

#32

MARICOPA COUNTY OFFICE OF THE MEDICAL EXAMINER
120 South Sixth Avenue
Phoenix, Arizona 85003
(602) 506-3322

AMENDMENT TO MEDICAL EXAMINER'S REPORT OF INVESTIGATION

CASE # [REDACTED]

AGENCY CHANDLER P.D.

DR# [REDACTED]

DATE OF DEATH: September 26, 1996

NAME OF DECEASED: [REDACTED]

ITEMS TO BE AMENDED:

CAUSE OF DEATH: POSITIONAL ASPHYXIA

MANNER OF DEATH: ACCIDENT

PERSON AMENDING REPORT: MARY H. DUDLEY, M.D.

DATE OF AMENDMENT: November 12, 1996

SUPPLEMENTARY DEATH CERTIFICATE FILED (Y/N): YES

Mary H. Dudley MD
SIGNATURE OF PERSON AMENDING REPORT

MARICOPA COUNTY OFFICE OF THE MEDICAL EXAMINER
 120 South Sixth Avenue
 Phoenix, Arizona 85003
 (602) 506-3322

CASE # [REDACTED]

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

NAME: [REDACTED] Age: 14 MONTHS D.O.B.: [REDACTED] Sex: M
 Race: C Marital Status: S SSN: [REDACTED]
 Address: [REDACTED] City: CHANDLER State: AZ

TYPE OF DEATH: UNATTENDED

MEANS:

NOTIFICATION By: ANDERJESKI #199 Agency: CHANDLER P.D. DR Number: [REDACTED]

Address	Town/City	Type of Premises	Date	Time
Injured or Ill: [REDACTED]	CHANDLER	RESIDENCE	09/26/96	0100
Death Pronounced: CHANDLER REGIONAL HOSPITAL	CHANDLER	RESIDENCE	09/26/96	0835

Examination at the Maricopa County Office of the Medical Examiner by: MHD Date: 09/26/96 Time: 1400

Description of Body
 (External Physical Examination)

SIGNIFICANT FINDINGS

Rigor (Regional/Complete/Absent): RECEDING
 Livor (Color/Distribution): UNFIXED PURPLE ANTERIOR
 AND POSTERIOR, AND LEFT SIDE OF FACE
 Clothed: YES
 Teeth:
 Hair Color: BROWN, 1 INCH
 Beard: Moustache:
 Eyes: BROWN
 Pupils: 0.3 CM.
 Length: 32 inches
 Weight: 29 pounds

SEAL #480321
 SEE AUTOPSY REPORT

Pursuant to section 11-594 Arizona Revised Statutes I hereby certify that I took charge of the body described herein and that after making inquiries into the cause and manner of death and examination of the body it is my opinion that death occurred due to the cause(s) and in the manner stated.

Cause Of Death: PENDING

Autopsy (Y/N): Yes

Manner Of Death: PENDING

Toxicology (Y/N): Yes

Mary H. Dudley, M.D.
 MARY H. DUDLEY, M.D., MEDICAL EXAMINER

MARICOPA COUNTY
OFFICE OF THE MEDICAL EXAMINER
120 S. 6th Avenue
Phoenix, Arizona 85003

REPORT OF AUTOPSY

DECEDENT: [REDACTED]

CASE: [REDACTED]

ADDRESS: [REDACTED]

DATE: September 26, 1996

Chandler, AZ

TIME: 1400 Hours

14-month-old Caucasian male infant

TYPE OF DEATH: Unattended

PERSONS PRESENT AT AUTOPSY: Chandler P.D.: Dets. John Engstrom #236
and Velma Anderjeski #119
Forensic Assistants: Wilson, TerHaar, and Jameson

PATHOLOGIC DIAGNOSES

- I. Positional asphyxia.
 - A. Petechial hemorrhage of eye sclera, face, and anterior chest.
 - B. Pressure marks, nose.
- II. Unilateral small right cerebellum and right peduncle.

CAUSE OF DEATH: Positional asphyxia
MANNER: Accident

BY:dmb
DT:10/18/96

Mary H. Dudley MD
MARY H. DUDLEY, M.D.
MEDICAL EXAMINER

CIRCUMSTANCES OF DEATH

Reportedly, this 14-month-old baby was discovered face down on his stomach in his crib with his face pressed against a bumper pad. He was treated weeks ago for a head and chest cold with extensive breathing treatment.

POSTMORTEM EXAMINATION

An autopsy is performed on the body of [REDACTED] at the Maricopa County Office of the Medical Examiner, Phoenix, Arizona, on September 26, 1996.

CLOTHING

The body is received clad in a red golf shirt and a paper diaper.

EXTERNAL EXAMINATION

The unembalmed body is that of a well-developed, well-nourished, male infant of reported age of 14 months. The body weighs 29 grams (which is at the greater than 95th percentile), has a crown-heel length of 82 cm. (at the 95th percentile), a crown-rump length of 55 cm., a head circumference of 49 cm. (at the 80th percentile), a chest circumference of 47 cm., and an abdominal circumference of 47 cm.

The body is cool to touch. Rigor mortis is receding in all extremities and the jaw. Unfixed purple livor mortis extends over the anterior and posterior surfaces of the body and left side of the face, except in areas exposed to pressure.

The head is normally formed. The scalp hair is brown and measures to 1 inch in length over the crown. Hair growth pattern is normal. The anterior fontanelle is open 1/2 inch. The eyes are normally formed. The irides are brown. The pupils are bilaterally equal at 0.5 cm. The cornea are translucent. The sclera and conjunctiva are unremarkable. The ears are normally formed and normally placed, with the appropriate amount of cartilage. The nose and lips are unremarkable. The palate is intact. The mouth contains teeth appropriate to the age of the infant. The neck is symmetrical, without abnormality.

The thorax is symmetrical. The abdomen is not protuberant. The anus and back are unremarkable.

The external genitalia are those of a normal male infant. The penis is circumcised. The testes are bilaterally in the scrotum which is appropriately rugated.

The upper and lower extremities, bilaterally, are symmetrical and normally formed, without absence of digits. Palmar creases are unremarkable.

Identifying marks or scars include a 2 x 1 inch oval brown nevus on the left knee and a 3/4 inch oval Mongolian spot on the sacrum.

MEDICAL INTERVENTION

There is no evidence of medical intervention.

EVIDENCE OF INJURY

Head and Neck:

There is a 3/4 x 1/8 inch pressure mark on the nasal bridge, 4 inches above the chin. There is a pressure mark on the tip of the nose. There is a 1 inch area of petechial hemorrhages on the right malar prominence and a single petechial hemorrhage in the right eye sclera. There are petechial hemorrhages, 2 x 1/2 inch area, on the left zygomatic arch.

Chest and Abdomen:

There is an 8 x 2 inch area of petechial hemorrhages on the anterior upper chest.

Upper Extremities:

None.

Lower Extremities:

None.

INTERNAL EXAMINATION

BODY CAVITIES

The body is opened by a standard Y-shaped thoracoabdominal incision. No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are present in normal and anatomic position. The subcutaneous fat layers of the abdominal wall is 0.5 cm. thick.

HEAD (CENTRAL NERVOUS SYSTEM)

The brain weighs 1250 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebrospinal fluid is clear. The external surface and

configuration of the brain are not unusual. The cortex is of the usual soft consistency, in keeping with the age of the infant. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. The brain is formalin fixed prior to sectioning.

After fixation, coronal sections through the cerebral hemispheres reveal no lesions. Transection through the brain stem is unremarkable. There is unilateral small right cerebellum approximately 40% smaller than the left side and small cerebellar punctionule. Cerebellum are otherwise unremarkable. The spinal cord is not examined.

NECK

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. The tongue is normal.

CARDIOVASCULAR SYSTEM

The heart weighs 59 grams. The shape and size of the heart are not unusual. The pericardial surfaces are smooth, glistening, and unremarkable. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution, and are widely patent. The chambers and valves exhibit the usual size position relationship and are unremarkable. The myocardium is dark red-brown, firm, and unremarkable. The atrial and ventricular septa are intact. The foramen ovale is appropriately membrane protected. The pulmonary artery, the aorta, and their major branches arise normally, follow the usual course, and are widely patent. The ductus arteriosus is anatomically and functionally closed. The vena cava, its major tributaries, and the pulmonary veins return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM

The right and left lungs weigh 111 and 92 grams, respectively. The upper and lower airways are clear of debris and foreign material. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable. The pulmonary parenchyma is dark red-purple, exuding slight to moderate amounts of blood and frothy fluid, with no focal lesions noted. The pulmonary arteries are normally developed and patent. The lower airway is unremarkable.

LIVER AND BILIARY SYSTEM

The liver weighs 541 grams. The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma, with no focal lesions noted. The gallbladder is normal. The extrahepatic biliary tree is patent.

ALIMENTARY TRACT

The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 50 ml. of brown liquid with undigested food particles. The root and radius of the mesentery bear the usual size position relationship. The small and large bowel are unremarkable. The colon contains formed stool. The pancreas has a normal gray-white, lobulated appearance, and the ducts are clear.

GENITOURINARY TRACT

The right and left kidneys weigh 37 and 44 grams, respectively. The cortical surfaces are smooth, red-brown, and lobulated. The cortex is sharply delineated from the medullary pyramids. The calyces, pelves and ureters are unremarkable. The urinary bladder contains no urine. The mucosa is gray-tan and smooth. The testes and prostate are infantile and unremarkable. The uterus, fallopian tubes, ovaries and vagina are infantile and unremarkable.

RETICULOENDOTHELIAL SYSTEM

The spleen weighs 50 grams and has a smooth, intact capsule covering red-purple, moderately firm parenchyma. The lymphoid follicles are unremarkable. The regional lymph nodes are unremarkable. The mesenteric lymph nodes are prominent, but not unusual for age. The bone marrow is red-purple and homogeneous, without evidence of focal abnormality. The thymus is unremarkable with a weight of 39 grams.

ENDOCRINE SYSTEM

The pituitary, thyroid and adrenal glands are unremarkable. The adrenal glands weigh 5 grams collectively.

MUSCULOSKELETAL SYSTEM

The axial and appendicular skeleton are unremarkable. The musculature is well developed. The diaphragm is intact and in its proper position.

RADIOGRAPHS

Total body radiographs show no evidence of natural disease or trauma.

MICROSCOPIC DESCRIPTION (Appended 11/12/96 dmb)

Heart: Negative.

Liver: Negative.

Kidneys: Negative.

Lungs: Negative.

Spleen: Negative.

Thymus: Negative.

Adrenals: Negative.

Brain (Cerebrum, cerebellum, hippocampus, mamillary bodies, pons, medulla): Negative.

Small Intestine: Negative.

Stomach and esophagus: Negative.

Pancreas: Negative.

Thyroid: Negative.

OPINION

This 14-month-old infant male, [REDACTED], was discovered on his abdomen in his crib with his face pressed against a bumper pad. He had a history of recent cold symptoms.

Autopsy revealed petechial hemorrhages of the eye sclera, face, and chest, consistent with the scene investigation for positional asphyxia.

The cause of death is positional asphyxia.

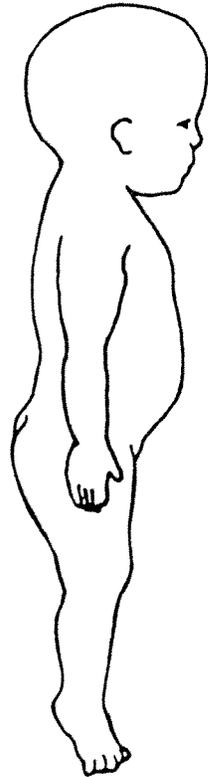
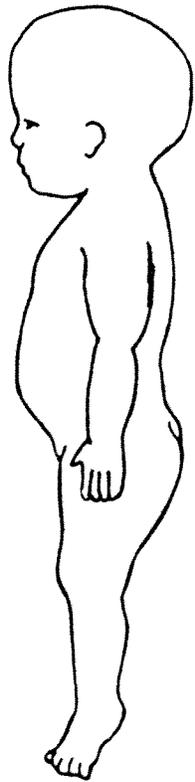
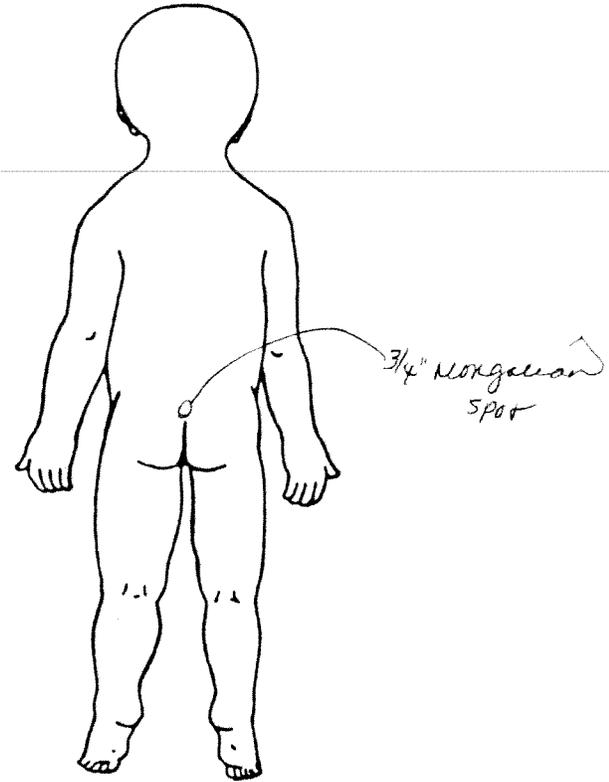
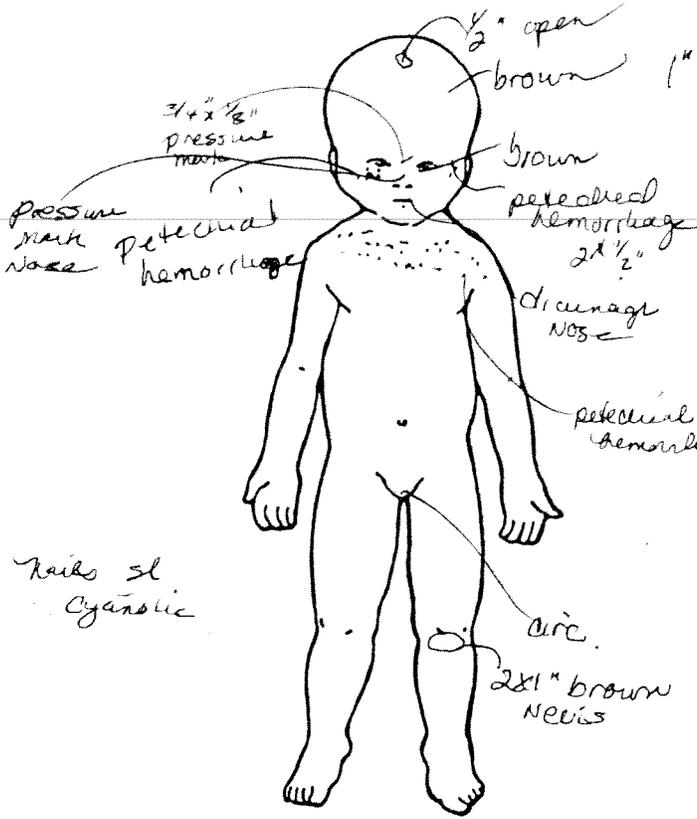
The manner of death is accident.

MHD:dmb
10/18/96

Name _____
Age _____

MARY H. DUDLEY 09/26/96
CHANDLER P.D. DR# _____
DOB: _____ SS# _____

Autopsy No. _____
Date / /



4" above clav
with head bent up

1100s - (L) face ant/post
ngoi - receding

Clothing
Red gael skirt
Paper diaper

32"

MARICOPA COUNTY OFFICE OF THE MEDICAL EXAMINER

REPORT OF TOXICOLOGICAL EXAMINATION

Decedent: [REDACTED]

File Number: [REDACTED]

Date Submitted: September 26, 1996
Report Date: October 4, 1996

Specimens Submitted:
CARDIAC BLOOD, BLOT, VITREOUS, BILE, GASTRIC

Medical Examiner: MARY H. DUDLEY

RESULTS*:

CARDIAC BLOOD: Negative for ethanol and acetone

NEGATIVE FOR: amphetamine, methamphetamine, morphine,
phencyclidine, cocaine, benzoylecgonine, benzodiazepines,
phenothiazines and tricyclic antidepressants

VITREOUS: Negative for ethanol and acetone

*If results are not listed for any specimen(s), that/those specimen(s) is/are deemed to be on "HOLD"



Gregory B. Ohlson
Forensic Toxicologist

tm 10/14/96
AGENCY: CHANDLER P.D. 96-60204

By: tm
Tox. 4/96

Arizona Child Fatality Review Team

MARICOPA COUNTY

RECORDS REQUEST

Name: Medical Examiner's Office
Title: 120 S. 6th Avenue
Address: Phoenix, AZ 85003

RE: Child Fatality Review
(Identity of child victim)

RECORDS REQUESTED:
THE YELLOW TAG and ALL REPORTS ISSUED
FROM YOUR OFFICE.

Dear: RECORDS:

I am the chairperson of the Maricopa County Child Fatality Review Team. The team is reviewing the death of the above listed child which occurred on 9/26/96 at CHANDLER REG

Pursuant to A.R.S. §36-3503, please provide me access to information and records regarding the child and their family. The information and records are necessary to carry out the team's statutory duties. You may comply with this request by forwarding a copy of the pertinent police reports, including all supplements and other attachments, to my office.

All information and records acquired by the team are confidential and not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding. The team will use the acquired information and records only as necessary to carry out the team's statutory duties.

Please indicate the action taken by checking the appropriate box below and return this letter to me, along with the information and records, if applicable, within five days of this request. If you have any questions or comments, please contact me at ~~684-1019~~ 267-5404

This request is confidential, any violation of this confidentiality is a class 2 misdemeanor.

Sincerely,

Sylvia Strickland, M.D.

Sylvia Strickland, MD
Co-Chair, Maricopa County Child Fatality Review Team

96-619

ACTION TAKEN:

Reports Attached

These records are to be destroyed returned.



