Part 2 of

accident investigation

#980217CNE5086

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/20/97	10A → Suct'd ETT for scant amt of cloudy mucous. Repositioned. Mod thick yellow mucous suct'd from nares.
12N	T=37.6 @. Bladder distended → gently crede'd for mod clear yellow urine. Passed 5m GSS. Suct'd ETT for ~~[illegible]~~ scant amt of same. Mod thick yellow from nares. Repositioned. Tolerating feeds. FiO2 ↓ 21% by Dr Weingarten. Mom in → updated by Dr Weingarten.
1P	Pt seen by Peds surgery. Sats ↓ 91-92%. FiO2 back to 25% by Dr Weingarten.
3P	CPT & suct'd for 8m amt clear mucous. Repositioned. Bladder crede'd gently c good c/o.
4P	Bathed. Linen's Δ'd. ETT tapes retaped by 2 RN & 5 difficulty. CPT & suct'd for mod amt loose cloudy mucous. Repositioned as tolerated. Bladder gently crede'd (distended) → dripping urine before crede. Attempted to update mom & talk about babip prognosis, but mom convinced pt will be OK & "cured". Support given. Tolerating feeds.
6P	Sm NAD. Suct'd for 5m amt of same. Repositioned
7P	~~[illegible]~~ Condition unchanged. Report given [illegible]

0414

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PATIENT PROGRESS
OBSERVATION RECORD

NNCP 612-A
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996
2751 GRAND CONCOURSE
BRONX NY 718 224-44
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nursing 7P-7A OBSERVATION
4/20	Received baby D. Reyes lying under radiant infant
	warmer Tset @ 35.5 via skin probe. alarms are on
	& fully functional. Remains c̄ #4.0 NTT cuffed/inflated
	to Servo Vent settings SIMV mode Peep 5 TV 90cc
	Rate 15/min F.O.2 25%. Color pink, aerating bilaterally
	c̄ clear equal BS. ⊖ No spontaneous respir effort
	⊖ flaring ⊖ retractions. HR 150 ST ⊖ ectopy ⊖ WNL
	⊕ pulses x 4 perfusion two sec capfill brisk ⊕ edema
	generalized. Abd soft, flat ⊕ CNO feeds on progress
	Sim 20ml/cc @ 30cc/hr residual 3cc. Bladder
	creded q 3-4hr for clear amber urine
	⊖ stooling. Nuero; pupils 5mm fixed/dilated
	no spontaneous movement, unresponsive to
	tactile/verbal stimuli. Lines - none no IV or art
	lines. Mom & family c̄ pt.
8P	VSS T37° CPT/Suctioned for same secretions -
	smam't thick white Sat 99%. Repositioned on
	side. Bladder creded for mod am't urine.
9P	Warmer removed x 1hr, pt covered blankets, however
	T x 36.4 replaced ~~on~~ under warmer Tset @ 36.5
10P	Repositioned as tolerated.
11P-12A	VSS T36.9 Sat 99% CPT/Suctioned for same thick
	[illegible]

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DATE	OBSERVATIONS
	clear amber urine. tolerating feeds residuals etc
	Repositioned on side. No change in inverse
	status.
2A	VSS continues under warmer Tset @ 35° ⊖ residual
4A	T37° continues under warmer Tset @ 35° Bath given
5A	Unsuit care given. Bladder creded for mod amt
	amber urine ⊖ stool. Nystatin to groin & neck
	linens Δ; repositioned on ⓛ side Sats 99%
	No change in inverse status, no spontaneous
	resp noted, chest clear. color pink. ⊕ pulses
	x4 ⓛ leg elevated on pillow. sl. edematous
6A	Repositioned on ⓡ side continues under warmer
	tolerating feeds. Sats 100%. Color pink.
7A	No change in inverse status. Report given R Beaulieu
4/21/97	Neurology Attending
	No change in examination. Today:
	the pupils are midposition and
	fixed to bright light there are
	absent corneals and oculocephalic
	reflexes. Cold caloric test to both
	ears: No eye movements.
	No movement spontaneously or to
	noxious stimuli. Imp: Child
	remains clinically brain dead.
	Rec: Flow study or EEG to complete
	protocol for brain death. If the test

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DATE	OBSERVATION
	negative, can do apnea test to confirm absence of brainstem function.
	M Steinschneider
	Steinschneider
4/21/97 12:40pm	PCCU Fellow Progress Note - Dr. Lopez Unfortunate victim of near drowning at PE which is consistent c̄ brain death. Pt had repeat flow study over the weekend which revealed flow. Will cont c̄ supportive care.
	[illegible]
4/21/97 1pm	PCCU Attending
	This 6 month old boy is clinically brain dead, has no signs of cerebral or brainstem function.
	The ventilator is maintaining this child's heart and circulation, and without this tech-

11605M/E REV.3/72

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DATE	OBSERVATIONS
	wology, the baby would die. If this child's heart should stop, no resuscitative efforts will be made because, these efforts would be futile. This has been discussed with Jonathan's mother.
	[signature]
4/21/97	Infant Bioethics Review Committee
130PM	Committee meeting convened today to review the case of Jonathan and concensus ~~that~~ among the clinical caregivers that the infant will not survive.
	Its summary:
	Jonathan is a six month old boy who was resuscitated following a near drowning episode on 4/15/97. Baby was apparently left unattended for several minutes in a bathtub c chest level water sitting in an infant tub sit. His 2yr old sib was reportedly in the tub as well - EMS initiated resuscitation which continued p arrival in the NCBER

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PATIENT PROGRESS OBSERVATION RECORD

NAME 612-A
[illegible]
[illegible]
M 10/25/1996 PCS
27 [illegible] GRAND CONCOURSE 10453
[illegible] NY 718 584-4400
80460017 04/15/1997 F

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

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DATE	OBSERVATION
4/21/97	Jonathan's initial course was remarkable for cardiovascular collapse, shock liver and ~~[illegible]~~ anoxic-ischemic brain injury. He is currently in a vegetative state without evidence of cerebral or brainstem function. Functionally the infant is brain dead - no response was detected on apnea test (pCO2 ~~[illegible]~~ 101 in 15 min period). Evaluation has included an EEG - some electrical activity detected - on followup - no activity discernible (cerebral silence) - Cerebral flow study subsequently obtained which demonstrated intracerebral flow. Jonathan is currently maintained alive on ventilatory support. His nutrition is maintained via gavage enteral feeds. He is stable off antibiotics and pressors however is alive only as a function of the ventilator. Jonathan's mother has been apprised of his condition but remains unable to accept the dreiness of her child's condition and that his brain injury is global and irreversible. There is consensus among all the care giving that further intervention is medically

31805M/E REV.3/72

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DATE	OBSERVATIONS
	futile and that the infant will die despite his continued aggressive medical care.
	The Committee met this afternoon to review Jonathan's course and comment regarding the appropriateness of the medical futility argument in this child's care. In attendance were Drs. King, Dubler, Ms. Karen Thomas, Ms. Cannavo, Ms. Charannie, Dr. Moshe and myself. Dr. Moshe concurred as to the inevitable demise of this infant who despite evidence of minimal intracerebral blood flow has no clinical evidence of brain activity. There was agreement among all committee members as to the appropriateness of a do not resuscitate order given the medical futility of resuscitation should resuscitative efforts be undertaken in the event of a cardiac arrest. The committee agreed to the continued provision of comfort and supportive care that was defined to include continued ventilatory support (until such time as absence of cerebral blood flow is documented) and nutritional support via gavage enteral feeds. The infant is currently stable with normal cardiovascular, renal, hepatic and hematologic indices. Therefore additional support or intervention for these organ systems is not warranted.

