St. Mary's Hospital
Medical Center

PATIENT CARE PLAN

PNEUMONIA

YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LUTH
AC#:5589023 DOB:08/06/55 FC:7[

48

DISCHARGE PLANS | **Date/Initial**

( ) Home ☐No Assistance ☐Assistance

( ) Skilled Nursing Facility:

( ) Rehabilitation Facility:

( ) Other

Signature/Initial (Primary Nurse)

1. K.P. Kleiman RN
2. K.P. Kleiman RN
3. K.P. Kleiman RN
4.
5.
6.
7.

Onset Date Initial	Nursing Diagnosis	Expected Outcome	Nursing Intervention	Date Resolved/Initial
12/25	1) Ineffective airway clearance R/T accumulation of tracheobronchial secretions	Airway will remain patent. Pt demonstrates expectoration of secretions. Clear airway on auscultation.	1) Encourage coughing and deep breathing. Assist in splinting chest if needed. 2) Assess & document respirations every 4 hr & prn. 3) Elevate HOB & change patient's position every 2 hrs to promote pulmonary drainage. 4) Encourage Fluid intake to liquefy secretions further and aid in expectoration. Pt preferences are: H_2O + ice 5) Provide frequent oral care after expectoration. 6) Teach necessity of raising secretions and expectoration versus swallowing. Document patient instruction	12-25-92 KP
12/25	2. Impaired gas exchange R/T dyspnea and lung consolidation	Regular respiratory rate, acyonotic. Accessory muscle use is limited or not used. SOB is decreased or does not exist.	1) Auscultate breath sounds every shift & prn. 2) Assess and document respiratory rate, depth, use of accessory muscles, & pursed lip breathing. 3) Check VS every 4 hr & prn. Note patient's color & check for circumoral or nailbed	12-25-92 KP

Part 2 of the Epidemiologic Report

0101020 Rev. 7/90

Onset Date Initial	Nursing Diagnosis	Expected Outcome	Nursing Intervention	Date Resolved/Initial
			cyanosis. 4) Elevate HOB up to 30° to promote chest expansion. 5) Change position every hr. NOTE: If pneumonia is unilateral, position with unaffected side down to improve arterial oxygenation by increasing blood flow to well oxygenated regions of lung. 6. Reduce anxiety & exertion by explaining procedures, place necessary items within easy reach and minimize verbalizations.	
12/25	3. Alteration in comfort R/T ~~(c) pleuritic pain~~ ~~(c) fever~~ ~~(c) coughing~~	Relief of pain. Able to cough up secretions	1) Assess and document location, intensity (0 - 10 scale) of pain. 2) Assess & document response to analgesics within 1 - 2 hours of administration. 3) Teach ways to minimize pain, such as splinting chest & sitting upright when coughing. 4) Change damp linen/gown prn. 5) Encourage modified bedrest when pt is febrile. 6 Give prescribed Tylenol	12-25-92 KP ✓
	4. ~~Knowledge deficit~~ R/T disease transmission & etiology	~~Pt. & Family will verbalize understanding of disease process, treatment, & prevention~~	1. Advise to maintain natural resistance with good nutrition, adequate fluid intake & rest. 2. Avoid chilling & contact with people with upper respiratory infections. 3. Encourage gradual increase in activity	

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Expected Outcome	Nursing Intervention	Date Resolved/Initial
	because weakness & fatigue may be prolonged after pneumonia.	
	4. Notify physician if experiencing fever, chills, dyspnea, hemoptisis, or other signs of recurring pneumonia.	
	5. Encourage annual influenza or pneumococcal vaccines for those at greatest risk:	
	a. adults age 65 or older	
	b. adults with underlying chronic lung or cardiopulmonary disease.	
	c. adults with splenic dysfunction or other conditions associated with immunosuppression.	

St. Mary's Hospital
Medical Center

YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
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AC#:5589023 DOB:08/06/55 FC:7[

PATIENT PROGRESS NOTES

Date	Time	Focus	DAR	D=Data A=Action R=Response
12/25	0315	Admission Note	D	37 yr. old female admitted from ER C/O SOB, nausea, chills & cough after using Wilson leather spray. Lungs are clear but diminished. C/O SOB c̄ turning. Ice dry cough. O2 M @ 4 liters. O2 sat 100%. C/O nausea c̄ turning. Abdomen soft c̄ bowel sounds. Color pale skin warm & dry. Temp 100.8. IV site - asymptomatic. — K Plummer RN
	0345	comfort	D	C/O headache
			A	Tylenol ⅠI gr. given
		Airway	D	C/O tightness in chest
		Clearance	A	RT called to give treatment — K Plummer RN
	0400	Resp	R	O2 off O2 sat 97%. HOB↑ Slightly dyspneic @ rest. — K Plummer RN
	0500	Comfort	D	Denies further headache.
		Temp	D	Temp ↓ 99.?
		Resp	D	"I'm breathing better" Able to rest. HOB↑ — K Plummer RN
12-25-92	0915	Assessment	D:	Pt. is Alert + oriented x3. Skin pale, warm + dry. Lungs clear but diminished. No SOB at rest. Denies cough. O2 remains off. Abd. soft, nontender. BS x4. Denies nausea, headache or chills. No edema noted. IV site patent + asymp. K. Pehlke
	1110	Discharge	A:	IV dc'd. O2 stat monitor dc'd. Discharge instr given. discharged per family — K Pehlke RN

0101215 rev. 11/91

St. Mary's Hospital
Green Bay, WI

YAEGER, BARBARA A 3N-3
MR#:0302579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LL
AC#:5589023 DOB:08/06/55 FC:

NURSING ADMISSION INTERVIEW

Admission Date	Time	Vital Signs T	P	R	Orientation to Room	
12/25	0315	100.8	100	24	Instructions in use of siderails	✓
Admitted Per	Room	Right	BP	Left		
Cart	318		138/76			
Admitted From	Accompanied By	Ht.	Wt.			
ER	ER Nurse	Stated/Actual	Stated/Actual		Bed Operation	✓
Admitting Dr.	Family Dr.	Last Chest X-ray				
Tibbetts	Tibbetts	ER			Nurse Call System	✓

MEDICATIONS CURRENTLY TAKING (PRESCRIPTION AND OVER-THE-COUNTER)

Medication & Dose	Frequency	Last Dose	Medication & Dose	Frequency	Last Dose
Ø					

Brought In:

Location Now:

ALLERGY OR SENSITIVITY

Item	Yes	No	List and State Reaction
Drug		✓	
Food	✓		nectarines
Other	✓		ragweed, pollen

NURSING HX ASSESSMENT

RN or LPN Signature

HEALTH PERCEPTION — HEALTH MANAGEMENT

Chief Complaint/Reason for Admission:

2000 spray Wilson leather spray
2200 spray again

2030 cough
2230 - Dawson SOB uncontrollable cough - Chills

HEALTH HISTORY

Previous Hospitalization/Chronic Conditions/Injuries/Last Physical Examination	
8 yrs ago - Fibro cysts	
Summer - Fibro cysts	
Slight heart murmur	
Anesthesia Hx: (malignant Hyperthermia)	Ø
Transfusion Hx: (Previous Transfusions/Reactions, Including Febrile Reactions)	Ø

NSG DIAGNOSIS

Health Maintenance Alteratic
Noncompliance
Infection Potential for
Injury Potential For:
- Poisoning
- Suffocation
- Trauma

NUTRITIONAL METABOLIC PATTERN

Special Diet	Ø	Difficulty Swallowing	Ø
Food Intolerances	Ø	Handicaps related to eating	Ø
Family Hx Diabetes	- grandmother		
		Dentures: Upper Lower Bridge	
Fad Diets	Ø	Dentures Brought In	Ø
Appetite	good	Last Dental Exam:	
Wt. loss or gain	Ø	Oral mucous membranes/gums (color, moisture lesions)	
Nausea/Vomiting		Ø lesions	
24hr recall of food/fluid:			
- fruit cup - Bran muffin			
coffee - green beans		Skin (color, temp, turgor, lesions, dryness, ecchymosis, other)	
tuna salad - mashed potatoes/ham		Pale / warm	
Alcoholic Beverages		& dry	
occ			

NSG DIAGNOSIS

Swallowing Impaired
Nutrition Altered
- More than Body Require
- Less than Body Require

Oral Mucous Memb. Alteratio
Ineffective Thermoregulation
Hypothermia
Hyperthermia
Tissue Integrity Impaired
Skin Integrity Impaired

ELIMINATION PATTERN

Bowel		Bladder	
Unusual Bowel Pattern	9 Day	Urinary Frequency	Ø
		Burning	Ø
LBM - 12/23	Melena Ø	Incontinence	Ø
		Nocturia	Ø
Diarrhea/Constipation	Ø	Hematuria	Ø
		Unusual Discharge	Ø
Laxatives	Ø		
Incontinent	Ø	Other	
Erutations	Ø		
Excessive flatus	Ø	Family Hx Kidney Disease or Ca.	
Abdomen	soft	grandmother - kidney disease	
Bowel Sounds	BS x 4		

NSG DIAGNOSIS

Bowel Elimination Altered
- Constipation
- Diarrhea
- Incontinence

Urinary Elimination Altered
- Incontinence
- Retention

ACTIVITY EXERCISE

Self Care ✓ Assist of One	Leisure Activities
Requires use of Equipment/Devices	
Gait/Falls Hx - O	Smoking (duration, # pks/day) O
Paralysis/Weakness	Smoking regulations explained O
	Family Hx Heart or Lung Disease
	lung - grandfather
Amputation/Prosthesis	
Respiratory Rate 24 Rhythm Regular	Pulse Rate 100 Rhythm regular
Depth normal	Strength strong
Cough yes Sputum O	Palpitations O
Orthpnea O	Chest Pains yes slight
Dyspnea yes	Edema O
Wheezing - yes O	
Breath Sounds	Cyanosis O
clear but ↓	
Other	

NSG DIAGNOSIS

- Activity Intolerance
- Impaired Physical Mobility
- Self-Care Deficit
  - Feeding
  - Bathing/Hygiene
  - Dressing/Grooming
  - Toileting
- Injury Potential
- Home Mainten. Manageme Impaired
- Cardiac Output Decreased
- Airway Clearance Ineffectiv
- ~~Breathing Pattern Ineffectiv~~
- ~~Gas Exchange Impaired~~
- Fluid Volume
  - Excess
  - Deficit
- Tissue Perfusion Altered (specify)

SLEEP REST PATTERN

Hours/Night - 7-8 hrs	Sleep onset problems rarely
Feel rested for daily activities after sleep	Dreams/Nightmares O
yes	Early Awakening O
Sleep Aids (pillows, meds, foods)	

NSG DIAGNOSIS

- Sleep Pattern Disturbance

COGNITIVE PERCEPTUAL PATTERN

Orientation X3	Eye Drops O
Pupil Reaction	Family Hx Glaucoma - father
Headaches O Fainting O	
Seizures O	Hearing Impaired O
Numbness/tingling O	Hearing Aid O
	Grasps Ideas well
Hand Grasps equal/strong	Voice/Speech Pattern - clear
Visual Impairment O	
Glasses Contacts	Attention Span good
Glasses or contacts brought in with pt. O	
Discomfort/Pain	Easiest way for you to learn
Pain Management	
Other	

NSG DIAGNOSIS

- Sensory Perceptual Alteration
  - Visual
  - Auditory
  - Kinesthetic
  - Taste
  - Tactile
  - Olfactory
- Unilateral Neglect
- Thought Processes Altered
- Knowledge Deficit
- Comfort Altered
  - Chronic Pain
  - Pain

SEXUALITY REPRODUCTIVE PATTERN

LMP – 2 wks	Duration 5 days	Breast Self Exam
Character		Any Changes/Problems in Sexual Relations (if appropriate)
Discomfort – yes	Discharge	
Contraceptives		
Last pelvic exam/pap smear – last summer		
Other		

NSG DIAGNOSIS

Sexual Dysfunction
Sexuality Patterns Altered
Rape-Trauma Syndrome

SELF PERCEPTION SELF CONCEPT

Changes in way feel about self or body since illness	Grooming hygiene
	good
Most important aspects of your life are?	Nervous/Relaxed relaxed

NSG DIAGNOSIS

Self Concept Disturbance
- Body Image
- Self Esteem
- Personal Identity

Anxiety
Hopelessness
Powerlessness

ROLE RELATIONSHIPS COPING

Occupation School teacher	Interaction with Family/Friends
Live Alone/with Others husbands / kids	Family depends on you for things?
Who's most helpful in talking things over (Significant other)	
What helps you most when you feel afraid or need help?	Family concerns regarding hospitalization?
Other	

NSG DIAGNOSIS

Coping Ineffective
- Individual
- Family

Social Isolation (Rejection)
Social Interaction Impaired
Family Process Alteration
Parenting Alteration
Fear
Grieving
Violence Potential

VALUE BELIEF PATTERN

Do you belong to a particular religion / faith group? – Lutheran
If yes, which church?
Is your faith an important source of strength for you?

How can I help in carrying out your faith? would you like a visit from your pastor or hospital chaplain? yes
(Explain Pastoral Care Services and how to obtain)

Do you have a living will/power of attorney on file? If so, where?

Valuables/Disposition Ø
Person Supplying Information Patient
Dr. Notified at Time R.N. Signature K Clemmer RN

NSG DIAGNOSIS

Spiritual Distress

FORM NO. 0101190
REV. 8/90

RISK OF FALLS ASSESSMENT

CHECK CRITERIA WHICH APPLY

Date: 12/25 Time: 0400

GENERAL - Each check = 2 points
_____ History of prior falls

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

6 DRESSING 1 AMBULATING 0 BATH 7 TO ER WITH ASSISTANCE

TOTAL POINTS: 2

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied _____

Not applied: ✓ Reason: alert + oriented

Signature: [signature]

CHECK CRITERIA WHICH APPLY

Date: 12/27 Time: 0400

Reassessment after 48 hours.

GENERAL - Each check = 2 points
_____ History of prior falls
_____ Hospital stay of five days or more anticipated

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
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MEDICAL DIAGNOSIS - Each check = 1 point
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_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

___ DRESSING ___ AMBULATING ___ BATH ___ TO ER WITH ASSISTANC

TOTAL POINTS: _____

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied _____

Not Applied: _____ Reason: _____

Signature: _____

Reassess after one week.