MARICOPA COUNTY, ARIZONA
MISCELLANEOUS RECEIPT

R 9M1004

Received From



For *REPORT*

\$ *55*
CHECK, DRAFT OR OTHER ORDER, SUBJECT TO THE SAME BEING HONORED AND PAID

Fund/Org. No. _____ Acct. _____ Task _____ Mait _____ Counter _____
Opt _____ Activity _____

- Cash \$ *- 55*
- Check No. _____
- Money Order No. _____
- Draft No. _____
- County Warrant No. _____

Department *Medical Examiner's Office*
By *Cynthia Thompson*
Date *January 7, 19 97*

CUSTOMER'S COPY

2900-010 3-94

WHITE - Customer Copy CANARY - File Copy PINK - Accounting Copy



Chandler • Arizona
Where Values Make The Difference

Det. Velma Anderjeski
Criminal Investigations
Police Department

250 East Commonwealth Avenue • Chandler, Arizona 85225
Phone (602) 786-2810 FAX (602) 786-2694



OFFICE OF THE MEDICAL EXAMINER

120 S. 6th Avenue
Phoenix, AZ 85003
(602) 506-3322

November 12, 1996

[REDACTED]
Chandler, AZ 85248

Re: [REDACTED] MEDICAL EXAMINER'S CASE # [REDACTED]

Dear Mr. and Mrs. [REDACTED]

This letter is to advise you that a cause of death has been determined on the above-mentioned decedent as of November 12, 1996. It is my opinion the manner of death is ACCIDENT due to POSITIONAL ASPHYXIA. Requests for certified copies of the Death Certificate can be made through your mortuary who can secure them from the appropriate Vital Statistics office.

If not already requested, a copy of the Autopsy Report and/or Investigative Report can be obtained from this office. The non-commercial fee is 50 cents per page for reproduction. Please call to obtain the total number of pages available for a total cost of the reports desired.

We understand that this has been a difficult time for those involved and appreciate the patience you have exhibited.

Sincerely,

Mary H. Dudley MD

MARY H. DUDLEY
Medical Examiner

MHD/dmb

DEPARTMENT OF PATHOLOGY
MARICOPA MEDICAL CENTER
2601 E. ROOSEVELT
PHOENIX, ARIZONA 85008

DAN W. HOBBS, MD
DIRECTOR

PID: [REDACTED] M 1
PT NAME: [REDACTED]
LOCATION: MEDICAL EXAMINER
PROVIDER: NONE SPECIFIED

BODY FLUID ANALYSIS

[REDACTED]
MHO

COLLECTION DATE 26SEP96
TIME 0717

RANGE UNITS TEST

BODY FLUID CHEMISTRIES

70-110 MG/DL GLU OCC FLUID <10*

GLU OCC FLUID THIS IS NOT AN FDA APPROVED PROCEDURE FOR THIS FLUID TYPE.
REFERENCE RANGES ARE NOT AVAILABLE AND ACCURATE RESULTS
CANNOT BE GUARANTEED.

138-145 MEQ/L NA OCULAR FLUID 130L

NA OCULAR FLUID THIS IS NOT AN FDA APPROVED PROCEDURE FOR THIS FLUID TYPE.
REFERENCE RANGES ARE NOT AVAILABLE AND ACCURATE RESULTS
CANNOT BE GUARANTEED.

3.6-5.2 MEQ/L K OCULAR FLUID 11.8H

K OCULAR FLUID THIS IS NOT AN FDA APPROVED PROCEDURE FOR THIS FLUID TYPE.
REFERENCE RANGES ARE NOT AVAILABLE AND ACCURATE RESULTS
CANNOT BE GUARANTEED.

101-111 MEQ/L CL OCULAR FLUID 116H

CL OCULAR FLUID THIS IS NOT AN FDA APPROVED PROCEDURE FOR THIS FLUID TYPE.
REFERENCE RANGES ARE NOT AVAILABLE AND ACCURATE RESULTS
CANNOT BE GUARANTEED.

0.7-1.5 MG/DL CREAT OCULAR FL 0.5L

CREAT OCULAR FL THIS IS NOT AN FDA APPROVED PROCEDURE FOR THIS FLUID TYPE.
REFERENCE RANGES ARE NOT AVAILABLE AND ACCURATE RESULTS
CANNOT BE GUARANTEED.

6-19 MG/DL UREA OCULAR FL 16

UREA OCULAR FL THIS IS NOT AN FDA APPROVED PROCEDURE FOR THIS FLUID TYPE.
REFERENCE RANGES ARE NOT AVAILABLE AND ACCURATE RESULTS
CANNOT BE GUARANTEED.

26SEP96 0717 #96-02622



MS 10/1/96

Legend

L = Low, H = High, * = Abnormal

FINAL CHART FOR PERMANENT MEDICAL RECORD

Account Number [REDACTED]

Report Printed: 29SEP96 0002

End of Report

Date of Service: 26SEP96



Office of the Medical Examiner

To: Chandler Regional

PH. NO.: 921-3125
FAX NO.: 921-3980

**URGENT - ATTENTION MEDICAL RECORDS - URGENT
RELEASE OF INFORMATION**

RE: [REDACTED]
MARY H. DUDLEY 09/26/96
CHANDLER P.D. DR# [REDACTED]
DOB: [REDACTED] SS# [REDACTED]

Medical Records:

This office is investigating the death of the above named decedent, for the purpose of certifying the cause and manner of death.

For this investigation, we request the immediate release of any health records or specimens your institution possesses regarding this decedent. We are specifically interested in:

- EMS Notes
- ER Notes
- Admission H & P
- Op. Notes
- Anesthesia Record
- Other: _____
- Toxicology Report
- X-ray Reports
- Progress Notes
- Discharge Summary
- Admission Lab Specimens

The authority for this request is found in Arizona Revised Statutes 11-593, 11-594 and 11-597.

Due to the urgency of this case we ask that you **FAX** the requested information to 528-3461

Thank You

Philip E. Keen
Philip E. Keen M.D.
Chief Medical Examiner

Send Error Report

Date and time 09/26/96 14:13
 Machine ID 6025283461
 Machine name MEDICAL EXAMINER
 Page 1

Job	Remote Station	Start Time	Duration	Pages	Mode	Results
409	8213980	9/26/96 14:13	0'04"	0/ 1		Communication error E20 092
Total			0'04"	0/ 1		

Note:
 EC=Error Correction CR=Confidential Receive MP=Multi-Poll BC=Broadcast
 48=4800 BPS PI=Poll-In SA=Subaddress MB=Mailbox
 RD=Remote Diagnostics PO=Poll-Out PW=Password



Office of the Medical Examiner

To: Chandler Regional PH. NO.: 921-3125
 URGENT - ATTENTION MEDICAL RECORDS - URGENT FAX NO.: 921-3280
 RELEASE OF INFORMATION

RE: [REDACTED]
 [REDACTED] 09/26/96
 CHANDLER REGIONAL DR. [REDACTED]
 DOB [REDACTED] SSN [REDACTED]

Medical Records:
 This office is investigating the death of the above named decedent, for the purpose of certifying the cause and manner of death.

For this investigation, we request the immediate release of any health records or specimens your institution possesses regarding this decedent. We are specifically interested in:

- EMS Notes
- ER Notes
- Admission H & P
- Op. Notes
- Anesthesia Record
- Other: _____
- Toxicology Report
- X-ray Reports
- Progress Notes
- Discharge Summary
- Admission Lab Specimens

The authority for this request is found in Arizona Revised Statutes 11-593, 11-594 and 11-597.

Due to the urgency of this case we ask that you **FAX** the requested information to 921-3280

Thank You

 Philip E. Kean M.D.
 Chief Medical Examiner

[REDACTED]

BREASTFED UP TO 11 MONTHS
LAST FED A BOTTLE: 3/4 BOTTLE @ 2100 hrs & 3/4 @ 2245 hrs ^{WHOLE MILK}
FULL TERM BABY
NONSMOKING MOTHER

MEDICATIONS:

NONE AT PRESENT BUT WAS ~~TRE~~ TREATED
A COUPLE OF WEEKS AGO WITH:

9-6-96 SMALL VOLUME NEBULIZER w/ ALBUTEROL
9-24-96 UPPER RESPIRATORY INFECTION

HAS REACTIVE AIRWAYS - DIAGNOSED 9-6-96
& DISTINCT WHEEZING EPISODES

[REDACTED]

COUL-77NEY

MARY H. DUDLEY 09/26/96
CHANDLER P.D. DR#
DOB: SS#

MARICOPA COUNTY
OFFICE OF THE MEDICAL EXAMINER
120 South Sixth Avenue
Phoenix, Arizona 85003



96 Case # 7711:40

RECORD OF ADMISSION

Stamp Date & Time In

Sex: M Race: C Height: _____ Weight: 29 Eyes: _____ Hair: _____

Home Address: _____ City: _____

Admitted By: AEM

Delivered By: AEM (Print Name & Initial) For: OME

Zone: 4 Removal Address: Chandler Reg.

Bag: Provider: OME Type: L+ Color: WHT Exchanged (Y/N): Y

Received By: _____ Firm: _____

NOTES: OME #

Release Requested By: per _____

Relationship: FATHER Telephone: F.A. _____

Release To: Telephone:

Date/Time

RECORD OF RELEASE

Notification Date: 9/26/96 Time: 1544/1627 F.A. _____ Whom: _____

Released To: X Representing: X Curr

Released By:

Property Released: Yes: (see attached sheet) X No _____

Bag: (Y/N) Y

96 SEP 26 PM 5:08

Stamp Date & Time Out



MARICOPA COUNTY
OFFICE OF THE MEDICAL EXAMINER
RECORD & RECEIPT OF PERSONAL PROPERTY

96 SEP 26 11:40

MARY H. DUDLEY 09/26/96
CHANDLER P.D. DR#
DOB: SS#

BODY RECEIVED CLOTHED

UNCLOTHED

INVENTORY TAKEN BY E. Jamerson
Mortuary Attendant

Stamp time & date received

STATE COLOR OF ARTICLES:

- BELT _____
- BLOUSE _____
- BOOTS _____
- BRA _____
- COAT _____
- DENTURES: COMPLETE _____
- UPPER _____
- LOWER _____
- DRESS _____
- GIRDLE _____
- GLASSES _____
- HAT _____
- HOUSECOAT _____
- JACKET _____
- JOGGING SUIT _____

- KEYS _____
- KNIT SHIRT _____
- LEVIS/JEANS _____
- LUGGAGE _____
- NIGHTGOWN _____
- PAJAMAS _____
- PANTIES _____
- PANTS _____
- PANTYHOSE _____
- PURSE _____
- ROBE _____
- SCARF _____
- SHIRT 1 ea Red
- SHOES _____
- SKIRT _____

- SLIP _____
- SLIPPERS _____
- SOCKS _____
- STOCKINGS _____
- SHORTS _____
- UNDERSHORTS _____
- SWEATER _____
- T-SHIRT _____
- TANK TOP _____
- TENNIS SHOES _____
- TIE _____
- WALLET _____
- WRIST WATCH _____
- OTHER: _____

JEWELRY: (describe all articles)

∅

1 disposable diaper

MONEY (List number of each denomination)

BILLS: \$100 _____

\$ 50 ∅

\$ 20 _____

BILLS: \$10 _____

\$ 5 ∅

\$ 1 _____

COINS: \$1.00 _____

\$0.50 ∅

\$0.25 _____

\$0.10 _____

\$0.05 ∅

\$0.01 _____

TOTAL AMOUNT \$ ∅

PROPERTY RELEASED BY _____

PROPERTY RECEIVED BY X _____

REPRESENTING X _____

DATE 9/26/96

DATE 9/26

Funeral Home and/or Investigating Agency





Chandler - Arizona
Please Without Make The Difference

CITY OF CHANDLER
Police Department / Criminal Investigations
250 East Commonwealth Avenue
Chandler, Arizona 85225-5590

MEDICAL RECORD NUMBER _____

AUTHORIZATION TO RELEASE/DISCLOSE MEDICAL RECORDS

PATIENT NAME: _____

DATE OF BIRTH: _____

CONTACT PHONE NUMBER: DET. ANDERJEEKI 746-2810

DATE(S) OF TREATMENT: ~~9-26-96~~

NAME AND ADDRESS OF HEALTH INSTITUTE, COMPANY, OR PERSON(S) TO RECEIVE INFORMATION:

PICK UP: SEND: CHANDLER POLICE DEPT.
DET.

PURPOSE OF THE RELEASE: Personal _____ Medical Care _____ Legal Insurance _____

COPIES OF: Entire Record Dictation _____ Labs, X-rays, EKG _____ Other _____

Any records for personal, legal or insurance purposes will (may be) subjected to a processing fee. I hereby authorize EAST VALLEY CHILDREN CENTER to provide the above named facility or person(s) with a copy of any and all records, documents, reports, including confidential alcohol drug usage, and/ or HIV related information, psychiatric records, clinical abstracts, histories and charts of every kind and description, relating to my treatment and care during the above described treatment date(s).

It is understood this consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon. In the absence of express revocation, this consent shall expire in 90 (ninety) days from date of signature.

In furtherance of this authorization, I hereby waive all provisions of law any privileges relating to the disclosures authorized.

(Patient's Signature)

(Date)

If patient is unable to consent by reason of age or some other factor(s) state reason: _____

PATIENT IS AN INFANT

X

(witness)

9-26-96
(Date)

9-26-96
(Date)

Information is from confidential records which are protected by State law that prohibits further disclosure of the information without the specific written consent.

RECORD COPIES WILL BE AVAILABLE AFTER: _____

Chandler Police Department
250 E. Commonwealth Av.
Chandler AZ 85225

SUPPLEMENTAL REPORT

INCIDENT: Death Investigation

OR# [REDACTED]

CASE AGENT: Det. V. Anderjeski #199

NARRATIVE:

On 092696 at about 0830 Sgt. Thatcher requested that I respond to [REDACTED] Way to process the scene of an infant death. I agreed and responded. On arrival I contacted Sgt Thatcher and was directed to a rear child's room to photograph the room and to inspect a crib located in the room for defects and condition of the room.

The room was well kept and orderly. The crib was inside the doorway on the right. The crib was manufactured by [REDACTED] and measured 51" x 27.5". The slats on the side walls of the crib were 2.5" apart. The crib was made up with normal crib bedding and there was a bumper pad surrounding the interior of the crib. The bumper pad was covered in fabric and appeared to have a cloth type lining. It was 9" tall and resting on top of the mattress. I photographed the room as directed, and noted the above information. I did not notice any problems with either the crib nor crib bedding or bumper pad. I informed Thatcher of my findings and he directed that I respond to Chandler Regional Hospital to photograph the infant.

I responded as directed and contacted the case officer Det. V. Anderjeski who asked that I photograph the infant. After the family had departed I photographed the infant with Anderjeski present. I then returned to Chandler Police Department.

At about 1300 Anderjeski informed me that the autopsy of the infant would be conducted at about 1400 and requested that I accompany her to view and photograph the conduct of the autopsy. I agreed and went to the Maricopa County Medical Examiners office and photographed the autopsy. At the completion of the autopsy we returned to CPD.

REPORTING OFFICER: [Signature]

John Engstrom #236, Identification Lab

3/4/97
Date

REPORT REVIEW 59

COPIES TO:

CRIME LOG _____ CIS
ENTRY CLERK _____ COUNTY ATTY
STATISTICIAN _____ CO. ATTY - JUV
 CITY PROS.
 PIO
 OTHER: _____

SUSPECT/VICTIM INFO:

YES
 NO

VICTIMS RIGHTS PAMPHLET:

YES
 NO

Medical Record Number:
Patient Name:
ER Physician:
Date of Service:
Date of Admission:

[REDACTED]

MD

09/26/96

I discussed the case with Dr. [REDACTED] the patient's pediatrician, and later Dr. [REDACTED] arrived to meet with the family.

DISPOSITION: The patient will be made a Coroner's case, as mentioned above. Social Service met with the family for an extended length of time, as did the family minister. The family was given several resources.

FINAL DIAGNOSES:

1. Cardiopulmonary arrest.
2. Dead on arrival in the Emergency Department.

[REDACTED]

SDS/mlb #9388
D: 09/27/96
T: 09/28/96 8:49 A
Document #: 245475
cc: [REDACTED]

DEATH INVESTIGATION

Page 2

INVESTIGATIVE LEADS, CONTD.

IL6: [REDACTED] SOCIAL WORKER
CHANDLER REGIONAL HOSPITAL

IL7: CHANDLER FIRE DEPARTMENT

LOU CARLUCCI
MANNY DELVALLE
KURT MICHELSON
ROBERT ISAACSON

IL8: DR. [REDACTED] M.D.
EAST VALLEY CHILDREN'S CENTER
3200 S. GEORGE DRIVE
TEMPE, AZ 85282

839-9097

NARRATIVE:

On 9-26-96 at approximately 0811hrs Sgt. Thatcher advised me that there had been an infant death at [REDACTED]. While I was enroute Sgt. Thatcher advised me that the baby was being transported to Chandler Regional Hospital. I was told to respond to the hospital. I arrived at Chandler Regional Hospital at approximately 0827hrs. Upon my arrival a South West Ambulance was at the Emergency entrance unloading a child strapped to a gurney. The child was later identified as [REDACTED] DOB: [REDACTED]

I contacted [REDACTED], the primary nurse assigned, she told me that Dr. [REDACTED] had pronounced the child as dead upon arrival at approximately 0835hrs. The hospital staff did not work to revive the child as lividity and rigor mortis were already present. [REDACTED] told me the child was in exam room #1. I walked to room #1 and looked inside. I saw an adult hispanic male holding the child. The male was identified as the father of the child, [REDACTED]. He was crying and rocking the child back and forth. There were also hospital staff in the room.

Standing in the hallway, next to the door of room #1, was Chandler Fire Department Paramedic, Manny Delvalle. He told me he had been at the home. Upon his arrival lividity and rigor mortis were already present. The mother was described as "hysterical." The decision was made to transport the baby with the father accompanying them. Chandler Fire Department Paramedic, Lou Carlucci, gave me the names of the engine crew for my investigation.

DEATH INVESTIGATION

Page 3

I went inside the exam room to talk to Mr. [REDACTED]. He had placed [REDACTED] on the gurney. [REDACTED] was wrapped in blankets. All that was visible was his head. I introduced myself to Mr. [REDACTED]. I looked at [REDACTED] and lividity was present in his face. On the left side of his face in an area adjacent to his left eye and ear were tiny red spots in a crescent-shaped pattern. Based upon recent training the spots can be identified as "petechial hemorrhages." That type of hemorrhaging is one of the clues looked for in suspected deaths by suffocation. I could not see any trauma to the face. I did notice that the nostrils had mucous in them and appeared to be blocked by the mucous. I did not see any more hemorrhaging at that time and did not want to examine the body with his father in with him.

