88/46 Sxt 98%. CP7k Suctioned for some thick green secretions PRIS/mix = no spontaneous respir effort. Tolerating feeds. Receiving Zantac DSS currently. EV patient dry DI O/Bdose as ordered tolerating feeds & residuals.
10/2	KSS of left continues under warmer CP1 suctioned for sm amt thick green secretions Repositioned. FB (1) foot puffy pulled warm soaks to site. Feeds 8cc Sinx 20cc/hr e 20cc/hr & residuals. Diaper damp
2 nd	Suctioned for some, repositioned, into 99%, BP84/43 residuals 10cc returned feeds 1 30cc/hr.
4 th	KSS of left continues under warmer Txst e 35° Both green. lungs A, suctioned for same secretions Repositioned.
6 th	Repositioned on P side O2 hts 97-98% Chest clear Grunts to eyes. Neuro status unchanged. Pupils constrict/dilate. No spontaneous respiration. (1) foot e P hand = warm soaks elevated Position not good due to no IT access. tolerating Feeds - residual 12cc W/D x1 + stool Dated 84.
7 th	Report given condition unchanged. Recheck Pt

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

041497

HOSP 612-A 020047
 JOSEPH, JONATHAN
 KILO, CIARA
 X 10/22/1710
 27-1 GRAND CONCOURSE 144
 No plate, patient's name, adm. no., sex & doctor
 OUTDOOR

DATE	OBSERVATION
4/20/97	(RN) comes - car (smell of alcohol) near - driving test with Stein - Rosen as previously stated. Resp: remains whistled (Reg 5 T090 Tm 15 F _{O₂} 24% Sat 98%, RH 15 (same as last.) CVS: of lungs and BP 87-108/ ₄₆ 's CVP 7 which is one 1/2. HR 140-117.
	Gen: of IUF. Counted 2 Sims at 30 cc/o 50G PR started a feeding (0.5 cc)
7	ID: Counted 4 units Th 38. Of antibiotic. Name: & was count. of bleeding from interview in site Neuro: Continue to be responsive. w/ no D in MS as indicated on previous examination.
	Dys 6 month old male child admitted. Near - driving test remains in vestibular support. No impairment in the already poor MS. - Head count with surgery regarding tracheostomy & GT-tube placement.
	Cutaneous wound management. Follow schedule of "Jects - Dusox/Adren/Profil-

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/20/97	<p>Paed. Surg.</p> <p>Called to 6mth old M/C for Pott's pach + C'stomy.</p> <ul style="list-style-type: none"> - Acute of near drowning x 5 days. (in bath tubathome) - On vent support. - Vent settings - SIMV - PEPPS 8.30, I.T.V.-93, F.D. 25%. Set 28%. - ABG - Nuclekin scan - Intracerebral circulation \oplus - Apnea test \oplus - Mother hopeful of recovery of child. <p>(Cftr) Off ABx, On NG feeds, Tamoxifen/ stools in diaper.</p> <p>PIE + Vitals - BP 92/42 T 37.6</p> <ul style="list-style-type: none"> - P - 132 R 15 - On baby warmer. - No response to painful stimuli. - No voluntary movements. - Pupils - 5-6mm bilaterally, not reacting to light. - Nonrigidity - Limbs - flaccid, feet warm, Cap. \oplus \oplus - Chest - CTB - bilat. ME \oplus Fine creps \oplus - No crackles - HS res tachy \oplus No \textcircled{m} - Abd. - soft - Normally distended - BS \oplus Names / free fluid. <p>extremities Flaccid, otherwise normal</p>

04146

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

PLEASE DATE AND SIGN ALL ENTRIES

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

PATIENT PROGRESS
 OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

041491

Hospital ID: 612-A DR. POLKOFF
 JOACHIM, JONATHAN M 10/23/1971 F 11
 K.I.L., GIA, A C.C. 1971-10-23
 Jonathan, Joachim
 Complete patient's Name, add. No., DOB & Doctor

DATE	OBSERVATION
4/20/97	Nursing Note 7A-7P
	Rec'd Jonathan in stretcher bed in "egg crate" position in the 6 side rails. RR. Color pink. Lips mottled pink. Breathed warmer in use in ISC probe @ 35°. Skin warm to touch. Feet cold to touch. Remains intubated O2 4.0 cuffed ET via Rnare, servo servo 900C went. → ET securely taped to face. Servo setting: IMV rate 15, PEEP=5, TV=93; FiO2=28%. Ventilating circuit in Boyle rhinopharynx disengaged RR C vent. Spontaneous resp effort made by pt. On C monitor alarms yet heated (H=300; L=100) functioning well. HR 130 & NSR. Rectal temp 36.8. Perfusion fair in distal refill w/ 3-4cc/s & palpable pulses. TEO 7cc/pulse Wts. CNO feeds in progress → Sm 20cc/oz @ 30cc/hr. Abdomen soft & non-distended. Jonathan remains unresponsive to stimuli. Pupils ~4mm F/D. Extremes flaccid.
8A	T=31°. Bladder creased (distended). Good W/O. Sustained for 30 min loose cloudy meatus. Repositioned NGT aspirated → Irradiated inserted b..... drain tube.