RISK OF FAL

CHECK CRITERIA WHICH APPLY

Date: _____ Time: _____

GENERAL - Each check = 2 points
_____ History of prior falls

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

___DRESSING ___AMBULATING ___BATH _____TO BE WITH ASSISTANCE

TOTAL POINTS: _____

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied_____

Not applied:_____Reason:_____

_____

Signature: _____

St. Mary's Hospital
Green Bay, WI
498-4200

DISCHARGE INSTRUCTIONS

YAEGER, BARBARA A 3N-3
MR#:0302579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LL
AC#:5589023 DOB:05/06/55 FC:

1. **Your next appointment with Dr.** Tibbetts **is**

2. **Activity/Care instructions:**

Emergency Room 12/26/92 for CBC, Chest X-Ray.

3. **Diet:** as tolerated

4. **Medications:**

Name	Dose	Time you should take it
MAXAIR inhaler	2 puffs	Every 4 to 6 hours if needed for wheezing.
Prednisone	10 mg	Take 2 tablets three time A day - with food

5. **Patient has:**

Discharge medications	Meds from home	All personal belongings
yes ✓ no ___	yes ___ no ✓	yes ✓ no ___

I, the undersigned have read and understand the above.

K. Tebbe RN — Signature of Discharge Nurse
12-25-92 — Date
Barbara A. Yaeger — Signature of Patient
Date

01-3068 3/89

(Chart Copy - White/Patient Copy - Yellow)

Green Bay WI

AEGER, BARBARA A F 37 SERV:EMERGENCY
.R.#: 0302379 ADM MD: EMERG
CCT#: 3389023 ATT MD: PATON, D L MD
DN:12/23/92 RACE:W
OO:50 REF MD: TIBBETTS J. J. MD

EF CLINIC: CITY:
LK:DJW SSN:398586783 F/C:70
DDR:800 STONEY BROOK LA RELIGION:LUTH LC16
GREEN BAY WI 54304- CHURCH:PILGRIM
HONE:414-499-6143 ER CONTACT I: JERRY
REV NAME:SCHROEDER PHONE: 414-499-6143 REL: HU
OB: 08/06/55 MS:M WORK: 414-499-3131
MPLOYER:VANBOXTEL FORD ER CONTACT II:
OCCUPATION:TEACHER PHONE: REL:
CIDENT DATE: WORK:
AUSE:
W ADMITTED:SQUAD
DM DX:CHEMICAL REACTION

☐ POLICE NOTIFIED ☐ HERE
☐ CORONER NOTIFIED ☐ HERE

PHYSICIAN NOTIFIED T.T. ANSWERING SERVICE ☐ AT HOME ___ RESPONSE ___ ☐ ARRIVAL IN THE EMERGENCY CENTER ___

TETANUS TOXOID /

CURRENT MEDS none

ALLERGIES NKDA

PHYSICIAN'S EXAMINURSE'S NOTES

TEMP 100.4T P 112 R 28 B.P 158/80
0942 Taken to room 3 per EMTRS. O2 10L/min/mask
O2 removed to check stat level. O2 sats 96% on RA
Dry. Pt states she was using "Wilson's Leather
protection" @ 8pm FRI and at 930pm FRI
Strobs. She became c slight cough @ 830pm
et developed mild to severe @ 10pm. Strobs
PO2's in 80's c deep inspiration. Pt has pain
RMS. Lungs bilaterally. cont.
Monitor, pulse ox
CBC, UA, CMP, Allergies
Wilsons Leather products
cont. c/o fever, chills, HA, ↓ appetite
0959 O2 @ 5LPM/NC
1003 @ 98.6F. Sts. she feels better c O2.
1008 Sat 99% RA. 02/03 Sat 100% 4LPM/NC
EKG
1035 IV 1000cc D5NS @ 125cc/hr wrist using Rt
hand, stat kit, 18 gauge. Site patent. NAD
Laboratory
1048 Report called to 3rd Floor.

ABG
CBC
1126 IV D5 NS 125/hr
1131 Solumedrol 125mg

DIAGNOSIS Acute Chemical Pneumonitis c RAD
TREATMENT Admit - Dr. J. Tibbetts

INSTRUCTIONS
X-RAY AND EKG READINGS ARE PRELIMINARY UNTIL LATER REVIEWED. INSTRUCTION SHEET GIVEN ☐
FOLLOW UP WITH DR
CONDITION UPON DISCHARGE
CONDITION ☐ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL
DISABILITY DURATION

DISPOSITION	DATE	TIME	REFERRED TO	RN	ATTENDING PHYSICIAN
Admit 318	12/23/92	0300			

FORM 01-00560 12/88

MEDICAL RECORDS

Yaeger, Barbara
#302579
12-25-92
Dr. Paton

HISTORY OF PRESENT ILLNESS:
This is a 37-year-old woman who presents with complaint of acute dyspnea after spraying a coat with Wilson's Leather Protector aerosol. This is a hydrocarbon-based spray for garment protection. The patient is a nonsmoker. She relates no prior history of bronchospasm. She occasionally has extrinsic allergies. She has no medications and has no preceding infectious symptoms. In fact, the patient's husband, who was briefly exposed to the basement where she was spraying this agent had similar symptoms and so did another youngster.

PHYSICAL EXAMINATION:
Temperature is 100.4 tympanic, 100.8 orally, pulse 112, respirations 28, blood pressure 158/80. The patient appeared ill and was quite uncomfortable. She did volunteer symptoms of bifrontal headache as well as some chills and myalgias in addition to her dyspnea.
HEENT: Her conjunctiva are trace injected without chemosis. ENT examination shows hyperemia and is otherwise normal. There is no stridor or angioedema.
Neck: Supple.
Lungs: She has scattered rhonchi with end-expiratory wheezes on chest auscultation. The wheezing resolved significantly after an Albuterol updraft, however, the rhonchi persisted and a few crackles and mild rales developed later in her ER course. Pulse oximeter was in the low to mid-90s on room air on arrival and with four liters nasal cannula it went up to 99%.
Heart: Tones were regular without rubs or gallops. There was no ectopy.
Abdomen: Soft. There was no peritoneal signs. Bowel sounds are active.
Extremities: She had no peripheral clubbing, cyanosis, or edema.

Chest x-ray was compatible with pneumonitis though the patient was much more comfortable with oxygen administration. She clearly was too ill to be treated as an outpatient. An IV of D5 normal Saline was initiated and a Solu-Medrol bolus given. Her baseline CBC had a white count of 25.1. Hemoglobin is 12.4, platelets are adequate. She had 78% neutrophils, 11% bands. An initial blood gas had a pH of 7.46, PC02 of 29, P02 of 34 and a bicarb of 21. This clearly was not arterial and will be repeated. The patient's saturations were again 99% on four liters. She was discussed with Dr. J. Tibbetts and admitted.

IMPRESSION:
Acute chemical pneumonitis with bronchospasm, rule out lipoid pneumonia.

DP:ct
D: 12-25-92
T: 12-26-92

BROWN COUNTY PARAMEDIC REPORT

DATE: 12 / 25 / 92

SERVICE: GBFD | ID. #: 168 | STATION: 6 | UNIT: R-6-B | RUN #: 210880

Patient Name: BARBERA A. YAEGER	Requested By: PT. / 911	Name: EMT #: J STAUGER 506; C HADZIMA 1276; S WOLFORD 38288; GBFD E-6; W KEON J MILLER, T JOHNSON, A JENSEN	Milage: End ___ Begin ___ Total ___	Military Time: Call Rec. 00:3; 10-76 00:3; 10-23 00:3; 10-76 00:4; 10-7 00:4; 10-8 00:5
Patient Address: 800 STONYBROOK, City: GREEN BAY, Zip:	Phone #:			
Loc. of Pickup: 800 STONYBROOK	DOB: 8 / 06 / 55			
Municipality: GREEN BAY	Age: 37	Doctor: TIBBETTS	ALLERGIES: NKA	

LOC: Alert Verbal Pain Unresp. PNB | Weight: 130# | Sex: M F

Chief Compaint (Mech. of Injury): DYSPNEA AFTER EXPOSURE TO AN AEROSOL LEATHER PROTECTOR. TOTAL EXPOSURE TIME 1/2 → 3/4 HOURS.

Home Meds. (Dosage, #/Day): NONE

Past Medical History: HEART MURMUR

PT Assessment: ALERT, ORIENTED X3. SKIN NORMAL X3. C/O HEAVY SENSATION @ LOWER CHEST WHICH INCREASES WITH INSPIRATION. RELIEF FROM PAIN & RESP. DISTRESS ≡ O_2 ADMIN. LUNGS SOUND CLEAR THROUGHOUT. Ø JVD, PEDAL EDEMA.

Treatment Rendered (O_2, Long Bd., Splints. . .): Hx, O_2, VITALS, TRANSPORT

Wit. Arrest?: Y / N Time Down?: ___ Prior CPR?: Y / N How Long?: ___ min. By Whom?: ___ CPR Adeq?: Y / N

TIME / EMT #	00:36	EMT #	:	EMT #	:	EMT #	:	EMT #	:	EMT #	:	EMT
ATROPINE	0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0	
$D_{50}W$												
EPINEPHRINE	0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0	
LASIX												
LIDO BOLUS	50 75 100		50 75 100		50 75 100		50 75 100		50 75 100		50 75 100	
LIDO DRIP	2 3 4		2 3 4		2 3 4		2 3 4		2 3 4		2 3 4	
MORPHINE												
NARCAN												
NITROGLYCERIN	0.4		0.4		0.4		0.4		0.4		0.4	
EKG RHYTHM												
PERFUSION?	Y N		Y N		Y N		Y N		Y N		Y N	
BLOOD PRESSURE	124 / 78		/		/		/		/		/	
PULSE	114 P		P		P		P		P		P	
RESPIRATIONS	24 R		R		R		R		R		R	
DEFIB JOULES	200 300 M		200 300 M		200 300 M		200 300 M		200 300 M		200 300 M	
OTHER DRUG/ PROCEDURE	O_2 @ 10 l NON-REBREATHER MASK.											
PUPILS	NORMAL											

IV Attempts: ___ IV Started?: Y / N By #: ___ Time: ___ Intubated By #: ___ Time: ___ ET# ___ EG

COMMENTS:

ETA (Without Further Orders, Including Loading Time): ___ Min. NO TRANSPORT RELEASE SIGNED: Y / N

Signed: Jeffrey A. Thornton EMT #: 506 TIME: 00 58 E. R. Physician: AATON

EMT in Charge? Chart Review?: Y / N Page ___ of ___ Destination: St. V. St. M. Bellin Other ___ #3

08/88 MJM

ORIGINAL – Hospital Copy

FEB 2 6 1993

IDI# 930104CCN0580

0952/1646

Addendum to original report:

On this date, Tuesday, 2-16-93 the Milwaukee Resident Post received copies of the medical records pertaining to the treatment of the victim in this complaint.

Attached as Exhibit "B" is a copy of the "Authorization for Medical Records Disclosure" form signed by the victim. Exhibit "C" is the original "Authorization for Release of Name" form signed by the victim, authorizing release of her name in conjuction with this incident. Exhibit "D" are the medical records. This investigation is now completed.

Dennis R. Blasius
Milwaukee Resident Post

Product code

U.S. CONSUMER PRODUCT SAFETY COMMISSION

FEB 26 1993

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case (the case of BARBARA A. YAEGER
Name
SELF
Relationship to you) including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

1/5/93
(Date)

(Signature)

(Witness)

CPSC FORM NO. 170

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

[✓] You are hereby authorized to disclose my name and address with the information collected on this case.

[ ] My identity is to remain confidential.

(Signature) _____ (Date) _____

U.S. GOVERNMENT PRINTING OFFICE: 1984—404-713

U.S. CONSUMER PRODUCT SAFETY
Midwestern Regional Office
230 South Dearborn Street
Suite 2944
Chicago, Illinois 60604
(312) 353-8260

930104CCN0580

January 7, 1993

St. Mary's Hospital
1726 Shawano Avenue
GreenBay, WI. 54303

Att: Medical Records Dept.:

Our Agency is investigating reports of consumers having ill effects from the apparent use of fabric protection treatments. On December 24,1992 Barbara A. Yaeger, f/w, D.O.B. 8/06/55 was treated at your hospital's emergency room and subsequently admitted to the hospital after using such a product.

Enclosed is a signed medical records release form. Please send a complete copy of this patient's medical records to the following office:

U.S. Consumer Product Safety Commission
Milwaukee Resident Post
310 W. Wisconsin Avenue
Box 244
Milwaukee, WI. 53203

Att: Investigator Dennis Blasius

The U.S. Consumer Product Safety Commission is an investigative agency of the federal government; please send an invoice for payment with the requested records, and it will be immediately honored. If this is not satisfactory, please call our office immediately at (414)297-1468 so that other arrangements can be made.

Thank you for your prompt response.