Sgt. Phillips arrived and looked at [REDACTED] face also. He also advised me that Ofc. Engstrom #236, CSO, was at the residence, photographing it. Sgt. Phillips also had a plastic grocery bag with clothing and a purse in it. He told me the clothing was for Mr. [REDACTED] and the purse belonged to Mrs. [REDACTED]. He handed the bag to me and also told me the insurance information for the baby would be in the wallet.

I asked Mr. [REDACTED] to tell me what had happened. He told me that he got home from being out of town late last night. His wife, [REDACTED], told him [REDACTED] was asleep in his crib. At approximately 0100hrs he looked in on his son. He appeared to be asleep and was breathing. Sometime around 0800hrs this morning he went into his son's room because his wife was screaming. She told him [REDACTED] would not wake up. [REDACTED] was laying, facedown, in his crib. He was laying on the left side of his face with his face in between the mattress pad and the bumper pad. He was facing the wall that the crib is up against. His blanket was at his feet. He tried to wake his son up and noticed the "bruising" (lividity) on him. He tried to revive his son while his wife called 911. Mr. [REDACTED] told me he was doing CPR on his son and it sounded like he was very congested and not getting any air in his lungs.

I asked Mr. [REDACTED] if any stuffed animals, toys, or other objects were in the crib with his son. He told me there were some stuffed animals and some books but that none of them were close to his son's head. He estimated the closest items being the books that were approximately 8" away from his son's head. I asked him if his son's head/neck area had any bunched up fabric from the blanket or mattress under it. He told me that there was nothing under his son's head. He did tell me that his son has been sick. Approximately two weeks ago he had been placed on some medication and a breathing machine for treatment. He was no longer on the treatment. Mr. [REDACTED] also told me that on 9-24-96 his wife had taken the baby to Dr. [REDACTED] because he appeared to be congested. She was told the baby had a cold and no medication was prescribed.

Mr. [REDACTED] was very distraught. A social worker from the hospital, [REDACTED] responded to assist him. Sgt. Thatcher arrived with the baby's mother, [REDACTED]. She was in a wheelchair and very distraught. She was crying and vomiting. Other family members started to arrive and we used a nearby office for them to stay in. Mr. [REDACTED] stayed with his son. Mrs. [REDACTED] told me it upset her too much to see [REDACTED]. She was moved to the office with the rest of the family.

DEATH INVESTIGATION

Page 4

I told Mr. [REDACTED] that I had some clothes for him to change into and gave him the plastic bag that Sgt. Phillips had given me. I also told him that his wife's purse was inside and the hospital needed the insurance card. He reached inside the purse and handed me his wife's wallet and told me I would find the card in it. I found the card and gave it to [REDACTED]. I put the wallet back into the purse and gave the purse to Mr. [REDACTED].

I called Dr. [REDACTED] the baby's physician, to find out what type of medication the child was on. He told me [REDACTED] was not on any medication at present. He did see [REDACTED] on 9-6-96 and diagnosed him with reactive airways. He also told me that [REDACTED] had two distinct wheezing episodes. At that time he prescribed a small volume nebulizer with albuterol for breathing treatments. He saw [REDACTED] again on 9-24-86 and said he had an upper respiratory infection. He did not prescribe any medication at that time. Dr. [REDACTED] also told me that he had sent Dr. [REDACTED] to the hospital and I could contact her.

I went into the room set aside for the family and found Dr. [REDACTED] there. She was seated next to Mrs. [REDACTED] on the couch. She confirmed the information that Dr. [REDACTED] had given me. I explained that I would need to ask Mrs. [REDACTED] some questions. She seemed to be able to speak at this time. I asked her what she and [REDACTED] had done last night. She told me they had gone to a movie. While in the theater, [REDACTED] ate some dry [REDACTED] as a snack. He also drank approximately 3/4 of a bottle of whole milk (approximately 2100hrs). They went home and at approximately 2245hrs she gave him another bottle of whole milk and put him in his crib. She told me he was laying on his back. I asked her if he was taking any medication. She told me that she had not given him any medication. She took him to the doctor two days ago because it sounded like he had a cold. The doctor told her it would go away and did not prescribe any medication for him. I asked her if she had given him any over the counter medications. She replied that she had not.

She also told me that a couple of weeks ago he was really sick and needed a machine for breathing treatments. She had stopped that treatment as directed by her doctor.

I asked her to tell me what had happened this morning. She told me that her husband came home from a trip late last night and they did not go to bed until approximately sometime after 0100hrs. At approximately 0100hrs her husband checked [REDACTED] to make sure he was fine. She woke up at approximately 0800hrs and did not hear [REDACTED]. Normally he wakes up early and plays in his crib. She went into his room to get him. He was laying facedown in the crib. She called his name and he did not move. She walked up to the crib and saw his face was towards the wall and between the mattress and bumper pad. She called his name again and he did not move. She yelled for her husband to come in and he did. He picked [REDACTED] up from the crib and told her to call 911. [REDACTED] started crying again. I left her with her family and called the Medical Examiner's Office to advise them of the situation and that they respond.

DEATH INVESTIGATION

Page 5

I completed two waivers for medical records, one for Chandler Regional Hospital and one for Dr. [REDACTED] office. Mr. [REDACTED] signed them. I returned to the exam room. Sgt. Thatcher, Ofc. Engstrom, and I examined [REDACTED]. He was wearing a red shirt that buttoned in the front. He was also wearing a diaper. An examination of the diaper indicated that he had urinated in it. We checked his body for signs of trauma.

Ofc. Engstrom photographed the body. There was some pigmentation, approximately 2" long on the anterior portion of the left knee. (I was told later it was a birthmark.) There were no signs of trauma to the body. Lividity and rigor were present.

At approximately 1020hrs Art Martinez, Medical Examiner's Office, responded to transport the body for an autopsy.

At approximately 1315hrs Ofc. Engstrom and I were enroute to the Medical Examiner's Office for the autopsy. Dr. Mary Dudley conducted the autopsy. Ofc. Engstrom and I were also present in the room with her. Ofc. Engstrom photographed the autopsy. Several items noted were petechial hemorrhages across the chest of the body along the collar bone. There were petechial hemorrhages on the heart. There was no sign of trauma to the internal organs. There was also no sign of trauma on the brain itself or the skull. Dr. Dudley did note an abnormality in the cerebellum of the brain. She showed me where one side was normally formed and the other side was substantially smaller and appeared to be deformed. She did not do any brain slices and set the brain aside for inspection by a specialist at a later date. The investigation is pending her report. Her initial estimate for cause of death is positional asphyxia.

The following morning I responded to the residence to look at the deceased's room. Sgt. Thatcher was with me. Mr. [REDACTED] was at the residence with his brother. Upon entrance to the modest home, I could see toys stored neatly around the kitchen, livingroom, and familyroom area. There were a lot of photos of [REDACTED] and his mother and father. The home was clean. I walked down a hallway to [REDACTED] bedroom. Mr. [REDACTED] told me that nothing had been moved. On my left was a poem about [REDACTED] framed and hung on the wall. The crib was just inside the doorway and on the right. The window was straight ahead. The crib was not near the window. There were children's toys stacked neatly in the room. The room was also clean. The crib had the appropriate bedding and appeared to be of safe construction. The bumper pad surrounding the mattress, inside of the crib, was of cloth construction with fabric batting inside. The crib was a [REDACTED] crib and had been purchased at Montgomery Wards. The crib is 51" long and 27.5" wide. The crib height is 44" with the side slats being 2" apart and the end slats being 2.5" apart. The bedding was purchased at Mervyns. The bumper pad was 9" high and sitting on top of the mattress. (At this time I do not know the manufacture of the bedding, I am waiting for the photos to be developed so I can show them to Mervyns' employees)

Chandler Police Department
250 E. Commonwealth Av.
Chandler AZ 85225

VRA

SUPPLEMENTAL REPORT

INCIDENT: DEATH INVESTIGATION

DATE/TIME OCCURRED: 9-26-96 BETWEEN 0100HRS AND 0809HRS
DATE/TIME REPORTED: 9-26-96 0809HRS
DATE OF SUPPLEMENT: 9-27-96 1030HRS

LOCATION OF OCCURRENCE: [REDACTED] CHANDLER AZ

Case Agent: Det. ANDERJESKI #199

VICTIM INFORMATION:

✓ v

[REDACTED]
CHANDLER, AZ
(DECEASED)

DOB: [REDACTED]

INVESTIGATIVE LEADS:

- (X) IL1: [REDACTED], M.D.
EAST VALLEY CHILDREN'S CENTER
3200 S. GEORGE DRIVE
TEMPE, AZ 85282 839-9097
- IL2: DUDLEY, MARY H., M.D.
OFFICE OF THE MEDICAL EXAMINER
MARICOPA COUNTY 506-3322
- IL3: DR. [REDACTED] M.D.
CHANDLER REGIONAL HOSPITAL 821-3210
- IL4: MARTINEZ, ART
MEDICAL EXAMINER'S OFFICE
- IL5: [REDACTED] R.N., PRIMARY NURSE
CHANDLER REGIONAL HOSPITAL

REPORT REVIEW *25*
ENTRY CLERK
STATISTICIAN

COPIES TO:
 CIS
 COUNTY ATTORNEY
 CO. ATTY. - JUVENILE
 CITY PROSECUTOR
 PIO
 OTHER

SUSPECT/VICTIM INFO:
 YES
 NO

VICTIM RIGHTS PAMPHLET
 YES
 NO

Z. S. A. #330
SCOTT, ZACHARY

Search warrant served?	N	Search Conducted?	N
Scene processed for latents?	N	Latents obtained?	N
Photos taken?	Y		

N a r r a t i v e
=====

NARRATIVE: ON 09-26-96 AT APPROXIMATELY 0809 HRS I WAS DISPATCHED TO ASSIST THE FIRE DEPARTMENT (STATION #1) WITH A CHILD NOT BREATHING AT [REDACTED]

AT APPROXIMATELY 0817 HRS I ARRIVED AT THE RESIDENCE AND FOUND THE FIRE DEPARTMENT ALREADY ONSCENE. I OBSERVED SEVERAL UPSET ADULT WOMEN OUTSIDE OF THE RESIDENCE OF WHICH I LATER LEARNED THAT ONE OF THE WOMEN WAS THE MOTHER [REDACTED] OF THE CHILD AND THE OTHERS WERE NEIGHBORS.

I ENTERED THE RESIDENCE AND OBSERVED FIRE DEPARTMENT PERSONNEL ATTEMPTING TO RESUSCITATE A SMALL INFANT MALE CHILD ON THE LIVING ROOM FLOOR DIRECTLY IN FRONT OF THE DOOR ON THE CARPET. I OBSERVED THAT THE FATHER [REDACTED] WAS SITTING NEXT TO THE CHILD TOUCHING HIM ON THE LEG. I OBSERVED THAT THE CHILD WAS UNCONSCIOUS AND HAD PURPLE BLOTCHES ON TOP OF HIS LEGS AND STOMACH AREA.

SGT THATCHER (S9) ARRIVED ONSCENE AS THE CHILD WAS BEING PREPARED FOR TRANSPORTATION TO THE CHANDLER REGIONAL HOSPITAL. SGT THATCHER INTERVIEWED THE MOTHER NAMED [REDACTED] IN THE LIVING ROOM AND [REDACTED] RODE IN THE AMBULANCE TO THE HOSPITAL.

SGT THATCHER ADVISED THAT DETECTIVE ANDERJESKI WOULD BE THE CASE AGENT REGARDING THIS INVESTIGATION.

AT APPROXIMATELY 0835 HRS OFFICER ENGSTROM ARRIVED AT THE [REDACTED] RESIDENCE TO TAKE PHOTOGRAPH'S.

AT APPROXIMATELY 0944 HRS I ARRIVED AT THE CHANDLER REGIONAL HOSPITAL AND WAS ADVISED THAT THE CHILD NAMED [REDACTED] WAS DEAD.

THIS CASE IS PENDING DETECTIVE ANDERJESKI'S INVESTIGATION.

D i s p o s i t i o n
=====

Disposition: PENDING - OFFICER ASSIGNED

Officer assigned: ADERJESKI, VELMA

Badge #: 199

Lab tech Engstrom arrived and was assigned to take photographs of the room, and crib involved. I asked him to inspect it for defects, or obvious signs of problems.

Sgt. Phillips called and advised the baby was pronounced dead, and he noted no visible abnormalities.

I asked [REDACTED] if she wished to go to the hospital to be with her husband and she said she did. A neighbor, [REDACTED] came with us to help her. I transported them to the hospital, and remained there with the family until the transport from the Medical examiner's office arrived to take the body.

Case assigned to Det. Anderjeski

OFFICER: [Signature] 92796
SGT. K. THATCHER Badge #S-9 Date

REPORT REVIEW	<u>S9</u>	COPIES TO:	SUSPECT/VICTIM INFO:
CRIME LOG	<u>[initials]</u>	<input type="checkbox"/> CIS	<input type="checkbox"/> YES
ENTRY CLERK	___	<input type="checkbox"/> COUNTY ATTY	<input type="checkbox"/> NO
STATISTICIAN	___	<input type="checkbox"/> CO. ATTY.- JUV.	
		<input type="checkbox"/> CITY PROSECUTOR	VICTIM RIGHTS PAMPHLET:
		<input type="checkbox"/> PIO	<input type="checkbox"/> YES
		<input type="checkbox"/> OTHER	<input type="checkbox"/> NO

[REDACTED]

General Heading
=====

Officer: SCOTT, ZACHARY Badge # 330 O.R. # 96-0060204

OFFENSE: DEATH INVESTIGATION

Date of Occurrence: 09/26/1996 Date Reported: 09/26/1996
Time of Occurrence: 08:09 Time Reported: 08:09

Person
=====

Person Type: RESPONSIBLE PARTY Can ID Suspect? Will testify?
Name (L, F, M): [REDACTED]
DOB: [REDACTED] Sex: MALE Race: MEXICAN/HISPANIC
Home Address: [REDACTED]
City, State, Zip: CHANDLER, AZ 85248- Telephone: [REDACTED]

Injury
=====

Person Injured (L, F, M): [REDACTED]
Injury Description: CHILD DEATH
Paramedic present? Y
Paramedic Name(s): [REDACTED]

Transported by: SOUTHWEST AMBULANCE
Taken to hospital? Y
Hospital name: CHANDLER REGIONAL HOSPITAL
Address: 475 SOUTH DOBSON ROAD
City, State, Zip: CHANDLER, AZ 85224-
Telephone: (602)821-3210

Investigation
=====

Assisting Officers: PHILLIPS, KENNETH, SCOTT, ZACHARY
CSO or Evidence Tech: ENGSTROM

I assigned Det. Anderjeski #199 to respond to conduct the investigation. I responded to assist and determine the need for further assistance.

Upon my arrival I contacted Sgt. Phillips. He advised the child had been transported to CRH by ambulance with the father. He advised the mother, [REDACTED] was inside with a neighbor. I advised Det. Anderjeski to respond to the hospital.

I entered the residence, a newer home located [REDACTED]. This is a new subdivision about a year old. I noted the home was neat and orderly. The area where the mother was located had a small couch. The kitchen area was clean.

I contacted [REDACTED]. She was in obvious shock, and having difficulties due to the situation. She advised she was 18 weeks pregnant. I introduced myself, and told her I needed to ask her some things about what happened. I asked her to tell me what had transpired.

[REDACTED] advised her husband, [REDACTED], had been gone on a trip and had come home late last night. [REDACTED] stated that she had taken her son [REDACTED] to a movie, and then had put him to bed around 10:30 with a bottle of whole milk. Her husband had looked in on [REDACTED] when he came in, and saw him sleeping. [REDACTED] thought this was around 0100 in the morning.

[REDACTED] told me that she had put [REDACTED] down to sleep on his back. This morning she went in to wake him and found him unresponsive laying face down with his face between the mattress and the pad. [REDACTED] related that his left side of the face was on the mattress. She yelled for her husband who came in and took [REDACTED] from his bed and began trying CPR.

[REDACTED] told me that [REDACTED] had been sick, and had been seen by Dr. [REDACTED] on Tuesday. [REDACTED] stated the doctor told her that [REDACTED] just had congestion due to a cold, and it would go away.

[REDACTED] also told me that on 09-03-96 [REDACTED] was sick with bronchitis, and had been on a breathing treatment that lasted up to 2 weeks ago. [REDACTED] also had an ear infection and was on antibiotics, his last dose was a week ago Monday. Dr. [REDACTED] was the one who treated [REDACTED] for the ear infection.

I asked [REDACTED] about [REDACTED] birth. She stated he was a term baby, weighed 7 lbs 12 ozs, he was normal and had no problems with the delivery. [REDACTED] advised she did not smoke before or during her pregnancy. [REDACTED] advised she breast fed for the first 11 months.

[REDACTED] told me that [REDACTED] normally wakes up around 0600, but she thought he was just tired due to being up so late at the movies.

CHANDLER POLICE DEPARTMENT
250 E. Commonwealth Avenue
Chandler, Arizona, 85225

KCT: **SUPPLEMENTAL REPORT**

INCIDENT: Death Investigation

OR#: [REDACTED]

DATE/TIME OCCURRED: 09-26-96 0809

DATE/TIME REPORTED: 09-26-96 0809

LOCATION OF OCCURRENCE: [REDACTED] Chandler

Reporting Officer: Sgt. Ken Thatcher Jr. #S9

Case Agent: Velma Anderjeski #199

VICTIM INFORMATION:

V/#1

[REDACTED]

DOB/ [REDACTED]

Chandler, Arizona
(DECEASED)

[REDACTED]

WITNESS INFORMATION:

W/#1

[REDACTED]

DOB/ 03-08-68

Chandler, Arizona
(Mother to Daniel)

[REDACTED]

W/#2

[REDACTED]

DOB/ 11-01-60

Chandler, Arizona
(Neighbor)

[REDACTED]

NARRATIVE:

On 09-26-96 at 0810 hours I was notified of a possible child death at [REDACTED]. Dispatch was on the phone with a hysterical parent advising her child was not breathing.