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DATE	OBSERVATION
4/21/97	It was recommended by the committee that the caregivers in the PCCU along with social services work to help the mother identify and strengthen a support system to assist her during this difficult period. Social services will need to contact her caseworker and try to involve the worker and the mother's family in providing support to this young woman who must confront her baby's impending demise and irreversible brain injury. Given the determination of futility tracheostomy and gastrostomy are not indicated or appropriate. As designee of the medical director, Dr. S. Safyer, I concur and support the recommendations put forth by the committee and agree to a do not resuscitate order on the basis of medical futility.
	Deborah Campbell MD Director, Neonatology Chair, Infant Bioethical Review Committee

1805ME REV.3/72

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DATE	OBSERVATIONS
4/21/97	Resident Note
9:45 pm	Uneventful day medically
	Resp ~~90/35~~ vent setting remained unchanged
	clear lungs. (IMV=15 peep=5 92TV
	Setting 99% on FIO_2=25%
	① continue on current settings
	CVR: 90/38-89/49 113-132
	RKS, S_2 ⊖ m/s/R.
	① currently hemodynamically stable
	Fen/GT: 720/WD
	Sim 20cal/oz @ 30cc/o
	Residual 15-20cc ① follow tes periodical
	ID: Afebrile
	Neuro: no Δ.
	Baby is DNR
	Putalik
	Putalik
	649-4755

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PATIENT PROGRESS
OBSERVATION RECORD

20460017 04/15/1997

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DATE	OBSERVATION
4/21/97	Nurse's Note 7A-730P: Received Jonathan resting quietly in crib c̄ siderails ↑ x2 on continuous cardio-respiratory & pulse oximetry monitoring c̄ alarms enabled & limits set & checked in NSR c̄ no noted ectopy. Apical rate - 120 & regular. Skin pink, warm & dry. On infant radiant warmer set to skin set @ 35.5°C to maintain normothermia. Peripheral pulses strong. Capillary refill 2-3 seconds x 4 extremities which are all pink & warm. (L) Arm cuff BP's 90's/30's. #4.0 cuffed (L) NTT taped securely in place to face c̄ #15 at nare. On Siemens Servo 900C Ventilator c̄ settings: SIMV, Rate-15, PEEP-5, TV-92, FiO2-25%. O2 sats 99-100%. Breathing c̄ the vent at 15 evenly lungs generally clear c̄ some milk scattered rhonchi bilaterally. Large air leak noted - cuff re-inflated c̄ 1.5cc air. No spontaneous movements noted (continued) ——— L. Adams RN

11605M/E REV.3/72

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DATE	OBSERVATIONS
4/21/97	Nurse's Note Continued: No response to pain, either by movement or T'd HR or BP's. Pupils 4mm Bilaterally & non-reactive to light. Anterior fontanelle, open & full, slightly bulging. Abdomen soft & flat & hyperactive bowel sounds. No masses/ organomegaly. Has @ # 8FR N-G tube infusing well c continuous feeds of Similac 20 cal/oz at 30 cc/hr. Tolerating well c minimal residuals. Voiding clear c bladder palpation & passing yellow green seedy stool when legs elevated to change diapers. Mom at bedside in early a.m. to say goodbye as she went to try to see her other son. Emotional support provided.
8A	VSS. Rectal temp 37°C. Room tube D/C'd while on warmer. Natural tears gtts applied OU. Had wet diaper & small semi stool. Turned & positioned. Suctioned for scant*. N-G residual 2cc
9A	Resting quietly. FiO2 @ 21%. O2 sats 96-99% *Lungs clear p suctioning for scant clear & cloudy white secretions earlier (Continued) — S. Adams RN

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DATE	OBSERVATION
4/21/97	Nurse's Note Continued:
10A:	Warmer maintained. Rectal temp 37.6°C
	Received Ferinsol 0.5cc via N-G as
	ordered. Turned & positioned. Suctioned
	for same.
11A:	Resting quietly. Seen at 9AM by
	Neurology & Dr. Steinschneider. Cold
	water calorics performed c̄ no response
	Neuro exam unchanged.
12P	VSS. Rectal temp 37.9°C on warmer
	Skin warm & pink. Cuff left deflated
—	as per Dr. Putalik. Turned & positioned.
	Suctioned for same. Mother telephoned.
	Information & support provided.
1P:	Sleeping quietly. Neuro unchanged.
	Mother & friend at bedside. Mom given
	information about status and very tearful.
	Emotional support provided. Reinforcement
	continued. Mom still insisting on main-
	taining pt. on ventilator and waiting
	for a healer to come from California
	Staff from foster care agency at bedside
	[illegible] support [illegible] (Continued) — [illegible]

1805M/E REV.3/72

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DATE	OBSERVATIONS
4/21/97	Nurse's Note Continued:
2P	Transferred to Room 609 A. Bagged during transfer. Tolerated well. Turned & positioned. Suctioned for same. Warmer off.
3P:	Status unchanged
4P	~~VSS.~~ Rectal temp 37.2°C c̄ warmer off. Turned & positioned. Suctioned for same.
5P	Resting quietly in NAD. Neuro unchanged
6P.	Turned & positioned. Suctioned for same. Rectal temp 37.2°C off warmer Had same stool & wet diaper. Received Tersinol 0.5cc NG as ordered.
7P:	Grandmother & Godmother at bedside. Information & support provided.
	Sue Adams RN

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DATE	OBSERVATION
4/22/97 9:20 AM	PCCU Fellow Progress No 6 Dr. [illegible]
	Pt Physical exam remains unchanged.
	Cont [illegible] supportive care
	[illegible]
4/22/97 3:30 PM	PCCU Attending
	No change in exam.
	Continues on mechanical ventilation
	and NG feeds
	- I met with the mother, grandmother,
	Karen Thomas and Millie Isquerdo
	today to explain DNR for medical
	futility. The mother so vehemently
	opposed to our position, and felt that
	if Jonathan is not brain dead, that
	he deserves every chance, including
	resuscitation. She understands that resuscitation
	will not succeed in bringing her child back
	to life or improve his condition.
	We agreed to rescind the DNR, and it
	[illegible]

1605M/E REV.3/72

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DATE	OBSERVATIONS
	The mother also expressed some paranoid ideation, as she felt that we were trying to kill her son by not having him under an infant warmer.
	Plan:
	- Comfort measures (feeds).
	- Will do chest compressions and one round of resuscitative medications if he arrests.
	[signature]

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SOCIAL WORK SERVICES
DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

[illegible]
[illegible]
[illegible]
M [illegible]/25/1996 [illegible]
[illegible] CRANE CONCOURSE [illegible]
NY 712 [illegible]
[illegible] 4/15/1997

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

DATE	
4-22-97	Pt is a 6 m/o ♂ who was resuscitated following a near drowning episode on 4/15/97. Pt is clinically brain dead has no signs of cerebral or brainstem function. The ventilator is maintaining this child's heart and circulation, and without this technology the pt would die.
	Yesterday there was a bio-ethic committee meeting to review Johnathan's case and to discuss the appropriateness of the medical futility argument in this case. In attendance were Dr King, Dr Dowler, Ms. Karen Thomas, Ms. Cannavo, Ms. Charonnic, and Dr Mosher and Dr. Campbell. Unfortunately I could not attend; however I met c̄ Dr King and Ms Thomas after the meeting and they brought me up to date. The committee members agreed to the appropriateness of a do not resuscitate order given the medical futility of resuscitation should resuscitative efforts be needed in the event of cardiac arrest. The committee also agreed to the continued provision of comfort supportive care he is receiving. The committee recommended that the caregivers in the PCCU along c̄ myself work to keep mother connected to her support system and assist her through this difficult time.

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SOCIAL WORK SERVICES
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INSP 612-A
[illegible]
[illegible]
[illegible] CRANE CONC[illegible]
[illegible] NY 71
80460017 04/15

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

DATE	
4.22.97	Yesterday mother was informed about the DNR for medical futility and she was upset and angry. Today mother wanted to meet to discuss this issue. Dr King, Karen Thomas, Millie Isaacson, myself met the mother and wanted to discuss mother's concerns. Mother is adamantly opposed to the DNR and wants Jonathan to have every chance possible. It was agreed in the meeting the DNR would be rescinded. Dr King ripped up the DNR in front of the pt's mother. Mother also expressed in the meeting concern that the hospital was not doing all it could for her son. It was explained to mother that everything possible was being done for her son. It was also expressed how difficult and upsetting this tragic situation must be for mother. Mom gave mother emotional support through the meeting.
	I spoke to mother alone after the meeting. I have spoken to mother several time since pt's hospitalization. Mother is visible distraught. She is tearful, remorsful, angry and frustrated. At times it appears mother understands the severity of pt's condition. However there are times when mother thinks the pt's brain is

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[illegible] 612-A [illegible]
[illegible]
[illegible]
[illegible] 10/28/1996 [illegible]
2701 GRAND CONCOURSE [illegible]
[illegible] NY 71[illegible] 054-44[illegible]
[illegible]0460017 04/15/1997 P