Sincerely,

Dennis R. Blasius
Investigator

United States Government
Consumer Product Safety
Commission

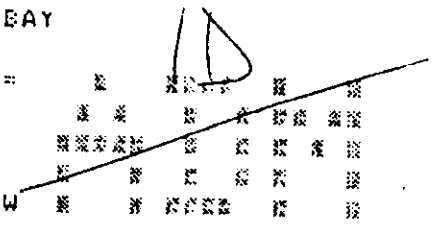
DENNIS R. BLASIUS
Investigator

CPSC

Milwaukee Resident Post
310 W. Wisconsin Ave.
Post Box 244
Milwaukee, WI 53203
(414) 297-1468

Chicago Regional Office
230 S. Dearborn St.
Room 2944
Chicago, IL 60604
(312) 353-8260

3N-S -1179 ST MARYS MEDICAL CENTER GREEN BAY
12/25/92 03:06 (QBP$$P)



YAEGER, BARBARA A F 37 SERV:MEDICAL
M.R.#:0302579 ADM MD:TIBBETTS J. J. M 3N-S
ACCT#:5589023 ATT MD:TIBBETTS J. J. M 318
ADM: 12/25/92 RACE:W
00:50 REF MD:TIBBETTS J. J. M

ADMISSION/DISCHARGE RECORD

REF CLINIC: CITY:
CLK:DJW
ADDR:800 STONEY BROOK LA
GREEN BAY WI 54304-
PHONE:414-499-6143 CO:BRN
PREV NAME:SCHROEDER
DOB:08/06/55 MS:M

SSN:398586783 F/C:70
RELIGION:LUTH
CHURCH:PILGRIM
PARISH CODE:L016

EMPLOYER:FREEDOM SCHOOLS
OCCUPATION:TEACHER

ER CONTACT I:JERRY
PHONE:414-499-6143 REL:HU
WORK:414-499-3131

ACCIDENT DATE:
CAUSE:
HOW ADMITTED:SQUAD

ER CONTACT II:
PHONE: REL:
WORK:

ADM DX:INHALATION PNEUMONITISCHEMICAL PNEUMONIA
LTR NOTE:

PHYSICIAN'S REPORT

DISCHARGE DATE AND TIME: 12 25 92 -H

EXPIRED DATE AND TIME:

AUTOPSY? YES NO

PRINCIPLE DIAGNOSIS: acute chemical pneumonitis & bronchospasm

SECONDARY DIAGNOSIS:

COMPLICATIONS:

PROCEDURES: medical

ER 036

ATTENDING PHYSICIAN ,MD

St. Mary's Hospital
Medical Center

YAEGER, BARBARA A EMERG
MR#:0302579 ADM:12/25/92
-PATON, D L MD 37 REL:LUTH
AC#:5589023 DOB:08/06/55 FC:70

1. INFORMED CONSENT FOR MEDICAL TREATMENT

I understand that I have a health problem which requires diagnosis and treatment. I voluntarily consent to such diagnostic procedures, medical care and/or emergency treatment ordered by the physician providing services to me which, in his or her opinion, are necessary to treat my health problem. I realize that the physician(s) attending me in the hospital direct my care and are responsible for discussing with me the nature of the care and treatment I will receive. I recognize that the physician(s) providing services to me in the hospital are independent contractors and not employees or agents of the hospital. I understand that the hospital is not liable for any act or omission when following the instructions of such physicians. No guarantees have been made to me as to the results of examinations or treatments provided to me in the hospital.

2. INSPECTION OF HEALTH CARE RECORDS

Upon submitting a statement of informed consent to release of confidential medical information. you or a person authorized by you may:

a. Inspect your health care records in the medical record department during regular business hours 8:30AM - 4:30PM/Weekdays) with 24 hour advance notification.

b. Receive a copy of your health care records upon payment of reasonable costs.

c. Receive a copy of your x-ray reports or have your x-rays referred to another health care facility of your choice upon payment of reasonable costs.

3. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize St. Mary's Hospital Medical Center to disclose diagnostic and treatment information to any person or corporation which is liable under a contract to the hospital or to me or a family member or my employer for all or part of the hospital's charge in rendering care including, but not limited to, hospital or medical service companies, insurance companies, worker's compensation carriers, welfare funds, my employer or any public agency. I understand that should any additional information or copies of the record be required, I will be provided a consent form to authorize such release unless such release is required/permitted by State statute. If I am a member of a health insurance plan that requires approval of my hospitalization, the information released may also include the diagnosis, treatment plan and status of my condition, whether it be in writing or verbally, to determine the need for admission and/or continued stay.

4. ASSIGNMENT OF INSURANCE BENEFITS/PAYMENT AGREEMENT

I authorize payment directly to St. Mary's Hospital Medical Center and to attending physicians and specialists all benefits otherwise payable to me for this hospital stay. If the insurance company or companies does not make payment within 60 days of discharge or pays less than the amount allowed, I will make immediate payment of the balance due on this account. I understand that I am financially responsible to the hospital for any charges not covered by my insurance. I agree that in consideration of the services to be rendered to me, I am responsible to pay the account of the hospital in full.

5. PATIENT VALUABLES

I understand that the hospital maintains a safe for storage of patient valuables such as money, jewelry, documents or other articles of value during hospitalization. I agree that the hospital does not assume liability for any loss or damage to valuables not deposited in the safe.

_____ PT WILL KEEP VALUABLES _____ DEPOSITED IN HOSPITAL SAFE

_____ GIVEN TO RELATIVE: _____
(Name)

THE UNDERSIGNED CERTIFIES THAT HE OR SHE HAS READ THE FOREGOING AND IS COMPETENT TO EXECUTE IT OR AUTHORIZED TO EXECUTE IT ON THE BEHALF OF THE PATIENT.

_____
(Patient's Signature)

_____
(Person legally authorized to sign on patient's behalf and their relationship to the patient)

_____ 12-25-92
(Witness) (Date)

Yaeger, Barbara
#302579
12/25/92
1 Day
Dr. Tibbetts

CHIEF COMPLAINT:
Cough, shortness of breath, and trouble breathing.

HISTORY OF PRESENT ILLNESS:
This patient is a 37-year-old white married female, gravida 2, para 2, AB 0 who has been in essentially good health until the day of admission. The patient was spraying a new leather jacket with a product known as Wilson's Leather Protector which is in an aerosol can containing no fluorocarbons but apparently containing, per label, petroleum distillates. No caution warning or specific use other than holding the can eight inches from the product are included on the can or reportedly on the cap or associated with other use other than the salesclerk having told Barb to use this in a ventilated area. She sprayed the jacket at approximately 8:30 last evening, 12/24. Subsequent to this, she felt a little fullness in her throat but no other symptoms. She gave a second spraying approximately an hour to 1 1/2 hours later and subsequently felt progressive fullness and tightness in the throat, cough, shortness of breath, and wheezing. This progressed over the next several hours to the point the patient was unable to breath in any comfortable fashion, and she was brought to the ER for assessment. She was seen and evaluated by ER personnel with shortness of breath, blood gases showing an O2 sat of 70 on room, pH was 7.46, PCO2 29, total CO2 22, PO2 34, and base HCO3 was 21. All of these values, of course, are quite markedly abnormal with a markedly diminished O2 sat and PO2. She was treated in the ER with updraft and oxygen. Labs and x-ray were obtained. She was subsequently admitted to the floor for further assessment and treatment which included updraft with Albuterol and oxygen per nasal cannula as well as oral Prednisone. She did receive Solu-Medrol IV in the ER.

The patient has no history of intrinsic asthma though she does have hay fever and some seasonal allergies which are typified by nasal congestion, burning eyes, but no pulmonary symptoms. She does have a brother and a nephew both of whom have asthma. She takes an occasional Bromfed but is otherwise been in good health with the exception of a recent right maxillary frontal sinusitis which has responded to Ceclor. She did have an episode of some subscleral spontaneous hemorrhage O.D. approximately two weeks ago and this has completely resolved.

PAST MEDICAL HISTORY:
Unremarkable except as outlined above. The patient is on no medications other than occasional Bromfed as noted. She has no drug allergies.

FAMILY HISTORY:
Noncontributory except as outlined above.

SOCIAL HISTORY:
Noncontributory except as outlined above.

REVIEW OF SYSTEMS:
Noncontributory except as outlined above.

PHYSICAL EXAMINATION:
Approximately seven hours after admission reveals a well-developed, well-nourished, slightly pale-appearing 37-year-old white female who is in no acute distress. Vital signs are ~~as per nurse's notes. Skin is warm and moist.~~
Lymphatics: Unremarkable.

HEENT: Within normal limits. Pupils are equal and reactive to light and accommodation. Extraocular motion is full. Disks and grounds are normal. Ears are unremarkable. Mouth and throat is unremarkable.
Neck: Supple, freely movable. Thyroid is normal. No cervical bruits are heard.
Chest: The cage is symmetrical with good excursion.
Lungs: Clear to auscultation and percussion. There are no rales, rhonchi, or wheezes noted on pulmonary exam at this time.
Heart: Normal sinus rhythm without thrill or murmur.
Breasts: Reveal some generalized fiber nodularity. The patient is premenstrual. They are tender. She has increased findings on the left vs the right. No discrete nodules are palpable.
Abdomen: Soft and supple. Bowel sounds are normoactive. No masses, megaly, or tenderness is noted.
Back and Extremities: Unremarkable.
Neurologic: Physiologic.
Pelvic: Deferred.

Review of patient's chest x-ray shows no significant abnormality although slight infiltrate in the left base may be present.

INITIAL IMPRESSION:
Acute bronchospasm with reactive asthma secondary to undetermined chemical exposure from the product noted above. Rule out progressive chemical pneumonitis.

DISPOSITION:
The patient will be allowed to ambulate. She is anxious to be discharged as this is Christmas Day and spend time with her family. This judgement will be based upon her ability to function. She does have some discomfort with sitting upright with some mid substernal discomfort with positional change and deep breathing. Consideration of continuing outpatient treatment with an Alupent inhaler and Prednisone 10 mg tablets 2 t.i.d. with food will be entertained. If she is to be discharged, she will be seen in 24 hours at which time she will be clinically re-evaluated as well as have both a CBC and a chest x-ray. This disposition is yet to be determined based on the patient's clinical state.

JT:pg
D: 12/25/92
T: 12/25/92

MAR 2 1993

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Siponda Washington	2. TELEPHONE NO. (Home) (Work) (510) 814-0287 —
3. STREET ADDRESS 1509 Morton St, Apt. E	4. CITY / STATE / ZIP CODE Alameda CA 94501

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

After spraying leather jacket with Wilson's Suede and Leather protection spray, Siponda Washi developed inflammations to the skin and blotches on the leg. She went to the emergency room and her doctor prescribed anti-biotics, she also uses cocoa oil skin lotion. Her son also kept gett headaches. the manufacturer called to advise her to get rid of the can and to send the coat to the cleaners.

6. DATE OF INCIDENT(S) ~12-15-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE 30 SEX F AND DESCRIBE INJURY skin inflammation, blotches on leg.	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE also NAME La-Van Washington (9 years old) RELATIONSHIP Son (headaches)
9. DESCRIPTION OF PRODUCT leather protection spray		10. BRAND NAME Wilson's Suede and Leather
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE main hdqtrs: Wilson's Suede and Leather 400 Highway, 169 South, Ste. 600 Minneapolis, MN 55426 (612) 541-3309 or 3308 [couldn't read last phone digit]		12. MODEL, SERIAL NO.'S ? 91492 (printed on bottom of can) 13. DEALER'S NAME, ADDRESS & PHONE Wilson's Suede and Leather Market St. SF. CA
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES ____ NO ✓ IF YES, BEFORE OR AFTER THE INCIDENT? ____ Describe ____		15. PRODUCT PURCHASED NEW ✓ USED ____ DATE PURCHASED Dec. 1, 92 AGE ____ 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: avoid breathing vapor or spray mist. avoid contact with skin or eyes. keep away from heat
17. HAVE YOU CONTACTED THE MANUFACTURER? YES ✓ NO ____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES ____ NO ____ OTHER ____	18. IS THE PRODUCT STILL AVAILABLE? YES ✓ NO ____ IF NOT, ITS DISPOSITION ____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES ✓ NO ____

FOR ADMINISTRATION USE

20. DATE RECEIVED 2-23-93	21. RECEIVED BY (Name & Office) LP / SFRO	22. DOCUMENT NO. F320240
23. FOLLOW-UP ACTION None		24. PRODUCT CODE(S)
25. DISTRIBUTION C-EPDS cc SFRO	26. ENDORSER'S NAME & TITLE JPD Lay.	

CPSC FORM 175 (9/89)

RADLG-1723 ST MARYS MEDICAL CENTER GREEN BAY
12/26/92 09:54 (QAIPRR)

PAGE 001

YAEGER, BARBARA A F 37 DISCH MEDICAL
M.R.#: 0302579 ADM MD: TIBBETTS J. J. MD DISCH
ACCT#: 5589023 ATT MD: TIBBETTS J. J. MD
ADM: 12/25/92 00:50 RACE:W
DOB: 08/06/55 REF MD: TIBBETTS J. J. MD

PRELIMINARY RADIOLOGY RESULTS

REQ#: I-360-002

REFERRING CLINIC: REF MD ADDR:
CONSULTANTS:

DX: INHALATION PNEUMONITISCHEMICAL PNEUMONIA

ORDER: CHEST, PA & LAT (ROUTINE) 2.01

PRELIMINARY REPORT

FILE #: 206-693

DATE OF EXAM: 12/25/92

CHEST WITH LATERAL:
THERE IS INCREASED INTERSTITIAL MARKINGS AT BOTH BASES LEFT GREATER THAN RIGHT. THERE IS NO EVIDENCE OF PLEURAL EFFUSION OR PNEUMOTHORAX. THE CARDIAC AND MEDIASTINAL SILHOUETTES ALSO ARE WITHIN NORMAL LIMITS.

IMPRESSION:
INCREASED INTERSTITIAL MARKINGS AT THE BASES LEFT GREATER THAN RIGHT PROBABLY INFLAMMATORY IN ETIOLOGY.

