Part 2 of
accident investigation
#980217CNE5086

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

PATIENT PROGRESS OBSERVATION RECORD

04144

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/15/97 4:20pm	PCCU Fellow Admit Note - Cont.
	Plan: 1) Cont. CR monitoring
	2) Cont vent. support
	3) Cont inotropic support
	4) Cont c̄ antibiotics
	5) Monitor for signs of DIC, ~~Liver~~ failure and pulm edema
	6) Accurate I/O
	7) Baby gram (Full x-rays)
	8) Monitor CVP & MAP
	[signature]
4/15/97 4:30pm	Procedure Note - Nasal Intubation
	The patient was manually intubated
	c̄ a 4.0 cuffed ETT c̄ complication.
	Pt tolerated procedure well.
	[signature]

R1605ME REV.3/72

04149

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

NWCP 612-A
JOACHIN, JONATHAN
KING, DIANA
Turner, Christopher
04/15/1997

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

DATE	
4/15/97	Pt is a 6 mo ♂ brought to NCB ER. Pt was found face down in a bath tube, unresponsive. According to mother she placed pt in the bath tube in a seat & suction cups. Mother closed the facets tightly. She left Christopher, the pts 2 y/o sibling to watch pt in the bathroom while mother went to the kitchen to cook something. When she returned to the bathroom baby was faced down and blue. Mother started screaming for help. Mother lives at the Concourse House Shelter. Neighbors and staff came running. EMS was called. CPR was given to pt by staff. EMS took pt to NCB ER and then pt was transferred to PCCU Montefiore Medical Center. Pt is in critical condition and might not survive through the night. Pt lives at 10 y/o, mother Chantilly Joakim a full time homemaker and 2 y/o brother Christopher at Concourse Shelter. I met mother, the asst. director of the Shelter, Andrea Jacet and maternal aunt Carlen Turley. Mother explained what happened which is written above. Mother was distraught and very upset. Mother was in foster at age 14-18. At 18 she married Christopher Turner 21 yr a chef. They all separated. He was

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SOCIAL WORK SERVICES
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Turner
Joseph Jonathan
8046001 04/15/1997

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DATE	
4.15.97	Mother seen pt. Mother has notified him of pt's condition. Pt and mother have family supports, mgmt Ms Tulley, Mgmt Frances Carter and younger cousins. Mgrandmother is Pearl Jackson. Mother and mgrandmother have a conflictual relationship. Thus mgrandmother and mother are not close. However I spoke to the maternal grandmother and she said she is here to support pt and mother.
	I spoke to HES Mr Jose Cordova case worker who said Ms. Spellman will be following case. Pt's brother will be placed in foster care. Ms. Tulley mgmt is going to apply for kinship foster care. The HES unit is 346 Tel 579 9218 (AB)
	Det. Rice and Detective Nelson took mother's statement and spoke to the doctors and myself. If they have any questions they will call tomorrow. This case is under investigation.
	Mother's family is appropriately very upset and in shock. I have contacted Chris Burmaker social worker to inform him of the situation and that the family might need him later. I will continue to provide family c the apeutic support
	Lisa Aum (SW)

041497

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PATIENT PROGRESS OBSERVATION RECORD

Joachin, Jonathan
F04b0017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
4-15-97	nsg 3^05 – 11^30 PM
3^05	Jonathan transferred from NCB ER with near-drowning.
	~~with~~ #4.5 E/T in place, poorly secured & being manually
	ventilated c̄ 100% O_2 c̄ good chest expansion & air leak.
	Connected to Siemens Servo 900C c̄ FiO_2 100%, peep 8
	PS 8, TV 840cc & IMV 15/min. E/T tube has blood in
	it & pt coughing up blood & suctioned mod amt ~~bloody~~
	secretions. Pressures = 29-30. On ER monitor c̄ limits
	set/functional. n/g in place & draining air + sm amt
	dk green fluid. (L) hand peripheral IV infusing N/S +
	30mg EPI /100cc at 2cc/hr (R) hand peripheral IV infusing
	N/S + Dopamine 300mg/100cc at 2cc/hr. Foley in place
	& leaking & some removed & replaced & sm amt yellow
	urine draining. Urine sent U/a. Placed under
	radiant warmer c̄ IS set 37. T > 34° rectally HR 176/min
	See strip below. B/P = 151/96. Pupils dilated ½ 6mm + not
	reactive to light. RR 15 c̄ respiratory. Feet dusky c̄
	weakly palpable pedal pulses + 4° refill. (L) leg more
	4/15/97 LEAD I Joachin, Jonathan

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DATE	OBSERVATIONS
3:15	B/P = 124/76. Arterial line attempts being made
3:25	B/P = 172/107 Epi drip ↓ 1cc/hr. (R) axillary A/L inserted by Dr Singer + infusing .9% N/S + heparin 1u/cc at 3cc/hr c̄ good waveform on monitor. Nasally reintubated by
3:35	Dr Lopez with #4.0 cuffed s̄ difficulty + taped at "17" - cuff inflated c̄ 2cc air. N/T suct sm amt bright red blood. Nose oozing blood.
3:40	Epi drip turned off. FiO_2 ↓ 80%. Having loose yellow stool.
3:45	B/P = 154/55 HR 180/min. Pulses weakly palpated. Dopamine turned off. Attempts being made to start CVP line. Maint IV soln D_5W 1/4 N/S } L 20cc/hr to (L) hand peripheral IV
4:00	FiO_2 ↓ 60% + sats = 100% Glucose = 362 Aerating well. PENRL 6MM Continues c̄ intermittent agonal breathing c̄ tensing of abdomen, n/g aspirated air + 5cc dk brn fluid, Urine = 15cc/hr. T > 36' - warmer remains on at 37° B/P = 121/47. Perfusion 4° c̄ weak pulses HR 197-205/min, No response to painful stimuli, N/T suct sm amt bldy secretions. (R) femoral CVP inserted + sutured in place c̄ brn port infusing .9% N/S + heparin 1u/cc at 3cc/hr c̄ good waveform + CVP reading 9-10. Visited briefly by mom + grandma.
4:30	B/P via cuff ↓ 71/22. Dopamine restarted at 1cc/hr thru CVP line. Continues to have loose yellow stools.
5:00	Dobutrex 300mg/100cc of N/S started at 2cc/hr, Urine = 0cc Dr Lopez aware. PENRL 6MM ≈ Extremities dusky cool = weak pulses HR 207/min B/P = 92/53. PBenoit RC

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Joachim, Jonathan
80460017 04/15/1997

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DATE	OBSERVATION
4-15-97	Nsg 3-11^{30} (con't)
5^{15}	B/P via cuff = 88/50.
5^{20}	~~80cc 5%~~ Albumin infusing x 30min thru ⊕ hand
	peripheral IV HR continues 180-205/min
5^{30}	8 MEQ NaHCO$_3$ IVP by Dr Lopez. Maint Δ'd D$_5$W 1/2 n/s +
	20mEQ KCl + 2gm CaGluc } ↑ 30cc/hr thru CVP line
6^{0}	No urine output. Dr Lopez aware. Ringer's lactate
	100cc x/hr thru peripheral IV. FiO$_2$ ↓ 40%. Sats 98-100%.
	Aerating bilaterally. n/t suct sm amt clear bldy streaked
	mucous. Continues c̄ agonal breathing + abdominal tensing.
	n/g aspirated for air + 5cc green fluid. T↑37^{8} HR 216/min
	B/P = 74/30. CVP = 9. PENRL 6mm Extremities dusky c̄
	4° refill. No spontaneous respirations or movements noted.
	ABG/lytes drawn.
6^{45}	Epi drip restarted at 1cc/hr + piggybacked c̄ Dopamin
	+ Dobutamine. CVP brn port infusing Maint + intermittent
	CVP readings. Eyes dilated by Optho Mology + examined
	by same. Chest X-ray obtained
7^{0}	Urine output Occ. Dr Lopez aware Lasix 10mg IV given.
	HR 213/min. B/P = 95/28 CVP = 10 Warmer remains off
	PENRL 4-6mm. Extremities cool, dusky c̄ weakly palpable
	pulses.
7^{30}	IMV ↑ 20/min. Glucose = 339. Ringer's lactate 200cc x/hr

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DATE	OBSERVATIONS
7th	Started thru (R) hand peripheral IV
8th	Urine=26/hr. T> 37°. B/P= 85/26. Aerating well.
	Suts=100%. N/T suct sm amt clear white secretions
	N/g aspirated for alk + alk gr fluid. Continues c̄ tensing
	of abdomen / agonal breathing PENRL ≈ 8MM. Extremities
	dusky + pulses weakly palpated. IV's infusing well.
	Maint Δ ↓ 18cc/hr + now infusing D_5W 1/4 N/S + 50mEq NaHCO3
	thru CVP, pert-port. Visited by MOM.
9th	CaCL 160mg bolus given, Urine= 130cc/hr. HR 206/min.
	B/P=78/38. PENRL 6-8MM. Extremities dusky c̄ 4° refill.
10th	T↓ 36° Urine=20cc/hr ABG drawn. Glucose 23.9
	Aerating well. O_2 suts=100%. N/T suct mod amt bld
	streaked mucous. Tracheal cts obt sent. Urine cts
	OBT + sent. PENRL 4-6MM. N/g aspirated for alk + 10cc
	dk green fluid + connected to str drainage. HR 202
	B/P=83/20 CVP=9 c̄ good waveform. Extremities
	Remain cool c̄ weakly palpable pulses + 4° refill.
	Agonal breathing/tensing abdomen, continue.
11th	Warmer turned back on c̄ ISC T set 35°. O_2 Suts=100%
	Aerating well Urine= 10cc/hr. HR 204 B/P= 74/25
	Pupils ENRL + at 4-5MM. IV Maint soln Δ D_5W 1/4 N/S +
	50mEq $NaHCO_3$ + 20mEq KCL } 18cc/hr. PBenoit RN