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

DATE	
4-22-97	going to be "ok". I think it is important for Mother to hang on to her hope and for her to be reminded that whatever happens to the pt. Mother needs to be "strong" for her other son, Christopher. Made consulted c̄ Dr. Pollt about a psych consult for Mother. He does not feel it is necessary at this time. I am going to discuss c̄ Mother give her a referral. I think Mother ~~[illegible]~~ needs strong supportive counseling. I will continue to provide therapeutic support. Today Mother was told by Ms. Carol Bates, at Lutheran Social Services (foster care agency) she will begin his per month visitation c̄ Christopher. Mother was very upset and wants more time c̄ her son. I spoke to Ms Bates who said in order to get more visitation c̄ Christopher Mother should contact her lawyer Mr. Edward Hyff and have him petition the court. Mother plans on getting in contact c̄ him. Mother is going to meet c̄ Ms Bates on Thursday to discuss visitation c̄ Christopher and the requirements the court has assigned Mother to do if she plans to get back custody of Christopher ie. parenting classes, counseling etc. I have also spoken c̄ Pat Rice to give him an update on pt's condition

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NER 612-A
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[illegible]
[illegible] GRAND CONCOURSE
NY 71[illegible] 594-44[illegible]
30460017 04/15/1997

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DATE	
4.22.97	I have also spoken to Hindra-Leah the assistant director of the shelter to update her on pts condition and to discuss ways to be supportive to Mother. Will follow up closely.
	Lisa Hom (SW)

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PATIENT PROGRESS
OBSERVATION RECORD

[illegible]
[illegible]
[illegible]
[illegible]
[illegible] CONCOURSE
[illegible]
[illegible] 04/15/1997

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	Nursing 7P-7A OBSERVATION
4/21 7P	Received baby J. Joachim on (L) side on eggcrate mattress in crib c̄ side rails up. On CIR monitor limits set, alarms are on & fully functional. Remains c̄ # 4.0 cuffed lin. Dilated NTT to Servo Vent settings SIMV mode Peep 5 TV 92cc Rate 15/min FiO2 21%. Color pink, aerating bilaterally c̄ clear equal BS RRIS c̄ no spontaneous breaths by pt Sat 98%. HR 110 NSR ⊖ ectopy skin warm, dry ⊕ pulses ⊖ edema, perfusion one sec cap refill brisk BP WNL. Abd soft, flat on full feeds Sm 20cc/hr c̄ 30cc/hr residuals 2cc, bladder creded for urinary retention pt has sm soft stools qs. Nuero; both pupils fixed & dilated, no spontaneous movement, Unresponsive to tactile/verbal stimuli. No IV lines No family or visitors present.
8P	T 36.9 HR 110 BP 80/30. Sats 98% RRIS bladder creded for large amt clear amber urine sm soft brown stool. Repositioned on back blankets on baby. Friends visiting, update given
10P	Repositioned on (L) side ⊖ residuals ⊖ change in neuro status Sats 98%
12A	T 36.8 HR 110 Sat 98% CPT [illegible]

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DATE	OBSERVATIONS
	secretions, repositioned on back.
2A	repositioned on ⓛ side Hadder credered for
	mod am't amber urine sm am't stool
4A	repositioned on ⓡ side. Suctioned x1 for same
6A	wt 7.64 kg Both given lines Δ. Suctioned for
	same secretions. Repositioned on ⓡ side.
	Bladder credered for mod am't of clear
	amber urine; sm am't Hach/green liq stool
	No change in neuro status. Covered c̄
	blankets extremities cooler to touch ⊕ pulses
	perfusion one sec cap refill brisk.
7A	Report given ——— R Beecher PA
	Resident Note
4/22/97	Jonathans condition remains unchanged.
7:25 a	Resp: vent setting unchanged — cuff deflated to prevent
	Sats still 98-100% pressure necrosis.
	lungs clear bilat. good air mov't.
	CVR: RR SS_2 ⊖ m/g/k
	hemodynamically stable
	Fen/GI: continuous feeds belly soft
	Sim 20 cal/oz @ 30cc/°
	Small residual
	ID: remains afebrile
	Neuro: no spont movements. ∅ corneal reflex
	⊖ oculocephalic
	capitalize

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PATIENT PROGRESS OBSERVATION RECORD

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DATE	OBSERVATION
	Nursing Note 7A/7D
4-22-97	Received Jonathan is sm crib. c̄ side rails up
7A	Intubated # 4.0 NTT cuff inflated 15 @ nare.
	connected to Siemens Servo 900 C Vent, + WP = 58
	Setting c̄ Sinw mode peep/s Imv 15/min TV 92 Fig 21%
	Color pink, lips + nails beds, cap refill brisk
	Auscultated breathe aerating bil clear + equal
	ept + suction via — NTT for sm-mod secretions
	mouth care pen + reposition q 2hrs. Pulse sats 98%
	Breathing c̄ vent settings No spontaneous breaths
	On cardiac/Apnea monitor c̄ alarm limits set + on,
	tested functional. V/s Afebrile HR 100-130's ø
	Ectopic beats B/p 80/30 90/40 (+) peripheral pulses x-4 ext.
	NPO - Abd soft + flat (+) BS, receiving similar 20 cal FS
	full feeds @ 30cc/hr via Kangaroo Voiding + passing
	stools. ✓ing residuals q 4hrs. Neuro, 5-6 mm
	Fixed/Dilated, unresponsive tactile/verbal stimuli
	No IV lines in.
8A + 9A	V/s R 35.4 Temp - place under overhead warmer set at 37 c̄
	Skin probe on/ HR 106 - ø Ectopic beats 81/30 15 resp.
	Wet diaper Ned + skin care done + mouth care.
	Rt side position - Natural tears ugt + ou. Nystatin
	cream to diaper area. Mother + grandmother visiting
10A	V/s stable [illegible] wet diaper c̄

R1605ME REV.3/72

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DATE	OBSERVATIONS
	green stool Δed skin care done. CPT + suction via NTT sm white secretions, suction nasal for pinkish thick mucous, mouth care done. Neuro status unchanged.
11:30 -11	U/S stable Temp 37.6 R Warmer temp Ved 36.. Fa
12 noon 1P	U/S stable. Neuro status unchange, color pink CPT + suction via NTT + nasal for same secretions, mouth care done left side position. Resident sec.
2P-3P	CPT + suction via NTT, nasal + oral for same secretions, mouth care done + skin care wet drap c̄ green stool mix hbod - hem(+) M.D informed Position on back
4P.50	U/S 38 137 91/33 15 Neuro status, unchanged spontaneous movement - Pupils 4-5mm F/M. no changes on Resp support settings
5P	No specific changes. family members visiting
6P to 6P.30	Temp 37 R. CPT + suction via NTT, nasal + oral for same secretions mouth care done, sponge bath given Formsol 0.5cc NG given. Rt side position Neuro-Status unchanged, Resp support unchanged. Report given to Relief RN
	[signature] RN

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PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY **MUST** BE DATED & SIGNED

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

DATE	OBSERVATION
4/22-23/97	Nursing 7P-7A
7P	Jonathan intubated c̄ 4.0 N.T. tube to Servo SIMV P5 R15 TV 92 O_2 25%. Aerating bilaterally. O_2 Sats ↑90's. Color good. Abdomen soft. NG tube in place for continuous feeds Similac 20 at 30cc hr. On Cardiac Monitor ~~HR~~ 120's NSR c̄ alarms set and functioning. Pupils fixed + dilated. No spontaneous movements noted. Mom visiting.
8PM	Afebrile. Remains under overhead warmer Temp set 34.6. Voided. Suctioned via NT for small amount of white secretions. Aerating bilaterally O_2 Sat 99%. Repositioned for comfort.
10PM	Suctioned as above. O_2 Sat ↑90's. NG feeds continue 30 hr. Repositioned for comfort. Mom visiting. Voided c̄ stool
Mn	Afebrile. Continues under overhead warmer. NG feeds continue at 30cc hr. Voided. Repositioned.
3AM	Suctioned for small amount of

NR1805M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	white secretions. Aerating well bilaterally O_2 Sat 96%. Mom at bedside.
2AM	Repositioned. Suctioned as before. NG feeds continue 30cc hr.
4AM	T37 Voided c̄ stool. NG feeds infusing 30cc hr. Suctioned via NT tube for small amount of white secretions. Aerating well O_2 Sat 98%.
6AM	Repositioned. Suctioned as above. Aerating bilaterally O_2 Sat 98%. NG feeds continue 30 hr. Voided
4AM	Report given C McCoy RN
4/23/97 10:37A	Resident Note
	Jonathans condition remains unchanged. Only development is that of heme⊕ stools.
	Resp: remains on same vent settings Breathing at 15 Breaths per minute without variation lung diffuse coarse breath sns
	CV: RR $S_1 S_2$ +1/6 sem RISB. Hemodynamically stable.
	Fen/gI: taking PO feeds at 1x maintenance stools are Heme⊕. will continue to follow stools If bleeding becomes significant [illegible]

