

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13021



4 - ER URGENT

000001

EMERGENCY DEPARTMENT PHYSICIANS RECORD

ADDRESSOGRAPH <div style="background-color: black; width: 100%; height: 100px; margin-top: 10px;"></div>	NAME TIME SEEN BY PHYSICIAN <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">STAT</div>	PHONE CONSULTS WITH PHYSICIAN DR LAB RESULTS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>CBC</th> <th>SMA-7</th> <th>U/A</th> </tr> <tr> <td>WC</td> <td>BUN</td> <td>RBC</td> </tr> <tr> <td>Hb</td> <td>CREAT</td> <td>WBC</td> </tr> <tr> <td>HCT</td> <td>NA</td> <td>BACT</td> </tr> <tr> <td>PLT</td> <td>K</td> <td>ETOH</td> </tr> <tr> <td></td> <td>CL</td> <td>CPK</td> </tr> <tr> <td>ABG</td> <td>CO2</td> <td>CPKMB</td> </tr> <tr> <td>PH</td> <td>GLU</td> <td>PT</td> </tr> <tr> <td>PCO2</td> <td></td> <td>PTT</td> </tr> <tr> <td>PO2</td> <td></td> <td>AMY</td> </tr> <tr> <td>%SAT</td> <td></td> <td>HCG</td> </tr> </table> OTHER RESULTS EKG INTERPRETATION MONITOR INTERPRETATION X-RAY INTERPRETATION PROCEDURES <input type="checkbox"/> SUTURED LAC cm SK SQ: COMPLEX INTERMED. SIMPLE PHYSICIANS RECHECKS TIME	CBC	SMA-7	U/A	WC	BUN	RBC	Hb	CREAT	WBC	HCT	NA	BACT	PLT	K	ETOH		CL	CPK	ABG	CO2	CPKMB	PH	GLU	PT	PCO2		PTT	PO2		AMY	%SAT		HCG
CBC	SMA-7	U/A																																	
WC	BUN	RBC																																	
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ABG	CO2	CPKMB																																	
PH	GLU	PT																																	
PCO2		PTT																																	
PO2		AMY																																	
%SAT		HCG																																	
Dr. [REDACTED] - <i>Coroner - [REDACTED]</i> <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">[REDACTED]</div>		CONDITION AT DISCHARGE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL PRESCRIPTIONS <input checked="" type="checkbox"/> CHART COMPLETED																																	
REFERRED TO DR. I UNDERSTAND THE INSTRUCTIONS BELOW	SUTURE REMOVAL BY MD IN _____ DAYS E.R. [REDACTED] PRIVATE M.D.																																		
RETURN OR CALL IF NOT IMPROVED	INSTRUCTION SHEETS <input type="checkbox"/> NURSE [REDACTED]																																		
DO NOT OPERATE VEHICLE UNTIL _____ OFF WORK UNTIL _____																																			

Episode Sheet

Date: 11-1-99

Time CPR Initiated: [REDACTED]

By: [REDACTED]

Type of Arrest:

- Unwitnessed Combined
 Witnessed Cardiopulmonary
 Cardiac
 Respiratory

Rhythm:

- Ventricular Tachycardia
 Ventricular Fibrillation
 Asystole
 PEA Other

Location of Code:

DNR Status:

Vital Signs				Cardioversion/Debrillation		IVP Medications	Medication Infusions		
Time	B/P	P	R	Joules	Rhythm Result	Med/Dosage	Concentration	Rate	Narrative
9:06	⊕	⊕	⊕		Asystole	1 mg Epi			
9:07	⊕	⊕	⊕		Asystole	1 mg Atropine			
9:08	⊕	⊕	⊕		Asystole	1 gm. Solu-Medrol			
9:09	⊕	⊕	⊕		Asystole	ABG			
9:10	⊕	⊕	⊕		Asystole	15 VENTIL VETT			
9:11	⊕	⊕	⊕		Asystole	1 amp Bicarb			
9:12	⊕	⊕	⊕		Asystole	1 Epi			
9:13	⊕	⊕	⊕		Asystole	1 amp Bicarb			#18 NGT inserted
9:14	⊕	⊕	⊕		Asystole	1 amp Bicarb			
9:19	⊕	⊕	⊕		Asystole	1 mg Atropine			
9:17	⊕	⊕	⊕		Asystole	1 mg Epinephrine			
9:21A	⊕	⊕	⊕		Asystole				Code call low [REDACTED]