04149

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Joachim Johnathan
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DATE	OBSERVATION
4/15/97	Case report.
4:05 pm	Case reported by Dr. Wasserman in NCB
	EK, State Registry # E8737W. Contact
	person Debbie Curry.
	[illegible]

31605M/E REV.3/72

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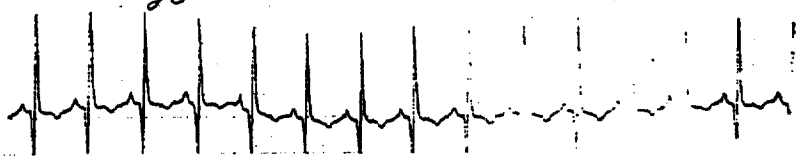
PATIENT PROGRESS OBSERVATION RECORD

04147

[illegible] CRAIG CONCOURSE
BRONX NY 7[illegible]
[illegible] 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4-15-97 & 4-16-97	nursing
11 30 P-12 M	Jonathan continue c̄ #4.0 cuffed NT to servo, SIMV rate 20 TV 23/8 F, O_2 40%. Clear-lyospirh, aerated bilat c̄ congest. Suct NT for bedside secretions & oropharyngeal secretions. O_2 sat 100%. On cardiac/apnea monitor in series tract c̄ alarms. Joachim 4-16-97 12 M
	
	on, not tested, see above strip. Extremities pink/warm, cool c̄ very weak (+) pulses feet, strong in arms @ 4 sec. refill. Fontanelle full, soft. Pupils ee, (L) @ 5 mm, minimal reaction, (R) fixed not fixed. Ō open eyes, Ō spont movement, ō gag, good respirations c̄ expansion of diaphragm, isolated fine jerky movements of trunk + extremities. Abd soft, girth 43 cm, bowel sounds loose, foul smelling stools. NG tube drainage c̄ bilious fluid. (R) + (L) hand NS locks intact. (L) femoral CVP line + dry intact, lumen patent infusing D_5 1/4 NS + 50 mEq $NaHCO_3$ + 20 mEq KCl/L @ 18 cc/hr, also intermittent CVP readings; thru port c̄ D_5W + Dobutamine 250 mg/100 ml @ 2 cc/hr, D_5W + Dopamine 300 mg/100 ml @ 1 cc/hr + D_5W + Epinephrine 5 mg/100 ml @ 1 cc/hr. (R) radial art line to NS/Heparin soln @ 3 cc/hr, to continuous read-out c̄ alarms on, not tested, (+) waveform, dampened CVP wave. Fluid c̄ SBD c̄ dobutamine. Overhead warmer c̄ skin probe set 35 [illegible] temp. Ht. T 38.3 see VS record. Urine

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PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	vs freq long interval; talking to + holding baby, tearful, feeling guilty + worrying @ baby's death. Grandmother phoned
1A	Neuro status as above. Copious oral secretions. Meds infused in D_5W. See VS record. Mother @ bedside. Grandmother phoned
2A	Pink lips, chest: lear (R), sl congestion (L). Chest film done. Diaphoretic. ABG + lytes drawn, see record. Neuro status unchanged. Cont c̄ general jerking movements + agonal gasps c̄ diaphragmatic spasms. IV's infusing well, c̄ leakage or infiltration. Press lines c̄ ⊕ waves, CVP dampened. Output ↑ 3-4cc/K/hr. T 38', see other VS record. Much support given to mother.
3A	CVP, BP↑, Δ D_5W + Dopamine 150 mg/100 ml @ 1cc/hr. Wgt 8.210. Mother sent to sleep. See VS record
4A	Pink, aerating bilat c̄ congestion. Suct for less bldy NT secretions + ↓ amt oral secretions. Reposit. NG draining bilious fluid, abd soft. Extremities remain cool/cold, pale-dusky c̄ ⊕ pulses UE > LE, refill @ 4 sec. Remains in sinus tach. Sl diaphoretic. IV's infusing well, maint Δ'd to D_5 1/4 NS + 30 mEq KCl/L @ 18cc/hr. Press lines c̄ ⊕ wave, CVP dampened. TV↑ 90, F_1O_2 ↓ 35%. Output 3-4cc/K/hr. Cont c̄ white/bldy mucoid stools. T↑ 38', Tylenol given as ordered. See VS record.
5A	Unchanged. Bathed + mouth care given. VSS
6A	Pink lips, aerating as above. Suct for bldy NT secretions + cldy saliva. Reposit. NG draining bilious fluid, abd soft. Neuro status unchanged. Extremities remain pale/dusky, cold, refill 3-4 sec. IV's infusing well. NS locks patent + flushed. Press lines c̄ ⊕ wave, CVP dampened. Output @ 2cc/K/hr. T↑ 39, Dr Tolentino notified, tepid [illegible]

04149

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PATIENT PROGRESS OBSERVATION RECORD

80460017 04/15/1997

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DATE	OBSERVATION
4/16/97	Neurology Attending
	5 mo old girl suffered severe anoxic
	event. On full life support. No spontaneous
	movements or movement to noxious stimuli.
	Absent oculocephalics, absent corneal
	reflexes. Pupils c̄ anisocoria L 4mm
	R 5mm both fixed + unreactive
	AF 1FB and not bulging, partially
	fibrotic. Imp: Severe Hypoxic
	Ischemic Neurological Insult,
	Prognosis grim. Rec: Cold
	calories. Will assist ICU staff
	in further measures.
	[signature]

11605M/E REV.3/72

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DATE	OBSERVATIONS
4/16/97	PCCU Fellow Note:
12pm	5 mos ♂ s/p near drowning. No changes
	in neurological status overnight. Remains
	ventilated + on IV pressor support.
	PE: Comatose
	1202 RR ϕ BP 10/53 Ventilator SIMV+PS 20 6/8 50%
	Pupils fixed + dilated ~4mm
	Lungs - Clear ventilator breaths (3), Apneustic breathing
	Cor - RR nl S, S~ ō (3) ++/2+ Pulses
	Abd - Soft, ⊖ HSM
	Ext - WWP, CRT ~ 2s
	Neuro - ⊖ Spontaneous movement, Pupils non reactive
	⊖ Corneal reflexes ⊖ Dolls eyes
	A: 5 mos near drowning
P:	(1) Resp - Continue ventilatory support
	(2) CV - Will try to wean pressors as tolerated. Remains
	on Dopamine / Dobutamine / Epinephrine
	(3) FEN - Monitor Electrolytes regularly. No
	abnormalities so far. Continues on IVF @ 2/3 maintenance
	± Ca replacement
	(4) Renal - monitor w/o + renal fxn
	(5) Heme - in DIC (mild) No active bleeding @
	this time. If evidence of bleeding will give FFP
	- Continue on Vit K
	(6) ID - On Ceftriaxone
	(7) Neuro - Severe anoxic insult. No spontaneous
	fxn [illegible] EEG planned for today / tomorrow

041407

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PATIENT PROGRESS OBSERVATION RECORD

Joaquin, Johnathan

30460017

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DATE	OBSERVATION
4/16/97	Resident Note
12:10pm	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 in now in ICU intubated.
	① Resp: SIMV = 20 RR = 20
	tidal volume = 90 Sat 99%
	Peep = 8 (No pressure support)
	FIO_2 = 35%
	② clear secretions
	some ↑ interstitial marking on cxray
	③ CR: HR = 196-203 BP = 104/34 - 100/40
	continues on Dopamine 5mcg/kg/min
	Dobutamine 5mcg/kg/min
	RR S_1S_2 ⊖m/g/R Epinephrine = 0.1mcg/kg/m
	poor perfusion
	cold distal extremities.
	cap reflu >2sec
	① renal's tacky - will attempt to wean
	the epi some, as pressures
	remain stable

R1605M/E REV.3/72

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DATE	OBSERVATIONS
	PEN/GI 8.12kg NPO receiving NF @
	D_5 1/4 +30 meq KCl/L -
	This am:
	143 | 111 | 18 | 99
	3.9 | 24 | 0.8 | 7.5 (up from 6.7 this am)
	TB = 0.4 Alb P = 235
	Mg = 1.7 Alb = 2.9 PT/OT = 314/95
	appears to have anoxic injury to Hep liver
	as OT/PT are elevated. ~~[illegible]~~
	Currently on maintenance fluids (yesterday
	total I/O = 747/456) CO_2 yesterday 16 at
	8pm - had required $NaCO_3$ drip - d/c'd
	this am. ~~Received~~ Scheduled to receive
	albumin today (will discuss with attending if
	required). On Ca^+Cl_2 160 IV @ 6° = 88 mg/kg/day
	~~will ✓ mag in am to see if Mg^+ replacement~~
	~~is also required~~. zantac continue
	① continue zantac 1.8 mg/kg/day
	② continue Ca supplementation
	(80 mg/kg/day → will ↑ if Ca^+
	does not continue to respond.
	③ lytes this afternoon (SMA 8)
	ID: febrile currently - may be contributing
	to tachycardia.
	remain on cefmaxine. CFE in line ⊖
	track asp = (4+) polys in trache aspirate

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PATIENT PROGRESS OBSERVATION RECORD

Joaquin

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	Hence: Hct = 32 last every
	will transfuse if Hct < 30
	Has PT = 15.2 PTT = 68
	Dlinep =
	② will give FFP if sign of Bleeding.
	Neuro: EEG today
	⊖ gag ⊖ corneal ⊖ response to noxious stimuli
	hyperthermia.
	Putalik
	putalik
	649-4777

IR1605M/E REV.3/72

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DATE	PCC attending OBSERVATION
4/16/97	5½ month old who sustained an immersion
1820	injury > 24 hours ago. On mechanical ventilation
	Requires epi, dopa, dobut to maintain BP &
	perfusion. Urine output responded to volume
	expansion & diuresis. Has evidence of DIC.
	LFT's are still pending. On exam has fixed
	dilated pupils, (-) corneal & gag. No oculocephalic
	No response to noxious stimulus. Has
	apneustic respiration? spinal shock
	I spoke c̄ Mom, Mom's friend, & Jim Flom. 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 expressed
	(Mom) that she did not want to "pull the plug"
	A: Clinical Brain death
	P: Neurology to w/u brain death
	Cont support of vital functions