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PATIENT PROGRESS OBSERVATION RECORD

0414[illegible]

[illegible]

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/23/97	Nurse's Note 7A-7:30P: Received Jonathan in crib c siderails ↑x2 c #4.0 @ NTT taped securely to face. On Siemens Servo 900C ventilator c settings: SIMV, Rate-15, TV-92, PEEP-5, FiO2-21%. Peak Pressures-24. On continuous cardio-respiratory & pulse oximetry monitoring c alarms enabled, limits set & checked. O2 sats 97%. In NSR c noted ectopy. Apical rate-120s regular. @ Arm cuff BP's-80's/30's. Skin is pink, warm & dry. On infant warmer set to skin at 34.6°C. Peripheral pulses strong & capillary refill 2 seconds x4 extremities which are pink & warm. Lips dusky. Nailbeds pink. Skin has good turgor. Lungs aerating bilaterally c coarse rhonchi & fine rales B/L. Abdomen soft & flat. No masses. Bowel sounds present but hypoactive. @ N-G tube in place c continuous feeds infusing at 30cc/hr of Similac 20cal/oz. Residuals minimal. (Continued)

IR1005AME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/23/97	Nurse's Note Continued: N-G tube placement confirmed by auscultation. Voiding to diapers - noted to have passive urine output & bladder palpation. Had mucoid green sudy blood streaked stool - guaiac ⊕.
8P	VSS. Rectal temp 37.5°C. Suctioned for small amounts thin cloudy white NTT secretions. Tolerated well. Turned & positioned. Warmer maintained.
9A	Resting quietly in NAD. NO spontaneous movements noted. Pupils 4mm BL & ☐ no reaction to light. No gag reflex. No response to pain. NO change in V/S. Grandmother called. Information & support provided
10A:	NO movement. VSS. Neuro unchanged. Received Ferinsol 0.5cc NG. Mom at bedside. Reinforcement & support provided.
11A:	ⓛ foot NS lock placed (#24 Angiocath) for Cerebral Perfusion scan.
12P	Turned & positioned. Suctioned for saxe. Rectal temp 36.5°C. Warmer temp ↑ 35°C. Mom left to check on other son (Continued) — S. Adamo RN

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PATIENT PROGRESS
OBSERVATION RECORD

04144

[illegible] 012-A
[illegible] JONATHAN
[illegible] LIA-A
M 10/28/19[illegible]
[illegible] GRAND CONCOURSE
[illegible] NY 71[illegible]
30460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
4/23/97	Nurse's Note Continued: Neuro
	unchanged.
1P	O2 sats 94%. Repositioned & suctioned c̄
	improvement. Neuro unchanged. Had
	wet diaper c̄ same time (+) stool
2P	Transferred off floor to Cerebral Perfusion
	Scan. Put on transport monitor. Bagged
	c̄ 100% O2. Tolerated well
4P	Returned to floor. Back on bedside
	monitor & vent. Settings unchanged.
	VSS. Rectal temp 36°C. Warmer on at
	35°C to skin. Turned & positioned.
	Suctioned for same. Copious thin pale
	yellow secretions noted from nares.
	Had another same stool. NG residual
	14cc - partially digested formula.
5P	Resting quietly in NAD. HR stable
6P	Turned & positioned. Suctioned for
	same. Wet diaper changed. O2 sats 96%.
	c̄ FiO2 ↑ 25% at 4:30pm. Grandmother
	telephoned. Information & support given
7P	Resting quietly. Report given
	S. Adams RN

VR1605M/E REV.3/72

041497

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PATIENT PROGRESS
OBSERVATION RECORD

27 GRAND CONCOURSE
80460017

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	(RPN cont'd) OBSERVATION
	will consider Δ in formula (PO).
	Hene: No outward signs of bleeding
	just Heme ⊕ stool as above
	~~[illegible]~~ + remains afebrile.
	Mom expresses concern about hypothermia
	but has been reassured that his
	temperature is being managed
	appropriately (with warmer when appropriate
	Neuro: still no spontaneous Respirations
	still no gag
and that it is	still no corneal reflex
not unusual for	still no oculocephalics
a child to have	still no signs of Brain function.
some degree of	⊕ Repeat Nuclear Med
temperature instability	Cerebral perfusion scan today
with no sig. cerebral	
function documented.	
	Opitalik
	putalik 649-4772

NR1605ME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/23/97 12:15pm	PCCU Fellow Progress Note Dr. Lopez Condition unchanged. Remains clinically brain dead. Scheduled for repeat nuclear scan today. Will cut to supportive care. [illegible]
4/23/97 12:15 PM	PCCU Attending No change in exam. On NG feeds and mechanical ventilation. Plan: Continue comfort measures Repeat nuclear flow study. [illegible]
4/23/97	Nuclear medicine Brain scan done [illegible]

04144?

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PATIENT PROGRESS OBSERVATION RECORD

[illegible patient plate]
04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/23-24/97	Nursing 7P-7A
7P	Jonathan intubated c̄ 4.0 uncuffed N.T. tube to Servo SIMV P5 R15 FV 92 O_2 40%. Aerating bilaterally c̄ O_2 Sats 90's. On Cardiac Monitor HR 130's NSR c̄ alarms set and functioning. Pupils non reactive. HL in place R foot. Abdomen soft. NG tube in place for continuous feeds. Similac 20 at 30cc hr. Voids in diaper. Mom and dad at bedside. No spontaneous movement
8P	T37.5 Vented c̄ stool. Repositioned. Suctioned via N.T. Tube & nasally & orally for moderate amount of white secretions. Aerating well. O_2 Sat 96%. NG feeds continue 30cc hr.
12AM	T36. Warmer turned on. T set at 84.7. Vented c̄ stool. Suctioned as above. Feeds continue 30 hr. Pupils non reactive. No spontaneous movement [illegible] breathing over respirator

1180SME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	Repositioned. Mouth Care done
4AM	Continues as before Pupils non-
	reactive. No spontaneous
	movement. NG feeds continue
	30cc hr. HOB ↑ goal. Voiding.
	Repositioned. Suctioned as before
6AM	Suctioned for small amount
	of white secretions. Aerating
	bilaterally. Feeds continued at
	30cc hr. Voiding
7AM	Report given [illegible] RN

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PATIENT PROGRESS
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04149

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DATE	OBSERVATION
4/24/97	Resident Note
4:38p	No events beyond 3rd Nuclear scan
	(4/24)
	which showed some cerebral blood flow
	Resp RR=15 Vent setting remain
	5 TV92 IMV=15 FiO_2=21%
	lungs with good air entry bilaterally
	CVR: RR S_1 S_2 115-132
	BP=84/31
	<2sec refill
	Hemodynamically stable
	Fen: Still taking total fluids at
	30 cc/o Sim 20.
	Stooling ~Q3°. Hem⊕ stools - but not
	now & never before grossly positive.
	Likely 2° to Fe SO4 supplement that she
	is taking
	Hem: No signs of bleeding
	Neuro: still no signs of cortical ~~mood~~ activity
	clinically.
	Social: Mom continues to be at bedside praying -
	(although not here today → visiting other
	child) and has strong belief that Jonathan

NR1805M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	will regain brain functn
	Opitalel
	putalik 649-4272

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PATIENT PROGRESS OBSERVATION RECORD

04144

80460017 04/15/1997

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DATE	OBSERVATION
4/24/97 5pm	PCU Attending
	No change in condition.
	Nuclear medicine scan showed flow yesterday.
	Plan:
	- Continue supportive care.
	- Will discuss with Neurology plan
	[signature]

R1605M/E REV.3/72

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PATIENT PROGRESS OBSERVATION RECORD

04149

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

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DATE	OBSERVATION
4/24/97	Nurse's Note 7A-7:30P: Received Jonathan in crib c siderails ↑ x 2 on continuous cardio-respiratory & pulse oximetry monitoring c alarms enabled, limits set & checked in NSR c no noted ectopy. #4.0 NTT taped securely in place to face c #15 at @ Nare. On Siemens Servo 900C ventilator c settings: SIMV, Rate-15, FiO2-21%, PEEP-5, TV-92. Peak Pressures-low 20's. O2 sats 96%. Lungs auscultated for coarse rhonchi & mild expiratory wheeze bilaterally. Suctioned q 2° for thin cloudy white secretions in small amounts. Breathing c the vent at 15. No spontaneous movements or respirations. No change in V/S c pain, suctioning, movement. Pupils 4mm bilaterally non-reactive to light. Anterior fontanelle open & full, slightly tense. Apical rate-124 & regular. Cuff BP's 80s/30's. Peripheral pulses strong. Capillary refill brisk at 2 seconds x 4 extremities. Skin pink warm & dry. Nail beds pink. Lips dusky. On infant radiant warmer set to skin at 36.6° to maintain normothermia