S#	PID	PAT/ID	A:CFM	A:DOSE	A:UNITS	A:ERROR	A:%
9		HemaCon2	23399.4	867.22	mcg/L		
10		Low CTR	35446.4	219.90	mcg/L		
11		Hi CTR	23459.1	861.23	mcg/L		

Multi Rule Control Summary

Rule	Result	Controls Monitored	Action Table
1 3s	pass	1 : 1 run(s)	
	pass	2 : 1 run(s)	
	pass	3 : 1 run(s)	
R4s	pass	1 2 : 1 run(s)	
	pass	2 3 : 1 run(s)	
	pass	1 3 : 1 run(s)	
3 1s	pass	1 2 3 : 1 run(s)	
	pass	1 : 3 run(s)	
	pass	2 : 3 run(s)	
	insufficient control data	3 : 3 run(s)	

QC Parameter Summary

Parameter	Calc Mean	Target Mean	(-/+ 3.00 SD)	Current Value	(#SDs)	Out of Range	Action Table
Control 1A	957.10	1247.0	(197.000 to 2297.000)	867.22	(-1.09)		
Control 2A	326.65	233.00	(164.000 to 302.000)	219.90	(-0.57)		
Control 3A	985.59	817.00	(571.000 to 1063.000)	861.23	(0.54)		

S#	PID	PAT/ID	A:CFM	A:DOSE	A:UNITS	A:ERROR	A:%
12			53542.6	2.2596		Off Crv: Lo	
13			53129.3	3.4041		Off Crv: Lo	
		96-2238 FB	53335.9	2.8109	mcg/L	Off Crv: Lo	28.5
14			51156.1	10.972		Off Crv: Lo	
15			52522.5	5.3741		Off Crv: Lo	
		96-2572 CB	51839.3	7.9774	mcg/L	Off Crv: Lo	48.4
16	2		47892.6	30.642		Off Crv: Lo	
17	2		48350.6	27.332		Off Crv: Lo	
		96-2622 CB	48121.6	28.963	mcg/L	Off Crv: Lo	8.07
18	2		7457.8	12631		Off Crv: Hi	
19	2		7390.5	12906		Off Crv: Hi	
		96-2634 CB	7424.2	12767	mcg/L	Off Crv: Hi	1.52
20	2		27150.7	565.91			
21	2		31776.8	336.82			
		96-2642 LIVER	29463.7	436.91	mcg/L	High Spread	35.8
22	2		18987.8	1484.5			
23	2		18582.2	1564.9			
		96-2644 CB	18785.0	1524.0	mcg/L		3.72

BE

03 Oct 96 12:27

Protocol #: 1

Maricopa County Medical Center
MORPHINE-BLD-SCREEN

Page #3

User : (Initials) BO

S#	PID	FAT/ID	A:CPM	A:DOSE	A:UNITS	A:ERROR	A:%CV
9		SER 16.0	29015.6	14.03	mcg/L		
10		H/C 50.0	20866.8	45.17	mcg/L		
11		H/C 200.	12415.7	141.7	mcg/L		

Qc Parameter Summary

Parameter	Calc Mean	Target Mean	(-/+ 3.00 SD)	Current Value	(#SDs)	Out of Range	Action Table
Control 1A	13.081	12.890	(7.070 to 18.710)	14.029	(0.59)		
Control 2A	49.617	50.000	(35.960 to 64.040)	45.171	(-1.03)		
Control 3A	174.77	175.00	(100.000 to 250.000)	141.70	(-1.33)		

S#	PID	FAT/ID	A:CPM	A:DOSE	A:UNITS	A:ERROR	A:%CV
12			37852.1	.1824		Off Crv: Lo	
13		96-2331 FB	38067.1	.0448		Off Crv: Lo	
			37959.6	.1098	mcg/L	Off Crv: Lo	85.68
14			39804.1	.0144		Off Crv: Lo	
15		96-2616 SCB	38755.9	.0144		Off Crv: Lo	
			39280.0	.0144	mcg/L	Off Crv: Lo	0.000
16	2		39264.1	.0144		Off Crv: Lo	
17	2	96-2622 CB	39330.5	.0144		Off Crv: Lo	
			39297.3	.0144	mcg/L	Off Crv: Lo	0.000
18	2		9832.9	217.2			
19	2	96-2634 CB	9377.4	236.3			
			9605.1	226.5	mcg/L		5.938
20	2		13852.4	114.6			
21	2	96-2642 LIVER	17545.5	69.39			
			15699.0	88.65	mcg/L	High Spread	34.75
22	2		39501.7	.0144		Off Crv: Lo	
23	2	96-2644 CB	39656.7	.0144		Off Crv: Lo	
			39579.2	.0144	mcg/L	Off Crv: Lo	0.000
24	2		39428.8	.0144		Off Crv: Lo	
25	2	96-2650 CB	40269.9	.0144		Off Crv: Lo	
			39849.3	.0144	mcg/L	Off Crv: Lo	0.000
26	2		37174.1	.7367		Off Crv: Lo	
27	2	96-2651 CB	36638.9	1.253		Off Crv: Lo	
			36906.5	.9876	mcg/L	Off Crv: Lo	36.71
28	2		40185.9	.0144		Off Crv: Lo	
29	2	96-2654 FB	40072.4	.0144		Off Crv: Lo	
			40129.2	.0144	mcg/L	Off Crv: Lo	0.000
30	2		32326.3	7.199		Range: Lo	
31	3		33661.7	5.031		Range: Lo	

=====
Internal Standard Report
=====

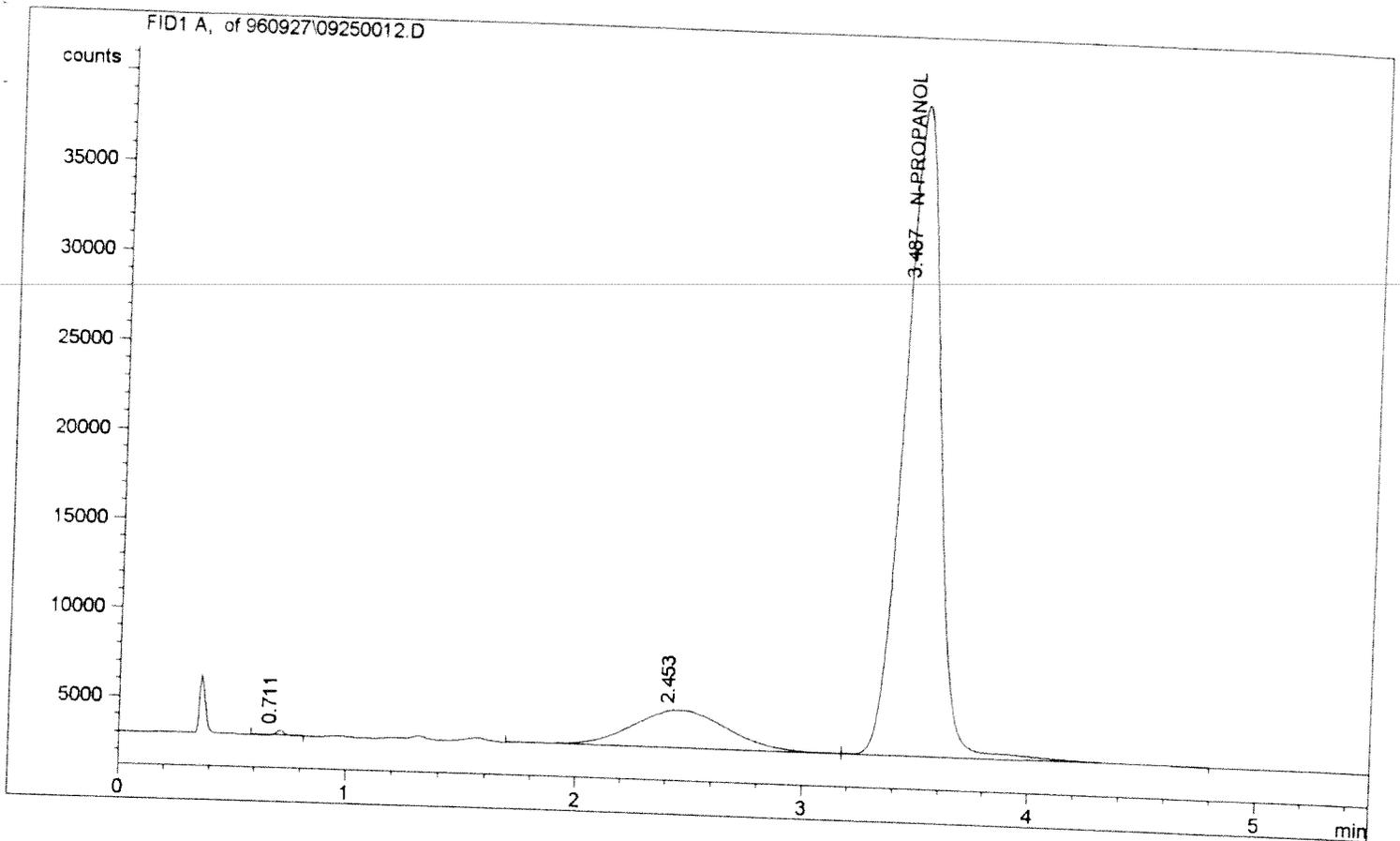
Sorted by Signal

Calib. Data Modified : Monday, September 30, 1996 4:16:11 PM
Multiplier : 1.000000
Dilution : 1.000000
Uncalibrated Peaks : using compound MEPIVICAINE

Signal 1: NPD1 A,

RT [min]	Sig	Type	Area [mAu*s]	Amt/Area ratio	Amount [mg/L]	Grp	Name
13.884	1	BB	100	1.000	1.3917e1	1	MEPIVICAINE

=====
*** End of Report ***
=====



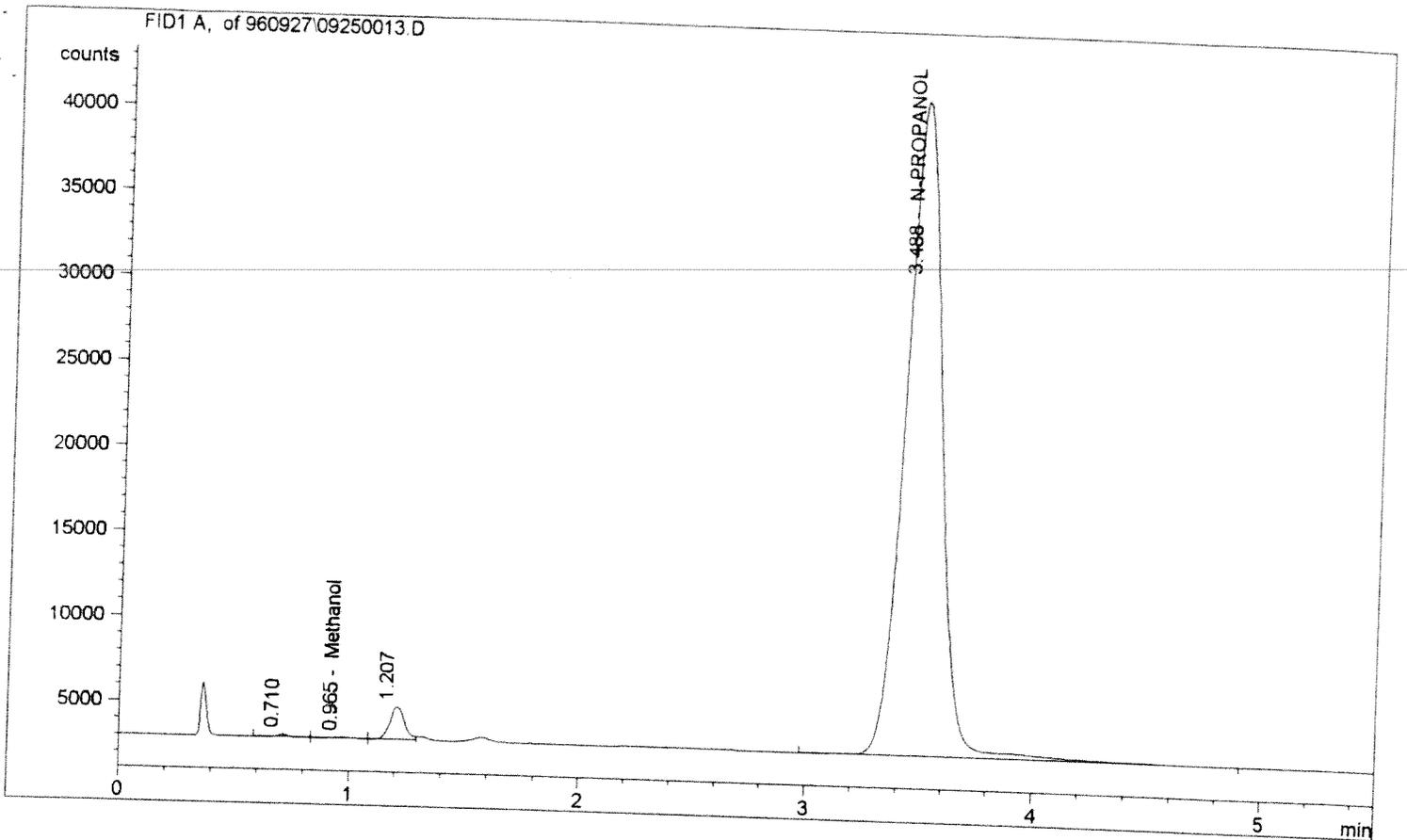
Data File: C:\HPCHEM\1\DATA\960927\09250012.D
 Sample Name: 96-2622 vitreous Vial:12

Dilution : 1 Multiplier :1
 Injection Date: Fri, 27. Sep. 1996 1:36:35 PM ->

Operator: RJG-220
 Method: C:\LEO\5890\METHODS\ALCOHOL.M\ALCOHOL.M
 Last Calibrated: Friday, September 27, 1996 12:41:05 PM
 Method Information: Volatile Quantitation by [REDACTED]
 7694 Headspace Sampler

=====
 Volatile Quantitation
 =====

RT [min]	Type	Area [mAU*s]	Amt/Area [g%]	Amount	Name
0.711	BB	689	0.0000	0.0000	
0.000		0	0.0000	0.0000	
0.000		0	0.0000	0.0000	Methanol
0.000		0	0.0000	0.0000	Acetone
0.000		0	0.0000	0.0000	Ethanol
2.453	VV	62624	0.0000	0.0000	Isopropanol
3.487	VB	402762	1.0000	1.0000	N-PROPANOL



Data File: C:\HPCHEM\1\DATA\960927\09250013.D
 Sample Name: 96-2622 cardiac

Vial:13

Dilution : 1 Multiplier :1
 Injection Date: Fri, 27. Sep. 1996 1:43:25 PM

Operator: RJG-220
 Method: C:\LEO\5890\METHODS\ALCOHOL.M\ALCOHOL.M
 Last Calibrated: Friday, September 27, 1996 12:41:05 PM
 Method Information: Volatile Quantitation by [REDACTED]
 7694 Headspace Sampler

=====
 Volatile Quantitation
 =====

RT [min]	Type	Area [mAU*s]	Amt/Area [g%]	Amount	Name
0.710	BV	507	0.0000	0.0000	
0.965	PV	526	0.2824	0.0003	Methanol
1.207	PV	8942	0.0000	0.0000	
0.000		0	0.0000	0.0000	Acetone
0.000		0	0.0000	0.0000	Ethanol
0.000		0	0.0000	0.0000	Isopropanol
3.488	PV	427361	1.0000	1.0000	N-PROPANOL



MARY H. DUDLEY 09/26/96
 CHANDLER P.D. DR# [REDACTED]
 DOB: [REDACTED] SS# [REDACTED]

VOLATILES: ANALYZED BY: _____ DATE: _____ TOX WORKSHEET

SAMPLE	MEOH	ACETONE	ETOH	IPA
VITREOUS			NH ₄	
BLD CB			NH ₄	

DRUG SCREEN: SAMPLE TYPE: CB DATE & INITIALS OF SCREEN _____

PRELIM DRUG RESULTS	CONFIRMED DATE & INITIALS	QUANT DATE & INITIALS	AMOUNT
Tru			

MORPHINE:

SAMPLE	RIA DATE & INITIALS	QUANT DATE & INITIALS	AMOUNT MORPHINE/CODEINE
CB	10/3 GBD		NH ₄

BEG:

SAMPLE	RIA DATE & INITIALS	QUANT DATE & INITIALS	AMOUNT COCAINE/BEG
CB	10/3 GBD		NH ₄

CO:

SAMPLE	DATE & INITIAL	SATURATION

SIDS: SAMPLE: _____ DATE & INITIALS: _____

APAP AMOUNT	SAL AMOUNT

METHAMPHETAMINE:

SAMPLE	RIA DATE & INITIALS	QUANT DATE & INITIALS	AMOUNT COCAINE/BEG
CB			

ADDITIONAL COMMENTS:

MARY H. DUDLEY 09/26/96
 CHANDLER P.D. DR.
 DOB: SS#

DATE:

96 SEP 26 11:40

MARICOPA COUNTY MEDICAL EXAMINER

SPECIMEN INVENTORY AND REQUEST FOR TOXICOLOGICAL ANALYSIS

DRUG EVIDENCE accompanying body: None () Rx / OTC Containers () Powder / syringe / spoon
 () Other (Specify) _____ F.A. (Initials): SM Rec'd Lab by (Initials): _____

SPECIMEN(S)	Coll'd by	Date/Time	ETOH	GTS	MORPHINE	COCAINE	METH-AMPH	CO	OTHER	* FOR LAB USE ONLY		
										Rec'd By	Date/Time	Volume/Container
Cardiac (x3) Blood	PW	1452 9-26-96	✓	✓	✓	✓	✓			GSD	9/26/1631	2 Small / 3 x 100
Blot M Blood	KT	1542 9-26-96								GSD	9/26/1631	Bld
Vitreous (x2) Ilytes	KT	1533 9-26-96	✓							GSD	9/26/1631	2 Small / 2 x 10
Pelle	KT	1458 9-26-96								GSD	9/26/1631	Small
Gastric	KT	1504 9-26-96								GSD	9/26/1631	1.5 DB / 2R
SST for: () HIV () HEP												

- HOLD: All specimens not checked above
 SPECIMENS PREVIOUSLY COLLECTED (EARLY DRAW): () Vitreous () Blood
 SPECIMENS TO COME FROM: () HOSPITAL () DONOR NETWORK
 DECOMP: () BEGINNING () MODERATE () ADVANCED
 NO SPECIMENS COLLECTED
 EMBALMED

REMARKS:

Probable cause of death:

Medical Examiner _____

M.D.

VOLATILES:

TOXICOLOGY RESULTS

COMPLETED BY: GSD 10/3/96

- () Cardiac BLOOD: neg for ETHANOL | 0. _____ g% | NEG for ACETONE | _____ mg% |
 () VITREOUS: neg for ETHANOL | 0. _____ g% | NEG for ACETONE | _____ mg% |
 () _____: _____ for ETHANOL | 0. _____ g% | _____ for ACETONE | _____ mg% |

DRUG SCREEN/QUANTITATION:

- () CB BLOOD: _____ NEGATIVE for:
 Amphetamine, methamphetamine, MORPHINE
 phencyclidine, cocaine, benzodiazepines,
 phenothiazines and tricyclic BENZODIAZEPINE
 antidepressants.