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DATE	OBSERVATIONS
	Child Protection Ctr.
4/16/97	
	This is unfortunate story of 6 month old
	baby who was left unattended in chest high water
1 PM	sitting in seat with suction caps on tubs (spoke w. MGM
CAHILL	Pearl Joachim). 2 y/o brother Christopher was in
	tubs as well, mother in kitchen. She found infant
	face down in water ? how long (5-10 min) + ~15
	min later EMS attempted to resuscitate, intubated
	him. Now his pupils are fixed + dilated; a reflexive
	body temp ~40°C, unconscious on life support.
	Mother age 18, not here now. MGM + younger sib
	here. Acc to MGM mother is very caring + loving
	+ a good mother - children have health care (NYCHP
	since they live in a shelter). Father lives upstate +
	not involved.
	CPC to follow ACS, [illegible]
	Severe anoxia 2° to drowning
	Prognosis guarded → poor.
	L. Cahill, MD
	AH
	9175065055

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PATIENT PROGRESS
OBSERVATION RECORD

NNEP 612-A
JOACHIM, JONATHAN
M 1[illegible]/1997
27 [illegible] CHANE CONCOURSE
BRONX NY 71[illegible]
80460017 04/15/1997
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DATE	OBSERVATION
	NSG 7A-7P
4/16/97	Rec'd infant nasally intubated = #4.0
	Cuffed (unflooded) NTT to servo vent. Setting
	SIMV, peep 8, TV 91, Insp. time = 50%, IN 20,
	35%. Nailbeds + mucous membranes sl.
	dusky. O2 sats 99-100%. Breathing c̄ vent -
	⊕ Asymmetrical/diagonal respiration noted.
	Bs clear + equal c̄ good aeration. On
	C-R monitor in NST. Alarms on + set
	appropriately. ⊕ Pulses. Cap refill 3-4
	sec. Extremities sl. cool to touch. Pt
	on Dopamine at 3mcg/kg/min; Dobutamine at
	10mcg/kg/min + Epinephrine at 0.1mcg/kg/min
	drips. BP's 100/30's via cuff pressure + 100/60's
	via Art line. ⊕ Ax. Art line intact c̄ good
	waveform. Flushes well via pressure box
	syst → ∅ redness/blanching/leaking/swelling
	noted. Line zeroed + recalibrated as
	well CVP line. Pt febrile as recorded.
	Tylenol given. On Antibiotic coverage.
	No to SB intact c̄ bilous drainage noted.
	Sl. guiac positive. Pt on Zantac. NGT place-
	ment verified. Abd soft + non distended.
	⊕ [illegible] hepatomegaly present. ⊕ groin

1605M/E REV.3/72

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	double lumen cath intact c̄ D5 1/4 c̄ 30 KCL/L
	at 18 cc/hr + CVP line for intermittent reading
	= 9-10. White part c̄ Dopamine 150 mg/100 cc
	D5W at 1 cc/hr, Epinephrine 5 mg/100 cc D5W
	at 1 cc/hr + Dobutamine 250 mg/100 cc D5W at 2 cc/hr.
	all IV's infusing well via Abbott pumps.
	Pupils are non reactive. R = 3 mm + L = 4 mm.
	DS pont. respiration/movement/eye openings.
	No response to painful/noxious stim (−) gag/cough
	Fontanel full c̄ pulsation noted. No S/S
	of SZC activity noted. —— Kamoth
9:30 A	Dobutamine D to 1 cc/hr (5 mcg). Will
	monitor. UA obtained + sent. Sm. Am 4
	of bldg noted from old IO site. Bandard
	applied. Elevated on roll. Leg sl. puffy.
11:00 A	Sked for Sm. Am 4 of bld - tinged secretions
	BS remain clear + equal bilat. c̄ good
	aeration. Con'ts c̄ jerky / ? ~~[illegible]~~ Agonal respirations.
	Neuro exam unchanged. Eye care being given
	Diastolics Ni 20's. Drs. Forti + Putalik
	made aware. Mom in + out of room
	crying. Asking when child will be better
	+ able to come home. Asking ~~About~~ if
	able to refuse to have child declared
	~~[illegible]~~ "brain dead". Mother met c̄ social
	worker + Dr Singer regarding infant's
	critical condition —— [illegible]

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

[illegible] 012-A
[illegible]
[illegible]
[illegible]
27 [illegible] GRAND CONCOURSE
[illegible] NY 712 [illegible]
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	NSG 7A-7R (Con't) OBSERVATION
4/16/97 11:30 A	Albumin 25% bolus given (30cc x 30mins) for ↓ Albumin level. P infusion @ hand noted to be slightly puffy at IV site. Dr Forti [illegible] — Kandler
1:00 p	O_2 Sats ↓ 90-92. BS still mostly clear + equal bil c̄ good aeration. Sked for mod. Am't of pink, frothy secretions. FIO_2 ↑ 45%, peep ↑ed to 10. — Kandler
2:00 p	Phenobarbital level sent. Status unbd. NGT con't to SD c̄ sm Am't of same. D-Stick = 66. Neuro exam unbd. — Perfusion same. Temp ↓ed from earlier 2 earlier Tylenol + cool soak/cool bath given. Mat. Grandmother + aunt in + out of room while mother gone — Kandler
4:00 p	Temp ↑ed to 40°. Tylenol given (2nd time) Cool soak/bath given again. @ old IO site con't c̄ sm Am't of bldg. Pressure dsg applied. IV's infusing well. Voiding clear, Amber urine v/c foley. NPO status maintained — Kandler
5:00 p	Sked for Sm. Am't of blood-tinged secretions. ABG drawn. [illegible]

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	remains nonreactive. No resp to stim. ⊖ SAS/Cough
	No S/S of sec activity noted. — Kaully
6:30 p	Mother returned c̄ friend. Asking unrealistic questions. Support given.
	Epi drip ↓ to 0.8 mcg/kg/min. FiO_2 ↓ 40%
	TW ↑ 24 as per ABG results. Bi-Carb. bolus also given. MAINT-IVF
	to be ↓ to D10W c̄ 40 mcg NA Acetate/L
	+ 30 K Acetate/L + 1.5 gm Ca gluc/L
	at 15 cc/hr p̄ Bicarb bolus — K.
7:30 p	Remains neurologically unresponsive.
	Tytes to be drawn. Dr Stich as noted.
	Mom at bedside reading Bible to
	infant. States contacted a Healer
	from TV show Strange Universe in
	San Francisco. Mother brought in
	baby clothes, shoes, baby food, toys etc.
	Support + update given throughout
	day. Report given to relief use —
	Kaully

041497

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PATIENT PROGRESS OBSERVATION RECORD

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[illegible]
JOACHIN, JONATHAN
[illegible] DIANA
[illegible]
2751 GRAND CONCOURSE
BRONX NY 71[illegible]
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

DATE	Nursing 7P → 7A OBSERVATION
4/16 7P	Received baby J. Joachin lying under radiant infant
	warmer w/ off. Pt on CIR monitor limits set,
	alarms are on & fully functional. Remains ē
	#4.0 Cuffed/inflated NTT ⓡ nare connected to
	Servo Vent settings SIMV mode Peep 10 Rate 24/min
	TV 9/cc F_iO_2 40%. Color pale pink RR 24 ē no
	spontaneous respirations noted, aerating bilaterally
	ē clear equal B.S. ⊖ flaring ⊖ retractions O_2
	Sats 100%. HR 180's ST ⊖ ectopy ⊕ pulses × 4
	⊖ edema perfusion poor 3 → 4 sec cap refill brisk
	BP WNL skin warm dry extremities cooler to
	touch. Abd soft, flat ⊕ B.S. ⓡ NOT damped off
	aspir for green fluid. NPO ē this time. #8 FR
	foley → SD draining light amber urine > cc/kg/hr.
	⊖ BM. dispr on ⊖ BM. Nuero; continues to
	be unresponsive pupils ⓡ ē ⓛ 4 mm fixed ē
	dilated, no spontaneous movement noted, ⊖ seizures.
	Lines; ⓡ Axilla arterial line patent ē ⊕ waveform
	dsg DII, infusing ē heparinized saline 1 unit/cc
	@ 3 cc/hr. ⓡ DL EVP femoral site dsg DII ⊖ bleeding
	known port infusing ē maintain IVF D10W + 40 Na Acet/L
	+ 30 mg K Acetate/L + 1.5 GM Ca Gluc/L @ 18 cc/hr, piggyback
	ē heparinized saline 1 unit/cc for intermittent CVP readings

NR1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	white port infusing c̄ ① Epinephrine 5 mg/100cc @ .8cc
	for .08 mg/kg/min ② Dobutamine 250/100 cc DSW @ 1cc/hr
	for 5 mg/kg/min and ③ Dopamine 150/100 @ 1cc/hr
	for 3 mg/kg/min. pt also has ⓡ & ⓛ peri heplock
	IV's which are patent, dsg D II, ⊖ redness ⊖ swelling.
	pt has ⓛ dsg to ⓛ calf (mid area) for
	bleeding at previous intra osseous site, dsg D II,
	dry bleeding spot marked. ⓛ lg elevated. Mom @
	bedside reading stories to pt, support given.
8P	T38.8 Tylenol given overhead fan on, HR 183 ST, BP 114/45
	CVP 8 Pupils 4-5mm equal, fixed & dilated RR 24 c̄
	no spontaneous respirations noted Sats 100%. CPT given
	suctioned for loose white/pink secretions via
	WTT, suctioned nasally for thick green secretions
	urine out 37cc this hr. Labs sent - ABG, Lytes, CBC
	PT, PTT, Fibrinogen & as ordered. Mouth care
	given Lacrilube to both eyes. Mom fixing pt's hair,
	tearful @ times, very anxious Dstick 111
9P	receiving CaCl 160 mg IVSS as ordered.
10P	VS HR 184 ST RR 24/min Sat 100% BP 116/46 CVP 8. Pupils
	4-5mm, fixed, dilated. No change in inuero status
	suctioned +1 for same secretions, urine out qs.
	Received Zantac IVSS as ordered.
11P	PT/PTT repeated via art stick ⓡ hand & sent by MD
	Receiving KCl Bolus 4 mg/25cc over 1hr as ordered for
	K of 2.9 ABG 7.332 - 37.115 Epi ↓ .6cc/hr for
	0.06 mg/kg/min.