Comments: 2 Epi - IV & #18 RJA, PTA

Intravenous Therapy:

- Existing Peripheral Central Placement
 Existing Central Peripheral Placement
 Size _____ Size _____
 Location _____ Location _____

O2 Therapy: _____ L/min
 Mask to Mouth Intubation
 Ambu to Mouth Already Intubated
 Ambu to Trach Size 7.5 Time 9:07
 By _____

Persons Responding: Dr. [REDACTED]
 [REDACTED] ech. [REDACTED] tech
 [REDACTED] tech. [REDACTED]

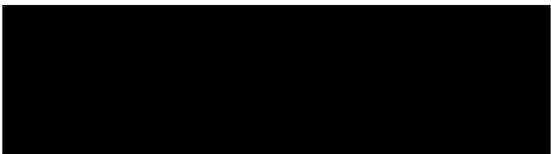
Lab Work:	Test	Time
	AP5	9:09 per Dr. [REDACTED]

Disposition: Expired Outcome of Resuscitation: Successful

Pronounced by: [REDACTED]
 Time: 9:21

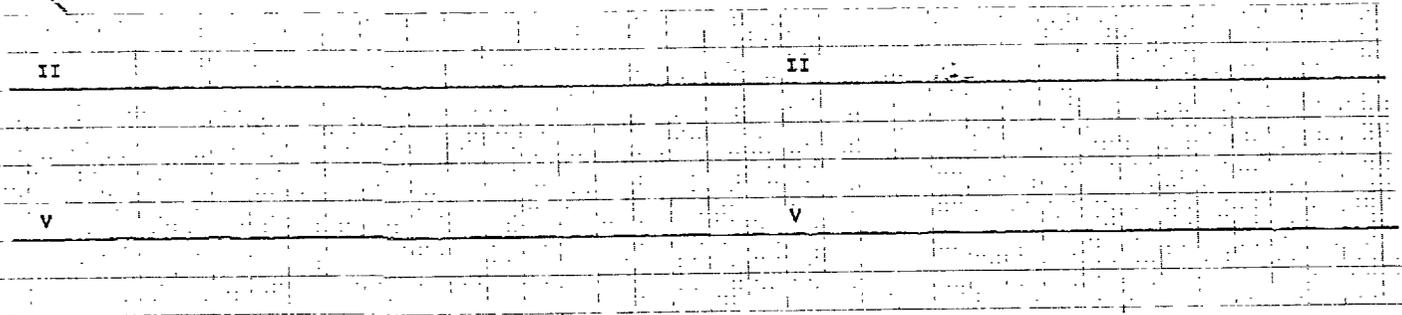
RN Signature: [REDACTED]

MD Signature: [REDACTED]



MANUAL SAVED [REDACTED] 1-NOV-1996
@25 MM/S HR X ARR LETHAL NBP

MANUAL [REDACTED] 1-NOV-1997 21 21 05 ALARM PAUSE ALM VTL
HR X ARR LETHAL NBP X/X (X) SPO2 CHECK PROBE



ER

EMERGENCY ROOM SUMMARY

PATIENT NAME: [REDACTED]
ACCOUNT #: [REDACTED]
MEDICAL RECORD #: [REDACTED]

ADMISSION DATE: 11/01/97
DISCHARGE DATE: 11-1
LOCATION:

PHYSICIAN: [REDACTED] M.D. [REDACTED]

DATE OF SERVICE: 11/1/97.

CHIEF COMPLAINT: Cardiac arrest.