CW

HF

LASTPAGE

FINAL COPY

CALL REPORT

JAEGER, BARBARA A F 37 DISCH MEDICAL
M.R.#: 0302579 ADM MD: TIBBETTS J. J. MD 3N-S TEST RESULTS SUMMARY
ACCT#: 5589023 ATT MD: TIBBETTS J. J. MD 318
ADM: 12/25/92 00:50 RACE:W
DOB: 03/06/35 REF MD: TIBBETTS J. J. MD

REFERRING CLINIC: REF MD ADDR:
CONSULTANTS:

REPORT PERIOD: 00:00 12/25/92 - 00:00 12/26/92

* = NEW RESULT H = HIGH RESULT L = LOW RESULT
O = ORIGINAL RESULT M = MODIFIED RESULT

BLOOD COUNTS

TEST	12/25 02:10		PANCL/UNITS
WBC	25.1	H*	3.0-10.5 K/UL
RBC	4.67	*	3.7-5.2 MIL/UL
HGB	12.4	*	11.8-15.8 GM/DL
HCT	37.4	*	35-46 %
MCV	81.0	*	80-98 CU U
MCH	26.8	L*	27-34 UUG
MCHC	33.2	*	32-36 %
RDW	38.3	*	35-47 CU U
MPV	10.1	*	CU U
PLT CT	403	*	140-440 K/UL
BAND	11	*	%
NEUT	78	*	%
LYMPH	5	*	%
MONO	6	*	%
TECH HEM	LK	*	
TECH DIFF	LK	*	

YAEGER, BARBARA A F 37 DISCH MEDICAL
M.R.#: 0302579 ADM MD: TIBBETTS J. J. MD SN-S TEST RESULTS SUMMARY
ACCT#: 5539023 ATT MD: TIBBETTS J. J. MD 318
ADM: 12/25/92 00:50 RACE:W
DOB: 08/06/55 REF MD: TIBBETTS J. J. MD

REFERRING CLINIC: REF MD ADDR:
CONSULTANTS:

REPORT PERIOD: 00:30 12/25/92 - 00:00 12/26/92

* = NEW RESULT H = HIGH RESULT L = LOW RESULT
O = ORIGINAL RESULT M = MODIFIED RESULT

ARTERIAL BLOOD GASES

TEST	12/25 02:10		RANGE/UNITS
PH	7.46	H*	7.35-7.45 UNITS
PCO2	29	L*	35-45 MM HG
TCO2	22	L*	23-27 MMOL/L
PO 2	34	L*	80-90 MM HG
O2 SAT	70	L*	96-100 %
HCO3	21	L*	22-26 MEQ/L
BASE	-1.2	*	-2-+2
PT ON	(A)	*	
DRAWN	02:15	*	
TECH	LK	*	
COMMENT	(B)	*	

*(A) ROOM AIR
*(B) MIXED VENOUS SAMPLE

AEGER, BARBARA A F 37
MR#: 0300379 ACCT#: 3089013
SERV: MEDI SN-S 318
MD: TIBBETTS, J. J. MD ADM: 12/25/92
DX: INHALATION PNEUMONITIS/CHEMICAL PNEUMONIA

DISCHARGE REPORT

SUMMARY: 12/25 00:00 TO 00:00 12/26

NEW ORDERS ENTERED FOR THE DAY:

12/25/92 01:04
1. RESPIRATORY THERAPY UPDRAFT NEBULIZER.
ALBUTEROL: STAT, (531).
ENTERED BY: HEBERT KRISTIN RNNUR WRITTEN ORDER
ENTERED FOR: -PATON, D L MD

12/25/92 01:04
2. X-RAY: CHEST, PA & LAT (ROUTINE) SCHEDULING: STAT, ED ROOM 03, (531).
ENTERED BY: HEBERT KRISTIN RNNUR WRITTEN ORDER
ENTERED FOR: -PATON, D L MD

12/25/92 01:57
3. BLOOD GASES/PATIENT ON OXYGEN: LITER 4L, STAT, (531).
4. CBC, STAT, (531).
ENTERED BY: HEBERT KRISTIN RNNUR WRITTEN ORDER
ENTERED FOR: -PATON, D L MD

12/25/92 03:30
5. ACTIVITIES, UP, AS TOL, (TAB).
6. DIET: GENERAL, (TAB).
7. RESPIRATORY THERAPY NASAL CANNULA.
O2 FLOW AT 4 LPM--TO KEEP O2 SAT > 95%, (TAB).
8. RESPIRATORY THERAPY OXYGEN SAT % PULSE OXIMETER, CONTINUOUS SAT% MONITOR, (TAB).
9. RESPIRATORY THERAPY UPDRAFT NEBULIZER.
ALBUTEROL --Q 3-4 PRN, OTHER--WHEEZING, (TAB).
10. PREDNISONE 20MG TAB, #1, PO, BID @-17 MEALS --(GIVE WITH FOOD), (12/25/92 0800-..), (TAB).
11. IV LINE #1- START D5/.9% NS 1000ML, RATE:125ML/H, CONT TIL DC'D, (TAB).
12. TYLENOL ACETAMINOPHEN 325MG TAB, #2, PO, Q4h PRN--FOR PO TEMP > 101, (TAB).
ENTERED BY: KLAWITTER LINDA NUR PHONE ORDER

CONTINUED

YAEGER, BARBARA A F 37
MR#: 0302579 ACCT#: 5589023
SERV: MEDI 3N-S 318
MD: TIBBETTS J. J. MD ADM: 12/25/92
DX: INHALATION PNEUMONITISCHEMICAL PNEUMONIA

DISCHARGE REPORT

SUMMARY: 12/25 00:00 TO 00:00 12/26

ENTERED FOR: TIBBETTS J. J. MD

SIGNATURE: SIGNED

12/25/92 10:32
13. DISCHARGE PATIENT TODAY.
TO: HOME, (T)..
14. MAXAIR PIRBUTEROL ACETATE INHALER AEROSOL 25.6 GM TAKE HOME, 1 CONTAINER, TWO INHALATIONS EVERY 4 TO 6 HOURS IF NEEDED--WHEEZING, (T)..
15. PREDNISONE 10MG TAB, TAKE HOME, #10 , TAKE 2 TABLETS THREE TIMES A DAY--WITH FOOD, (T)..
ENTERED BY: MORELLO DIANE NUR WRITTEN ORDER
ENTERED FOR: TILKENS T. N. DPM

12/25/92 10:43
16. (DELETE) MAXAIR PIRBUTEROL ACETATE INHALER AEROSOL 25.6 GM TAKE HOME, 1 CONTAINER, TWO INHALATIONS EVERY 4 TO 6 HOURS IF NEEDED--WHEEZING, (T)..: WRONG DOCTOR
17. (DELETE) PREDNISONE 10MG TAB, TAKE HOME, #10 , TAKE 2 TABLETS THREE TIMES A DAY--WITH FOOD, (T)..: WRONG DOCTOR
ENTERED BY: MORELLO DIANE NUR ADJUSTING ORDERS

12/25/92 10:44
18. (DELETE) DISCHARGE PATIENT TODAY.
TO: HOME, (T)..: WRONG DOCTOR
ENTERED BY: MORELLO DIANE NUR ADJUSTING ORDERS

CONTINUED

YAEGER, BARBARA A F 37
MR#: 0302579 ACCT#: 5589023
SERV: MEDI 3N-S 318
MD: TIBBETTS J. J. MD ADM: 12/25/92
DX: INHALATION PNEUMONITISCHEMICAL PNEUMONIA

DISCHARGE REPORT

SUMMARY: 12/25 00:00 TO 00:00 12/26

12/25/92 10:46
19. DISCHARGE PATIENT TODAY.
TO: HOME, (TAB).
20. MAXAIR PIRBUTEROL ACETATE INHALER AEROSOL 25.6 GM TAKE HOME, 1 CONTAINER, TWO INHALATIONS EVERY 4 TO 6 HOURS IF NEEDED--WHEEZING, (TAB).
21. PREDNISONE 10MG TAB, TAKE HOME, #10 , TAKE 2 TABLETS THREE TIMES A DAY--WITH FOOD, (TAB).
ENTERED BY: MORELLO DIANE NUR WRITTEN ORDER
ENTERED FOR: TIBBETTS J. J. MD

THERE WERE NO ORDERS HELD TODAY

NO ORDERS WERE COUNTERSIGNED TODAY

--COMPLETED ORDERS FOR THE DAY--

COMPLETED BY: ADAMS KIM RT KS
01:42 12/25/92

(ORD COMPLETE) RESPIRATORY THERAPY UPDRAFT NEBULIZER.
ALBUTEROL: STAT, (531).

COMPLETED BY: WAUTERS, SHEREE ATRES SWA
12:02 12/25/92

(ORD COMPLETE) RESPIRATORY THERAPY NASAL CANNULA.
O2 FLOW AT 4 LPM--TO KEEP O2 SAT > 95%, (TAB).
(ORD COMPLETE) RESPIRATORY THERAPY OXYGEN SAT % PULSE OXIMETER, CONTINUOUS SAT% MONITOR, (TAB).
(ORD COMPLETE) RESPIRATORY THERAPY UPDRAFT NEBULIZER.
ALBUTEROL --Q 3-4 PRN, OTHER--WHEEZING, (TAB).

LASTPAGE

Yaeger, Barbara

RM 318

YAEGER, BARBARA A
MR#:0302579 ADM:12/25/92
TIBBETTS J. J. MD 37 REL:
AC#:5589023 DOB:08/06/55

DATE TIME	PHYSICIAN'S ORDERS
12/24/92	0204 T.C. Tibbetts
	1. Admit to 3rd c̄ chemical pneumonitis
	2. ↑ as tol
	3. General diet
	4. O2 Inc. @ 42PM to keep O2 Sat greater than 95%
	5. Cont O2 Sat monitor to alternate upright q3-4° PRN wheezing
	7. Prednisone 20mg Bid PO c̄ food
	8. IVD NS @ 125 cc/1°
	9. Tylenol grams 10 q4° PRN for temp 101 or greater PO.
	K. Hebeton. Tibbetts
12/25	L Kleawitter CHUC 1330
	K Pluemer RN 12/25

DATE TIME	PROGRESS RECORD
12/25	Note progress of case, physical findings, complications, change in diagnosis, condition on discharge, instructions to patient.
	[illegible]

St. Mary's Hospital
Green Bay, WI

ORDERS SHEET AND PROGRESS RECORD

DATE TIME	PHYSICIAN'S ORDERS

DATE TIME	PROGRESS RECORD
	Note progress of case, physical findings, complications, change in diagnosis, condition on discharge, instructions to patient.
12/85	

St. Mary's Hospital
Green Bay, WI

ORDERS SHEET AND PROGRESS RECORD

DATE TIME	PHYSICIAN'S ORDERS
12/25	May discharge
	(2) send - inhaler - [illegible] or equivalent ē hrs
	(3) send Prednisone (20 mg 100 TID ē food)
	(4) send Rx's to [illegible]
	S [illegible]
	D Morelli RCP
	[illegible] RN

DATE TIME	PROGRESS RECORD
	Note progress of case, physical findings, complications, change in diagnosis, condition on discharge, instructions to patient.

RESPIRATORY CARE DEPT. OBJECTIVES

DATE 12-25-92 PT. HAS BEEN STARTED ON: O_2 per cann @ 4 lpm; cont. [illegible], Updraft 0.5 4 prn for wheezing

PLEASE INDICATE OBJECTIVES FOR THERAPY

- ☐ IMPROVE ALVEOLAR VENTILATION
- ☐ IMPROVE ARTERIAL OXYGENATION
- ☐ PREVENT/TREAT ATELECTASIS
- ☐ IMPROVE/PROMOTE COUGH/SPUTUM PRODUCTION
- ☐ TREAT PULMONARY EDEMA/CONGESTION
- ☐ REDUCE/REVERSE BRONCHOSPASM
- ☐ IMPROVE RESPIRATORY FUNCTION
- ☐ TRAIN IN USE OF HOME THERAPY/EQUIPMENT
- ☐ ALLEVIATE RESP. DISTRESS ☐ OTHER

PHYSICIAN SIG. S [illegible]

RESP. CARE DEPT. OXIMETRY DONE

DATE: 12-25-92 TIME: 0300

SAT % PRE O_2

SAT % POST 100% LPM O_2 = 4 lpm

COMMENT:

TECH: [illegible]

12/25 [illegible] discharge ē
(1) [illegible] inhaler
(2) Prednisone 10 mg TID
TID (60 [illegible])
(3) [illegible] ē [illegible]
ē [illegible] chest [illegible]
& CBC - [illegible]
assessment
Rx / PE - [illegible]

S [illegible]

[illegible] discharge ē [illegible]
[illegible]

S [illegible]

St. Mary's Hospital
Green Bay, WI

ORDERS SHEET AND PROGRESS RECORD

St. Mary's Hospital
Medical Center

-02
YAEGER, BARBARA A SN-
MR#:0302579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LU
AC#:5589023 DOB:08/06/55 FC

CLINICAL PROFILE

DATE 12/25/92

NIGHT

	BREAKFAST	LUNCH	SUPPER
DIET	G F P	G F P	G F P
	☐ Self ☐ Assist ☐ Feed		
HYGIENE	Bath ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower		
	Mouth Care		
	Skin Care		
	☐ Peri Care ☐ Shampoo		
ACTIVITY	Sleep ☐ Good ☒ Poor ☐ Intervals		
	☒ Bedrest Turn self		
	CDB enc Suction		
	☒ BRP ☐ Commode ☐ Elev. Toilet		
	Assist ☐ Urinal ☐ Bedpan		
	Up In Chair ☐ Self ☐ Hoyer With help (1, 2, 3) Length of time Tolerance G F P		
	Up In Hall ☐ Self ☐ Assist (1, 2) Tolerance G F P Distance		
	☐ Linen Change # ☐ Complex Linen		
SAFETY	☒ Call Bell in Reach Side Rails 2x		
	☐ Vest Restraint ☒ Bed Low Position		
	Restraints ☐ RA ☐ RL ☐ All ☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT		
	☐ Bed Check System		
	☐ Isolation Type		
EQUIP / PREVENTION	Elastic Hose ☐ Knee ☐ Thigh		
	☐ Pneumatic Stockings		
	☐ Air Mattress ☐ Egg Crate		
	☐ Therapeutic Bed		
	☐ Aqua K ☐ Sitz		
	☐ Ice		
	☐ Room Deodorizer ☐ Trapeze		
MISC.	☐ BM		
	☐ 1:1 Nrsg hours		
	O2 sat monitor		
	Care Plan - Review Initials	KP	
	Initials - Responsible RN	KP	
	Initials - Care Provider	KP	

DAY

	BREAKFAST	LUNCH	SUPPER
DIET	(G) F P	G F P	G F P
	☒ Self ☐ Assist ☐ Feed		
HYGIENE	Bath ☒ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☒ Shower		
	Mouth Care self		
	Skin Care self		
	☒ Peri Care self ☐ Shampoo		
ACTIVITY	Sleep ☐ Good ☐ Poor ☒ Intervals		
	☒ Bedrest Turn self		
	CDB enc Suction		
	☒ BRP ☐ Commode ☐ Elev. Toilet		
	Assist self ☐ Urinal ☐ Bedpan		
	Up In Chair ☒ Self ☐ Hoyer With help (1, 2, 3) Length of time PRN Tolerance (G) F P		
	Up In Hall ☒ Self ☐ Assist (1, 2) Tolerance (G) F P Distance to Shower		
	☐ Linen Change # ☐ Complex Linen		
SAFETY	☒ Call Bell in Reach Side Rails 1x2		
	☐ Vest Restraint ☒ Bed Low Position		
	Restraints ☐ RA ☐ RL ☐ All ☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT		
	☐ Bed Check System		
	☐ Isolation Type		
EQUIP / PREVENTION	Elastic Hose ☐ Knee ☐ Thigh		
	☐ Pneumatic Stockings		
	☐ Air Mattress ☐ Egg Crate		
	☐ Therapeutic Bed		
	☐ Aqua K ☐ Sitz		
	☐ Ice		
	☐ Room Deodorizer ☐ Trapeze		
MISC.	☐ BM 0		
	☐ 1:1 Nrsg hours		
	☒ Emotional Supportation		
	☒ Complied but needs direction		
	Care Plan - Review Initials	KP	
	Initials - Responsible RN	KP	
	Initials - Care Provider	KP	