041497

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PATIENT PROGRESS OBSERVATION RECORD

[illegible] 612-A [illegible]
[illegible] JONATHAN
[illegible] DIANA
[illegible] 10/28/1992
27 [illegible] GRAND CONCOURSE
[illegible] NY 712 [illegible]
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nursing 7P→7A OBSERVATION
4/17 12A	T39S Tylenol given, sponge bath given by mom, linens Δ.
	HR 173 ST ⊖ ectopy perfusion 3→4 sec caprefill brisk.
	Suctioned for scant amt of thick ⊕ pink/white secretions
	Color pulsed pink No change in micro status
	no spontaneous respirations noted urine output qs.
	NGT ≈ 40cc green fluid. Receiving Ceftrin as ordered.
	Dsleek 71 MDaware
2A	TH 37 VSS Suctioned ×1 for same secretions. Pupils ⊕
	5mm fixed/dilated ⊖ pupil 4mm nonreactive No change
	in micro status urine out qs.
4A	VS ⊕ T38S Tylenol given Bath given linens Δ.
	wt 8.105kg Pupils 5mm equal nonreactive No
	spontaneous movement noted. urine out qs. Epi ↓. 4cc hr
5A	Suctioned for scant amt thick white/pink
	secretions via WTT. Suctioned nasally for large amt
	thick green secretions Sats 100% Chest clear
6A	BP 101/39 HR 156 Sat 100% ⊕ pulses ×4, perfusion
	3→4 sec caprefill. extremities cold, trunk warm
	No further drainage from ⊖ calf dsg. Ani
	Bloods drawn & sent Receiving Zantac as ordered
	Mouth care given lacrilube to both eyes. Neuro
	status unchanged. ⊕ Axilla Art line ≈ ⊕ waveform
	dsg D/I ⊕ DL CVP dsg D/I ⊖ redness ⊖ swelling

IR1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	glucose 91. Both ® & Ⓛ arm keplocks dsg DII.
	Report given R Beecher Pr
4/17/97	Neurology Attending
9 AM	Child without signs of brainstem
	function - Pupils fixed + dilated
	No response to noxious stimulation.
	~~Absent~~ corneals absent oculocephalic
	response absent cold calories.
	Imp: Clinically Brain Dead
	Rec: @ apnea test and EEG or
	flow study to finish evaluation of
	brain death.
	Steinschneider MD
4/17/97	PCW Attending
12:15 PM	
	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.
	No DTR

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PATIENT PROGRESS OBSERVATION RECORD

[illegible] 612-A
[illegible]
[illegible]
[illegible]
[illegible] 71[illegible]
20460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/17/97	On dopamine and ~~b~~ dobutamine
(cont.)	Electrolytes normal
	Imp: No sign of cerebral or brainstem
	function.
	Plan:
	- Apnea test
	- Nuclear medicine cerebral blood flow
	study to confirm brain death
	- Continue cardiorespiratory support
	[signature]
4/17/97	PCCU Fellow Progress Note Dr. [illegible]
12:35pm	Unfortunate 6 m/o ♂ near drowning
	c̄ physical [illegible] assistant c̄ brain
	death. Currently [illegible] on 5mcg/kg/min
	of dobutamine and dopamine c̄ a BP
	that has [illegible]
	PE: HR 170 BP 100/40 CR <3sec
	Gen Clinically brain dead
	~~[illegible]~~ [illegible]
	[illegible] Fixed [illegible] 5mm

11605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	Lungs Good in early bil
	Ht S S₂ & no (m)
	Abd soft
	Neuro: No corneal, No gag, No dolls
	No spontan. breathing or movement.
	Assist 6 mo's mean drawing c̄
	PE consistent of brain death
	Pl: 1) Refer sec
	2) Cont CR signal and monitoring
	3) Cont antibiotics
	[signature]
4/17/97	1:50 PM - Nuclear Med. Note
	Cerebral Dynamic + Static Imaging
	shows evidence of intracerebral flow
	- Therefore, This is NOT consistent c̄
	Brain Death.
	If pts. condition continues to
	deteriorate, the study should be repeated
	Tomorrow [signature]

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

[illegible]
[illegible]
[illegible]
[illegible]
27 [illegible] GRAND CONCOURSE
[illegible] NY 71
80460017 04/15/[illegible]

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

DATE	
4/17/97	Pt is a 6 m/o brought to NCB ER. Pt was found face down in a bath tube, unresponsive. Pt is presently on full life support. Several tests are being done to determine brain function.
	I have met c̄ Mother several times over the last couple of days. Mother is devastated and blames herself for what happened to the pt. Mother is tearful and hysterical at times. One meeting c̄ mother, mother's friend Dr Singer, and resident and myself was held to discuss pt's condition and prognosis. It was explained to Mother that pt's brain function was practically none existent. Mother was appropriately upset. Mother has limited medical knowledge and needs things explained to her simply. Ms Andrea Jacot the assistant Director of the Shelter Program had concerns about Mother being suicidal. So spoke to Mother she denied this and said she had no plan. I told Ms Jacot if she ever felt Mother was suicidal to take her to the ER.
	This afternoon Mother and Ms Andrea went to court in regard to pt's sibling Christopher. Christopher is presently in foster care. Ms Tully his m. aunt is not going to persue kinship foster care because her husband had emergency surgery

04144

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

[illegible] 612-A [illegible]
[illegible]
[illegible] DIANA
R 10/23/1996
[illegible] GRAND CONCOURSE [illegible]
[illegible] NY 718 [illegible]-44
80460017 4/15/1997

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

DATE	
4/17/97	Have also spoken c̄ Dective/Rice a few times. He wanted to know how pt/family were doing. He is not sure whether mother will be arrested or not. That decision is up to the pt. Dect. Rice said if mother needs to be arrested they would wait a while. I also spoke/discussed the case c̄ Mrs. Sullivan the worker. I will continue to provide therapeutic support for pt/family
	Lisa Aumcsw

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PATIENT PROGRESS OBSERVATION RECORD

Joachim
~~200ch~~ 2005409
04/13/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/17/97	Resident
loan	No significant changes overnight
	Only some ↓ K+ & Ca+ with ~~mostly~~ cool kg
	~~cold extremities~~
	By Systems 7.47/30/207/.1
	① Resp – This am gas ~~7.45/38/134/3.6~~
	FiO_2 = 40% Peep = 10 TV = 93 IMV = 24
	RR = 24
	lungs with good air entry bilaterally
	adjustments: FiO_2 = 30% peep = 8 IMV = 20 TV = 93
	① repeat gas 7.45/38/134/3.6
	will continue to follow gases
	and will repeat Cxray to follow
	if shows ~~more~~ signs of ARDS.
	② CVR: 196-206 overnight this am down to 150s
	after wean of epi
	BP = 102/43 max = 116/46
	CVP 10-8 overnight (currently 5)
0	RR S_1S_2
	on dopamine = 1cc/0 = 3mcg/kg/min
	Dopubamine 1cc/0 = 5mcg/kg/min
	d/c'd Epinephrine this am →

JR1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	(1) follow pressures and main pressure support.
	(3) FEN/Gt 8. kg 593/610 I-O Blood glucose = 66-111
	overnight = 2.9K+ and was bolused
	repeat 2.9 → Rebolused with increase in maint. fluids
	from 1.6meq/kg/dg → now 3meq/kg/dg K or KCl
	(holding Ac in IVF 2° undetermined liver function)
	Ca+ = 3.32 last pm and ~~419 today~~ error 3.45 this am, Had been
	on Ca+ = 80 mg/kg/dg → increased today to 160 mg/kg/dg.
	LFTS ↑ yest to 314 PT/PT = 95, today 297/110 = PT/PT.
	ominous sign that pt is ↑ today → with respect to
	shock liver. Albumin = 2.7 Belly = ⊖ ugaronegly - not distended
	(1) Continue IV Fluids
	at D5 1/2 NS + 40 NaCl + 60 meq KCl +
	3.0 g of Ca gluconate
	(2) lytes this pm afternoon
	(3) will follow LFTS in am
	(4) Hene: Hct = 24
	(1) transfuse ~~15cc~~ 15cc/kg PRBC IV
	PT/PTT = 18/47
	fibrinogen = 40.
	No active bleeding
	will repeat coagulation studies
	of pt
	(5) ID: The pt remains on Day 3/ of
	Ceftriaxone. ~~No fever~~ error Tmax today - 38.5°
	cultures remain negative to date

04149

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PATIENT PROGRESS OBSERVATION RECORD

NWLP 012-A
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible] NY 71[illegible]-34-44
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
	(6) Neuro: Nuclear perfusion scan today showed some intracerebral flow. ~~If~~
	Neuro exam remains unchanged
	No signs (overt) of cerebral function.
	~~Currently~~ ⊖ gas ⊖ conveyed
	(1) Continue supportive
	Care.
	(2) will repeat exam — (nuclear
	if continues to demonstrate
	deterioration
	Hospitalist.