R1608M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/24/97	Nurse's Note Continued: Abdomen soft & flat c̄ (+) Bowel sounds. Continues on CNG feeds via #8FR N-G tube of Similac 20 cal/oz at 30 cc/hr. Tolerating well c̄ minimal residuals. Voiding gs to diapers passively & c̄ bladders palpation. Having seedy & mucoid formed brown stools which are hence (+)
8A	VSS. Rectal temp 36°C on warmer. Had 4 cc N-G residual. Mother telephoned. Information & support provided. Mom to visit c̄ other son today. Had wet diaper & stool Hence (+). Turned & positioned. Suctioned for same. Neuro unchanged
9A	Resting quietly in NAD. Warmer off & swaddled, VSS
10A	Rectal temp stable 36°C. Warmer kept off Grandmother telephoned. Information & support provided. Neuro unchanged.
11A	Resting in NAD.
12P	Rectal temp 37°C off warmer c̄ blankets. HR stable. O_2 sats 96%. Turned & positioned Suctioned for same. Tolerated well
1P	Resting. Stable
2P	Turned & positioned. Suctioned for same. Rectal temp 37°C (Continued)

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PATIENT PROGRESS
OBSERVATION RECORD

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[illegible]
[illegible]
[illegible]
[illegible]
[illegible] GRAND CONCOURSE [illegible]
[illegible] NY 71[illegible]
20460017 04/15/1997

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

DATE	OBSERVATION
4/24/97	Nurse's Note Continued:
3P.	Received bath, mouth care & linens
	changed. NTT re-taped securely by
	RN's Welle & Adams c̄ 15 at ⊖ Nare.
	Mother telephoned and to come in later.
4P:	Turned & positioned. Suctioned for
	same. Neuro unchanged.
5P	Resting quietly. Grandmother visited.
	Information & support provided Suctioned
	for same. Turned & positioned. Rectal
	temp ↓ 35.5°C. Skin warm. Extremities
	slightly cool. Warmer on at 35°C to
	skin Neuro unchanged
6P	Received Ferinsof 0.5cc NG as ordered.
	Resting quietly in NAD
7P	Sleeping quietly. Grandmother called.
	Mom has not visited yet. Wet diaper
	Changed c̄ stool. Turned & positioned.
	O2 sats 97%. Report given —— S. Adams RN

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/25/97 12:00	PCCU Fellow Progress Note - Dr. Lugg
	Cont. unchanged. Clinically brain dead
	Will continue supportive care. Nurse
	sent from 4/24 to Flow.
	[signature]
4/25/97 1215 PM	PCCU Attending
	No change in exam.
	Continues on ventilator and
	full NG feeds
	On no medications.
	Plan:
	Supportive care.
	[signature]

0414

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PATIENT PROGRESS OBSERVATION RECORD

[illegible] 600-A [illegible]
TURNER, JONATHAN
[illegible], DIANA
N 10/28/19[illegible]
2751 GRAND CONCOURSE [illegible]
BRONX NY 71[illegible]
80460017 04/15/1997

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

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DATE	OBSERVATION
	RAN (cross-cover)
4/25/97	S/O Pt lying in crib. No events since
4pm	yesterday.
	Resp: RR=15 vent settings unchanged
	Pecs=5 TV=9 IMV 15 FiO2 21%
	Lungs CTA B/L
	CVS: RRR S1 S2
	HR: 120-122 BP 83-91/37-40
	stable ø issues
	FEN/GI: NG T feeds Sim 20 cal/oz @ 30cc/hr
	9WD 9 stools heme
	ø new issues
	ID: T 36⁴-36⁹ ø issues
	Neuro: Pt remains unresponsive ø Δ in
	neuro status
	A/P: 5 month old near drowning victim
	no change in clinical exam.
	- continue supportive care
	[illegible] MD/RL2

31806M/E REV.3/72

0414

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PATIENT PROGRESS
OBSERVATION RECORD

[illegible] 020054
[illegible] ER, JONATHAN
[illegible] DIANA
[illegible] 10/28/1996
[illegible] CONCOURSE
BRONX [illegible] NY [illegible]
By Joachim, Jonathan
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/25/95	Nursing Note 7A-7P
	Rec'd Jonathan in small crib c̄ side
	rails ↑↑. Color pink. Lips & nailbeds
	pink. Remains intubated c̄ #4.0
	cuffed ETT to servo vent → SIMV rate = 15;
	PEEP = 5; TV = 92; FiO2 = 21% Aerating
	bilat → BBS clear. Sats mid 90's
	On C/A monitor c̄ alarms set Hested
	(H = 180; L = 80) HR 120's @ present.
	Good perfusion c̄ palpable pulses &
	brisk refill. Cont's ↓ any spontaneous
	breaths or movement. Pupils remain
	F/D ~ 4mm. Heploch d/c'd via (R) foot
8A	Suct'd for sm amt clear mucous.
	Reposition. Voided → dribbling urine
	& bladder palpated. Passed sm GSS c̄
	blood streaks → heme ⊕. Vsh. Warmer on.
10A	Suct'd for sm amt of same. Repositioned
12N	Mom in → updated. Suct'd for sm
	amt of same. Repositioned.
2P	Mom @ bedside. Suct'd for sm amt
	of same. Repositioned.
4P	VSS. T = 37°. Warmer on. Mouth care

IR1605M/E REV.3/72

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PATIENT PROGRESS OBSERVATION RECORD

04141

NUCP 609-A 0200540
TUPPER, JONATHAN
KING, DIANA
M 10/29/1996 FOD
27 GRAND CONCOURSE 10459
BRONX NY 718 584-4400
80 [illegible]

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	OBSERVATION
	7P-7^{30}A
4/25 7P	Received infant nasally intubated c̄ a 4.0 cuffed ETT → serum vent c̄ the ff settings: mode: SIMV, peep 5, TMN 5, TV 100, FIO2 27% On ox monitor & continuous pulse ox monitoring, O2 rate 95%. On continuous NG feeds c̄ Pediasure at 30cc/°, but a f.g. OBT. Abdomen soft & nondistended.
8P	Is stable, aerating well bilaterally c̄ slight decreased breath sounds on the L side, color pinkish, no spontaneous respiration nor movement. CPT & suctioned for moderate thick whitish secretions from the ETT, ō gag nor cough reflexes. Oral care & eye care done, repositioned. Mom at the bedside.
12A	Bil. breath sounds clear, CPT & suctioned for moderate thick secretions, repositioned. Oral & eye care given. Mom at the bedside -
1A	stable, pinkish, report given —— 8 [illegible]

R1605ME REV.3/72

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

DATE	Nursing 11P → 7A OBSERVATION
4/25-4/26 11P	Received pt J Turner under radiant infant
	warmer Tset @ 35S v/w skin probe. alarms
	~~are on~~ & fully functional. Remains nasally
	intubated # 4.0 NTT to Serve Vent setting
	STMV mode Peep 5 TV 93cc Rate 15/min
	FiO2 21% Aerating bilaterally & clear B.S.
	Color pink Suts 94-95% HR 130's ST ⊖ ectopy
	skin warm, dry ⊕ pulses ⊖ edema, perfusion
	one sec cap refill brisk. Abd soft, flat ON NGT
	feeds Sm 20cal/cc @ 30cc/hr Voiding/stooling qs
	in diaper. Nuero; pupils 4-5mm, fixed
	dilated, no spontaneous movement, unresponsive.
12A	VSS Suctioned for same. repositioned on
	ⓡ side. W/D x 4. Suts 94% BP 74/41
2A	repositioned on back. continues under warmer
	Tset @ 35S v/w skin probe. Suts 96%
4A	Repositioned on ⓛ side. bladder creded for
	mod → large am't of urine, diaper changed sm
	am't seedy brown stool. No change in nuero
	status.
6A	Repositioned on ⓡ side, bladder creded for
	mod am't urine. No change in nuero status
7A	Reportaren — RBeeker Jr

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/26/97 3PM	PCCU Attending
	No change in condition.
	Continues on ventilatory support.
	On full NG feeds.
	Clinically brain dead/apneic
	Plan
	- Continue supportive care.
	[signature]
4/26/97	RPN X-Cover.
	6 month old near drowning now unresponsive for a while
	- clinically brain dead. Continues to be Vent supported.
	Resp SPW 5 pop TV 92 Imp 15 21%, PV
	not breathing over Vent.
	CVS: BP = 80-90s/30-40 HR 112-120s
	RPN: On full feeds Sim 20 ID: 30 w/
	ID: Ø
	Neuro: Clinically brain dead. No Δ in status
	A/P 6 mth old near drowning - clinically
	brain dead. On full feeds
	Unchanged status. Supportive care being offered
	[signature]

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PATIENT PROGRESS
OBSERVATION RECORD

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NW6P 6C3-A
TURNER, JONATHAN
KING, DIANA
2701 GRAND CONC
BRONX
Turner, J.