EVENING

	BREAKFAST	LUNCH	SUPPER
DIET	G F P	G F P	G F P
	☐ Self ☐ Assist ☐ Feed		
HYGIENE	Bath ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower		
	Mouth Care		
	Skin Care		
	☐ Peri Care ☐ Shampoo		
ACTIVITY	Sleep ☐ Good ☐ Poor ☐ Intervals		
	☐ Bedrest Turn		
	CDB Suction		
	☐ BRP ☐ Commode ☐ Elev. Toilet		
	Assist ☐ Urinal ☐ Bedpan		
	Up In Chair ☐ Self ☐ Hoyer With help (1, 2, 3) Length of time Tolerance G F P		
	Up In Hall ☐ Self ☐ Assist (1, 2) Tolerance G F P Distance		
	☐ Linen Change # ☐ Complex Linen		
SAFETY	☐ Call Bell in Reach Side Rails		
	☐ Vest Restraint ☐ Bed Low Position		
	Restraints ☐ RA ☐ RL ☐ All ☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT		
	☐ Bed Check System		
	☐ Isolation Type		
EQUIP / PREVENTION	Elastic Hose ☐ Knee ☐ Thigh		
	☐ Pneumatic Stockings		
	☐ Air Mattress ☐ Egg Crate		
	☐ Therapeutic Bed		
	☐ Aqua K ☐ Sitz		
	☐ Ice		
	☐ Room Deodorizer ☐ Trapeze		
MISC.	☐ BM		
	☐ 1:1 Nrsg hours		
	Care Plan - Review Initials		
	Initials - Responsible RN		
	Initials - Care Provider		

#0100260 Rev. 6/91

DATE _____

NIGHT

DIET

BREAKFAST	LUNCH	SUPPER
G F P	G F P	G F P
☐ Self	☐ Assist	☐ Feed

HYGIENE

Bath ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower

Mouth Care _____

Skin Care _____

☐ Peri Care ☐ Shampoo

ACTIVITY

Sleep ☐ Good ☐ Poor ☐ Intervals

☐ Bedrest Turn _____

CDB _____ Suction _____

☐ BRP ☐ Commode ☐ Elev. Toilet

Assist _____ ☐ Urinal ☐ Bedpan

Up In Chair ☐ Self ☐ Hoyer
With help (1, 2, 3)
Length of time _____
Tolerance G F P

Up In Hall ☐ Self ☐ Assist (1, 2,)
Tolerance G F P
Distance _____

☐ Linen Change # _____ ☐ Complex Linen

SAFETY

☐ Call Bell in Reach Side Rails _____

☐ Vest Restraint ☐ Bed Low Position

Restraints ☐ RA ☐ RL ☐ All
☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT

☐ Bed Check System

☐ Isolation Type _____

EQUIP / PREVENTION

Elastic Hose ☐ Knee ☐ Thigh

☐ Pneumatic Stockings

☐ Air Mattress ☐ Egg Crate

☐ Therapeutic Bed _____

☐ Aqua K _____ ☐ Sitz

☐ Ice _____

☐ Room Deodorizer ☐ Trapeze

MISC.

☐ BM _____

☐ 1:1 Nrsg _____ hours

Care Plan - Review Initials	
Initials - Responsible RN	
Initials - Care Provider	

DAY

DIET

BREAKFAST	LUNCH	SUPPER
G F P	G F P	G F P
☐ Self	☐ Assist	☐ Feed

HYGIENE

Bath ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower

Mouth Care _____

Skin Care _____

☐ Peri Care ☐ Shampoo

ACTIVITY

Sleep ☐ Good ☐ Poor ☐ Intervals

☐ Bedrest Turn _____

CDB _____ Suction _____

☐ BRP ☐ Commode ☐ Elev. Toilet

Assist _____ ☐ Urinal ☐ Bedpan

Up In Chair ☐ Self ☐ Hoyer
With help (1, 2, 3)
Length of time _____
Tolerance G F P

Up In Hall ☐ Self ☐ Assist (1, 2,)
Tolerance G F P
Distance _____

☐ Linen Change # _____ ☐ Complex Linen

SAFETY

☐ Call Bell in Reach Side Rails _____

☐ Vest Restraint ☐ Bed Low Position

Restraints ☐ RA ☐ RL ☐ All
☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT

☐ Bed Check System

☐ Isolation Type _____

EQUIP / PREVENTION

Elastic Hose ☐ Knee ☐ Thigh

☐ Pneumatic Stockings

☐ Air Mattress ☐ Egg Crate

☐ Therapeutic Bed _____

☐ Aqua K _____ ☐ Sitz

☐ Ice _____

☐ Room Deodorizer ☐ Trapeze

MISC.

☐ BM _____

☐ 1:1 Nrsg _____ hours

Care Plan - Review Initials	
Initials - Responsible RN	
Initials - Care Provider	

EVENING

DIET

BREAKFAST	LUNCH	SUPPER
G F P	G F P	G F P
☐ Self	☐ Assist	☐ Feed

HYGIENE

Bath ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower

Mouth Care _____

Skin Care _____

☐ Peri Care ☐ Shampoo

ACTIVITY

Sleep ☐ Good ☐ Poor ☐ Intervals

☐ Bedrest Turn _____

CDB _____ Suction _____

☐ BRP ☐ Commode ☐ Elev. Toilet

Assist _____ ☐ Urinal ☐ Bedpan

Up In Chair ☐ Self ☐ Hoyer
With help (1, 2, 3)
Length of time _____
Tolerance G F P

Up In Hall ☐ Self ☐ Assist (1, 2,)
Tolerance G F P
Distance _____

☐ Linen Change # _____ ☐ Complex Linen

SAFETY

☐ Call Bell in Reach Side Rails _____

☐ Vest Restraint ☐ Bed Low Position

Restraints ☐ RA ☐ RL ☐ All
☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT

☐ Bed Check System

☐ Isolation Type _____

EQUIP / PREVENTION

Elastic Hose ☐ Knee ☐ Thigh

☐ Pneumatic Stockings

☐ Air Mattress ☐ Egg Crate

☐ Therapeutic Bed _____

☐ Aqua K _____ ☐ Sitz

☐ Ice _____

☐ Room Deodorizer ☐ Trapeze

MISC.

☐ BM _____

☐ 1:1 Nrsg _____ hours

Care Plan - Review Initials	
Initials - Responsible RN	
Initials - Care Provider	

INITIALS & SIGNATURES

KP [illegible] RN					
KP [illegible] RN					

PATIENT STICKER

VITAL SIGNS RECORD

DATE	12-25						12-26						12-27						12-28						12-30					
TIME	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8
WRITE IN ✗																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
WRITE IN ✗																														
TEMPERATURE	[illegible]	[illegible]	98°																											
PULSE	[illegible]	[illegible]	100																											
RESPIRATIONS	20	24	16																											
	AM			PM			AM			PM			AM			PM			AM			PM			AM			PM		
BP	12	138/76		12			12			12			12			12			12			12			12			12		
	4			4			4			4			4			4			4			4			4			4		
	8	110/70		8			8			8			8			8			8			8			8			8		
WEIGHT																														

YAEGER, BARBARA A F 37
MR#: 0502579 ACCT#: 568P013
SERV: MEDI GN-S 318
MD: TIBBETTS J. J. MD ADM: 12/25/92
DX: INHALATION PNEUMONITIS/CHEMICAL PNEUMONIA

DISCHARGE REPORT

SUMMARY: 12/25 00:00 TO 00:00 12/26

ALLERGIES:

MED ALLERGY: NONE KNOWN
DIET ALLERGY:--NECTARINES
OTHER ALLERGY:--RAGWEED, POLLEN

VITAL SIGNS:

	T-AX	T-O	T-R	P-R	P-A	R	BP	
12/25 03:15		100.8		100		24	138/76	LKAD
12/25 08:00	98.2			100		16	110/70	LKAD DM DM

MEDICATIONS:

TYLENOL ACETAMINOPHEN 325MG TAB,
12/25 03:50 #2, PO GIV GIVEN FOR HEADACHE PLUEMER KELLY RN
PREDNISONE 20MG TAB,
12/25 08:00 #1, PO GIV FENSKE KAROLYN RN

OTHER PATIENT DATA:

12/25 03:15	ADM T-O 100.8	LKAD
	ADM P-R 100	LKAD
	ADM RESP 24	LKAD
	ADM B/P 138/76 LT ARM	LKAD
12/25 11:10	PT DISCHARGED BY WHEELCHAIR	KGAD
	DISCHARGED TO HOME	KGAD
	ACCOMPANIED BY SPOUSE	KGAD
	WITH ALL PERSONAL BELONGINGS	KGAD
	WITH PRESCRIPTIONS	KGAD
	WITH TAKE HOME MEDS	KGAD
	WITH DISCHARGE INSTRUCTIONS	KGAD
	ESCORTED BY HOSPITAL PERSONNEL, RN	KGAD
	RETURN TO CLINIC/MD OFFICE--E.R. ON SAT AM	KGAD
	APPARENT EMOTIONAL STATUS: STABLE	KGAD

DISCHARGED, 318, TO: 12/25/92, 12/25/92 11:00....11:00

CONTINUED

YAEGER, BARBARA A F 37
MR#: 0302379 ACCT#: 5569023
SERV: MEDI SN-S 318
MD: TIBBETTS J. J. MD ADM: 12/25/92
DX: INHALATION PNEUMONITIS/CHEMICAL PNEUMONIA

DISCHARGE REPORT

SUMMARY: 12/25 00:00 TO 00:00 12/26

RESPIRATORY THERAPY NOTES:

12/25 01:10	UPDRAFT NEBULIZER	IEAI
	ALBUTEROL 0.083% IN 2.5ML NS....FIO2: OXYGEN. HEART RATE 112BPM BEFORE TX. HEART RATE 120BPM AFTER TX. COUGH STRONG HARSH NON-PROD BREATH SOUNDS DIMIN THROUGHOUT BEFORE TRT WITH- NO CHANGE AFTER TRT	IEAI
	COMMENTS:--PEAK FLOWS 200 LPM BEFORE TRT. 340 LPM AFTER TRT.	IEAI
12/25 03:15	O2 SETUP	IEAI
	O2 HUM BOTTLE	IEAI
	O2 VIA CANNULA SET UP O2 ON O2 FLOW AT 4LPM	IEAI
	PULSE OX DAILY	IEAI
	PULSE OX ELECTRODE OXIMETER ON ON O2 FLOW 4LPM	IEAI
12/25 03:45	UPDRAFT NEBULIZER	IEAI
	ALBUTEROL 0.083% IN 2.5ML NS....FIO2: OXYGEN. HEART RATE 100BPM BEFORE TX. HEART RATE 110BPM AFTER TX. COUGH STRONG NON-PROD BREATH SOUNDS DIMIN THROUGHOUT BEFORE TRT WITH- NO CHANGE AFTER TRT	IBAI
12/25 07:15	UPDRAFT NEBULIZER	JSAF
	ALBUTEROL 0.083% IN 2.5ML NS....FIO2: OXYGEN PEAK FLOW BEFORE 200LPM, PEAK FLOW AFTER 300LPM. HEART RATE 92BPM BEFORE TX. HEART RATE 100BPM AFTER TX. BREATH SOUNDS: CLEAR AND DIMIN THROUGHOUT BEFORE TRT WITH- INCREASED AIR EXCHANGE AFTER TRT. COUGH SPONTANEOUS NON-PROD	JSAF
12/25 09:00	O2 DAILY O2 OFF	JSAF
	PULSE OX DAILY	JSAF
12/25 10:15	UPDRAFT NEBULIZER TRT- NOT GIVEN. REASON: PT REFUSED. REASON: NOT NECESSARY	KMA
12/25 11:30	OXIMETER HRS 8	SWAC
	OXIMETER NOTE: , OXIMETER OFF ,, DC'D PER ORDER	SWAC