1605M/E REV.3/72

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

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DATE	OBSERVATION
4/17/97	Nurse's Note 7A-7:30P: Received Jonathan
	in stretcher bed. Eyes closed. No spontaneous
	movements or response to touch, voice
	or painful stimuli. Pupils ≈ 4-5mm
	bilaterally & non-reactive. (L) Pupil slightly
	larger than (R) Pupil. Anterior fontanelle
	open & full. Posterior fontanelle closed.
	Has a 4.0 cuffed NTT taped securely
	intact to (L) Mare. On Siemens Servo 900C
	ventilator c̄ settings: SIMV, Rate 24, TV-92,
	PEEP-10, FIO2-40%. Lungs aerating bilaterally
	at 24 c̄ the vent. No spontaneous or
	agonal respirations noted. Lungs generally
	clear - slightly coarse bilaterally. Lips
	& nailbeds pale pink. O2 sats 100% via
	continuous pulse oximetry. Also on
	continuous cardio-respiratory monitoring
	c̄ alarms enabled, limits set & checked
	in sinus tachycardia at 180. No ectopy
	noted. Apical rate regular. Has (R) Axillary
	arterial line c̄ good wave form & blood
	return. Arterial BP's running 100's/40's-50's
	(continued) S. Adams RN

1605M REV. 3/72

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DATE	OBSERVATIONS
4/17/97	Nurse's Note Continued: correlating fairly
	well c̄ 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
	Ⓡ Femoral Double lumen CVC line
	Brown port used for CVP readings
	intermittently - reading 5 c̄ good wave
	form. Maintenance fluids of D5½NS +
	40 meq NaAC/L + 30 meq KAC/L + 1.5G Cabloride
	at 18 cc/hr. White port infusing ~~with~~
	c̄ drips of: Epinephrine 5mg in 100cc DSW
	at 0.4cc/hr (0.04 mcg/kg/min); Dopamine
	150 mg in 100cc D5W at 1cc/hr (3mcg/kg/min);
	Dobutamine 250mg in 100cc D5W at 1cc/hr
	(5mcg/kg/min). CVC exit site s̄ redness,
	swelling or drainage. Transparent
	dressing dry & intact. Arterial line
	exit site also clean & dry s̄ redness,
	swelling, blanching or drainage. Has
	Ⓡ + Ⓛ Hand NS locks in place which
	both flush well & are also s̄ redness,
	swelling, drainage. Skin is pale pink
	warm to touch & mildly diaphoretic.
	Abdomen soft & flat c̄ hypoactive
	bowel sounds in all four quadrants
	(Continued) — S. Adanw RN

041447

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PATIENT PROGRESS OBSERVATION RECORD

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DATE	OBSERVATION
4/17/97	Nurse's Note Continued: Salem Sump
	tube taped securely in place to (R) Nare
	to straight drainage of moderate amts.
	of green-bilious 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 KAC 4 meq bolus at
	8AM for K+ - 2.9 on Nova lytes. MIVF's
	changed to D5½NS + 40 meq NaCl/L +
	60 meq KCl/L + 30 Ca Gluc/L at 18 cc/hr.
9A:	Seen by Neurology at bedside. Cold
	water calorics performed bilaterally
	∅ response. Neuro unchanged. VSS.
	Epinephrine drip D/C'd as per Dr. Kung.
	SIMV ↓ 20 at 8AM (ABG - 747/30/207). PEEP ↓
	8, FiO2 ↓ 30%. Dextrose stick - 110. ABG
	& Nova lytes sent S/P KAC bolus.
10A	VSS. HR ↓ 170's. Neuro & perfusion stable.
	Received Vitamin K 2 mg IV as ordered.

NR 1605M REV. 3/72

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 & inform-
	ation given. Social Services involved.
	Left c̄ Social worker from shelter.
	VSS. Perfusion & Neuro unchanged.
12P	VSS. Rectal temp 37.8°C. Skin cooler.
	Suctioned for same. Large air leak
	noted from mouth & nares. Cuff re-inflated
	c̄ 2cc. Received Ceftriaxone 200mg IV
	as ordered.
1P	Transported off floor to Nuclear
	Medicine for Cerebral Perfusion Study
	by Dr. Putalik, RN, & Respiratory
	therapist. VSS. Had large watery brown
	foul-smelling BM's prior to study
	& desaturated to 80's. Bagged c̄ 100%
	O2 c̄ relief. Tolerated procedure
	well.
2:15p	Arrived back at PCCU. Put back on
	bedside monitor. Turned & positioned.
	Suctioned for same. VSS. Rectal
	temp ↓ 36°C. Skin cool. Covered c̄
	blankets to warm. (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

[illegible] 012-A
[illegible] JOAQUIN [illegible]
[illegible] DIANA
[illegible]
[illegible] GRAND CONCOURSE
[illegible] NY 712[illegible]
20460017 04/15/1997

Joachin, J.

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

EVERY ENTRY MUST BE DATED & SIGNED

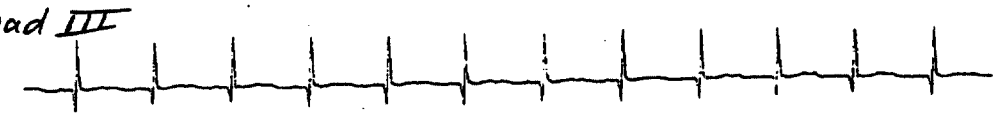
DATE	OBSERVATION
4/17/97	Nurse's Note Continued: Received Zantac
	5mg IV as ordered.
3P:	~~VSS~~: Rectal temp 36.3°C. Placed on
	infant radiant warmer. Neuro,
	pulses & perfusion unchanged.
4P	Grandmother back at bedside.
	Received PRBC's 120cc over 4 hours.
	No s/s adverse rxn's at start of
	transfusion. VSS. Rectal temp unchanged
	Skin warmer. Perfusion unchanged
5P:	Rectal temp ↑ 37.5°C. CVP's ↑ 8-9.
	VSS. Received bath, skin care &
	linens changed. Turned & positioned
	Suctioned for small amounts of
	cloudy white needly blood tinged
	secretions from NTT (at 2:30pm, suctioned
	for large amounts cloudy white
	secretions c̄ blood clots visible. Dr.
	Lopez aware.) Neuro unchanged.
6P:	Resting quietly. No changes. ABG →
	~~74~~ emg SA 744/30/156. Lytes WNL. Rectal temp
	↑ 37°C. VSS. Neuro unchanged
7P:	V.S.S. Dextrose stick - 35. (Continued)

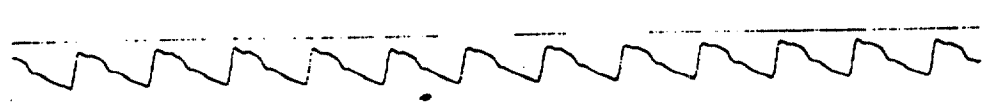
R 1605M REV. 3/72

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 4'd to D10W + 40 meq NaCl/L + 60 meq KCl/L + 3G Ca Gluc/L at 18cc/hr. MIVF off during blood from 4p-8p. Report given S. Adams RN
4/17/97 7:30	Nursing Jonathan received on stretcherbed c̄ side railing. He is intubated, vice ① nare c̄ 4.0 cuffed NT tube → Servo vent @ SIMV Peep 8 TV-92 IMV 20 FiO2 30 O2 Sat 100 by Hewlett Packard monitor. Aerating equally c̄ breath sounds coarse bilat. NG tube in place ② nare → Straight drainage c̄ small amt bilious fluid draining. Abd soft, nondistended. ② femoral CVP line in place c̄ blue port presently for continuous readings. White port c̄ D5W c̄ 150 mg Dopamine/100cc @ 1cc/hr (≈ 3 mcg/kg/min) also Dobutamine 250 mg/100cc @ 1cc/hr (≈ 5 mcg/kg/m). Site 5 edema, redness. Dry, clean, clear dsg to same. ① hand IV c̄ PRBC's infusing @ 30cc/hr. ② hand saline lock in place. Both peripheral site 5 edema redness. ② axillary arterial line in place c̄ good waveform

Lead III





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DATE	OBSERVATION
4/17/97	Nursing (cont'd)
7pm	to Hewlett Packard monitor s edema, red new state
	~~Dorsal pulses palpated. 0.9% NaCl c̄ 500 Units Heparin~~
	@ 3cc/hr via pressure infusor Radiant overhead
	warmer in use c̄ same set at 36 & skin probe
	in place. Skin warm to touch pulses palpated
	Capillary refill 4-5 sec. Pupils dilated 4-5 mm, non
	reactive. Jonathan is non responsive to all
	stimuli. ō spontaneous moving or breathing
	Foley catheter in place draining clear yellow urine
8pm	PRBC's completed. @ hand IV now saline lock
	Maintenance IV fluid of D10W c̄ 40mEq NaCl, 60mEq KCl
	& 3gm Ca Gluconate/L @ 18cc/hr restarted via blue
	port of CVP c̄ readings s'd to intermittent. Temp 39.2
	Warmer turned off. P-176 R-30 c̄ vent BP 111/50 CVP-9
	Urine output 1cc/kg/hr. Small amt foul smelling
	stool oozed. Eyelids edematous.
9pm	Suctioned for small amt true clear returns
	Breath sounds unchanged. ABG drawn + sent to Tabc̄ new
	lytes. Glucose by glucometer = 65. Turned + positioned
10pm	Temp now 37.1. Covered c̄ infant blanket. Mom at
	bedside. Mom remains physically calm but visibly
	upset. She is crying at bedside. Mom sign to