() CO: _____ Blood: _____ for carboxyhemoglobin _____ %saturation



MARICOPA COUNTY MEDICAL EXAMINER
IDENTIFICATION TAG

NAME



Address



City/State CHANDLER, AZ

M W D

D.O.B



Sex M

Race H

SSN

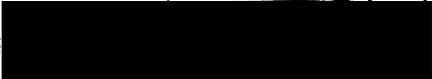
CWK

Location Last Seen Alive	Date	Time
<u>IN BED</u>		
	<u>9-26-96</u>	<u>0100</u>
Location Became Ill or Injured	Date	Time
	<u>9-26-96</u>	<u>WK</u>
Location Pronounced Dead	Date	Time
<u>CHANDLER REGIONAL HOSPITAL</u>	<u>9-26-96</u>	<u>0635</u>

Medical Examiner Notified: 0950 HRS

Mortuary UNKNOWN Request _____ List _____

Body Conveyed By: ME'S OFFICE Zone _____

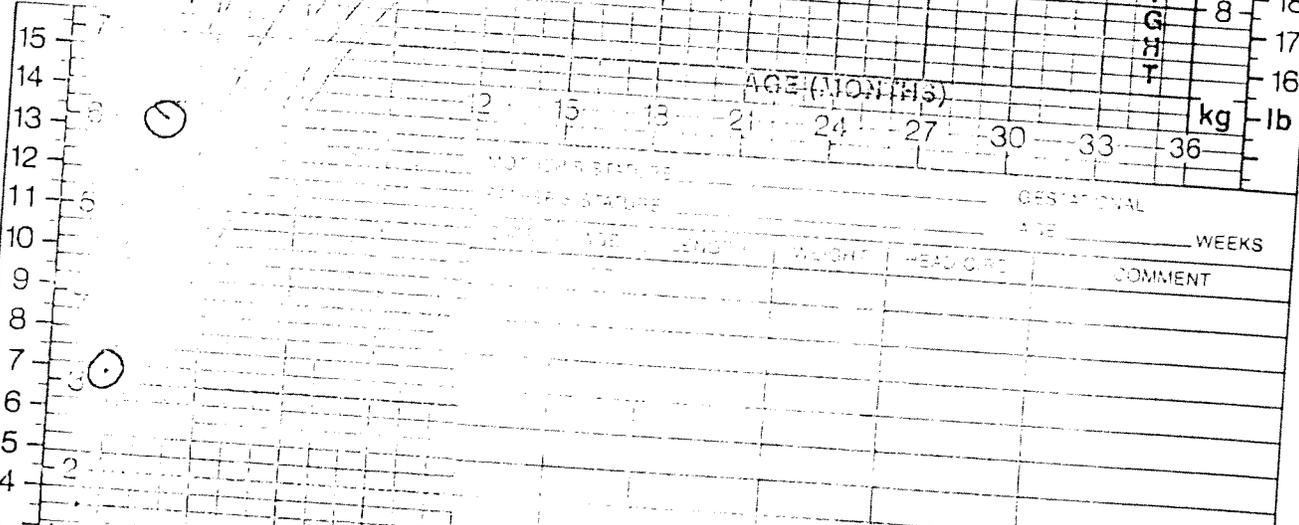
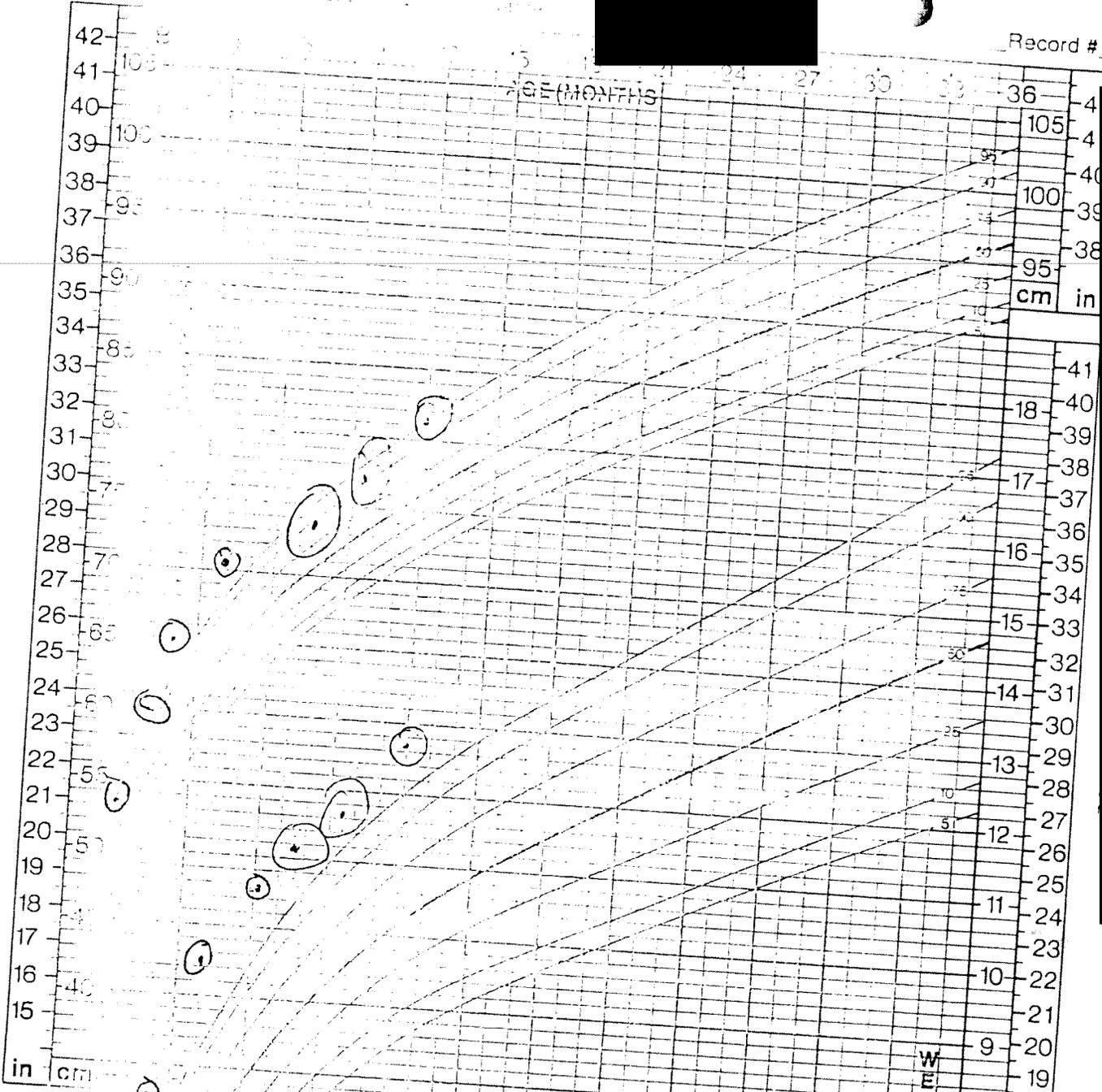
Next of Kin  Phone 

Agency: CHANDLER POLICE D.R. Number: 90-10004

Investigator (Name, Badge No.) DET. ANDERJESKI #199



Record #



n: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Moore WM: Physical growth: National Center for Health Centiles. AM J CLIN NUTR 32:607-629, 1979. Data from Longitudinal Study, Wright State University School of Medicine, Dayton, Ohio.

Products Division, Abbott Laboratories



NURSE'S BEDSIDE RECORD

(Cont'd)



8115-
1120

DATE 9/26/91

No obvious trauma to Patient. Call to mother
OBBYN physician Dr. [REDACTED]. Dr. Haysburg
recommends mother be given Xanax 10
prescription, he is concerned she will not be able
to sleep. He would also like her to call and
reschedule today's appointment. Discussion
with Dr. [REDACTED] and prescription written for
mother [REDACTED]. Above information
given to both parents and [REDACTED] mother.
Patient's pediatrician in to see family.
Assisted family to car. [Signature]

[REDACTED] THURS 09-26-96

PC received from Dr. [REDACTED] at Chandler Regional Hospital indicating that [REDACTED] was admitted to the ER about 8:00a this AM DOA. Apparently he was cold and rigamortis and already set in suggesting death some time in the night. He was seen here 2d ago with URI. Had a prior dx of airway reactivity. According to Dr. [REDACTED] he was described as improved yesterday. Dr. [REDACTED] informs me that this will become a "coroner's case" and I have requested that a copy of the coroner's report be sent to this office.

I've tried to move the schedule around so that one of our physicians can meet with the parent's in the ER at Chandler. Dr. [REDACTED] will be meeting with them. Parent's are aware and will remain in the ER until Dr. [REDACTED] arrival. JFC/lm



EMERGENCY DEPARTMENT NURSING ASSESSMENT RECORD

PRE-HOSPITAL CARE
O2 L/Min. NC or Mask
Airway
ET Tube
Ambu
CPR
Monitor
Mast Suit
Not Applicable
Field IV Solution
Amt. Infused
Site
Splint RA LA RL LL
Spineboard
C. Collar
IV Ga.
BLS

NURSING ASSESSMENT/DATA BASE

DATE: 4/26/90 TIME: 0835

FILL IN OR CIRCLE WHERE APPROPRIATE TO CHIEF COMPLAINT

Table with columns: VENTILATION, CIRCULATION, COGNITION COMMUNICATION, MOBILITY COMFORT, NUTRITION FLUID STATUS ELIMINATION, GYN, GLASGOW COMA SCALE. Includes sections for Respirations, Skin Type, Neurological, Pain Scale, and Glasgow Coma Scale.

DISCHARGE - TRANSFER ASSESSMENT - FILL IN OR CIRCLE WHERE APPROPRIATE RELATIVE TO FINAL DIAGNOSIS. Includes sections for Respirations, Cardiac Monitor Pattern, Pulses, Neurological, Behavior, Pain, Discharge Instructions, and Disposition Method.

me



East Valley Children's Center
3200 South George Drive • Tempe, Arizona 85282 • (602) 839-9097

NAME [Redacted]
ADDRESS [Redacted]

AGE 7-11-95 DATE 9/6/96
Refill _____ No Refill Label Product

SVN machine

Sig

Dispense as written

[Signature]

Substitution permissible

James F. Carland, M.D., F.A.A.P.
DEA NO. AC4868052
Richard A. Joss, M.D., F.A.A.P.
DEA NO. AJ1119141
Beverly A. Ricketts, M.S.N., P.N.P.

Neil H. Aaron, M.D., F.A.A.P.
DEA NO. BA 1959420
David M. Curran, M.D.
DEA NO. BC 4799849

Gwynne A. Marstiller, M.D., F.A.A.P.
DEA NO. AM2230148
James G. Leiferman, M.D., F.A.A.P.
DEA NO. BL2495972
Victoria D. Burke, M.S.N., P.N.P.

Emergency Medical Report
Inter-Facility Transfer Report



SOUTHWEST AMBULANCE

BALL POIN
PEN ONI

YEAR: 96 CALL NUMBER: 80611 DATE: 0926 RADIO ID: A261 DISPATCH TIME: ON SCENE: ENROUTE: ARRIVE HOSP: CLEAR: AMBULANCE UNIT NUMBER: 206

DRIVER: 342004 D.M.S. CERT. NO.: P47605 ATTENDANT: 345783 OTHER ATTENDANT ON BOARD: 5WA/CFD AGENCIES ON SCENE: NO. OF PTS: 1 PT. NO.: 1 DISPATCHED: CODE 2 COD TRANSPORTED: CODE 2 COD

LOCATION OF CALL: CITY: CHANDLER HELICOPTER TRANSPORTED: REFUSAL: LEVEL 1: RECEIVING HOSPITAL: CMH

PATIENT: MEDICAL: UNIK MEDICATIONS: UNIK PATIENT PHYSICIAN: UNIK ALLERGIES: UNIK

TIME	PUPIL REACTION	B/P	PULSE (RATE / TYPE)	RESPIRATIONS (RATE / TYPE)	SKIN (CONDITION / COLOR)	CAP REFILL
825	BRN	91	8	8	DEVELOPMENT LEADERS	✓
	PUPILS MEDIUM				COLORED	
	CFE					

TIME: 825 TX / PROCEDURE: 0.0 15 L/M V/A BVM CHIEF COMPLAINTS: NT A FEMALE COOK 2 EPD 6281 B-SHEPT. COMMENTS: V/A CFD 6281 SAUGHT CHILD PUT TO ALTOUGHEN COMPROMISE CPR. CHILD LAST SEEN 8 HOURS BY PARENTS. CHILD HAS DEVELOPMENT LEADERS TO LEGS, ARM, BACK STOMACH. CHILD FOUND FACE DOWN IN CAR. ASTHORE CONCENTRATED IN LIT B/LT. IT HAS RIGID MOTES IN MARS EYES. BLS CPR WAS CONTINUED UNTIL NEXT - STAMINA, LEADERS NOTED ON FACE, DIA IN PLACE. NECK - STAMINA NOTED, DEFURMANT. LAST - 2 1/2 VENTILATIONS, LEADERS NOTED IN CHEST, STAMINA NOTED. ADD - DISTENDED, LEADERS NOTED. PUPILS - INTACT. ENT - LEADERS & ADON MOTES IN ALL EXTREMITIES ANTERIORLY. BACK - STAMINA NOTED, NO LEADERS NOTED. IT SPAN TO CMH CODE 3. BLS CPR PERFORMED UNTIL 2 @ D'S V/A @ CMH ASYSTOLE CONFIRMED IN 2 LEADS. REPORT GIVEN TO RUP BY CFD CEP.

TOTAL FLUIDS: 0 CC³ EQUIPMENT LEFT WITH PT. N/A

RN CEP IEMT EMT-A I the undersigned have been advised of and understand my condition and the risks of refusing care. I refuse care I hereby release the above named Agency of all responsibility. I CONSENT TO TREATMENT / TRANSPORT I REFUSE TREATMENT / TRANSPORT

PERSON FILING REPORT: CERT # 235783 EMERGENCY PHYSICIAN - HOSPITAL: CF0/CMH - SIGNATURE OF PATIENT OR RESPONSIBLE PARTY: [Signature]

TREATMENT RENDERED BY CERT NO. BASE HOSPITAL CONTACTED: PHONE: RADIO: DISPATCH:

BANDAGING	DEFIBRILLATION	MAST SUIT	TRACHEAL INTUB
BLOOD DRAWN	ECG MONITOR	OB DELIVERY	SPINAL IMMOBILIZATION
BLS AIRWAY TX: CFD	ESOPHAGEAL	NITROUS OXIDE	SPLINTING/HARE
CENTRAL LINES	IV ADMIN. #1	CRICOTHYROTOMY	SUCTIONING
CPR: CF0/3WA	IV ADMIN. #2	THORACOTOMY	KED BOARD

CENTRAL SUPPLY	PHARMACY
IV CATHETERS GAUGE	ADENOCARD
IV TUBING - BLOOD	ALBUTEROL SULFATE
IV TUBING - PEDI-REG	AMPHOPHYLLINE 500 MG / 20 CC
IV TUBING - CASSETTE	ATROPINE 1 MG / 10 CC
BLOOD SAMPLE TUBES (RED) NEEDLES	ATROPINE 8 MG / 1 CC
BLOOD SAMPLE TUBE (BLUE)	BRETYLIUM TOSYLATE 500 MG / 10 CC
BLOOD SAMPLE TUBE (PURPLE)	CALCIUM CHLORIDE 1 GM / 10 CC
BLOOD SAMPLE TUBE (GREY)	CHARCOAL ACTIVATED 100 MG
ELECTRODES SET	DEXTROROSE 25 GM / 50 CC
ENDOTRACHEAL TUBE SIZE	DEXTROROSE 50 ML BAG
FOA TUBES/SYRINGES/NEEDLES	DEXTROROSE 100 ML BAG
	DIPHENHYDRAMINE 50 MG / 1 CC
	DOPAMINE HCL 400 MG / 5 CC
	EPINEPHRINE (1:1000) 1MG / CC
	EPINEPHRINE (1:1000) 1MG / 10 CC
	FUROSEMIDE 40 MG / 4 CC
	GLUCAGON
	ISOPROTERENOL 1 MG / 5 CC
	LACTATED RINGERS 1000 ML BAG
	LIDOCAINE 100 MG / 5 CC
	LIDOCAINE 1 GM / 25 CC
	NEO-SYMPHERYN
	NIFEDIPINE 10 MG
	NITROGLYCERINE TABLET 0.4 MG
	NORMAL SALINE 1000 ML BAG
	OXYTOCIN 10 U / 1 CC
	PHENOBARBITAL 130 MG / 1 CC
	SODIUM BICARBONATE 50 MG / 50 CC
	SOLUMEDROL 125 MG
	THIAMINE 100 MG / 1 CC
	VERAPAMI 4 MG / 25 CC

CHANDLER POLICE DEPARTMENT OFFENSE REPORT

PA

INCIDENT DEATH INVESTIGATION		SECTION/CODE	CLASS	OFFICER NAME & BADGE/ID NO. ANDERJESKI 199	OR NO.
STATUS <input type="checkbox"/> CLOSED <input type="checkbox"/> UNFOUNDED <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> SUSPENDED <input type="checkbox"/> COMPL. REQUESTED <input type="checkbox"/> CLEARED <input checked="" type="checkbox"/> JUVENILE INVOLVED <input type="checkbox"/> ARREST ADULT # _____ JUVENILE # _____					
OCCURRED MONTH 09	ON OR DAY 26	BETWEEN YEAR 96	DAY WEEK THURS	TIME 0100	REPORTED MONTH 09
					DAY WEEK THURS
					TIME 0809
Connecting Report #:			F/U Assigned to: ANDERJESKI #199		F/U Due: MM/DD/YY

Codes: V-VICTIM C-COMPLAINANT W-WITNESS S-SUSPECT IL-INVESTIGATIVE LEAD RO-REGISTERED OWNER

CODE	NAME	NON-US CITIZEN []	SEX	RACE	DOB	RES	PHONE
V	[REDACTED]		M	H	07/11/95	BUS	[REDACTED]
W	[REDACTED]		M	H	10/02/64	RES	[REDACTED]
W	[REDACTED]		F	H	03/08/68	RES	[REDACTED]
IL						BUS	
IL		[]				RES	
		[]				BUS	