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

DATE	OBSERVATION
4/26/97	Nurse's Note 7A-730P: Received Jonathan in crib c̄ siderails ↑ x 2. No spontaneous movements or respirations noted. #4.0 cuffed (L) NTT taped securely c̄ #15 at Nare. On Siemmens Servo 900C ventilator c̄ settings: SIMV + ~~Pressure Support~~ error (SA), PEEP-5, Rate-15, TV-92, FiO_2-21%. Lungs aerating bilaterally and clear to auscultation. Suctioned q 2-4° for small amounts of cloudy white secretions from NTT. Lips & nailbeds pale pink. O_2 sats 96-100% via continuous pulse oximetry. Also on cardio-respiratory monitoring c̄ alarms enabled, limits set & checked in NSR c̄ no noted ectopy. Apical rate-112 & regular. Skin is pink, warm & dry on infant warmer, set to skin at 35°C. Peripheral pulses strong & capillary refill is brisk x 4 extremities. Cuff BP's normotensive at 80's/30's. Pupils ≈ 4 mm bilaterally & non-reactive to light (Continued) — S. Adams

IR1605ME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/26 AM	Nurse's Note Continued: Anterior fontanelle open & full. Abdomen soft & flat ± Bowel sounds. On continuous NG feeds of Similac 20 cal/oz at 30 cc/hr. NG tube placement confirmed by auscultation. Voiding qs to diapers. Having occasional soft yellow-seedy stools in diaper
8A	VSS. Rectal temp 37°C on warmer set at 36.2°C. Pamper changed. Turned & positioned. Suctioned for saliva. Tolerated well.
9A	Resting quietly in NAD. Mother at bedside. Information & emotional support provided.
10A	Turned & positioned. Wet diaper changed. Suctioned for saliva
11A	Resting quietly.
12P	Wet diaper changed. Rectal temp 38.2°C. Warmer ↓ 35°C. Turned & positioned. Suctioned for saliva. Neuro unchanged
1P	Resting in NAD. Stable
2P	Turned & positioned. Had wet diaper changed. Suctioned for saliva
3P	Stable. Neuro unchanged
4P	Turned & positioned. Wet diaper changed. Suctioned for saliva. (Continued) — S. Acabado RN

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PATIENT PROGRESS
OBSERVATION RECORD

04144

NWBP 609-A 0200[illegible]
TURNER, JONATHAN
KING, DIANA
N 10/2[illegible]
2751 GRAND CONCOURSE
BR Barnes, J. 71
If no plate, patient's name, adm. no., sex & Doctor

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DATE	OBSERVATION
4/26/97	Nurse's Note Continued: Mother at bedside
	& held infant OOB in chair. Grandmother
	visited. Information & support provided
5P	Stable. Neuro unchanged. Mom left
6P	Turned & positioned. Suctioned for
	same. Wet diaper changed
7P	Stable. Report given — S. Adamson
4/27/97	PCW Attending
11 45 Am	
	No change in condition.
	Fully supported on ventilator - apneic.
	On NG feeds.
	Plan:
	Supportive care
	[signature]

1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/27/97	RPN - (x-cover)
3pm	S: 6 mo ♂ near drowning, clinically brain dead
	unchanged exam. Pt continues to be
	on ventilator support.
	O: Pt intubated c̄ NG in place for NG feeds.
	Resp: SIMV Peep 5 TV=92 IMV=15 FIO=21
	Pt remains on full ventilator support
	and apneic. Cont Vent support
	CVS: HR 112-126 BP 80/30's. Ø issues
	FEN/GI: I/O = 750 cc acf / 9 WD's 4 BM's.
	Pt remains on CNG feeds Sim c̄ Fe.
	20cal/oz @ 30cc/hr.
	ID: Tn = 36°, afebrile Ø issues
	Heme: stable on Ferinsol 0.5cc NG BID Ø issues
	Neuro: unchanged exam, clinically
	brain dead.
	Imp: 6mo ♂ s/p near drowning, clinically
	brain dead on ventilator support
	unchanged exam.
	Pt (1) cont CNG feeds.
	(2) Cont supportive care.
	(3) Cont emotional support for family
	[signature], MD (PL3)

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

PATIENT PROGRESS OBSERVATION RECORD

04149

NAME 609-A 0200340
TO ER, JONATHAN
X1 CO. DIANA
M 10/22/1996
27 GRAND CONCOURSE
BRONX NY 71 524-44
8 0460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4-26-97	nurses notes
7PM	Received infant under radiant warmer FSC
	probe on temp set at 35°C. Pupils fixed
	dilated no reactive no spontaneous
	movements or response to noxious stimuli
	on SIMV via #4.0 NTT Peep-5 Rate 15 FiO2
	21% insp tidal volume 93 BPM-30 Pre set
	insp min volume-2.8. feeding via #8 feeding
	tube H/F 20 cal @ 30cc/hr via Kangaroo pump
	abd soft non distended.
8PM	Postioned. Suctioned Nare for large thick
	green secretions small white secretions from
	NTT O2 Sat 99-100% acuity bilateral
	mother and grand mother at bedside mother
	Suctioned infants mouth voided passed small stool
10PM	V/S T-372 HR-126 B/P 86/30 RR-15 postioned.
12MN	postioned creded bladder O2 Sat-100% Beds
	continues neuro status unchanged
NAM	Suctioned nares for large green thick secretions
	Small white secretions from NTT. Tube relapsed
	noted to take spontaneous breaths when off
	VENT. O2 Sat. 99-100% passed small brown
	[illegible]

605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
6AM	no change. feeds Continues Mom at bedside
	posturing [illegible] O2 Sat - 100%
7AM	clr no [illegible] [illegible] O2 Sat - 100% feeds
	Continues Pupil [illegible] [illegible] — Phyllis Patterson — RN

041497

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

NWBP 609-D 02
TURNER, JONATHAN
KING, DIANA
R 10/2
2751 GRAND CONCOUR
BRONX NY 71
80460017 04/15/
If no plate, patient's name, adm. no., sex & Doctor

DATE	
4/26/97	Pt is a 6 mo brought to NCB EC. Pt was found faced down in a bath unresponsive. Pt is presently on full life support. I have spoken c̄ mother several times. Mother is cognitively and emotional immature for her age. Mother on some level understands, pt is brain dead, but on another level believes "God will save her baby". Staff has reiterated to mother over and over again pt's status.
	Mother had a visit c̄ her son Christopher. She was upset because she felt he did not show her enough affection. It appears mother views her children has an extension of herself. We explored and discussed her feelings. I pointed out to mother the trauma Christopher has been through. She acknowledged this.
	The psychologist, Mrs Carlo at the shelter has been ill but is coming back. Chantilly had been seeing her for 3 months prior to Mrs Carlo's illness. The shelter felt mother was a bit overwhelmed c̄ two children. Mother needed help c̄ patience and child rearing. Mrs. Carlo is scheduled to come back on Thursday. I have spoken c̄ Hindrea, asst. director of shelter.