LASTPAGE

St. Mary's Hospital

Green Bay, Wisconsin

RESPIRATORY CARE DEPARTMENT

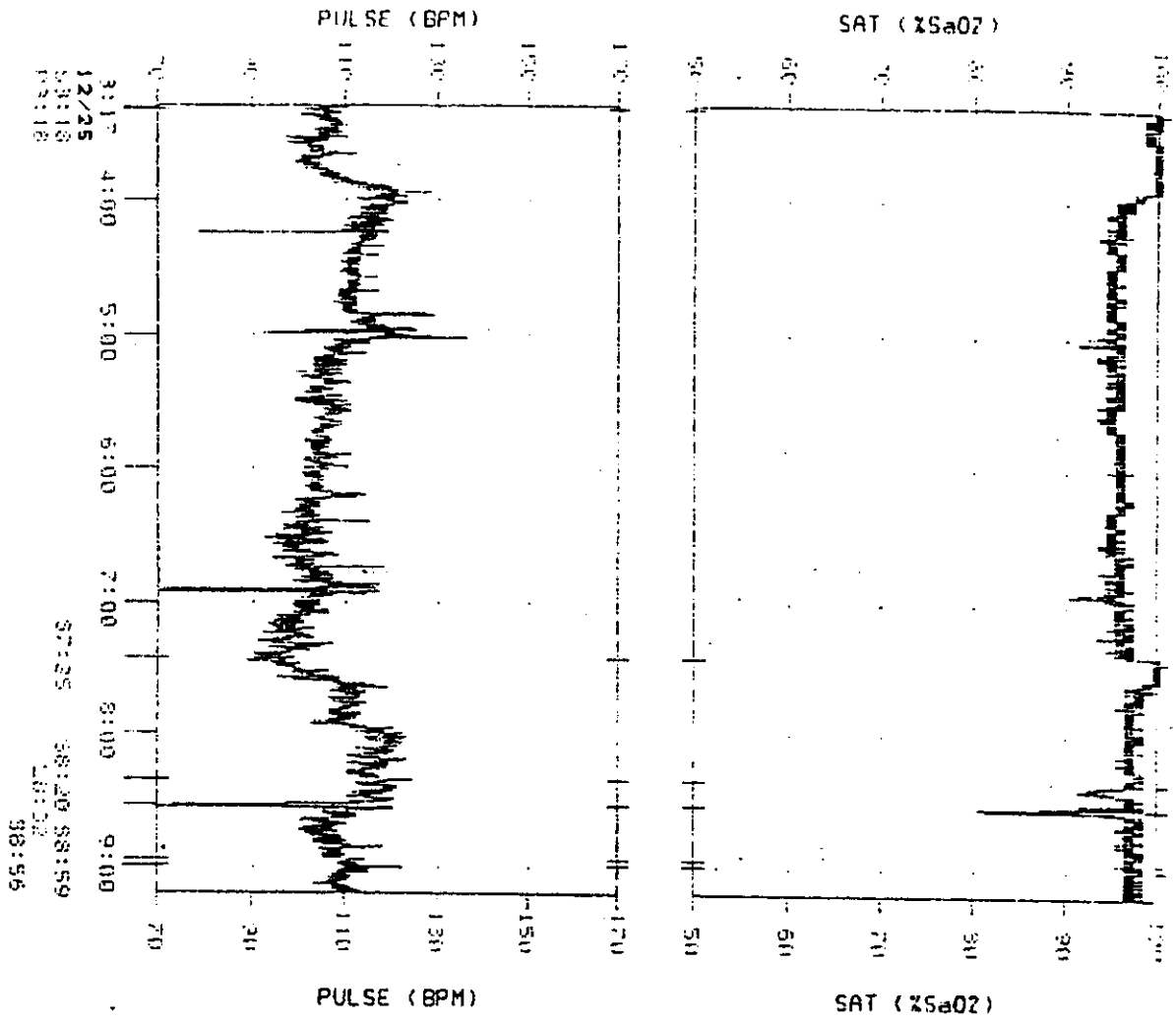
Oxygen Saturation Monitor Record

Keep > 95%

318 Yaeger, Barbara

Date	Time	Flow or O_2 Del. By	Sat. %	Comments	Initial
12/26	0310	cann @4 lpm ↓3	100%	awake	JBarnes
	0525	cann @ 3lpm	96%	awake	JBarnes
	0755	Room Air	98%	awake	K.M[illegible]
	0912	Room Air	98%	awake	[illegible]

PATIENT TREND GRAPH by NELLCOR



St. Mary's Hospital
Medical Center

PATIENT CARE PLAN

PNEUMONIA

YAEGER, BARBARA A 3N-S
MR#:03U2579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LUTH
AC#:5589023 DOB:08/06/55 FC:7F

DISCHARGE PLANS | **Date/Initial**

( ) Home ☐No Assistance ☐Assistance

( ) Skilled Nursing Facility

( ) Rehabilitation Facility

( ) Other

Signature/Initial

1 (Primary Nurse)
2 K.P. Pluimer RN
3 K.P. [illegible]
4
5
6
7

Onset Date Initial	Nursing Diagnosis	Expected Outcome	Nursing Intervention	Date Resolved/Initial
12/25	1) Ineffective airway clearance R/T accumulation of tracheobronchial secretions	Airway will remain patent. Pt demonstrates expectoration of secretions. Clear airway on auscultation.	1) Encourage coughing and deep breathing. Assist in splinting chest if needed. 2) Assess & document respirations every 4 hr & prn. 3) Elevate HOB & change patient's position every 2 hrs to promote pulmonary drainage. 4) Encourage Fluid intake to liquefy secretions further and aid in expectoration. Pt preferences are: H_2O + ice 5) Provide frequent oral care after expectoration 6) Teach necessity of raising secretions and expectoration versus swallowing. Document patient instruction	12-25-92 KP
12/25	2. Impaired gas exchange R/T dyspnea and lung consolidation	Regular respiratory rate, acyonotic. Accessory muscle use is limited or not used. SOB is decreased or does not exist.	1) Auscultate breath sounds every shift & prn. 2) Assess and document respiratory rate, depth, use of accessory muscles, & pursed lip breathing. 3) Check VS every 4 hr & prn. Note patient's color & check for circumoral or nailbed	12-25-92 KP

Onset Date Initial	Nursing Diagnosis	Expected Outcome	Nursing Intervention	Date Resolved/Initial
			cyanosis.	
			4) Elevate HOB up to 30° to promote chest expansion.	
			5) Change position every hr. NOTE: If pneumonia is unilateral, position with unaffected side down to improve arterial oxygenation by increasing blood flow to well oxygenated regions of lung.	
			6. Reduce anxiety & exertion by explaining procedures, place necessary items within easy reach and minimize verbalizations.	
12/25	3. Alteration in comfort R/T	Relief of pain. Able to cough up secretions	1) Assess and document location, intensity (0 - 10 scale) of pain.	12-25-92 KP
	(✓) pleuritic pain		2) Assess & document response to analgesics within 1 - 2 hours of administration.	
	(✓) fever		3) Teach ways to minimize pain, such as splinting chest & sitting upright when coughing.	
	(✓) coughing		4) Change damp linen/gown prn.	
			5) Encourage modified bedrest when pt is febrile.	
			6. Gear prescribed Hylenol	
	4. Knowledge deficit R/T disease transmission & etiology	Pt. & Family will verbalize understanding of disease process, treatment, & prevention	1. Advise to maintain natural resistance with good nutrition, adequate fluid intake & rest.	
			2. Avoid chilling & contact with people with upper respiratory infections.	
			3. Encourage gradual increase in activity	

Expected Outcome	Nursing Intervention	Date Resolved/Initial
	because weakness & fatigue may be prolonged after pneumonia.	
	4. Notify physician if experiencing fever, chills, dysphea, hemoptisis, or other signs of recurring pneumonia.	
	5. Encourage annual influenza or pneumococcal vaccines for those at greatest risk:	
	a. adults age 65 or older	
	b. adults with underlying chronic lung or cardiopulmonary disease.	
	c. adults with splenic dysfunction or other conditions associated with immunosuppression.	

St. Mary's Hospital
Medical Center

YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LUTH
AC#:5589023 DOB:08/06/55 FC:7C

PATIENT PROGRESS NOTES

Date	Time	Focus	DAR	D=Data A=Action R=Response
12/25	0315	Admission Note	D	37 yr. old female admitted from ER C/O SOB, nausea, chills & cough after using Wilson leather spray. Lungs are clear but diminished. C/O SOB c̄ turning. Occ dry cough. O2 M @ 4 liters. O2 sat 100%. C/O nausea c̄ turning. abdomen soft c̄ bowel sounds. Color pale skin warm & dry. Temp 100.8. IV site asymptomatic. — KPlummer
	0345	comfort	D	C/O headache
			A	Tylenol ⅠX gr. given
		Airway	D	C/O tightness in chest
		Clearance	A	RT called to give treatment — KPlummer
	0400	Resp	R	O2 off O2 sat 97%. HOB↑ Slightly dyspneic @ rest — KPlummer
	0500	Comfort	D	Denies further headache
		Temp	D	Temp ↓ 99.?
		Resp	D	"I'm breathing better" Able to rest. HOB↑ — KPlummer
12-25-92	0915	Assessment	D	Pt. is Alert + oriented x3. Skin pale, warm + dry. Lungs clear but diminished. No SOB at rest. Denies cough. O2 remains off. Abd. soft, nontender BS x4. Denies nausea, headache or chills. No edema noted. IV site patent + asymp. K Pohlh
	1110	Discharge	A	IV dr'd. O2 stat monitor dr'd. Discharge instr. given. discharged per family — K Pohlh

0101215 rev. 11/91

St. Mary's Hospital
Green Bay, WI

YAEGER, BARBARA A 3N-9
MR#:0302579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LL
AC#:5589023 DOB:08/06/55 FC:

NURSING ADMISSION INTERVIEW

Admission Date	Time	Vital Signs T	P	R	Orientation to Room	
12/25	0315	100.8	100	24	Instructions in use of siderails	✓
Admitted Per	Room	Right	BP	Left		
Cart	318		138/76			
Admitted From	Accompanied By	Ht.	Wt.			
ER	ER Nurse	Stated/Actual	Stated/Actual		Bed Operation	✓
Admitting Dr.	Family Dr.	Last Chest X-ray				
Tibbetts	Tibbetts	ER			Nurse Call System	✓

MEDICATIONS CURRENTLY TAKING (PRESCRIPTION AND OVER-THE-COUNTER)

Medication & Dose	Frequency	Last Dose	Medication & Dose	Frequency	Last Dose
⊘					

Brought In: Location Now:

ALLERGY OR SENSITIVITY

Item	Yes	No	List and State Reaction
Drug		✓	
Food	✓		nectarines
Other	✓		ragweed, pollen

NURSING HX ASSESSMENT

RN or LPN Signature

HEALTH PERCEPTION — HEALTH MANAGEMENT

Chief Complaint/Reason for Admission:

2000 spray Wilson leather spray
2200 spray again

2030 cough
2230 - Dawson SOB uncontrollable cough - Chills

HEALTH HISTORY

Previous Hospitalization/Chronic Conditions/Injuries/Last Physical Examination
8 yrs ago - Fibro cysts
Summer - Fibro cysts
Slight heart murmur
Anesthesia Hx: (malignant Hyperthermia) Ø
Transfusion Hx: (Previous Transfusions/Reactions, Including Febrile Reactions) Ø

NUTRITIONAL METABOLIC PATTERN

Special Diet Ø	Difficulty Swallowing Ø
Food Intolerances Ø	Handicaps related to eating Ø
Family Hx Diabetes - grandmother	
	Dentures: Upper Lower Bridge
Fad Diets Ø	Dentures Brought In Ø
Appetite good	Last Dental Exam:
Wt. loss or gain Ø	Oral mucous membranes/gums (color, moisture lesions)
Nausea/Vomiting	Ø lesions
24hr recall of food/fluid:	
- fruit cup - Dran muffin	
coffee green beans	Skin (color, temp, turgor, lesions, dryness, ecchymosis, other)
tuna salad - mashed potatoes/ham	Pale / warm
Alcoholic Beverages	& dry
occ	

ELIMINATION PATTERN

Bowel	Bladder
Unusual Bowel Pattern q Day	Urinary Frequency Ø Burning Ø
	Incontinence Ø Nocturia Ø
LBM - 12/23 Melena Ø	Hematuria Ø
Diarrhea/Constipation Ø	
	Unusual Discharge Ø
Laxatives Ø	
Incontinent Ø	Other
Erutations Ø	
Excessive flatus Ø	Family Hx Kidney Disease or Ca.
Abdomen soft	grandmother - kidney disease
Bowel Sounds BS x 4	

NSG DIAGNOSIS

Health Maintenance Alteratic
Noncompliance
Infection Potential for
Injury Potential For:
- Poisoning
- Suffocation
- Trauma

NSG DIAGNOSIS

Swallowing Impaired
Nutrition Altered
- More than Body Requir
- Less than Body Requir

Oral Mucous Memb. Alteratio
Ineffective Thermoregulatior
Hypothermia
Hyperthermia
Tissue Integrity Impaired
Skin Integrity Impaired

NSG DIAGNOSIS

Bowel Elimination Altered
- Constipation
- Diarrhea
- Incontinence

Urinary Elimination Altered
- Incontinence
- Retention

ACTIVITY EXERCISE

Self Care ✓ Assist of One	Leisure Activities
Requires use of Equipment/Devices	
Gait/Falls Hx - O	Smoking (duration, # pks/day) O
Paralysis/Weakness	Smoking regulations explained O
	Family Hx Heart or Lung Disease
	lung - grandfather
Amputation/Prosthesis	
	Pulse Rate 107 Rhythm regular
Respiratory Rate 24 Rhythm regular	Strength strong
Depth normal	Palpitations O
Cough yes Sputum O	Chest Pains yes slight
Orthpnea O	
Dyspnea yes	Edema O
Wheezing - yes O	
Breath Sounds	Cyanosis O
Clear but ↓	
Other	

NSG DIAGNOSIS

- Activity Intolerance
- Impaired Physical Mobility
- Self-Care Deficit
  - Feeding
  - Bathing/Hygiene
  - Dressing/Grooming
  - Toileting
- Injury Potential
- Home Mainten. Manageme
  - Impaired
- Cardiac Output Decreased
- Airway Clearance Ineffectiv
- Breathing Pattern Ineffectiv
- ~~Gas Exchange Impaired~~
- Fluid Volume
  - Excess
  - Deficit
- Tissue Perfusion Altered
  - (specify)

SLEEP REST PATTERN

Hours/Night - 7-8 hrs	Sleep onset problems occ's
Feel rested for daily activities after sleep	Dreams/Nightmares O
yes	Early Awakening O
Sleep Aids (pillows, meds, foods)	

NSG DIAGNOSIS

- Sleep Pattern Disturbance

COGNITIVE PERCEPTUAL PATTERN

Orientation X3	Eye Drops O
Pupil Reaction	Family Hx Glaucoma - father
Headaches O Fainting O	
Seizures O	Hearing Impaired O
Numbness/tingling O	Hearing Aid O
	Grasps Ideas well
Hand Grasps equal/strong	Voice/Speech Pattern - clear
Visual Impairment O	
Glasses Contacts	Attention Span good
Glasses or contacts brought in with pt. O	
Discomfort/Pain	Easiest way for you to learn
Pain Management	
Other	

NSG DIAGNOSIS

- Sensory Perceptual Alteration
  - Visual
  - Auditory
  - Kinesthetic
  - Taste
  - Tactile
  - Olfactory
- Unilateral Neglect
- Thought Processes Altered
- Knowledge Deficit
- Comfort Altered
  - Chronic Pain
  - Pain