PROPERTY CODES: 1-STOLEN 2-DAMAGED 3-STOLEN/RECOVERED 4-RECOVERED 5-FOUND 6-OTHER

VEHICLE	YEAR	MAKE	BODY STYLE/MODEL	COLOR	STATE	LIC. NO.	VIN
CODE:	NIC #	MISC DESCRIP	MILEAGE		VALUE		
BOYS	GIRLS	MAKE	MODEL	SERIAL/FRAME NO.	COLOR	LICENSE	VALUE
STYLE:	TRICYCLE	BICYCLE	TANDEM (2SEAT)	OTHER	SPEED: 1 2 3 5 10 OTHER	WHEEL SIZE: 10 18 20 24 26 27 OTHER	
CODE:	NIC #:	MISC DESCRIPTION:					

ITEM 1 CODE:	QTY:	ARTICLE TYPE:	BRAND/MAKE:	SERIAL #:	SIZE:	VALUE
MODEL	NIC #:	COLOR:	MISC DESCRIPTION:			

ITEM 2 CODE:	QTY:	ARTICLE TYPE:	BRAND/MAKE:	SERIAL #:	SIZE:	VALUE:
MODEL	NIC #:	COLOR:	MISC DESCRIPTION:			

ITEM 3 CODE:	QTY:	ARTICLE TYPE:	BRAND/MAKE:	SERIAL #:	SIZE:	VALUE:
MODEL	NIC #:	COLOR:	MISC DESCRIPTION:			

VALUE STOLEN:	VALUE DAMAGED:	TOTAL STOLEN/DAMAGED:	VALUE RECOVERED:	VALUE FOUND:
---------------	----------------	-----------------------	------------------	--------------

SYNOPSIS: ON 9-26-96 AT APPROXIMATELY 0835HRS [REDACTED] AT CHANDLER REGIONAL HOSPITAL, 475 S. DOBSON RD. [REDACTED] WAS PRONOUNCED DEAD BY DR. [REDACTED]

COPIES TO:

REPORT REVIEW	ENTRY CLERK I.D. #	STATISTICIAN	COMPLAINANT	SUSPECT/VICTIM INFO YES [] NO []
69	33x	[Signature]	[Signature]	

REPORTING OFFICER Det. ANDERJESKI	DATE 9/26/96	BADGE/ID NO. 199	PAGE 1
---	------------------------	----------------------------	------------------

FORM TO FOLLOW

CITY OF CHANDLER
DEPARTMENT EMS INCIDENT REP

PT ID # 123456

INCIDENT NUMBER YEAR: 96
 NUMBER CITY: [] [] [] [] [] []
 COMPANY REPORTING: EP281
 SHIFT: A
 ALARM DATE: 09265
 UNITS PROVIDING CARE: [] [] [] [] [] [] [] [] [] []
 TRANSPORT UNIT: 61
 ADDRESS: [REDACTED]
 TIMES APPROXIMATE: DISP [] [] [] [] FIRST UNIT OS [] [] [] [] FIRST FD OS [] [] [] [] AMB OS [] [] [] []
 AG LV HOSP: [] [] [] [] AT HOSP: [] [] [] []
 MEDIC EMT #: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 MEDIC EMT #: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 MEDIC EMT #: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 MEDIC EMT #: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
 SERVC. DELIVED: BLS ALS 901H DNR REFUSAL
 HOSPITAL: ER

NAME: [REDACTED] AGE: 1414 SEX: M WT: DOB: PHONE: [REDACTED]
 ADDRESS: [REDACTED]
 CITY: STATE: ZIP: TIME: 825
 PMH: CARDIAC HBP CVA RESP SEIZURES DIABETES
 BP: 92-92-92-92
 PULSE: 6
 RESP: APNEIC
 SKIN: MOTTLED
 PUPILS: FIXED/DILATED
 GCS: 0
 SaO₂, CAP RF: CYANOTIC
 ALLERGIES: NONE
 DR/GROUP: UNK

CHIEF COMPLAINT: CHILD FOUND BY MOTHER THIS
 HPI/MOI: A.M. APNEIC/PULSELESS & REPORTED TO
 HAVE BEEN FACE DOWN IN CRIB BETWEEN
 MOTHER & BENCH PAD. CHILD LAST SEEN AT APX
 0100 HRS & ANY COMPLAINTS OR PROBLEMS.
 LOC: UNCONS - NOTED DEPENDENT LOCURITY ON
 CHEST, ABD. LEGS, & NOTED RIGOR IN EXTREMITIES
 HEAD/FACE: NO NOTED TRAUMA.
 NECK: D TRAUMATIC
 CHEST: CLEAR/EQUAL AS BILAT = DUM.
 ABD: NEG.
 PELVIS:
 EXT: RIGOR. NO NOTED TRAUMA
 BACK: NEG
 EKG: ASYSTOLE

UNIT / EMT #	TIME	TX/PROCEDURE	RESPONSE TO TREATMENT
		BASE HOSPITAL CONTACTED <input type="checkbox"/> PHONE <input type="checkbox"/> RADIO <input type="checkbox"/> PATCH OR HOSPITAL	CRH - [REDACTED]
	825	O, L/M Nasal/Mask/BV IV GA RATE	XPORT
	825	CPR BLS	NO RESPONSE

STATUS ENROUTE/AT HOSP. []
 TOTAL FLUIDS: [] EQUIPMENT LEFT ON PT. [] IV ATTEMPTS/SIZE: []

A: BRONCHIOLITIS WITH POSSIBLE PNEUMONIA AND OM.

DISP: Will begin small volume nebulization therapy .5cc in 2cc normal saline. Will also obtain chest x-ray as this is new onset wheezing. There is a strong family hx of asthma. Further disposition pending. DMC/lm

15031 FRI 09-06-96

ADDENDUM: Has received two SVN's of .5cc Albuterol in 2cc normal saline. After the first one he still continued to have wheezing. After the second within 20 minutes of each other his resp. rate significantly dropped from 62 to 42. He still has an abd. breathing pattern with milder subcostal and innercostal retractions. Nasal flaring has decreased. No signs of cyanosis otherwise. Sleeping now in father's arms and appears much more comfortable. I've instructed parent's that I would like to begin a steroid ~~burst~~ ^{burst} for the next 4d. Parent's currently refuse. They have agreed to an x-ray currently as this is his first wheezing event. They would like a consultation with Dr. prior to initiating steroids. Stated that this would be fine however I urge them to get the x-ray currently. Parent's then stated that they would like to go out and get the antibiotic for convenience while they were out. Urged them to get the x-ray and return here ASAP w/o stopping for errands. DMC/lm

15031 FRI. 9-6-96

Chest x-ray is consistent with bronchiolitis. There is hyperinflation and air trapping as well as peribronchial cuffing. No discreet infiltrates. On auscultation currently, he still has diffuse wheezing throughout, however he no longer has labored respirations. Alert, happy and interactive. Resp. rate is in the 30's. Further discussion regarding trial of oral steroids for five days is given. Once again father refused my administration of these meds. Dr. at the pt/father request went in to discuss the matter with him. Risks and benefits of steroids reviewed. Once again the father refused Dr. attempt at a trial of oral steroids. He understands the risks, benefits and complications of the disease w/o steroids also reviewed. He still refuses. He agrees to FU tomorrow. We will obtain a home SVN machine. Instructions on use including Albuterol .25cc in 2cc normal saline q. 6h is given. Script for Albuterol, normal saline and Amoxil for ear infection also reviewed. 125/5, one tsp. x ten days. Expected clinical course outlined. Parents encouraged to call FRN deviation from the predicted course, or FRN additional problems, questions or concerns. Signs and symptoms that would warrant reassessment discussed. Encouraged to call if any additional questions or concerns develop. Any further questions or concerns prior to tomorrow's eval, they agree to call. Instructions on mixing Albuterol and normal saline reviewed. Discussion approx. 20 min. regarding nature of bronchiolitis and eventual possible RAD or asthma especially with the family hx. S/S of resp. distress reviewed. DMC/lm

Emergency / Outpatient Record

Chandler Regional Hospital Emergency Center

Ahwatukee Foothills Urgent Care Center

0831
 TRIAGE ACUITY LEVEL 1
 2

PATIENT ACCOUNT NO. 37948
 ATTENDING PHYSICIAN NAME [REDACTED]
 ADMIT DATE 9/26/96
 TRIAGE TIME 10:08
 PAT. TYPE 1
 HOSP. SER. 30439
 HOSPITAL NO. 30439

PATIENT'S NAME [REDACTED]
 DATE OF BIRTH [REDACTED]
 AGE 14
 SEX M
 SOCIAL SECURITY [REDACTED]

EMERGEN [REDACTED]
 BROUGHT BY AMBULANCE SELF POLICE LMP
 VISUAL ACUITY [REDACTED]

ALLERGIES: NKA
 TETANUS/IMMUNIZATION [REDACTED]
 OFFICER'S NAME AND BADGE NO. [REDACTED]

CURRENT MEDICATIONS: [REDACTED]

TIME TO CLINICAL AREA: 0832
 WEIGHT [REDACTED] RESP [REDACTED]

WILL RELIGIOUS/CULTURAL PRACTICES AFFECT YOUR TREATMENT TODAY?

YES NO IF YES, EXPLAIN:

PAST MEDICAL HISTORY:

ONSET - DATE TIME 0825
 TREATMENT INITIATED PRIOR TO ARRIVAL AT E.D. CPR
 SPECIAL COMMUNICATIONS NEEDS: [REDACTED]

TRIAGE
 pt. not seen since 0100, pt found mottled, cold, asystole CPR done by family + EMS, father mentioned pt congested last night

TIME	B/P	P	R	T	PULSE O2
0831	∅	∅	∅		

PAIN SCALE										
0	1	2	3	4	5	6	7	8	9	10

PHYSICIAN CALLED [REDACTED] PHYSICIAN CALLED [REDACTED] TRIAGE RX [REDACTED]

PHYSICIAN RESPONDED [REDACTED] LANGUAGE (IF NOT ENGLISH) 0925 TRIAGE NURSE SIGNATURE [REDACTED]

INTERPRETER NAME: [REDACTED]

DATE/TIME	ORDERS	DATE/TIME	ORDERS
			✓ coroner's case

TIME SEEN BY PHYSICIAN
 PT - STABLE FOR TRIAGE TO OFFICE TODAY , TOMORROW , ANOTHER FACILITY

FURTHER EVALUATION REQUIRED

FINDING & THERAPY

Pt pronounced dead on arrival @ 0833. (See dict)
 Discussed in Pt Care and

PRESCRIPTION #1 [REDACTED] #2 [REDACTED]

TYPE OF DISCHARGE HOME TRANSFERRED ADMIT AGAINST ADVICE DECEASED OTHER

M.E. CASE Y N

PT CLASSIFICATION 1 2 3 (4) 5

DISCHARGE DATE: TIME: 14/5



CITY OF CHANDLER
 Police Department / Criminal Investigations
 250 East Commonwealth Avenue
 Chandler, Arizona 85225-5590

MEDICAL RECORD NUMBER [REDACTED]

AUTHORIZATION TO RELEASE/DISCLOSE MEDICAL RECORDS

PATIENT NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

CONTACT PHONE NUMBER: DET. ANDERJESKI 786-2810

DATE(S) OF TREATMENT: 9-26-96 1st V

NAME AND ADDRESS OF HEALTH INSTITUTE, COMPANY, OR PERSON(S) TO RECEIVE INFORMATION:

PICK UP: SEND: CHANDLER POLICE DEPARTMENT
DET. ANDERJESKI #199

PURPOSE OF THE RELEASE: Personal Medical Care Legal Insurance

COPIES OF: Entire Record Dictation Labs, X-rays, EKG Other

Any records for personal, legal or insurance purposes will (may be) subjected to a processing fee. I hereby authorize CHANDLER REGIONAL HOSPITAL to provide the above named facility or person(s) with a copy of any and all records, documents, reports, including confidential alcohol, drug usage, and/or HIV related information, psychiatric records, clinical abstracts, histories and charts of every kind and description, relating to my treatment and care during the above described treatment date(s).

It is understood this consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon. In the absence of express revocation, this consent shall expire in 90 (ninety) days from date of signature.

In furtherance of this authorization, I hereby waive all provisions of law any privileges relating to the disclosures authorized.

 (Patient's Signature)

 (Date)

If patient is unable to consent by reason of age or some other factor(s) state reason: _____

PATIENT IS AN INFANT

[REDACTED]

(Witness)

9-26-96
 (Date)

9-26-96
 (Date)

Information is from confidential records which are protected by State law that prohibits further disclosure of the information without the specific written consent.

RECORD COPIES WILL BE AVAILABLE AFTER: _____

me to in

Exam: Appearance: age appropriate reaction to exam, activity, interaction, responsiveness: Skin color, texture, turgor, capillary refill, rash, dermatitis and marks: Lymphnodes; SO, PA, AC, axillary & inguinal: HEENT: scalp, hair & calvarium; conjunctivae, periorbital area; ear pinna, canals, tympanums including mobility and mastoid area; nares, sinuses, oropharynx, palate, gingivae, dentition & mucosa: Neck for ROM, suppleness, thyroid fullness or nodules: Chest & Lungs: ease of respiration, rales, wheezes, ronchi, dullness or asymmetry: Heart & precordium for murmurs, S1, S2, S3, rhythm, rate & pulses: Abdomen for fullness, masses, tenderness, organ enlargement: CVA & flank for fullness or tenderness: Exam normal. Alert & responsive w/good color, tone and normal level of activity. Diaper brought in does show some mucous with what appears to be blood in it.

A: HEMATOCHESIA.

DISP: Because of the child's entirely well appearance will evaluation with stool testing only at this point. Recommend no changes in the diet. Stool to be sent for hemocult, and culture and sensitivity to include Yersinia and to include E-coli. Parents to be called with lab results. Signs and symptoms that would warrant reassessment discussed. Encouraged to call if any additional questions or concerns develop. JGL/lw

TUE. 4-2-96

Stool culture brought to my attention today which was reported 3-28-96. Stool culture neg. for all organisms tested. Phoned mother and discussed neg. stool culture results but pos. hemocult. Mother reports now that there is no further blood in the stool and he is not having any s/s of illness. Recommended resumption of full age-appropriate diet. s/s that would warrant re-eval. discussed. JGL/ml

THUR. 5-2-96]

is brought in by mother and father for periodic eval. Refer to that sheet.

DX: HEALTHY CHILD, NORMAL GROWTH AND DEVELOPMENT. MULTIPLE MOSQUITO BITES.

DISP: Reviewed 1. Feeding. Introduction of table foods. Cautioned re: form of food & choking. Increasing importance of foods vs. milk stressed. 2. Sleep and nap patterns. 3. Safety: auto and ingestions. Syrup of Ipecac recommended. Burns. 4. Anticipated development and behavior prior to next visit. 5. Computer generated graphic given to parents. 6. Hepatitis B: CDC/AAP recommendations reviewed and discussed. Risks vs. benefits discussed and verbal consent given. 7. FU at 12 mo. of age. Varicella vaccine discussed. repellant reviewed. JFC/ml

ARIZONA STATE LABORATORY SERVICES
1520 WEST ADAMS STREET
PHOENIX, ARIZONA 85007

15031

DIRECTOR: DR. BARBARA ERICKSON

FIRST NEWBORN SCREEN RESULTS

Patient Information

INFANTS NAME: BABY BOY [REDACTED]

Kit Number: [REDACTED]

Mother's Name: [REDACTED]

Hospital MR #: [REDACTED]

Date of Birth: [REDACTED] 10:22

Status: 0

Specimen Information

Date Collected: 07/12/95 Date Received: 07/14/95 Date Reported : 07/21/95

Lab Number: [REDACTED] Physician: [REDACTED]

NOTE: RESULTS SHOULD BE INTERPRETED WITH CAUTION IF THE SPECIMEN WAS COLLECTED AT LESS THAN 48 HRS OF AGE OR IF THE BABY WAS TRANSFUSED BEFORE THE SPECIMEN WAS COLLECTED.

Patient Results

TEST	RESULTS	DESCRIPTION	EXPECTED RESULTS
T4	NORMAL	WITHIN ACCEPTABLE LIMITS	> 6 UG/DL
PKU	NORMAL	WITHIN ACCEPTABLE LIMITS	< 4 MG/DL
GALACTOS	NORMAL	NORMAL	ENZYME PRESENT
BIOTIN	NORMAL	NORMAL	ENZYME PRESENT
MSUD	NORMAL	WITHIN ACCEPTABLE LIMITS	< 4 MG/DL
HOMOCYST	NORMAL	WITHIN ACCEPTABLE LIMITS	< 2 MG/DL
HEMOGLOB	NORMAL	FA: NORMAL	FA: NORMAL

[Handwritten signature]

[REDACTED]

TUES 01-16-96

In with parent's for complaint of wheeze and cough since last Thurs. No decrease in activity or appetite. No disturbance of sleep. 2 episodes of emesis this AM assoc. with cough. Con't active, energetic with a "good disposition". No hx of exposure. ROS including review of the following areas and systems negative except as described above: HEENT, Respiratory, Cardiovascular, GI, GU, Endocrine, Neuromuscular including overall sensorium, Hematologic & Musculoskeletal. Family, personal, social & environmental Hx non-contributory except as indicated in the subjective description above and as found on the personal hx & family hx data sheets, problem list and face sheet. Immunizations reviewed. No known medication allergies.

Exam: Appearance: age appropriate reaction to exam, activity, interaction, responsiveness: Skin color, texture, turgor, capillary refill, rash, dermatitis and marks: Lymphnodes: SO, PA, AC, axillary & inguinal: HEENT: scalp, hair & calvarium; conjunctivae, periorbital area; ear pinna, canals, tympanums including mobility and mastoid area; nares, sinuses, oropharynx, palate, gingivae, dentition & mucosa: Neck for ROM, suppleness, thyroid fullness or nodules: Chest & Lungs: ease of respiration, rales, wheezes, ronchi, dullness or asymmetry: Heart & precordium for murmurs, S1, S2, S3, rhythm, rate & pulses: Abdomen for fullness, masses, tenderness, organ enlargement: CVA & flank for fullness or tenderness: moist, wheezy ronchi, all areas. Tight, wheezy cough but quiet resps. No tachypnea and no evidence of distress. Scant, clear rhinorrhea. Remainder of exam normal. Alert and responsive with good tone, color and activity. Happy, energetic, interactive.

DX: BRONCHIOLITIS.