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

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

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	
4/26/97	to set up an appointment for mother I will follow up c̄ this. I will continue to provide pt/family c̄ therapeutic support.
	Lisa Flum (SW)

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

PATIENT PROGRESS
OBSERVATION RECORD

04149

NWBP 609-A 0200
TURNER, JONATHAN
KING, DIANA
N 10/2
2751 GRAND CONCOURSE
BRONX NY 71
9CH 0017

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nsg notes 7AM – 7:30P OBSERVATION
4/27/78 7A	Received Jonathan in infant cub c̄ HOB↑ 15° and side rails up. Remaining intubated c̄ 4.0 Cuffed inflated ETT → Siemens 900 C Ventilator, SIMV, reep 5, min VOl 2.8, TV 92, IMV 15, PIP 23, RR 15, FiO_2 21, O_2 Sat 100%. Aerating bilaterally BS clear, no spontaneous breaths noted. Pupils 4mm fixed and dialet. No spontaneous movements noted. Pt on NGT feeding Similac 20 cal @ 30 cc/hr infusing. Tolerating feeding. Abdomen soft, non tender and non distended. Voiding via diapers. NO bm yet.
8AM	afebrile. Suctioned ETT for small of white loose secretion. BS clear, no changes in respiratory status noted
10AM	Received medication as ordered.
12N	HR 112, Suctioned ETT for same. No changes in respiratory or neuro status.
2pm	No changes in status.
4pm	HR 107, RR 15, O_2 Sat 100%. Aerating well

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	bilaterally. Pupils 4mm NR. No changes in neuro status.
6pm	Aerating bilaterally. CNG feeding infusing. No changes in neuro or respiratory status.
7pm	No changes in status. [illegible]

0414

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

PATIENT PROGRESS OBSERVATION RECORD

NAEP 609-A 02005400
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 REC
2751 GRAND CONCOURSE
BRONX NY 718 584-44..
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
	NS note
4.28.97	Received Mr Turner in infant crib side rales
7a-7p	up. Jonathan is on a cardio resp monitor alarm
	~~limits set~~ on tested HR 172. O2 sats 90-93
	PT was suctioned for moderate amt of secretion
	O2 sats ↑ 98%. PT has mild rhonchi. PT has CNG
	feeds of Sim 20 cal @ 30cc/hr. PTs abdomen is
	soft to touch. PT had a small seed BM.
	Mr Turner was suctioned Q2H moderate amt of
	loose white secretions removed. PT was turned
	on positional Q2H. PT voided Q2H diapers
	care done. 6pm Mother visited question answered
	emotional support given 7p Report given
	[signature]

11606M/E REV.3/72

0414

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

PATIENT PROGRESS
OBSERVATION RECORD

NSE 600-1
TE DR. JONATHAN
DIANA
M 10/28/19
2751 GRAND CONCOURSE
BRONX NY 71K 084-44
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/28/97 10AM	PCCU Attending
	No change in condition.
	On feeds.
	Ventilated.
	Received VZIG for varicella exposure.
	Plan:
	- Supportive care.
	[signature]
4/28/97 10:30	PCCU Fellow Progress Note Dr. Lopez
	No change in PE. Cont on NG
	feeds and on mechanical ventilation.
	[signature]

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/28/97 4:30 pm	Resident Note
	No changes in Baby Jonathan
	Full enteral feeds
	Full Ventilator Support.
	By Systems : SIMV R=15 FIO_2=21%
	Resp peep=5 90+ idd volume
	RR = exactly 15 O_2 sat 100%-98%
	Lung: minimal crackles at bases
	No issues
	CVR : hemodynamically stable.
	HR=128-130 69/33-81/31
	≈ 3sec cap refill.
	No issues
	ID : remains afebrile
	Fen/GF : 8kg. Full enteral feeds
	SIM 20 30 cc/°
	650 / WD X 8 out
	Small Brown stools x2
	Heme : No active bleeding
	Neuro : pupils Fixed & dilatated
	⊖ oculocephalics
	⊖ corneal reflex
	⊖ withdrawal to stimuli
	Flow studies 4/17/97, 4/21/97, 4/23/97 all show some cerebral flow
	Apnea test 4/18/97 ⊕
	Still without any sign of [illegible]

04_

MONTEFIORE MEDICAL CENTER.
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THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

A[illegible] 0200[illegible]
T[illegible], JONATHA[illegible]
[illegible], DIANA
M 10/28/1[illegible]
2701 GRAND CONCOURSE [illegible]
BRONX NY 71[illegible]
80460017 04/15/1997

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

DATE	OBSERVATION
	brain function.
	all is unchanged.
	Putalik
	Putalik 649-4777

11605M/E REV.3/72

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

04149

NWCP 609-C 020054
TO ER, JONATHAN
KING, DIANA
M 10/23/1996
2751 GRAND CONCOURSE
BRONX, NY 71 594-4
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nsg Note 7P-7A OBSERVATION
4-28-97	Received Jonathan in crib side rails
7P	up. # 4.0 NTT taped securely to face
	attached to Servo SIMV Peep 5 TV91
	T.10 2-2170 Color pink lungs aerating
	bilaterally CNG feed Similac at 30cc
	hr a.s.d soft non distended. Pupils
	fixed + dilated no spontaneous
	movement noted. Mother at bedside
8P	VSS Afeb Suctioned for small loose
	clear secretion + repositioned
10P	No Δ in condition mother remains
	at bedside Suctioned as above
	+ repositioned O2 sats 97
12P	OOB Briefly mother holding Jonathan
	Color pink lungs aerating bilaterally
	Continue on CNG feeds suctioned as
	previous + repositioned
2A	Condition unchanged Suctioned + repositioned
4A	Suctioned + repositioned voided in
	diaper
6A	No Δs noted feeds continue suctioned
	as above + repositioned [illegible]

R1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/29/97	Resident Note
1A	No changes or Events overnight
	Resp ~~[illegible]~~ IMV = 15 FiO_2 - 25% Insp Tidal Vol = 91
	Peeps
	lung clear to auscultation (B)
	No spont respiration
	CVR 126 - 89/32 RR S_1S_2
	Hemodynamically stable
	ID: today will receive immunizations:
	Tetramune (HIB, DPT,)
	& IPV
	Had received Vzig Yesterday after
	weekend chickenpox exposure.
	Heme: No issues
	Gen/ET. Sim 20 30cc/° Log small yellow
	stool x2
	Neuro: unchanged.
	⊖ corneal pupils fixed & dilated
	⊖ withdrawal to stimulation (par
	⊖ oculocephalic
	Putalik
	putalik

041447

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

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

PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

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

DATE	OBSERVATION
	NSG rest
4.29.97	Received Mr Turner infant Crib. No spontaneous moments
7a-3p	noted no gag when pt is suctioned. PT has 4.0 NTT
	to Servo vent SIMV peep 5 TV 91 FIO 21%. PT has
	good breath sounds with occational rhonchi. PT is on
	a cardio resp monitor alarm limits set on tested
	AR 120-130 PT's skin is warm to touch T 36.5 pt has on
	2 blonots on. PT has NGT infusing Sin 20 Cal @ 30cc/h
	Pts abdomen is soft touch. PT has small seedy stool
	PT's diaper ✓ q2H pt noted to drinkle urine.
	skin care done Q2H PT was turned on positional
	Q2H PT was suctioned Q2H for green colored
	secretion & rhonchi after suctioning. Mother held
	pt with supervision. PT tolerated mother holding
	him well. Report given ——— [illegible]
4/29/97	Nursing notes 3P-7P.
3P-4P.	Received Jonathan in small crib - remains
	intubated to #4.0 NTT cuffed → Servo
	ventilator in SIMV mode peep = 5; ITV - 91
	IMV rate 15; FIO2 21%. Dsat - 96% in
	pulse oxymeter. Aerating bilaterally (+)
	rhonchi. Pt suctioned for small
	[illegible]

1605M/E REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
	large amount of secretion nasally + orally
	Pt on HP c/a monitor c̄ alarm limits
	set appropriately. Capillary refill brisk-1s
	Abdomen soft + non-distended. NGT
	intact + Similar 20 cal @ 30 ml/hr in
	progress. Pt c̄ mat diaper - perineal
	area cleansed + zinc oxide applied.
	Mother visiting. Pt c̄ spontaneous movements
1P-6P	Pt sat in mother's lap. Remains
	on ventilator c̄ Bias in ventilator setting
	O2 sat 96-97%. Suctioned pm nasally
	+ orally.
5P-6P	Baby bath in crib - bed bath pm +
	linens changed. NTT tape changed
	by two licensed RN's uneventfully.
	Suctioned prior for secretion as
	before O2 sat 98-99%. Varying adequately.
7P	No changes in ventilator setting -
	O2 sat 98%. Cultures or CNG feeding
	as before. Report pm to oncoming RN
	[illegible signature]

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PATIENT PROGRESS OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

NWCP 609-A 0200540
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 FCC
2741 GRAND CONCOURSE
BRONX NY 718 884-44
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