SEXUALITY REPRODUCTIVE PATTERN

LMP – 2 wks Duration 5 days	Breast Self Exam
Character	Any Changes/Problems in Sexual Relations (if appropriate)
Discomfort – yes Discharge	
Contraceptives	
Last pelvic exam/pap smear – last summer	
Other	

SELF PERCEPTION SELF CONCEPT

Changes in way feel about self or body since illness	Grooming hygiene
	Good
Most important aspects of your life are?	Nervous/Relaxed Relaxed

ROLE RELATIONSHIPS COPING

Occupation School teacher	Interaction with Family/Friends
Live Alone/with Others	
husband / kids	Family depends on you for things?
Who's most helpful in talking things over (Significant other)	
What helps you most when you feel afraid or need help?	Family concerns regarding hospitalization?
Other	

VALUE BELIEF PATTERN

Do you belong to a particular religion / faith group? – Lutheran
If yes, which church?
Is your faith an important source of strength for you?
How can I help in carrying out your faith? would you like a visit from your pastor or hospital chaplain? yes
(Explain Pastoral Care Services and how to obtain)
Do you have a living will/power of attorney on file? If so, where?
Valuables/Disposition Pt
Person Supplying Information Patient
Dr. Notified at Time R.N. Signature K Clusmier RN

NSG DIAGNOSIS

Sexual Dysfunction
Sexuality Patterns Altered
Rape-Trauma Syndrome

NSG DIAGNOSIS

Self Concept Disturbance
- Body Image
- Self Esteem
- Personal Identity

Anxiety
Hopelessness
Powerlessness

NSG DIAGNOSIS

Coping Ineffective
- Individual
- Family

Social Isolation (Rejection)
Social Interaction Impaired
Family Process Alteration
Parenting Alteration
Fear
Grieving
Violence Potential

NSG DIAGNOSIS

Spiritual Distress

RISK OF FALLS ASSESSMENT

CHECK CRITERIA WHICH APPLY

Date: 12/25 Time: 0400

GENERAL - Each check = 2 points
_____ History of prior falls

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

6 DRESSING 1 AMBULATING 0 BATH 1 TO BE WITH ASSISTANCE

TOTAL POINTS: 2

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied _____

Not applied: ✓ Reason: alert + oriented

Signature: [signature]

CHECK CRITERIA WHICH APPLY

Date: 12/27 Time: 0400

Reassessment after 48 hours.

GENERAL - Each check = 2 points
_____ History of prior falls
_____ Hospital stay of five days or more anticipated

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

___ DRESSING ___ AMBULATING ___ BATH ___ TO BE WITH ASSISTANC

TOTAL POINTS: _____

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied _____

Not Applied: _____ Reason: _____

Signature: _____

Reassess after one week.

RISK OF FAL

CHECK CRITERIA WHICH APPLY

Date: _____ Time: _____

GENERAL - Each check = 2 points
_____ History of prior falls

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

___DRESSING ___AMBULATING ___BATH ___TO BE WITH ASSISTANCE

TOTAL POINTS: _____

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied_____

Not applied:_____Reason:_____

_____

Signature: _____

St. Mary's Hospital
Green Bay, WI
498-4200

DISCHARGE INSTRUCTIONS

YAEGER, BARBARA A 3N-3
MR#:0302579 ADM:12/25/92 318
TIBBETTS J. J. MD 37 REL:LL
AC#:5589023 DOB:08/06/55 FC:

1. **Your next appointment with Dr.** Tibbetts **is**

2. **Activity/Care instructions:**

Emergency Room 12/26/92 for CBC, Chest X-Ray.

3. **Diet:** as tolerated

4. **Medications:**

Name	Dose	Time you should take it
MAXAIR inhaler	2 puffs	Every 4 to 6 hours if needed for wheezing.
Prednisone	10 mg	Take 2 tablets three time a day - with food

5. **Patient has:**

Discharge medications	Meds from home	All personal belongings
yes ✓ no ___	yes ___ no ✓	yes ✓ no ___

I, the undersigned have read and understand the above.

K. Kehlbeck RN — Signature of Discharge Nurse
12-25-92 — Date
Barbara A. Yaeger — Signature of Patient
Date

01-3058 3/89

(Chart Copy - White/Patient Copy - Yellow)

Hospital (QBN$$P)

Green Bay Area

SCHR BARBARA A F 37 SERV:EMERGENCY

ADM MD: EMERG

ATT MD: PATON, D L MD

12/23/92 RACE:W

DC:SU REF MD: LIBBETTS J. J. MD

EF CLINIC: CITY:

LA:DJW SSN:398586783 P/C:70

ADR:800 STONEY BROOK LA RELIGION:LUTH LC16

GREEN BAY WI 54304- CHURCH:PILGRIM

HONE:414-499-6143 ER CONTACT I: JERRY

REV NAME:SCHROEDER PHONE: 414-499-6143 REL: HU

.E: 08/06/33 MS:M WORK: 414-499-3131

*PLOYER:VONBOX CL FORD ER CONTACT II:

CUPATION:TEACHER PHONE: REL:

CIDENT DATE: WORK:

ADMITTED:SQUAD

DX:CHEMICAL REACTION

☐ POLICE NOTIFIED ☐ HBPE

☐ CORONER NOTIFIED ☐ HERE

PHYSICIAN NOTIFIED T. Libbetts ANSWERING SERVICE 0004 ☐ AT HOME ____ RESPONSE 0004 ☐ ARRIVAL IN THE EMERGENCY CENTER ____

TETANUS TOXOID /

CURRENT MEDS None

ALLERGIES NKDA

MD EXAM Stat

PHYSICIAN'S EXAMINURSE'S NOTES

TEMP 100.4 T P 112 R 28 B.P 158/80

0042 Taken to room 3 per EMTRS. 0045 10.5cm IV start. 0049 Reported to check stat lung. 0050 Pt. in gown at bed. 0052 states she was using a "Wilson Leather protector" @ 8pm for 15' and at 930pm for 15' States she became c slight cough @ 830pm et developed mild to severe @ 10pm. States pain is worse w deep inspiration. Pt to pain 0 set 930 con RR amS. lungs bcsed bilaterally. cont. 0054 orders & recd by 0055 VMA/allergies

used Wilson Leather protector from 8pm to 9pm

cont. c/o fever, chills, HA, SOB, cough.

0059 0 @ 0 Fleming

0103 @ 0 States she feels better c 0

0110 0 set 99% RA. 0210 95 on F100% Fleming 0151 ABG

Cxr — results

0155 IV 1000cc D5NS @125cc/hr. Pt. resting, being stud K-T, IB&C spiro. Stat paged ortho c

0248 Report called to 3rd Floor.

DIAGNOSIS Acute Chemical Pneumonitis - RAD

TREATMENT Admit — Dr. J. Libbetts

INSTRUCTIONS

X-RAY AND EKG READINGS ARE PRELIMINARY UNTIL LATER REVIEWED. INSTRUCTION SHEET GIVEN

FOLLOW UP WITH OR | CONDITION UPON DISCHARGE | CONDITION ☐ SATISFACTORY ☐ FAIR ☐ POOR

DISABILITY DURATION

DISPOSITION	DATE	TIME	REFERRED TO	RN	ATTENDING PHYSICIAN
Admit 318	12/23/92	0300			

FORM 31-00560 12/88

MEDICAL RECORDS

Yaeger, Barbara
#302579
12-25-92
Dr. Paton

HISTORY OF PRESENT ILLNESS:
This is a 37-year-old woman who presents with complaint of acute dyspnea after spraying a coat with Wilson's Leather Protector aerosol. This is a hydrocarbon-based spray for garment protection. The patient is a nonsmoker. She relates no prior history of bronchospasm. She occasionally has extrinsic allergies. She has no medications and has no preceding infectious symptoms. In fact, the patient's husband, who was briefly exposed to the basement where she was spraying this agent had similar symptoms and so did another youngster.

PHYSICAL EXAMINATION:
Temperature is 100.4 tympanic, 100.8 orally, pulse 112, respirations 28, blood pressure 158/80. The patient appeared ill and was quite uncomfortable. She did volunteer symptoms of bifrontal headache as well as some chills and myalgias in addition to her dyspnea.
HEENT: Her conjunctiva are trace injected without chemosis. ENT examination shows hyperemia and is otherwise normal. There is no stridor or angioedema.
Neck: Supple.
Lungs: She has scattered rhonchi with end-expiratory wheezes on chest auscultation. The wheezing resolved significantly after an Albuterol updraft, however, the rhonchi persisted and a few crackles and mild rales developed later in her ER course. Pulse oximeter was in the low to mid-90s on room air on arrival and with four liters nasal cannula it went up to 99%.
Heart: Tones were regular without rubs or gallops. There was no ectopy.
Abdomen: Soft. There was no peritoneal signs. Bowel sounds are active.
Extremities: She had no peripheral clubbing, cyanosis, or edema.

Chest x-ray was compatible with pneumonitis though the patient was much more comfortable with oxygen administration. She clearly was too ill to be treated as an outpatient. An IV of D5 normal Saline was initiated and a Solu-Medrol bolus given. Her baseline CBC had a white count of 25.1. Hemoglobin is 12.4, platelets are adequate. She had 78% neutrophils, 11% bands. An initial blood gas had a pH of 7.46, PC02 of 29, P02 of 34 and a bicarb of 21. This clearly was not arterial and will be repeated. The patient's saturations were again 99% on four liters. She was discussed with Dr. J. Tibbetts and admitted.

IMPRESSION:
Acute chemical pneumonitis with bronchospasm, rule out lipoid pneumonia.

DP:ct
D: 12-25-92
T: 12-26-92

Lubinski, Rottier, Reed & Klass, S.C.

LAWYERS

200 EAST WISCONSIN STREET, P.O. BOX 67
SEYMOUR, WI 54165-0067

AREA CODE (414)

Seymour 833-2356
Pulaski 822-3115
Appleton 735-0834

Telecopier 833-2358

Richard Lubinski
Kenneth F. Rottier
Robert Lubinski
Ann Lubinski Reed
Mary Lubinski Klass

Vernon Lubinski

MAR 2 2 1993

March 11, 1993

Mr. Todd Stevenson
Freedom of Information Officer
Consumer Product Safety Commission
Office of the Secretary
5401 Westbard Ave.
Bethesda, MD 20207

RE: Wilson's Leather Protector
[redacted]

Dear Mr. Stevenson:

Please be advised that this office has been retained by [redacted] and [redacted] on behalf of their minor child, [redacted], regarding their exposure to Wilson's Leather Spray and consequential injury on December 27, 1992.

I am hereby requesting photocopies of your investigation information regarding Wilson's Leather Spray under the Freedom of Information Act.

I am especially concerned regarding the identification of the substance contained in the spray which caused the medical complications, the long-term affects of the exposure and the knowledge of Wilson's regarding the hazard.

Thank you for your anticipated cooperation.

Sincerely yours,

LUBINSKI, ROTTIER, REED & KLASS, S.C.

Ann Reed

MFR/PRVLBR NOTIFIED
____ No comments made
____ Comments attached
25(c) ____ Excisions/~~Revisions~~
____ Firm has not requested further notice

AR:kl
Encs.
ar\rodefDAN.L1

Exhib. F "B" 12/29/92
IOI # 921229CCN0544

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preferance, please sign your name and date the document on the lines provided.

[ ] You are hereby authorized to disclose my name and address with the information collected on this case.

[X] My identity is to remain confidential.

[redacted] 12-29-92
(Signature) (Date)

U.S. GOVERNMENT PRINTING OFFICE 1984—424-773

Exhibit D 12/29/92

TQ I # 931229CCN0544

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case) (the case of [redacted])

Name

Relationship to you

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

12-29-92
(Date)

[redacted]

(Witness)

CPSC FORM NO. 170

Exhibit "E" 12/29/92

U.S. CONSUMER PRODUC IDI# 921229CCN0544

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case) (the case of [redacted] Name my daughter --Relationship to you) including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

12-29-92 (Date) [redacted] (Signature)

(Witness)

OPSC FORM NO. 170

Exh 3 / 6" 12/29/92

U. S. CONSUMER PRODUCT SAMPLE COLLECTI

IDI # 921229CCN0544

1. Flag	2. Date Collected	3. Sample type & number
	12/29/92	[X] Physical R-830-4407 [ ] Documentary

4a. Product name	4b. Model	4c. NEISS	5. Assignment ref.
fabric treatment product	Wilson's 5oz.	0952	921229CCN0544

6. Complete for import samples	7. MIS	8. Hours:
a. Port of Entry :	32672	a.Activity 2.0
b. Entry # & date :		b.Travel 0.0
c. Country of Origin :	9a. Home RO	9b. Collecting RO
d. HSUSA code :		
e. Customs Contact :		

10. Sample Cost	11. Invoice value of lot	12. Size of lot
$0. -	retail value approx. $5.00	one available from consumer

13. Manufacturer/Importer	14. Shipper/Foreign Mfr.	15. Dealer/Import Broker
Wilson's Suede and Leather Inc. Minneapolis, MN. ID #	Wilson's Suede&Leather Port Plaza Mall A-1009 Port Plaza Mall Green Bay, WI. 54301 ID#	[redacted] [redacted] Gillett, WI. 54124 ID#

16. Supporting documents attached:
a. Invoice # & date: N/A b. Date Shipped:
c. Shipping record # & date:
d. Affidavit signer's name, title & date:

17. Product Identification:
Sample consists of one 5 ounce aerosol can of "Wilson's Leather Protector." Can is black in color with red and white lettering, SKU #18996003. Date coding stamp on container bottom states "C1 2." Front labeling describes product as "making suede and leather stain and water resistant, keeps dirt on the surface for easy wipe-off;" container further lists various warning and usage instructions.

18. Reason for collection & analysis needed: FHSA X CPSA ___ FFA ___ PPPA ___ RSA ___
F/U to IDI# 921229CCN0544 (10 Y.O. and 19 Y.O. suffered respiratory distress after using the product); content and labeling analysis.