DISP: Symptomatic measures reviewed and probable clinical course outlined. Benefits of cough discussed. Avoidance of airway irritants, particularly cigarette smoke reviewed. Ventolin, 1.5cc po q 4-6h when awake and con't until clear. 3oz. FU in 1 mth for well visit. Immun. at that time. Parents asked to call if any additional concerns or questions develop. JFC/lb

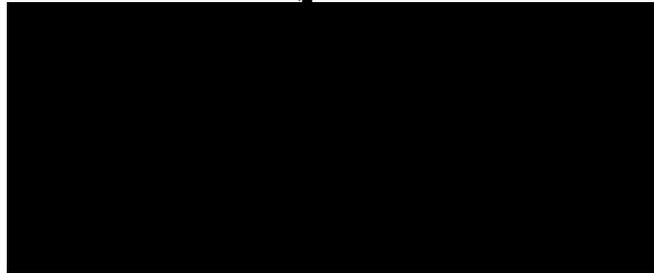
MON. 3-25-96

is an 8 m.o. brought in by his mother and father with bloody stools since yesterday. Has been in his usual state of good health yesterday late morning when he had a green stool with streaks of blood in it. Had another similar stool four hrs later. Passed some mucous in the diaper overnight which was also blood but has had no stools since yesterday afternoon. Has not been febrile. Appetite remains normal with no vomiting. He is alert and active with no other signs of illness. Parents report he is primarily breast fed but also getting some vegetables and cereals. They deny that he has had any table foods or exposure to anyone who has been ill.

ROS including review of the following areas and systems negative except as described above: HEENT, Respiratory, Cardiovascular, GI, GU, Endocrine, Neuromuscular including overall sensorium, Hematologic & Musculoskeletal. Family, personal, social & environmental Hx non-contributory except as indicated in the subjective description above and as found on the family hx data sheets, problem list and face sheet. Immunizations reviewed. No known medication allergies.



REPORT OF DEATH



ADDRESSOGRAPH

PATIENT INFORMATION

Name [Redacted] Record [Redacted] Social Security # [Redacted] Date 9/26/96

Birthdate [Redacted] (M)

Address [Redacted]

City Chandler State az Zip Code 85248 Phone# [Redacted]

Date/Time of Death 9/26/96 0833 Diagnosis (if known)

Attending Physician Physician's Phone # Time Notified

Pronounced By Dr. [Redacted]

On Call Physician On Call Physician's Phone # Time Notified

Physician will sign Death Certificate Yes No

Autopsy requested: Yes No If yes, permit must be signed and pathology notified.

Organ Donor: Yes No Unknown

Donor Network notified of death and donor status Telephone: 1-800-447-9477 Time Notified

If unable to determine organ status, document why
Family refuses donation

Medical Examiner's Case Yes No

Disposition of Valuables: None

NEXT OF KIN

Name/P [Redacted] Phone # [Redacted]

Address [Redacted]

City Chandler State az Zip Code 85248 Phone# [Redacted]

Time Next of Kin Notified Parents on scene and called 911

RN Signature [Redacted]

Date 9/26/96

Time 1120

MORTUARY/AGENCY

Name of Mortuary/Agency [Redacted] Phone # [Redacted]

Address [Redacted]

City [Redacted] State [Redacted] Zip Code [Redacted] Phone# [Redacted]

Notified By [Redacted] Date 9/26/96 Time 1125

Remains and Effects Received By None Date Time

WITNESS SIGNATURE:

Medical Record Number:

Patient Name:

ER Physician:

Date of Service:

Date of Admission:

09/26/96

TIME OF EXAMINATION: 0831.

HISTORY: This 14-month-old infant was found unresponsive by his father at about 8:00 this morning. He had last been seen alive at about 1:00 in the morning. The father called 911, and while the paramedics were enroute to the house, he started to perform cardiopulmonary resuscitation, as instructed by the dispatchers.

After paramedics arrival, the patient was a full cardiac arrest. There was no spontaneous pulse, respirations, or heart beat. He was cold, very mottled, and there were signs of dependent lividity. The paramedics continued the CPR, and started bagging the baby, but did not start an IV or give medications, as the baby obviously had been dead for several hours.

According to the family, the patient had been in good health. There was no history of congenital problems or heart defects. However, the patient had been known to have a recent respiratory condition, with wheezing, and had been treated for a few days with some unknown medications. The father felt that perhaps the child may have been slightly congested when he checked him earlier this morning, but states there was definitely no severe distress of any kind. There have been no recent fevers. The child had not been vomiting.

CURRENT MEDICATIONS: None.

ALLERGIES: No known drug allergies.

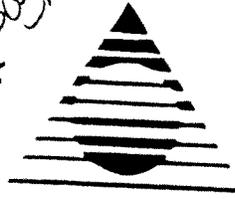
PHYSICAL EXAMINATION: GENERAL: Full code, basic cardiopulmonary resuscitation and bagging are ongoing. No vital signs are obtainable. HEENT: Pupils are mid-sized and fixed. Tympanic membranes are clear. Throat is clear. There is no sign of trauma to the face or scalp. NECK: Fairly stiff. LUNGS: Equal breath sounds with bagging. COR: No spontaneous heart beat. SKIN: Cold, very mottled, and there is a large amount of dependent lividity. EXTREMITIES: Somewhat stiff.

EMERGENCY ROOM COURSE: The patient was pronounced dead on arrival, at 0833. The rest of the Emergency Department stay was devoted to helping the family in the grief process, as well as arranging follow-up with the Medical Examiner.

Desert Diagnostic Imaging Center

1450 South Dobson Road • Suite A-100
Mesa, Arizona 85202 • 964-8611
Fax 827-1266

15631



Desert Women's Center

1450 South Dobson Road • Suite A-107
Mesa, Arizona 85202 • 964-8611
Fax 827-1266

IMAGING CONSULTATION REPORT

PATIENT NAME



DOB



DATE

09-06-96

REFERRING PHYSICIAN



EXAMINATION

CHEST

X-RAY NO.

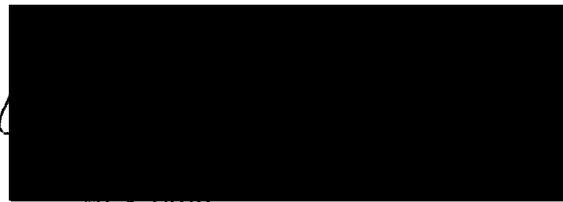


CHEST, PA AND LATERAL

FINDINGS: There is minimal perihilar haziness and peribronchial cuffing. The rest of the lungs are clear. The heart is normal in size. The costophrenic angles are clear.

IMPRESSION

Findings raise suspicion for bronchiolitis with no active consolidation.



WCKJY20

DD: 09-06-96
DT: 09-06-96
DS: 09-06-96
JYL: jc

DEATH INVESTIGATION

Page 6

Mr. [redacted] pointed to a yellowish-brown spot on the mattress and told me it was a mucous spot from his son's nose. I used that spot to measure the distance of items in the crib from the child's head. Approximately 12" away from the approximate position of [redacted] head was a stuffed [redacted] animal. Several books were laying approximately 8" away from the approximate area [redacted] head would have been. There were three small stuffed animals at the foot of the crib. They were approximately 25" away from the approximate position of [redacted] head. All of the items were stacked neatly and not close to his face.

Sgt. Thatcher and I left the residence and went to Mervyns to determine the manufacture of the bedding. The clerk was not sure. I left my business card and told her I would return with the photographs of the bedding.

CASE STATUS: CASE PENDING MEDICAL EXAMINER'S REPORT

REPORTING OFFICER: W. Anderjeski

Det. ANDERJESKI #199

REPORT REVIEW 29
CRIME LOG [initials]
ENTRY CLERK _____
STATISTICIAN _____

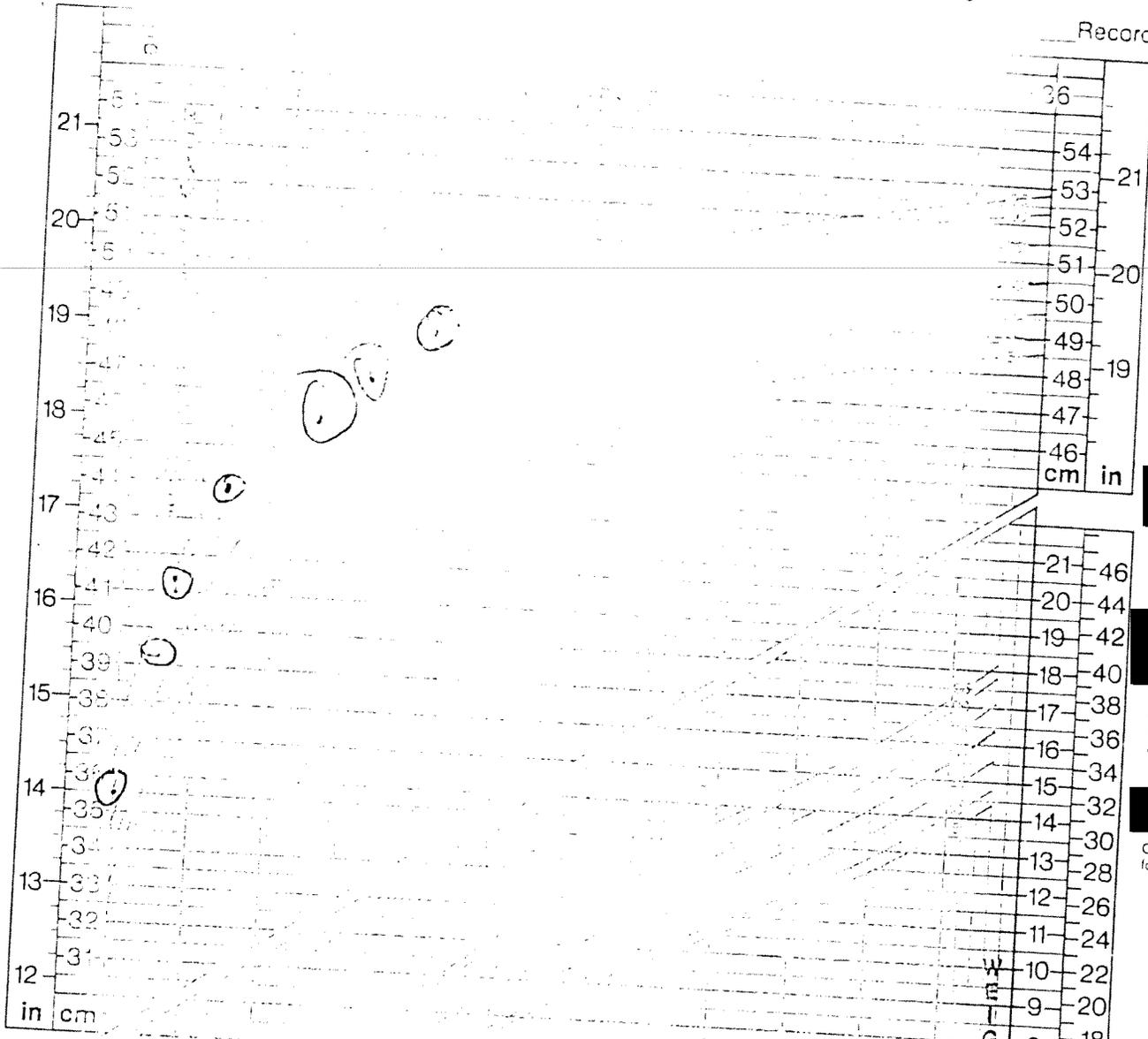
COPIES TO:
 CIS
 COUNTY ATTY
 CO. ATTY - JUV
 CITY PROS.
 PIO
 OTHER: _____

SUSPECT/VICTIM INFO:
 YES
 NO

VICTIMS RIGHTS PAMPHLET:
 YES
 NO



Record #



WITH IRON
 Infant Formula

First choice of more
 physicians and used
 in more hospitals

Infant Formula With Iron

First choice of
 more physicians for
 milk-free feeding

The only complete
 nutritional formula
 designed for children
 1 to 10 years old

Quickly restores
 fluids and minerals
 lost in diarrhea
 and vomiting

Good-tasting vitamins
 for infants and children



DATE

25 100
 25 100



GUIDELINES FOR PATIENT ASSESSMENT AND DOCUMENTATION

Patient assessment consists of four (4) simple steps:

ASK (if patient can respond to questions) LOOK LISTEN FEEL

These are used to describe findings for different body areas and organ systems. The key is to document normal, as well as abnormal findings. In trauma related incidents, mechanism of injury should compel the EMT to closely examine those topographical areas affected by the mechanism without overlooking the rest of the patient's body.

CHEIF COMPLAINT

▶ 08:35 26SEP96 LEAD II X1.0 HR=---

- What problem with LOC?
- Obvious lacerations since the pt.
- Associated

plaint
ef

LOC

- Hx. of altered LOC, pt. and/or bystander account
- Alert? (awake and interactive with environment in a normal manner)
- Oriented
- Disoriented
- Respond to your own name
- Respond to purposeful stimuli
- Changes in baseline or deterioration

- Soft tissue injury?
- Soft non-tender SNT?

▶ 08:36 26SEP96 LEAD III X1.0 HR=---

HEWLETT PACKARD

ugh/

HEAD AND FACE

- Airway patency
- Soft tissue injury?
- Deformity? (scalp, skull, face)
- Fluid? (blood from mouth, nose, ears)
- Eyes? (gaze, general appearance, R/L ≠)
- Obvious or potential injury (consider MOI)

- Pain/tenderness on compression?
- Hip tenderness?
- Genitalia injury?
- Vaginal bleeding?
- Incontinence?
- Obvious or potential injury (MOI)

NECK

- Soft tissue injury?
- Tenderness, deformity on palpation?
- Neck veins distended? (trauma vs. medical)
- Obvious or potential injury (MOI)
- Manual C-spine stabilization?

EXTREMITIES

- Soft tissue injury?
- Signs of skeletal injury?
- Pulses, M/S status x 4?
- Edema?
- Obvious or potential injury (MOI)

CHEST

- Soft tissue injury?
- Rise/fall symmetrical? Retractions?
- Chest wall tender to cough/palpation?
- Subcutaneous air?
- Breath sounds:
 - Present = / clear bilaterally?
 - Decreased? -- Absent?

BACK

- Soft tissue injury?
- Back of chest?
- Back of abdomen?
- Spinal column pain, tenderness, deformity?
- Obvious or potential injury (MOI)

TUES 09-24-96

In with mother with complaint of rhinorrhea, intermittently pulling at the ears. She's concerned about a possible otitis. No associated wheeze. Not using SVN machine. Appetite uneffected. ROS including review of the following areas and systems negative except as described above: HEENT, Respiratory, Cardiovascular, GI, GU, Endocrine, Neuromuscular including overall sensorium, Hematologic & Musculoskeletal. Family, personal, social & environmental Hx non-contributory except as indicated in the subjective description above and as found on the personal hx & family hx data sheets, problem list and face sheet. Immunization information available reviewed. No known medication allergies.

Exam: Appearance: age appropriate reaction to exam, activity, interaction, responsiveness: Skin color, texture, turgor, capillary refill, rash, dermatitis and marks: Lymphnodes: SO, PA, AC, axillary & inguinal: HEENT: scalp, hair & calvarium; conjunctivae, periorbital area; ear pinna, canals, tympanums including mobility and mastoid area; nares, sinuses, oropharynx, palate, gingivae, dentition & mucosa: Neck for ROM, suppleness, thyroid fullness or nodules: Chest & Lungs: ease of respiration, rales, wheezes, ronchi, dullness or asymmetry: Heart & precordium for murmurs, S1, S2, S3, rhythm, rate & pulses: Abdomen for fullness, masses, tenderness, organ enlargement; CVA & flank for fullness or tenderness: Minor rhinorrhea. Remainder of exam normal. Alert and responsive with good tone, color and activity. IMs white and mobile.

DX: VIRAL URI UNCOMPLICATED.

DISP: Symptomatic/supportive measures reviewed as outlined in EVCC manual. Expected clinical course outlined. Signs and symptoms that would warrant reassessment discussed. Encouraged to call if any additional questions or concerns develop. Mother also has questions regarding his evening bottle and middle of the night bottle. Discussed and discouraged use of both. Rationale reviewed with mother at length. Parents asked to call if any additional concerns or questions develop. JFC/lm



DANIEL
SUSAN D MD
M

EMERGENCY MEDICAL VEHICLE
PHYSICIAN TELEMETRY ORDER

DATE 9/26/96 TIME 0812 [REDACTED] SEX M RESCUE UNIT 281 PARAMEDIC Kurt TAPE NUMBER _____ E.R. DISPOSITION _____

PATIENT NAME [REDACTED] PRIVATE PHYSICIAN [REDACTED]

CHIEF COMPLAINT SIDS - child last seen 1.4M
obv. hyp. lividity BLS & CPR

PAST MEDICAL HISTORY _____

MEDICATIONS _____

ALLERGIES NEPA

PHYSICAL FINDINGS [Handwritten notes]

MENTAL STATUS

<input type="checkbox"/> ALERT	<input type="checkbox"/> A + O x1234	<input type="checkbox"/> PERIL	<input type="checkbox"/> NECK	<input type="checkbox"/> LUNGS
<input type="checkbox"/> LETHARGIC	<input type="checkbox"/> DISORIENTED	<input type="checkbox"/> UNEQUAL > _____	<input type="checkbox"/> NONTENDER	<input type="checkbox"/> CLEAR
<input type="checkbox"/> RESPONDS TO PAIN	<input type="checkbox"/> POSTICTAL	<input type="checkbox"/> NON-REACTIVE	<input type="checkbox"/> TENDER	<input type="checkbox"/> EQUAL BREATH
<input type="checkbox"/> UNRESPONSIVE	<input type="checkbox"/> COMBATIVE	R _____ L _____	<input type="checkbox"/> JVD	SOUNDS
		<input type="checkbox"/> CATARACTS	<input type="checkbox"/> DEFORMITIES	<input type="checkbox"/> DIMINISHED
		<input type="checkbox"/> PIN POINT	<input type="checkbox"/> OTHER	R _____ L _____
		<input type="checkbox"/> DILATE		<input type="checkbox"/> RALES
				<input type="checkbox"/> WHEEZES
				<input type="checkbox"/> RHONCHI

ABDOMEN	PELVIS	EXTREMITIES	HEAD	NEURO	SKIN
<input type="checkbox"/> SOFT	<input type="checkbox"/> INTACT	<input type="checkbox"/> INTACT	<input type="checkbox"/> LACERATION	<input type="checkbox"/> INTACT	<input type="checkbox"/> WARM
<input type="checkbox"/> NONTENDER	<input type="checkbox"/> PAIN ON ROCK	<input type="checkbox"/> EDEMA	<input type="checkbox"/> ECCHYMOSES	<input type="checkbox"/> WEAKNESS	<input type="checkbox"/> COOL
<input type="checkbox"/> TENDER		<input type="checkbox"/> DEFORMITY	<input type="checkbox"/> DEFORMITY	R _____ L _____	<input type="checkbox"/> HOT
R _____ UQ _____		<input type="checkbox"/> DIMINISHED PULSES		<input type="checkbox"/> NUMBNESS	<input type="checkbox"/> DRY
L _____ LQ _____				R _____ L _____	<input type="checkbox"/> MOIST
<input type="checkbox"/> RIGID				<input type="checkbox"/> FACIAL DROOP	<input type="checkbox"/> PINK
<input type="checkbox"/> MASSES				R _____ L _____	<input type="checkbox"/> PALE
<input type="checkbox"/> DISTENDED				<input type="checkbox"/> SLURRED SPEECH	<input type="checkbox"/> CYANOTIC
				<input type="checkbox"/> GRIPS	<input type="checkbox"/> CAP. REFILL
				GCS _____	_____ PULSE O ₂

TRANSPORTED AIR GROUND POV AMA

TRIAGE LEVEL I PT CHOICE INSURANCE

TYPE MEDICAL TRAUMA OTHER ALS BLS

OTHER FINDINGS _____

PRE-PATCH TREATMENT	<input type="checkbox"/> O ₂	<input type="checkbox"/> MONITOR	<input type="checkbox"/> RED TOP	<input type="checkbox"/> NARCAN	<input type="checkbox"/> INTUBATION
	<input type="checkbox"/> IV	<input type="checkbox"/> C-COLLAR/BACKBOARD	<input type="checkbox"/> D ₅₀ W	<input type="checkbox"/> CPR/DEFIB.	<input type="checkbox"/> MAST SUIT: _____ INFLATED _____ DEFLATED
	<input type="checkbox"/> CODE	<input type="checkbox"/> DEXSTICK	<input type="checkbox"/> CIRC.	<input type="checkbox"/> THORACENTESIS	
TIME	B/P	P	R	RHYTHM	ORDERS/RESULT
					<u>CPR for parents</u>

RECEIVING HOSPITAL CRH ETA 5 PERSON NOTIFIED _____ BY WHOM _____ TIME _____

RN SIGNATURE _____

A: RAD. URI. OM.