DATE	OBSERVATION
	Nsg - 7a - 7p
4/30/97 7A	Received c̄ #4 NT tube to Reevo STMV PEEP-5 F_1O_2-21%. Rate-15 TV-92. Aerating bilaterally. O_2-sat-96%. RR-15 on C/A monitor c̄ appropriate alarm limits on + functioning. Extremities warm, pink, (+) pulses c̄ brisk cap refill. No spontaneous movement. Abdomen soft non distended. c̄ NGT to continuous feeds 20 cal/kg Sim @ 30 cc/hr.
8a	Temp-36.5°C. Kept warm c̄ blanket + clothing. Aerating bilaterally. Suctioned for moderate thick yellowish return. Turned + repositioned.
10a	Mother in, talking + touching child. Suctioned for same result.
12m	Aerating bilaterally. O_2 sat-96%. Suctioned for same result. Turned + repositioned c̄ one large creeky yellow stool. Skin care done.
2p	Suctioned for same result. Turned + repositioned
4p	Bed bath + oral care done. Suctioned for same result. Turned + repositioned
6p	O_2 sat-96%. Suctioned for same result. Mother in, verbalized she wants to be with

1606M/E REV.3/72

04149

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PATIENT PROGRESS OBSERVATION RECORD

NWEP 609-D 02005405
TURNER, JONATHAN
KING, CIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
If no plate, patient's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
5/1/97	NEUROSURGERY NOTES:
AM	RECEIVED PT. JONATHAN ON CMV + SURFACTANT UP TO
	[illegible] PT. REMAINS + NTT # 4.0 UNCUFFED ENDOTRACH
	TUBE TO BE REPLACED ABOVE BY 1 CM + TIED AT 8 CM AT LIP
	PIP 20 TV 90 IMV RATE 15 FiO_2 81% NEBATIVE
	NON BLOOD GLUCOSE BY METABOLISTIX 82 BP U/A
	PULSE OX METER 95%. PT. ON CARDIO/RESPIRATORY
	MONITOR & DAILY EKG (ELECTRODES). PT. HAS LOOSE
	TO TOUCH. CAP REFILL BRISK. PT. ISOLETTE PUPILS
	EQUAL + REACTIVE. TEMP @ 36.5. PT. NOT WARM +
	UNDER WARMING BLANKETS. PT + MOM TO HAVE @ BEDSIDE
	+ GIVEN NEUROLOGICAL EXAM. STERILE TUBE CHANGE MADE
	IN U/A UNDER LAMINAR FLOW. ABDOMEN SOFT / FLAT.
	PT. DOES NOT APPEAR TO HAVE ANY DISTRESS + BOWEL SOUNDS.
PM	T. 36.5 / RETURN. PT. WATCHED FOR ANY SIGNS OF
	ABSENCE OF SPONTANEOUS RESPIRATIONS. PT. REMAINED
	ON IMV WITH VENTILATOR RESPONSES. SUCTIONED
	FOR SMALL TO MOD. AMOUNT. PT. REMAINED ON CCAM
	STATE WITH NO NEW CHANGES NOTED. PT.
	TOLERATED. RESPONSIVE TO SUPPORT.
5/2 AM	PT. O2 SAT + RR 40's. FiO2 @ 100% + WEANED
	SLOWLY BACK TO 21%.

BGMME REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
10:30 A	PT. MOTHER CALLED UPDATED. PT. O_2 SAT ↓ 78 FIO_2 ↑30%
12 N	PT. KEPT WARM WITH BLANKET. TURNED & REPOSITIONED
	SUCTIONED FOR SMALL AMOUNT OF WHITISH SECRETION
	DIAPER CARE RENDERED. PT. TURNED & REPOSITIONED.
2P	PT. EYE CARE RENDERED. PT. SUCTIONED FOR SMALL AMT.
	OF LOOSE WHITISH SECRETION. DIAPER AREA CLEAN & DRY.
	PT. TURNED & REPOSITIONED. ON HIS BACK SIDE.
3:30 P	PT. DIAPER CARE RENDERED. SUCTIONED FOR SMALL
	TO MOD. LOOSE WHITISH SECRETION. PT. STILL DRAINS
	GREENISH TO BROWNISH MUCOUS FROM HIS @ NARE.
	PT. MOTHER CAME @ BEDSIDE STARTED STIMULATING PT.
4P	COMPLETE AS CARE DONE BY MOTHER WITH MINIMAL
	ASSISTANCE. SKINKEPT MOISTENED. SKIN WARM TO
	TOUCH. NO 3M THIS FAR. DIAPER CARE RENDERED.
6P	PT. TURNED & REPOSITIONED. ONE MEDS VIA NGT
	GIVEN. SUCTIONED FOR SMALL AMT. OF LOOSE
	WHITISH SECRETION. PT. AERATING BLAT. CLEAR
	ON AUSCULTATION. O_2 SAT VIA PULSE OPIMETER 93%.
7P	REPORT GIVEN TO RN. [illegible] RN

04144

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

PATIENT PROGRESS OBSERVATION RECORD

[illegible]
[illegible]
[illegible]
[illegible]
2751 GRAND CONCOURSE
BRONX NY 71[illegible]
80460017 04/15/1997

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
4/29/97	PCCU Attending
11pm	
	Continues on N.G. feeds.
	Apneic - on mechanical ventilation,
	No change in neurologic exam
	Plan:
	Supportive care.
	[signature]

11605M/E REV.3/72

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

PATIENT PROGRESS OBSERVATION RECORD

04144

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

EVERY ENTRY MUST BE DATED & SIGNED

DATE	Nursing: 7pm (-7am) OBSERVATION
4-29-97	Received child in stretcher bed c side rails up. Mother at bed-
	side. Continues to be neurologically unresponsive. Entubated
	c 4.0 uncuffed ETT via (R) nare & connected to servo ventilator on SIMV
	mode: 15, Vt 90; Rate 15, FiO2 21%. On cardiac monitor c alarm
	limits on. HR 112/min. Pulses palpable. Cap. refill - 2 sec. Skin
	cool to touch. Muscle tone limp. No movement. NGT in situ
	receiving Similac 20 cal/oz at 30 cc/hr. Tolerating NG feeding. Voiding
	in diaper - No Stool.
8pm	Temp 35.6°C (R). Clothes put on by mom. Covered c blanket.
	ETT suctioned & obtained very minimal white secretion.
	Breath sounds "hollow", equal bilaterally. Turned & positioned
	on his (R) side. Mother & Grandma at bedside. Mother
	allowed to participate in child's care.
10pm	mother allowed to hold baby in her arms.
12Am	Back to bed. Voided S.S. mom changed diaper. No reaction
	noted. Zinc oxide applied. Turned to (L) side c support.
3Am	ETT suctioned for minimal secretions. Voided. Diaper changed.
	Turned to (R) side.
4Am	ETT suctioned for nothing. Voided. Turned to (L) side.
7Am	Report given to on-coming shift. HBrazil, RN

1160MWE REV.3/72

PLEASE DATE AND SIGN ALL ENTRIES

DATE	OBSERVATIONS
4/30/97	PCW Attending
945AM	
	No change in exam.
	Tolerating feeds
	on mechanical ventilator - apneic.
	Received immunizations, as requested
	by mother.
	Plan:
	Supportive care.
	[signature]
4-30-97	Infection Control - patient exposed to
	varicella on 4/26/97. V-Zig ordered and
	administered to patient on 4/27/97. Patient
	should be isolated from 5/6/97 through 5/24/97.
	Assess patient daily for signs & symptoms of varicella.
	Thank you for your assistance Kattie Mullaney RN (917) 506-0147
4/30/97	Resident Note
12pm	Jonathan's condition remains
	unchanged.
	Resp = Vent dependant.
	No spont respirations
	CVR: RR S_1S_2 Θ m/g/R
	ID: No issues afebrile
	Fen/gr: continues to
	[illegible]

041491

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

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

[illegible] 612-A
[illegible] JONATH[illegible]
[illegible] DIANA
[illegible]
[illegible] GRAND CONCOURSE
BRONX NY 71[illegible]
80460017 04/15/1997
If no plate, patient's name, adm. no., sex & Doctor

DATE	OBSERVATION
	Heme: No active issues
	Opitalil
5/1/97	Resident Note
7am	No events
	① Resp: Resp=5 IMV=15 ITV=92 FiO_2=21%
	Sats 96-97% RR=15
	good air movit Bilat.
	still with Nasal ET Tube ① Not breathing above the vent
	② CVR 112-116 80/26 - 89/57
	① Hemodynamically stable
	CRR S_1S_2 3-4 sec cap refill as usual
	③ Fen/gI: 8kg. Soft non distended
	Sim 20 @ 30cc/° cog feeds
	Stool large yellow seedy. X2
	④ ID: afebrile
	No ID issues active
	⑤ Heme: no issues
	⑥ Neuro: ⊖ corneal ⊖ gag ⊖ oculocephalics
	⊖ withdrawl to pain

305M/E REV.3/72