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DATE	OBSERVATIONS
	participate in care & is ~~cleaning~~ ERROR washing Jonathan.
	Absence of reflexes + spontaneous movement + breathing
	reinforced c̄ mom. Urine output remain >1cc/kg/hr
11pm	ABG c̄ good result. Resp ↓ to 7 IMV ↓ to 18. NG tube drainage
	minimal. Heme negative Lacrilube ointment to both eyes
12AM	Temp 36.9. Wool blanket added Will consider restarting
	warmer ~~of temp~~ ↓. HR-152 BP109/58. Resp 18 c̄ vent
	breath sounds as above. Suctioned for small amt
	clear returns. Pupils fixed + dilated Pulses 1+,
	cap refill 4-5 sec. Small loose grey, brown foul
	smelling stool passed (Heme ⊕ - Dr Tolentino [illegible])
	Jonathan turned & positioned.
3AM	Temp now 36.0 Overhead warmer turned on, set at
	34.2 c̄ skin probe in place Mom remains at
	bedside. Other VS remain stable. Breath sounds
	coarse, equal bilat. Repositioned
4AM	Temp 36.2 Warmer temp ↑ 35. Urine output
	remains >1cc/kg/hr. Pulses 1+. Cap refill 4-5 sec
	Pupils 5mm, non reactive. Suctioned for small
	amt loose clear returns. Turned + positioned Mom
	sleeping at bedside despite being encouraged
	to sleep in family room.
6AM	Temp 36.5 Warmer temp ↑ to 35.5. Other VS remain stable. Bloods
	drawn from art line for ABG/pova lytes, CBC + SMA12.
	Pupils fixed. Remains unresponsive to all stimuli. Eyelids +
	extremities c̄ ↑ edema. Pupils 5mm, non-responsive
7AM	Urine output >1cc/kg/hr. Breath sounds as above. Jane Jones [illegible]

04144

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DATE	OBSERVATION
4/18/97 11:30AM	PCCU Fellow Progress Note Dr. Lopez. Unfortunate baby near dying c̄ PE consistent c̄ brain death. Flow slowly [illegible] flow therefore will cut c̄ supportive care. BP have stabilized and liver enzyme are ↓. Will dk dobutamine today. Will also do apnea test. [signature]
4/18/97 11:30 am	Resident Note Jonathan's condition remains relatively unchanged today. By Systems ① Resp: Vent settings weaned over night to
7.42/36/136/99/.1	TV = 92 Peep = 5 Rate = 18 FiO_2 = 30%. Lungs with some minimal ronchi at bases. Still no signs of ↑ resistance or pulm edema clinically. ① ↓ gas later today & in Am. ② consider apnea test ② CVR: RRS, S_2 + III/6 sem vibratory. HR = 140 – 174 BP = 97/48 – 112/55

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DATE	OBSERVATIONS
	hemodynamically stable. Perfusion still 4-5 sec
	on distal extremities. CVP = 5-9
	① Wean ~~Dopamine~~ Dobutamine today
	② continue dobutamine today
	③ Fen: 8kg. Taking IVF @ D10W + 40 meq NaCl +
143 | 111 | 22 | 84	60 meq KCl/L + 3 gr Ca gluconate/L
4.5 | 29 | .8 | 9.2	Lytes are stable. No signs of DI (Na = 143)
Alb = 2.7 Alb ↓ = 149	I/O = 531/545
CT/PT = 240/101	equally matched
	Belly is soft. Stools are here negative
	① Continue maintenance fluids
	Q12-24° lytes ③ continue zantac
	② Repeat LFTs in am (SGOT/PT normalizing) watch Alb and Cr.
	④ Here: Receiving 2nd 1/2 of Unit of PRBC today
	(15 cc/kg x 2nd). HCT = 31 this am ↑ from 22.
	① 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.
	Continue on Vitamin K
	⑤ ID: Child had at max of 39.2° last evening
	Today - will recultures of temp ≥ 39°
	On Cefotaxim anxiety. No organism
	identified. No obvious infectious source
	for fever.
	① follow temp

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DATE	OBSERVATION
	(a) Neuro: No change in neurologic status
	(1) Consider apnea test today
	(2) consider EEG
	bpitalik
	putalik
4/18/97	PCW Attending
12:20 PM	
	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.

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DATE	OBSERVATIONS
	Peds Neuro
4/18/97	
	S- No change
	O- BP-99/60 HR-136
	Neuro- braindeath exam
	pupils 5mm NR, absent
	corneals + nasal tickle
	No gag No spont mvt.
	No reflexes.
	A-s/p drowning
	P- would recommend
	Apnea test + repeating
	perfusion test to
	declare braindeath
	with clinical finding
	D/w Dr Oteinschelter
	[signature]

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DATE	OBSERVATION
4/18/97	Nurse's Note 7A-730P: Received Jonathan in
	stretcher bed c̄ sidrails ↑x2. On contin-
	uous cardio-respiratory & pulse oximetry
	monitoring c̄ alarms enabled, limits
	set & checked in sinus tachycardia
	of 150's c̄ 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. (R) Axillary arterial line
	taped securely in place c̄ good wave
	form & blood return. No redness, swelling
	drainage or blanching at site. Arterial BPs
	running 100's/50's, correlating well c̄ (L)
	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 c̄ Dopamine 150mg in 100cc D5W at
	1cc/hr (3mcg/kg/min) & Dobutamine
	250mg in 100cc D5W at 1cc/hr (5mcg/kg/
	min). Brown port infusing c̄ MIVF of
	D10W + 40mg NaCl/L + 20 meq KCl/L (Continued)

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DATE	OBSERVATIONS
4/18/97	Nurse's Note Continued: + 3G Ca Gluc/L at 18cc/hr and utilized for intermittent CVP readings of 7-8 c̄ good wave form. Also has (R) + (L) Hard NS locks which flush well and are s̄ redness, swelling or drainage at site. Has 2+ ~~periorbital~~ & dependent edema of upper extremities. Has a #4.0 cuffed (L) NTT taped securely intact to face. On Siemmens Servo 900C Ventilator c̄ settings: SIMV, Rate-18, TV-92, PEEP-5, FiO2-30%. O2 sats 100%. Breathing c̄ the vent at 18pm. Lungs auscultated for scattered rhonchi bilaterally & rales on (R) side. Peak pressures - low 20's. Abdomen soft & flat c̄ (+) Bowel sounds. NPO c̄ Salem sump tube in (R) Nare to straight drainage of scant amounts green bilious fluid. #8FR Foley in place to straight drainage of clear yellow urine ≈ 1-2cc/kg/hr.
89	VSS. Rectal temp 37.2°C c̄ warmer set at 35.4°C. No spontaneous movements noted, even c̄ noxious stimuli, nor any change in HR. Pupils 4mm bilaterally, ~~reactive to light~~ error SA.
	(Continued) ——— S. Adams RN

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DATE	OBSERVATION
4/18/97	Nurse's Note Continued: and not reactive to light. No reflexes present. Anterior fontanelle open & full - slightly tense. Had moderate watery green foul-smelling B.M. Skin care given. Turned & positioned. Suctioned for small amounts of cloudy white thin secretions s̄ blood from NTT. Had small amount pale yellow thin secretions from ⓔ Nare & clear oral secretions. Tolerated well s̄ desaturations. Grandmother telephoned. Information & support provided.
9A	VSS. Warmer maintained. Skin warm. Perfusion & Neuro unchanged. Dextrose stick - 58. Dr. Tolentino aware. Had another same stool. N-G tube s̄ drainage. Placement confirmed by auscultation. Small amount green bilious fluid noted in tube. Patent.
10A	VSS. Rectal temp ↑ 38.3°C. Warmer ↓ 35°. Dr. King aware. Started PRBC infusion of 120cc over 4°. MIVF off during transfusion. Dextrose sticks to be monitored (Continued) — S. Adams RN

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DATE	OBSERVATIONS
4/18/97	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 c̄ Dr. Putalik re. the
	prospect of donating blood for her son.
	Had another same stool. Suctioned for
	same. Turned & positioned
11A:	Transfusion of PRBC's infusing well.
	VSS. Rectal temp ↓ 37.5°C c̄ warmer on.
	Dextrose stick - 55. Dr. Putalik aware.
	Received D10W 16cc IV via (R) Hand PIV
	Also received earlier at 10 AM, Vitamin
	K 2mg IV & Ceftriaxone 200mg IV as
	ordered. Continued support given to mom.
	(L) Hand NS lock noted to be infiltrated.
	Dr. Putalik informed. Angiocath removed
	and warm soak applied. Extremity
	elevated. Dobutamine drip D/c'd at 11:30A
12P	VSS. Rectal temp ↑ 38°C. Warmer off.
	BP's stable s̄ Dobutamine. HR ↓ 150's
	Perfusion stable. Neuro unchanged.
	Dextrose stick - 50. Had another same
	stool. Urine output gs. Started back
	on MIXTURE [illegible] (Continued) — S. Adams RN

04147

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DATE	OBSERVATION
4/18/97	Nurse's Note Continued: due to ↓'d blood
	glucose. Mom at bedside, reading to
	infant. Supportive care continued.
	No N-G 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 sand
2P	VSS. Rectal temp ↓ 36.1°C. Skin cooler.
	Perfusion & Neuro unchanged. Warmer
	back on. Lower extremities covered c̄
	blankets. Dextrose stick ↑ 68. PRBC's
	finished 230p. Gave final 10cc as per
	Dr. Potaluk to complete unit. No S/S
	adverse rxn. CVP's ↑ 9. MIVF ↑ 18cc/hr
3P	VSS. Maintained on warmer. Mom at
	bedside.
4P	VSS. Rectal temp 38°C. Skin warm.
	Warmer maintained. Dextrose stick ↑ 74
	Received Lasix 8 mg IVP as ordered.
	Mom & Grandmother visited at bedside.
5P	Had large diuresis from Lasix - 70cc
	(Continued) S. Adams RN