19. Summary of Field Screening:
None

20. Sample Size, Method of Collection:
Sample consists of one unused can as described in #17 above. This can was one of a two can set packaged together in a black cardboard display container. Sample was obtained from consumer at her rsidence on 12/29/92; it remained in my possession and in the locked CPSC office until shipment to the Sample Custodian on 12/31/92. Sample

21. Identification on sample	22. Identification on seal
"R-830-4407 DRB 12/29/92"	"R-830-4407 Dennis R. Blasius 12/31/92"

23a. Sample delivered to	23b. Date	24. Orig. report/records sent to
Sample Custodian via P.P. MKE	12/31/92	FOCR

25. Laboratory/Office: ESEL [ ] HSHL [X] CERM [ ] CECA [ ] OTHER [ ]

26. Remarks was shipped in a cardboard box which was sealed and identified as under #22 above; sample itself was tagged and identified as described in #21 above. Sample was mailed via P.P.MKE to the Sample Custodian on 12/31/92, to be forwarded to HSHL for further analysis. Sample collection receipt, copy of original assignment attached.

27. Related Samples R-830-4408

28a. Collector's name, title & employee #	28b. Collector's signature & date
Dennis R. Blasius, Investigator, #9003	Dennis R. Blasius 12/31/92
29a. Reviewer's name, title & employee #	29b. Reviewer's signature & date

Distribution: Orig [ ] Lab [ ] Fiscal [ ] Data [ ] Hdqtr [ ] Other [ ]
CPSC Form 166 (Rev. 9/91)

Exhibit "H" 12/24/92

CONSUMER PRODUCT INC

IOI #921229CCNC544

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)
[redacted]	[redacted] (Home)
3. STREET ADDRESS	**4. CITY STATE ZIP CODE**
[redacted]	Gillett, WI. 54124

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

Respondent's two daughters, ages 19 and 10, were in the basement of their home treating a new leather coat with an aerosol leather protector product. After several minutes of exposure to the product's fumes both individuals began experiencing severe respiratory distress, including difficulty breathing, coughing, and tightness in their chests. Both victims were transported to a local hospital, where they were treated and released.

6. DATE OF INCIDENT(S)	7. IF INJURY OR NEAR MISS, OBTAIN	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE
12/27/92	AGE 19 SEX Female AND DESCRIBE INJURY respiratory distress	NAME _____ RELATIONSHIP daughters

9. DESCRIPTION OF PRODUCT	10. BRAND NAME
aerosol spray leather protector	Wilson's Leather Protector

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE	12. MODEL, SERIAL NO.'S
Wilson's Leather Company Minneapolis, MN.	5oz. and 7oz. cans

13. DEALER'S NAME, ADDRESS & PHONE

Wilson's Leather Products
Port Plaza Shopping Center
Greenbay, WI.

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?	15. PRODUCT PURCHASED NEW X USED _____
YES _____ NO X IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____	DATE PURCHASED 12/27/92 AGE one day
	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____

17. HAVE YOU CONTACTED THE MANUFACTURER?	18. IS THE PRODUCT STILL AVAILABLE?	19. MAY WE USE YOUR NAME WITH THIS REPORT?
YES X NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	YES X NO _____ IF NOT, ITS DISPOSITION _____	YES X NO _____

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.
12/28/92	Dennis R. Blasius, MKE-RP	62 0 0137

23. FOLLOW-UP ACTION	24. PRODUCT CODE(S)
Conduct IDI 921229CCN0544	0952

25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE
O: EPHS; cc CERM, Jacobson; rc: EP	[signature] DPSE

CPSC FORM 178 (9/89)

U.S. CONSUMER PRODUCT SAFETY COMMISSION

1. AREA OFFICE ADDRESS
CPSC - Milwaukee Resident Post
310 W. Wisconsin Ave.
Milwaukee, WI 53203

2. NAME OF INDIVIDUAL	3. TITLE OF INDIVIDUAL	4. DATE
[redacted]	Self	12/29/92

5. FIRM NAME	6. SAMPLE NUMBER
—	

7. NUMBER AND STREET	8. CITY AND STATE (Include Zip Code)
[redacted]	Gillett, WI. 54124

9. SAMPL[redacted] numbers and other positive identification)

The following samples were collected by the Consumer Product Safety Commission pursuant to Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f) and/or Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b) and/or Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d) and/or Section 704(c) of the Federal Food Drug and Cosmetic Act (21 U.S.C. 374(c)) [Authority for sample collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)], and receipt for said samples is hereby acknowledged. Sections cited are quoted on the reverse side of this form.

1 — Drink 5oz. can of "Wilson's Leather protector"
pursuant to # 001899 6003.

10. SAMPLES	11. SAMPLES WERE	12. COLLECTOR
a. AMOUNT RECEIVED FOR SAMPLE —	☒ PURCHASED	a. NAME (Print or type) DENNIS R. BLASIUS
b. SIGNATURE X [redacted]	☐ BORROWED (To be returned)	b. SIGNATURE Dennis R. Blasius

CPSC FORM NO. 163

RECEIPT FOR SAMPLES

Section 27(f) of the Consumer Product Safety Act (15 U.S.C. 2076(f) is quoted below:

(f) For purposes of carrying out this Act, the Commission may purchase any consumer product and it may require any manufacturer, distributor, or retailer of a consumer product to sell the product to the Commission at manufacturer's, distributor's, or retailer's cost.

Section 11(b) of the Federal Hazardous Substances Act (15 U.S.C. 1270(b)) is quoted below:

(b) For purposes of enforcement of this Act, officers or employees duly designated by the Secretary, upon presenting appropriate credentials and a written notice to the owner, operator, or agent in charge, are authorized (1) to enter, at reasonable times, any factory, warehouse, or establishment in which hazardous substances are manufactured, processed, packed, or held for introduction into interstate commerce or are held after such introduction, or to enter any vehicle being used to transport or hold such hazardous substances in interstate commerce; (2) to inspect, at reasonable times and within reasonable limits and in a reasonable manner, such factory, warehouse, establishment, or vehicle, and all pertinent equipment, finished and unfinished materials, and labeling therein; and (3) to obtain samples of such materials or packages thereof, or of such labeling. A separate notice shall be given for each such inspection, but a notice shall not be required for each entry made during the period covered by the inspection. Each such inspection shall be commenced and completed with reasonable promptness.

NOTE: The term "Secretary" in the Federal Hazardous Substances Act section should be substituted by the term "Consumer Product Safety Commission".

Sections 5(c) and (d) of the Flammable Fabrics Act (15 U.S.C. 1194(c) and (d)) is quoted below:

(c) The Commission is authorized and directed to prescribe such rules and regulations, including provisions for maintenance of records relating to fabrics, related materials, and products, as may be necessary and proper for administration and enforcement of this Act. The violation of such rules and regulations shall be unlawful and shall be an unfair method of competition and an unfair and deceptive act or practice, in commerce, under the Federal Trade Commission Act.

(d) The Commission is authorized to-

(1) cause inspections, analyses, tests, and examinations to be made of any product, fabric or related material which it has reason to believe falls within the prohibitions of this Act: and

(2) cooperate on matters related to the purposes of this Act with any department or agency of the Government; with any State or territory or with the District of Columbia or the Commonwealth of Puerto Rico; or with any department, agency, or political subdivision thereof; or with any person.

Section 704(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(c)). [(Authority for Sample Collections made in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 et seq.)] is quoted below:

(c) If the officer or employee making any such inspection of a factory, warehouse, or other establishment has obtained any sample in the course of the inspection, upon completion of the inspection and prior to leaving the premises he shall give to the owner, operator, or agent in charge a receipt describing the samples obtained.

NOTE: The term "Commission" meaning the "Federal Trade Commission" in the Flammable Fabrics Act section should be substituted by the term "Consumer Product Safety Commission".

B/8 TC 21 (1)

CONSUMER PRODUCT INCIDENT REPORT

JAN 25 1993

1. NAME OF RESPONDENT S. Huong Gilmore	2. TELEPHONE NO. (Home) (Work) 602/936-4743/225-0732
3. STREET ADDRESS 2710 N. 89th Dr.	4. CITY STATE ZIP CODE Phoenix, AZ 85037

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

The victim used the leather protector spray on her new leather jacket. Within 20 min. she began experiencing shortness of breath. Victim began caughing up blood + went to a physician. They found out that she was only able to use 1/4-1/2 of her lung capacity. She was given medication.

6. DATE OF INCIDENT(S) 12-23-92 9 P.M.	7. IF INJURY OR NEAR MISS, OBTAIN AGE 26 SEX female AND DESCRIBE INJURY damage to lungs	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP
9. DESCRIPTION OF PRODUCT a spray to protect leather		10. BRAND NAME Wilson's Leather Protector
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's The Leather Experts Minneapolis, MN		12. MODEL, SERIAL NO.'S 5 oz. aerosol can 13. DEALER'S NAME, ADDRESS & PHONE Wilson's Suede + Leather Paradise Valley Mall Phoenix, AZ
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES ___ NO X IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW X USED ___ DATE PURCHASED ___ AGE new around 12-23-92 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:
17. HAVE YOU CONTACTED THE MANUFACTURER? YES X NO ___ IF NOT, DO YOU PLAN TO CONTACT THEM? YES ___ NO ___ OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES X NO ___ IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES X NO ___ MFR/PRVLBR NOTIFIED No comments made Comments attached Excisions/Revisions ✓ Firm has not request further notice

FOR ADMINISTRATION USE

20. DATE RECEIVED 12-29-92	21. RECEIVED BY (Name & Office) FOWR/PHX Bonnie E. Weaver Arizona	22. DOCUMENT NO. F314014 5/22/97 RTP
23. FOLLOW-UP ACTION IDI Task # 930113HWE4015 CAT ID CHNN01		24. PRODUCT CODE(S) 6952
25. DISTRIBUTION		26. ENDORSER'S NAME & TITLE I-13

8

APR 2 1 1993

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Signature _____ Date 4-28-93

☐ I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☒ You may release my name to the manufacturer and to the public.

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Guelzow & Senteney, Ltd.
Trial Lawyers
703 Fifth Avenue ♦ P. O. Box 1243 ♦ Eau Claire, Wisconsin 54702
Telephone 715-834-0508 ♦ Fax 715-834-4043 ♦ 1-800-383-4200

C325048

February 15, 1993

$952

Todd Stevenson
F.O.I.A. for C.P.S.C.
5401 Westbard Ave., Rm. 412
Washington D.C. 20207

MAR 9 1993

RE: Wilson Leather Protectant
Client's Name: [redacted]

Dear Mr. Stevenson:

This letter is written pursuant to the Consumer Product Safety Commission - National Injury Information Clearinghouse's referral. This letter should be construed as a written request in accordance with the Freedom of Information Act. Please advise the undersigned of any forms available for future Freedom of Information Act requests.

We represent a 22 year old who has spent several weeks in coma after being hospitalized in early January 1993. She has been diagnosed with Adult Respiratory Distress Syndrome, kidney failure, and liver failure with no medical explanation available. Wilson's Leather Protectant has not been discharged as a possible cause for our client's health condition.

My understanding is Wilson voluntarily recalled their Leather Protectant in late December 1992. Therefore, please provide the undersigned with the following information on Wilson Leather Protectant and its subsequent recall: first, the number and demographics of complaints, the number and demographics of confirmed cases, and the signs & symptoms exhibited in these cases. Secondly, who is conducting investigations and the scope of these investigations.

S303025

Leather Protectant C21

MFR/PRVLER NOTIFIED
✓ No comments made 3/17
25(c) ✓ Comments attached
✓ Excisions/Revisions
✓ Firm has not requested
Further notice
7/7/95

Thomas Kent Guelzow* ♦ George H. Senteney ♦ Robin A. Nelson
*Certified Trial Advocate: National Board of Trial Advocacy

Also, please advise the undersigned at 1-800-383-4200 with the volume of this request and whether a personal independent review would be beneficial. Arrangements can be made at this time for any costs associated with this request. We are more than willing to provide any information with others who are in similar circumstances.

Our client, and her family appreciate your cooperation with us.

Sincerely,

GUELZOW & SENTENEY, LTD.

Gwen Janell Anderson

Gwen Janell Anderson,
Paralegal

JUN 3 1993

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home)	(Work)
[redacted]	[redacted]	—
3. STREET ADDRESS	**4. CITY**	**STATE**	**ZIP CODE**
[redacted]	Superior	WI	54880

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

Around the middle of November of 1992 I used a can of Wilson's leather spray on a coat, glores and a book bag. Shortly after use I became weak and achy. On December 10 of '92 I went to a doctor. He prescribed pain pills. Those, however, did not work. On December 25, 1992 I came down with a high temperature and again was given an antibiotic. Then, on January 4, 1993 I was admitted to the hospital because my lungs had filled up and I had a shortness of breath. Overall, my symptoms included a high temperature, adult respiratory distress syndrome, multi-organ failure and body aches & weakness.

6. DATE OF INCIDENT(S)	7. IF INJURY OR NEAR MISS, OBTAIN	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE
Mid-Nov '92	AGE 22 SEX F AND DESCRIBE INJURY See above	NAME _____ RELATIONSHIP _____

9. DESCRIPTION OF PRODUCT	10. BRAND NAME
Leather protectant spray (7 ounce can)	Wilson's

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE	12. MODEL, SERIAL NO.'S
Wilson's Minneapolis, MN 55426	Lot # 7892 Stock 189916003
	13. DEALER'S NAME, ADDRESS & PHONE Wilson's Leather (715) 832-5016 Oakwood Mall 4800 Golf Road Space #330 Eau Claire, WI 54701

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?	15. PRODUCT PURCHASED
YES ____ NO X IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____	NEW X USED ____ DATE PURCHASED Mid-Nov '92 AGE _____
	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____

17. HAVE YOU CONTACTED THE MANUFACTURER?	18. IS THE PRODUCT STILL AVAILABLE?	19. MAY WE USE YOUR NAME WITH THIS REPORT?
YES ____ NO X IF NOT, DO YOU PLAN TO CONTACT THEM? YES ____ NO ____ OTHER Depends on cause of illness	YES X NO ____ IF NOT, ITS DISPOSITION _____	YES X NO ____

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.
23. FOLLOW-UP ACTION		**24. PRODUCT CODE(S)**
25. DISTRIBUTION	**26. ENDORSER'S NAME & TITLE**	

CPSC FORM 175 (9/89)

3/

MAY 3 1993

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[redacted] 6-28-93
Signature Date

☐ I request that you do not release my name.

☒ You may release my name to the manufacturer but I request that you not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

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