PRESENT ILLNESS: Mr. [REDACTED] is a 43-year-old gentleman who presents to the emergency department by rural metro ambulance in full cardiac arrest. The patient had been visiting his family in [REDACTED] today, had gone to the [REDACTED]. Football game, after which they had all eaten at [REDACTED]. The patient had returned home to his family's home and was doing well, had no complaints, had gotten up to go to the bathroom and collapsed in the floor, unconscious and unresponsive. Ambulance was called. They arrived in approx. 3 minutes. The patient was in ventricular fibrillation at that time. He was defibrillated at 200 and went into asystole at that point and they began full resuscitative efforts with attempted intubation several times. They had difficulty intubating and proceeded to use the Bag valve mask. The patient vomited undigested food. He was given two Epinephrine en route and CPR was continued. On arrival in the emergency department, the patient was asystolic. The code was continued. The patient was intubated immediately by me with a 7.5 endotracheal tube without difficulty. A moderate amount of gastric contents was suctioned from the endotracheal tube. The patient received Epinephrine x 3, Atropine x 2, one gram of Solu Medrol, .5 of Ventolin down the endotracheal tube, was given three amps of bicarb during a 15 minute resuscitative effort, CPK was continued. The patient never regained a pulse, remained in asystole during the entire effort. Arterial blood gas drawn from the left femoral area showed a pH of 6.99, pCO2 of 80, pO2 of 8. That was venous, apparently, however, the patient was given two amps of bicarb following the blood gas, had no effect. The code was called and the patient was pronounced dead at 9:21 p.m. on 11/1/97.

PAST MEDICAL HISTORY: Negative for diabetes, hypertension or heart disease.

SOCIAL HISTORY: The patient did not smoke.

FAMILY HISTORY: Strongly positive for coronary artery disease with father dying of acute myocardial infarction at age 50.

IMPRESSION: 1. Acute myocardial infarction with sudden cardiac death.
2. Unsuccessful resuscitation.

PLAN: Dr. [REDACTED] from Coroner's office was consulted and the death was felt to be medical, the body could be released to the family. The mother and two daughters were in the emergency department and they were advised of the patient's demise. The wife arrived some time later from [REDACTED], she and her two sons were advised and the [REDACTED] Donor Service was called. The funeral home in [REDACTED] is to being a death certificate with them which I will sign.

Dictated but not edited

11/02/97
11/02/97 (7:56)

000006

11/02/97
14:37

NAME: [REDACTED] LOC: [REDACTED] ROOM: [REDACTED] AGE: 43Y SEX: M
H# : [REDACTED] DR : DOCTOR, ER CODE: [REDACTED]
ACCT: [REDACTED]

ARTERIAL BLOOD GASES /RESPIRATORY THERAPY DEPT-DR [REDACTED], DIRECTOR EFFECTIVE 6/1/94

TEST:	PH	PCO2	HCO3	BASE DEFICIT	PO2	O2 ADMIN / COMMENTS
UNITS:	UNITS	MMHG	MEQ/L		MMHG	
LO-HI:	7.350-7.450	38.0-42.0	22-26	0-2.5	80-100	
11/01 * 2116	6.990*	80.6*	19.6*	12.5*	8*	100% AMBU
	CKDP	CKDP			CKDP	

ARTERIAL BLOOD GASES /RESPIRATORY THERAPY DEPT-DR [REDACTED], DIRECTOR EFFECTIVE 6/1/94

TEST:	O2 SAT	O2 CARBOXY CONTENT	HGB	MET HGB
UNITS:	%	VOL %	%	%
LO-HI:	96-97	15-23	0-1.5	0.4-1.5
11/01 * 2116	4.0*	0.8*	0.4	0.3*
		CKDP		

---FOOTNOTES---

CKDP RESULT CHECKED AND PHONED

END OF REPORT
FINAL OUTPATIENT CUMULATIVE SUMMARY PAGE 1
LOC: ER RM: 11/02/97 14:37

H# : [REDACTED]

000007