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DATE	OBSERVATIONS
4/18/97	Nurse's Note Continued: Mother & Grandmother
	at bedside. Continued information &
	support provided. VSS. ABG - 7.43/32/140.
	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 c̄ # 15 at ⓛ Nare
	Still no N-G drainage. Dr. Weingarten
	at bedside for rounds. Salem Sump
	tube removed & N-G tube placed.
	Still no drainage. Intraosseous site
	dressing removed - no bleeding
	redness or swelling noted. New DSD
	applied to area. CVP's ↓ 5-6. Had
	215 cc of clear urine via foley.
	Had stool of same stool. Urine
	sent for C&S. Continued support
	given to family. Turned & positioned
	Suctioned for some
7P	Stable. Report given. IMV ↓ 15. FiO2 ↓ 25%
	O2 sats ↓ 99%. Dr. Weingarten speaking
	c̄ family ——— S. Adams RN

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DATE	OBSERVATION
4/18/97	Decm attending Note
10pm	Discussed Jonathans' care with his mother and grand mother this evening. They understand that Jonathans clinically without brain function. Neurologic notations since 4/16 demonstrate exam c/w brain death. Cerebral Study by nuclear medicine on 4/17 however demonstrated some flow and can therefore not confirm the clinical assessment.
	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 Hur come see Jonathan (from California - she has made initial contacts ~~for~~ with his offices)
	Case discussed with Karen Thomas from risk management who suggested that when Brain death is declared, that reasonable accomodation be extended and further discussion to occur on 4/21/97.
	(cont)

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DATE	OBSERVATIONS
10 30 pm.	pt was examined
	(-)corneals (-)oculocephalic reflexes.
	(-)gag. pupils 5mm non reactive
	no movements spontaneously or to painful stimulation
	flaccid.
	apnea test performed. with 100% FiO_2 to ET.
	Baseline 7^{00} | 38 | 125 | -0.3 | 99
	5" 7^{24} | 61 | 319
	10" 7^{14} | 81 | 283
	15" 7^{05} | 101 | 286
	pt had no respiratory effort during 15 minute testing.
	Imp Tragic 6 month old with hypoxic ischemic brain injury with lack of clinical brain function.
	apnea test (+) and exam c/w brain death
Plan	1) Respiratory support
	2) Repeat nuclear medicine scan
	3) consult neurology for second formal testing for brain death protocol
	4) risk management involved
	[signature]

041497

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DATE	OBSERVATION
4/19/97	PCCM attending Nott
6:10 am	clinical exam unchanged
	no spontaneous movements.
	no respiratory efforts
	lungs - good aeration, occ course breath
	sounds.
	cor - nl S_1S_2 $\bar{S}$ m.gr.
	ABD - soft. stools 4'mg in frequency
	guaiac (-)
	Ext - flaccid no contractures.
	Neuro - (-) corneals / (-) gag
	pupils 5 mm nonreactive
Imp	5 1/2 month old near drowning.
	No clinical brain function
Plan	Ventilatory support. Wean FiO_2
	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 wear IV fluids as tolerated by
	D-sticks.
	[illegible]

1605M/E REV.3/72

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DATE	OBSERVATIONS
	continue current regimen
	✓ PT/PTT - if stable D/C vitamin K
	✓ cultures and if (-) D/C cefuroxime
	J Weingarten MD
4/19/97 Fan	Resident Note
	Tonathan's condition has remained largely
	unchanged overnight.
	By Systems
	① Resp RR=15
	IMV=15 TV=91. 5 ~~pressure~~ peep FIO_2=25%
	Sat_8 = 99-100%
	7.41/32/102/98-2.
	Will not ↓ rate further at this point as
	we wish to keep his pH normal and retaining
	CO_2 would bring her below 7.41.
	① Continue to follow gasses
	② CVR - 130-162 BP=89/43 - 114/71
	CVP=7 off all
	RR S_1S_2 1/6 sem
	CPK yesterday was normalizing
	① follow CVP.
	③ FEN/GI: lytes ~~overnight~~ stable scarcely
	no evidence of SIADH. Stools have been
	multiple (9 in 12 hrs yesterday)
	slowed in the evening [illegible]

04149

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	1 large green stool in pm. Defer feeding for 20
	to copious output & in light of 1st positive
	apnea study (see below), less aggressive
	strategy might be opted. Will discuss with
	team this a Remains on Zantac
	Heme: Hct ~~Misa~~ error ~~(?)~~ was 37.
	Will follow PT, PTT, fibrinogen ~~tt~~ times
	today - anticipate continued
	resolution of DIC parameters. Vit K completed
	ID. 1 remained basically afebrile
	yesterday - No sig temp spike. On
	Ceftriaxone tracheal aspirate 3+ polys
	on gram stain. Continue Ceftriaxone
	until final isolate is back on most recent
	trach asp. Asp from 4/14 = Candida albicans
	(1) continue Ceftriaxone
	(2) follow urine culture
	(3) follow trache asp.
	(4) If has repeat cx w/ candida -
	& if becomes ~~will consider~~ more febrile
	will consider tx.
	Neuro: Apnea test yesterday was
	mostly (A) (@ 15 min PCO2 = 101 from

1605M/E REV.3/72

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DATE	OBSERVATIONS
	an initial of 38. Plan to do repeat scan today & 2nd opinion [illegible] 4/20 pm
	Social: mother is still unrealistic about her child's chances of survival.
	Social work is very involved
	[illegible] / J. Weinger[illegible]

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DATE	Neg 7P-7 3/4 OBSERVATION
4/18/97	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 15 PEEP 5 TV 92 O_2 25%. He is aerating bilaterally some rhonchi heard especially in the bases. He is pink throughout and O_2 Sat 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 CM monitor & is in NSR. Rt axillary a/line in place - heparinized NS infusing at 3cc per hour & arterial waveforms are normal. Rt hand hep lock in place. Rt femoral double lumen central line in place and via

11605M/E REV.3/72

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DATE	OBSERVATIONS
	brown port he is having ~~Ds~~ D10W c̄ NaCl 40 mEq/L, KCl 60 mEq/L & Ca Gluconate 3Gm per Lt, 18 cc per hour. CVP is being monitored intermittently via same port. The white port has D5W c̄ Dopamine 150mg/100cc, infusing at 1cc per hour. IV sites are satisfactory. Size 8 Foley catheter in place and clear urine is seen in collecting bag. His abdomen is soft & flat, NG tube ~~tub~~ in place and clamped — no residual.
8pm	Pt's general condition is unchanged V/S done T37.1 HR145 R17 ABP 104/62 cuff BP 102/54. Large loose mucoid Blm negative for blood. Suctioned for fair amt of thick secretion — specimen sent for culture. Blood glucose done 71mg/dl.
10p	V/S stable, O_2 saturation remains at 99-100%. Dopamine drip D/Ced by MD. Zantac & Ceftriaxone given IVSS as ordered & Lacrilube applied to eyes as ordered.
10 17 pm	Apnoea test done by attending physician, no respiratory effort noticed. Blood drawn for ABGs x 3. Position changed Q2H

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DATE	Nsg 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. V/S stable
1A	No urine passed this hour (Total U=654)
2A	Lacrilube to eyes as ordered - Pupils still ~~hab~~ not reacting to light.
4A	Blood glucose is 89 mg/dl, V/S remain stable. Suctioned & repositioned.
5 30/A	Blood drawn for ABGs, PT PTT & lytes.
6A	Zantac given IVSS as charted. Given a bath, suctioned for small amt of yellow mucus & tube & some blood tinged secretion from the nares. V/S done - stable. Position changed.
7A	General condition unchanged, report given to RN

A Rome

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DATE	OBSERVATIONS
4/19/97 1:35 pm	PCCU Fellow Progress Note Dr. [illegible] Unfortunate 6 m/o near drowning victim currently in vegetative state. PE remains unchanged. Will cont supportive care [signature] / [illegible]
4/19/97	Ped Neuro Fellow. S - clinically unchanged O - VSS Neuro - MS - comatose CNb - No brainstem reflexes Motor - No spontaneous mot flaccid & reflexes equiv toes. A - Clinically brain death exam - awaiting 2nd perfusion scan results [signature]

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HENRY AND LUCY MOSES DIVISION
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ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

041497

NW6P 612-A 0800240
JOACHIM, JONATHAN
KING, DIANA
M 10/23/1996 FEB
2751 GRAND CONCOURSE
00460017

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
	Nurses Note
4/19/97 7A	Received pt on a stretcher bed. Warmer set @ 35°. Pt is to a Cardiac-Grace monitor, alarms set tested and on. Hr 130's, Rt stable, pulses palpable on all extremities, capillary refill brisk on upper extremities, lower extremities capillary 3 sec, cooler extremities than trunk. Pt pink. Neurologically pt does not move extremities, pupils fixed and dilated 4-5mm non reactive bilaterally. No response present. Pt is to a servo ventilator, SIMV, pcp 5, TV 90's, IMV 15, AM 15, FFO 25%, O2 sat 100%. ABG's 7.4, 32, 6, 102, 9.8, 2. Pt has a foley amber in color, 1 cc/kg/hr. Lungs auscultated and [illegible] suctioned @ 2hrs ± minimal secretion. Chest PT turned & repositioned 92°. If NPO, abdomen soft & hypoactive bowel sound auscultated. Electrolytes Nat 144, Kt 3.9, Cl 115, Cat 4. Green Mucous lose stool. Pt has a (R) double lumen femoral central line site intact (L) double lumen receiving Dion + 40 mg NACL + 60 mg/cm + 3 gms Cat gluconate IC @ 10cc/hr. (R) axillary A line going @ 3cc/hr ± 100 cc/kg 1 100 cc/hr @ 3cc/hr. Good [illegible] and no blanching-sitting [illegible]. (R) Peripheral to hand as lock. Extremities edematous.