DISP: Continue Albuterol nebulizers q. 4-6h prn. Continue antibiotic.
Indications for immediate reevaluation either here or in ER reviewed. Expected
clinical course outlined. Parents encouraged to call PRN deviation from the
predicted course, or PRN additional problems, questions or concerns. RECK two
wks. JGL/lw



CONDITIONS OF ADMISSION

- Chandler Regional Hospital
- Ahwatukee Foothills Medical Center
- Chandler Regional Outpatient Services

7. **FINANCIAL GUARANTOR/PATIENT:** The undersigned guarantor/patient hereby certifies that he/she has read and understands this document, and agrees that in return for the services provided to the patient, the undersigned guarantor/patient shall, before the patient is discharged from the hospital pay the patient's account with the hospital or make financial arrangements satisfactory with the hospital. If the account is sent to collection, the undersigned guarantor/patient agrees to pay reasonable attorney's fees and collection expenses. The amount of the attorney's fee shall be established by the Court and not by a Jury in any court action.

8. **REIMBURSEMENT UNDER HOSPITAL'S CONTRACTS WITH THIRD PARTIES:** The Hospital has contracts with some insurance companies and other payors under which the reimbursement may or may not have any relationship to charges. If a third party payor reimburses the hospital based on contract-negotiated rates that are more or less than actual charges incurred, the patient or insured is not required to pay the excess charges nor is the patient or insured entitled to a refund.

9. **ADVANCE DIRECTIVES (Some Outpatient Services may be exempt):**

A. **Receipt of Information and Understanding:** The patient hereby certifies that he/she:

- 1. Has received written pamphlets entitled, "Decisions About Your Health Care — Living Wills and Other Health Care Directives", and Chandler Regional Hospital's Advance Directive policy information.
- 2. Understands that he/she is not required to have an advance directive before receiving medical treatment at the hospital and treatment will not be affected by whether they have or have not executed any health care directives; and
- 3. Has been informed of his/her rights to formulate advance directives.

B. **Patient's Position Regarding Advance Directives:** Please check the appropriate statement and box(es):

- The patient has executed the following advance directives and will provide a copy to the hospital for placement in the patient's medical record:
 - Health Care Power of Attorney
 - Living Will
- The patient does not currently have an advance directive. The following forms were provided to the patient:
 - Health Care Power of Attorney
 - Living Will

10. Medicare Secondary Payor Questionnaire complete when applicable.

The patient understands that he/she may revoke this authorization at any time, except to the extent the provider has acted in reliance upon it or the disclosure is authorized by law. This consent to the release of patient information remains valid for a period of one year from the date below, or until expressly revoked by the patient in writing.

PATIENT UNABLE TO SIGN DUE TO INCOMPETITION
The patient or his/her authorized representative certifies that he/she has read and understands the foregoing, received a copy thereof, and is authorized to execute the above and accept its terms.

AT TIME OF ADMIT
SIGNATURE OF PATIENT/PARENT/GUARDIAN
(if other than Patient, indicate relationship)

SIGNATURE OF GUARANTOR

9-26-94
DATE TIME



SAT. 9-7-96

is a 14 m.o. who was seen yesterday for wheezing. He is here today for FU. He is using Albuterol nebulizer tix q. 6h. Also on an antibiotic for ear infection. FU requested today because family refused tx with Prelone. Family reports he is improved over yesterday's visit.

ROS including review of the following areas and systems negative except as described above: HEENT, Respiratory, Cardiovascular, GI, GU, Endocrine, Neuromuscular including overall sensorium, Hematologic & Musculoskeletal. Family, personal, social & environmental Hx non-contributory except as indicated in the subjective description above and as found on the personal hx & family hx data sheets, problem list and face sheet. Immunizations reviewed. No known medication allergies.

Exam: Appearance: age appropriate reaction to exam, activity, interaction, responsiveness: Skin color, texture, turgor, capillary refill, rash, dermatitis and marks: Lymphnodes: SO, PA, AC, axillary & inguinal: HEENT: scalp, hair & calvarium; conjunctivae, periorbital area; ear pinna, canals, tympanums including mobility and mastoid area; nares, sinuses, oropharynx, palate, gingivae, dentition & mucosa: Neck for ROM, suppleness, thyroid fullness or nodules: Chest & Lungs: ease of respiration, rales, wheezes, ronchi, dullness or asymmetry: Heart & precordium for murmurs, S1, S2, S3, rhythm, rate & pulses: Abdomen for fullness, masses, tenderness, organ enlargement: CVA & flank for fullness or tenderness: There are coarse expiratory wheezes throughout with good aeration. No tachypnea or retractions. Nasal passages congested with clear rhinorrhea. Some dullness with fluid in the right TM. Left TM normal. Remainder of exam normal. Alert and responsive with good tone, color and activity.

AHWATUKEE FOOTHILLS
MEDICAL CENTER
4545 E CHANDLER BLVD
PHOENIX, AZ 85044
(602) 961-2300

CC
CHANDLER REGIONAL HOSPITAL
475 S DOBSON ROAD
CHANDLER, AZ 85224
(602) 963-4561

CHANDLER REGIONAL
OUTPATIENT SERVICES
604 W WARNER RD, #B1
CHANDLER, AZ 85224
(602) 899-1275

ACCOUNT # - [REDACTED]	ADMIT DATE - 09/26/96	M.R. # - [REDACTED]
ROOM/BED - -	ADMIT TIME - 0856	F/C - PPO/HMO
TYPE - REG ER	LOC/SVC - ED	S.S. # -

PATIENT ADDRESS - [REDACTED] CHANDLER, AZ 85248	BIRTHDATE - AGE - 1Y 0M SEX - M RELIGION - MAR STAT - SINGLE RACE - CAUCASIAN	EXPIRED
PHONE - [REDACTED]		
COUNTY - MARICOPA		

PATIENT EMPLOYER EMPLOYER - ADDRESS - PHONE - OCCUPAT -	EMERGENCY NOTIFICATION NOTIFY - [REDACTED] ADDRESS - [REDACTED] CHANDLER, AZ 85248 PHONE - [REDACTED] RELATION - MOTHER
---	--

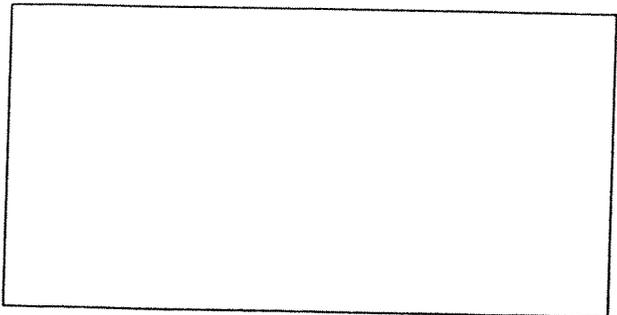
GUARANTOR - [REDACTED] ADDRESS - [REDACTED] CHANDLER, AZ 85248 PHONE - [REDACTED] OCCUPAT - [REDACTED] GUAR EMP ADDRESS - [REDACTED] CHANDLER, AZ 85224 PHONE - [REDACTED] SS # - [REDACTED]	NOK - [REDACTED] ADDRESS - [REDACTED] CHANDLER, AZ 85248 PHONE - [REDACTED] RELATION - FATHER	ACC DATE - 09/26/96 ARRIVAL - AMB ER PHYS - [REDACTED] PCP - [REDACTED]
--	---	--

REASON FOR VISIT - SIDS
ADMIT COMMENT -
CLERK - ADM.MW

INSURANCE NAME	POLICY/ ID NUMBER	GROUP #	SUBSCRIBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ADMITTING SERVICE PT -

427.5



pinna, canals, tympanums and mastoid area: nares, sinuses and postnasal area: Oropharynx, palate, gingivae & mucosa: Neck for ROM, suppleness, thyroid fullness or nodules: Chest symmetry, movement and ease of respiration: Lungs for rales, wheezes, ronchi, dullness or asymmetry: Heart/Precordium for heaves, thrills, murmurs, S1, S2, S3, Rhythm, Rate & Pulses: Abdomen for fullness, masses, tenderness, organ enlargement, hernia: CVA & flank for fullness or tenderness: Genitalia: hernia, adhesions. Back & spine: Extremities including hips, major joints: Neurological system including DTR's, age appropriate reflexes and behavior, tone, movement, EOMs & pupillary response: Development DDST criteria & norms. Scant clear rhinorrhea. Cafe au lait spot 3 X 3cm over lft knee. Previously noted. Remainder of exam normal. Alert and responsive with good tone, color and activity.

DX: HEALTHY 1 YO CHILD. MINIMAL URI.

DISP: Reviewed 1. Feeding. Whole milk, increased importance of table foods & food values. Limit juices, "sweets & treats." Self feeding. 2. Safety, auto, pool/water, ingestion, supervision. 3. Imitation, behavior & anticipated development prior to next HCM visit. 4. Computer generated graphic given to parents. 5. TB skin test: Intermediate strength PPD applied. Instructed in reading of skin test at 48 hrs and to call with any questions regarding result. Varicella Vaccine discussed. Risks and benefits reviewed, EVCC information sheet provided. Verbal consent received and Vaccine provided. Reviewed the possibility that insurance would not cover the vaccine. 6. Symptomatic measures for the continued mild rhinorrhea and cough. FU in 3 mths. Parents asked to call if any additional concerns or questions develop. JFC/lm

15031 FRI 09-06-96

14 mo in today with congestion and wheeze for approx. 24h. He's had one episode of bronchiolitis in the past. This resolved well with Ventolin syrup back in January. Parent's state that he's never had a chest x-ray. He has been around recently with grandparent's who smoke. He's had a little tactile fever at home and significant congestion. Parent's have not started any meds. Have brought him here because he was also breathing fast.

RDS including review of the following areas and systems negative except as described above: HEENT, Respiratory, Cardiovascular, GI, GU, Endocrine, Neuromuscular including overall sensorium, Hematologic & Musculoskeletal. Family, personal, social & environmental Hx non-contributory except as indicated in the subjective description above and as found on the personal hx & family hx data sheets, problem list and face sheet. Immunization information available reviewed. No known medication allergies.

Exam: Appearance: age appropriate reaction to exam, activity, interaction, responsiveness: Skin color, texture, turgor, capillary refill, rash, dermatitis and marks: Lymphnodes: SO, PA, AC, axillary & inguinal: HEENT: scalp, hair & calvarium: conjunctivae, periorbital area: ear pinna, canals, tympanums including mobility and mastoid area: nares, sinuses, oropharynx, palate, gingivae, dentition & mucosa: Neck for ROM, suppleness, thyroid fullness or nodules: Chest & Lungs: ease of respiration, rales, wheezes, ronchi, dullness or asymmetry: Heart & precordium for murmurs, S1, S2, S3, rhythm, rate & pulses: Abdomen for fullness, masses, tenderness, organ enlargement: CVA & flank for fullness or tenderness: Audible wheezing w/o auscultation. Significant clear rhinorrhea bil. Both TMs dull, retracted, hyperemic with altered light reflex. Tachypneic. Breathing currently 50-60 breaths per minute. Subcostal and

EAST VALLEY CHILDREN'S CENTER

Date 7/14/95 Chart No. _____

FAMILY HISTORY

Father:

First Name [Redacted] Last Name [Redacted] Birth Date 10/02/64 Ht 6' Wt 190

Occupation: Engineer Overall Health: Excellent Good Fair Poor

Mother:

First Name [Redacted] Last Name [Redacted] Birth Date 03/08/65 Ht 5'4" Wt 160

Occupation: Training Mgr / Collections Overall Health: Excellent Good Fair Poor

Children:

Name [Redacted]	B.Date [Redacted]	Health _____	Name _____	B.Date _____	Health _____
Name _____	B.Date _____	Health _____	Name _____	B.Date _____	Health _____
Name _____	B.Date _____	Health _____	Name _____	B.Date _____	Health _____
Name _____	B.Date _____	Health _____	Name _____	B.Date _____	Health _____

Family Medical History:

Please indicate any relatives of your children with the following conditions:

Neurological	Endocrine	Pulmonary	Cardiac	Miscellaneous
Seizures w/Fever	Diabetes	Asthma <u>Grandfather</u>	Heart Attack	SIDS
Mental Retardation	Thyroid	Cystic Fibrosis	Heart Defects	Drug Use
Epilepsy	Adrenal	Chronic Bronchitis	High Cholesterol <u>Grandfather</u>	Alcoholism
		Emphysema	High Bp <u>Grandfather</u>	Hypertension

Please list any diseases or conditions in family members that are not listed above:

Heart murmur (mother of child)

Grandparents of your children (parents of father & mother):

Please indicate current age, medical conditions, age at death & cause of death if no longer living, of each grandparent of your children:

Relation	Age	Current Medical Condition	Age @ Death	Cause of Death
Mother's Mother	<u>58</u>	<u>Smoker / good health</u>		
Mother's Father	<u>62</u>	<u>High BP - Strokes / High cholesterol</u>		
Father's Mother	<u>64</u>	<u>Excellent health</u>		
Father's Father	<u>64</u>	<u>Chronic Asthma / Fair health</u>		

Home:

Indoor Pets: Dog Cat Bird Other _____

Smoking in the Home Number of Adults in the Home: _____ Number of Children in the Home _____

Religious Preference Catholic (optional)

Additional Information:

Please indicate any additional information about your family or home that you feel would be helpful to us in caring for your children.

MON 06-24-96

In with mother with rhinorrhea and cough X 3-5d. Afebrile. Good appetite. Normal level of activity. No sleep disturbance. Traveling to Boston this Wednesday and mother wants to be sure he will be well for the trip. Continues active and energetic. Mother has multiple questions regarding feeding patterns, food supplements, particularly iron containing food supplement, use of whole milk and table foods. Disussed. ROS including review of the following areas and systems negative except as described above: HEENT, Respiratory, Cardiovascular, GI, GU, Endocrine, Neuromuscular including overall sensorium, Hematologic & Musculoskeletal. Family, personal, social & environmental Hx non-contributory except as indicated in the subjective description above and as found on the personal hx & family hx data sheets, problem list and face sheet. Immunization information available reviewed. No known medication allergies.

Exam: Appearance: age appropriate reaction to exam, activity, interaction, responsiveness: Skin color, texture, turgor, capillary refill, rash, dermatitis and marks: Lymphnodes: SO, PA, AC, axillary & inguinal: HEENT: scalp, hair & calvarium; conjunctivae, periorbital area; ear pinna, canals, tympanums including mobility and mastoid area; nares, sinuses, oropharynx, palate, gingivae, dentition & mucosa: Neck for ROM, suppleness, thyroid fullness or nodules: Chest & Lungs: ease of respiration, rales, wheezes, ronchi, dullness or asymetry: Heart & precordium for murmurs, S1, S2, S3, rhythm, rate & pulses: Abdomen for fullness, masses, tenderness, organ enlargement; CVA & flank for fullness or tenderness: Mild nasal congestion. Large airway rhonchi and moist productive cough but clear lung fields, quiet respirations and no tachypnea. Remainder of exam normal. Alert and responsive with good tone, color and activity.

DX: MINOR VIRAL URI/LRI.

ISP: Symptomatic measures reviewed. [redacted] DM, 1/4-1/3 tsp q 4-6h prn cough. Elevate HOB. Vaporizer while still in Phoenix though don't think it will be necessary in Boston. Parents asked to call if any additional concerns or questions develop. JFC/lm

THURS 07-11-96

In with parent's for periodic evaluation. Just returned from their trip to Boston this past Sunday. Continues to have very mild rhinorrhea and mild cough. Normal levels of activity for age. Walking. Described as active and energetic. Refer to well visit sheet. ROS including review of the following areas and systems negative except as described above: HEENT, Respiratory, Cardiovascular, GI, GU, Endocrine, Neuromuscular including overall sensorium, Hematologic & Musculoskeletal. Family, personal, social & environmental Hx non-contributory except as indicated in the subjective description above and as found on the personal hx & family hx data sheets, problem list and face sheet. Immunization information available reviewed. No known medication allergies.

Exam: Evaluation of the following areas & systems: Anthropomorphic measurements: Appearance interaction, activity, age appropriate exam & responsiveness: Skin color