IR1605M/E REV.3/72

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DATE	OBSERVATIONS
	(L) foot swollen. Leg elevated.
8 AM	VS taken. Pt arrivable, BP 80's/40's. Pupils fixed. Suctioned to lose white secretion. Lungs to rales. O2 sat 99%, RR 15. Turned & repositioned. Cup 7. No purposeful movement present.
10 AM	Medical regimen followed. Turned & repositioned. Suctioned to minimal white secretion. Lungs auscting bilaterally, O2 sat 99%.
12 pm	Pt suctioned to minimal white secretion. Lungs auscting bilaterally, O2 sat 100%, FIO2 25%, RR 15. Turned & repositioned. Pt taken to wellness medicine. Kept stable. Is no distress. Urine output good. Tolerated radioactive medication. HR 120s, BP stable, O2 sat 100%, RR 15. Connected to ventilator.
2 pm	Arrived to floor. Pt on cardiac grayer monitor alarms set. HR 120's. Dr stable. Lungs auscting, O2 sat 100%, suctioned to lose white secretion.
4 pm	Red eye, Mouth eye gone. Comfort measures provided. Turned & repositioned. Mother made aware of test results. Foley Dr, Alice Dr, central line Dr by MD. Suctioned to moderate lose white secretion, O2 sat 100%.
6 pm	IV out. Dr. Lopez made aware of pt's need for IV. Suctioned, turned and repositioned. Pupils fixed. No purposeful movement.
7 pm	Pt endorsed. [illegible]

04144

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ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

[illegible] 10/28/1996
[illegible] CONCOURSE [illegible]
[illegible] NY 718 [illegible]
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nursing 7P-7A OBSERVATION
4/19 7P	Received baby J Joachin lying on (R) side on eggcrate mattress under radiant infant warmer Tsit e 35° via skin probe, alarms are on & fully functional. Remains c̄ #4.D NTT cuffed/inflated (R) nare connected to Servo Vent setting SIMV mode Peep Rate 15/min TV 9/cc F_iO_2 25%. Color pink, RR 15/min c̄ no spontaneous breaths, aerating bilaterally c̄ coarse Ø.S. throughout Sats 98%. HR 120 ST Ectopy skin warm dry (+) pulses x1, perfusion lower extrem three sec cap refill. upper extrem 2-3 sec cap refill BP 84/48 (+) generalized edema throughout Abd soft flat (L) NGT clamped. voiding in diaper qs. pt has dark brown/green liquid stool. Nuero; (R) & (L) pupils 5mm fixed dilated, no response from tactile, verbal stimuli, no spontaneous movement. No IV lines currently in pt.
8P	VS (R) T 36° HR 123 RR 15 Sat 98% (BP 84/48 CPT/Suctioned for thick green secretions via NTT, suctioned for thick brown secretions via nares. Repositioned on (L) side. Numerous attempts e IV access unsuccessful by MD Leeds started Pedialyte e 5cc/hr, NGT checked [illegible] residuals when Leeds started.

1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
9[30]	Dstick 76 IV (L) foot started by MD Lopez
	receiving IVF D10W + 40mg NaCl/L + 60 kcal/L 3 mm 6 Pa 18cc/hr
	as ordered. Feeds ↑ 10cc/hr tolerating well ⊖ residuals
10P	XLR123 BP88/46 Sat 98%. CPT/Suctioned for same
	thick green secretions RR15/min c̄ no spontaneous
	respn effort. Tolerating feeds. Receiving Zantac
	IVSS currently. IV patent dry D/I. ⊖ redness
	⊖ swelling tolerating feeds ∅ residuals
12A	VSS afebrile continues under warmer CPT Suctioned for sm
	amt thick green secretions Repositioned. IV (L)
	foot puffy - pulled. warm soaks to site. Feeds Δ to
	Sim 20cal/cc @ 20cc/hr ⊖ residuals. Diaper damp
2A	Suctioned for same, repositioned, Sats 99%, BP86/43
	residuals 10cc returned feeds ↑ 30cc/hr.
4A	VSS afebrile continues under warmer Tset @ 35S.
	Bath given, linens Δ, Suctioned for same secretions
	Repositioned.
6A	Repositioned on (R) side O2 Sats 97→98% Chest clear
	Lacrilube to eyes. Nuero status unchanged. Pupils
	5mm eq/dilated. No spontaneous respiration.
	(L) foot & (R) hand c̄ warm soaks elevated
	Zantac not given due to no IV access. tolerating
	feeds - residual 12cc WID x1 + stool
	Dstick 84.
7A	Report given condition unchanged. R Beecher Pr

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PATIENT PROGRESS OBSERVATION RECORD

041497

NWCP 612-A
UDACHIN, JONATHAN
KING, DIANA
M 10/28/1996
2701 GRAND CONCOURSE
NY 712784-14
If no plate, patient's name, adm. no., sex & Doctor
8046001 | 04/15/1997

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DATE	OBSERVATION
4/30/97	RPN (cross-cover)
	6 month old admitted near-drowning now with [illegible]
	[illegible] as previously noted.
	Resp: Remains intubated @ Peep 5 TV 90 Tm 15 FiO_2 25%
	SaO2 98%, RR 15 (same as vent.)
	CVS: Off pressors and BP 87-93/40's CVP 7 which is new D/Id.
	HR 140-117.
	GEN: Off IVF. Currently on Sim 20 at 30 cc/° GOG
	pt started on $FeSO_4$ (0.5 cc)
1	ID: Currently afebrile Tm 38. Off antibiotics.
	Heme: ∅ issues currently. ∅ bleeding from interosseous IV site
	Neuro: Continues to be unresponsive and no Δ in MS as
	indicated on prior examination.
	Dfp 6 month old male child admitted Near-drowning now
	remains on Ventilation support. No improvement in the obviously
	from MS.
	- Will consult with Surgery regarding tracheostomy and
	GT-tube placement.
	Continue current management. Follow tolerance of feeds
	[illegible] Arno [illegible]

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DATE	OBSERVATIONS
4/20/97	Paed. Surg.
	Called to 6mth old M/C for Possible trach + G'stomy.
	- A case of near-drowning x 5 days. (in bath tub at home)
	- On vent support.
	Vent settings - SIMV - PEEP 5 BR 30, JT.V-93, FiO_2 25%. SaO_2 98%.
	- ABG
	- Nuclear scan - Intracerebral circulation (+)
	Apnea test (+)
	- Mother hopeful of recovery of child.
(Ceftriaxone)	Off ABx, On NG feeds, Passing urine/stools in diaper.
P/E	- Vitals - BP 97/42 T 37.6
	P - 132 R 15
	- On baby warmer.
	- No response to painful stimuli.
	- No voluntary movements.
	- Pupils - 5-6 mm bilaterally, not reacting to light.
	- No neck rigidity
	- Limbs - flaccid, feet warm, Cap. (1) (+).
	Chest - CTA. bilat AE (+) Fine creps (+)
	- No ronchi/rales
	- HS RRR tachy (+). No (m)
	Abd. - soft
	- Normally distended
	- BS (+) No masses/free fluid.
	Extremities flaccid, otherwise normal.

04144

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PATIENT PROGRESS OBSERVATION RECORD

[illegible] 617-A
[illegible] JONAT [illegible]
[illegible] DIANA
[illegible] 12/23/1996 [illegible]
[illegible] GRAND CONCOURSE 10468
[illegible] NY 718 [illegible]
0460017 4/15/1997 F

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

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DATE	OBSERVATION
4/20/97	Paed Surg. not contd -
	A/p - 6 mth old M/c - Near drowning x 50
Labs:	(Tub bath at home)
142/111/93 / 4.1/30/0.6 / 45	- Nuclear scan - x2 - shows intracerebral circulation
	Apnea test ⊕ up to 15 min.
Alb. 2.7	Alk POS 144
OT/PT 166/94	- Not declared brain death.
Ca+ 8.5	PO4 - 4.1
	- for tracheostomy & G stomy.
	- Remains vent. dependent & on NG feed.
	- Off Abx, IVF.
	- Will discuss c̄ Seniors & Fy.
	~~[illegible]~~ [signature] Joshi
4/20/97	Decm attending Note
3:50 pm	Jonathan remains without evidence of
	brain activity. Flow study yesterday demonstrates
	arterial central flow.
	VS and exam are stable.
	imp Severe ischemic injury. Now in
	vegetative state. Begun on NG feeds
	and now for custodial care. Mother
	remains hopeful for recovery even though
	all conversations with medical staff
	[illegible] stated that his brain was not

1605M/E REV.3/72

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DATE	OBSERVATIONS
	going to recover.
	Plan VS q 4° / Ventilatory dependence
	Continue feeds at (M) fluids = ~ 65 kcal/kg/day
	Fluinsol.
	Surgical consult for tracheostomy,
	G-tube & Nissen fundoplication
	Discussed plans c̄ the mother &
	risk management.
	J Wenggeth MD

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PATIENT PROGRESS OBSERVATION RECORD

041497

NWCP 612-A
JOACHIN, JONATHAN
KING, DIANA
M 10/23/1996 PSC
Joachin, Jonathan
If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
4/20/97	Nursing Note 7A-7P
	Rec'd Jonathan on stretcher bed c̄ "egg crate"
	mattress in use & side rails 99. Color pink
	lips & nailbeds pink. Overhead warmer in
	use c̄ 15C probe @ 35°. Skin warm to touch.
	Feet sl cooler to touch. Remains intubated
	c̄ #4.0 cuffed ETT via R nare to servo 900C
	vent. → ETT securely taped to face. Servo
	settings: IMV rate 15; PEEP=5; TV=93; FiO2=25%
	derating bilat c̄ some rhonchi auscultated
	RR c̄ vent. Ø spontaneous resp effort made
	by pt. On C/S monitor c̄ alarms set/tested
	(H=200; L=100) functioning well. HR 130 & NSR
	Ø ectopy noted. Perfusion fair c̄ distal refill
	~3-4 secs & palpable pulses. I&O via pumper
	wts. CNG feeds in progress → Sum 20 cal/oz
	@ 30cc/hr. Abdomen soft & non-distended
	Jonathan remains unresponsive to stim.
	Pupils ~4mm F/D. Extrems flaccid.
8A	T=37°. Bladder creded (distended). Good
	u/o. Suc'd for sm amt loose cloudy
	mucous. Repositioned NGT aspirated →
	[illegible] from dome.

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