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

ARMS#

12483

6 - MD NOTES

[redacted]

DATE [redacted]

7/28/97 34 yo WOF [redacted] via ambulance. She was reportedly in Aerobics class and during a rest period she slumped to the floor and experienced shallow rapid resp c̄ possible SZ ac NZ. There is no report of emesis. She was unresponsive to commands combatives + agitated. She was urinary incontinent. She was suctioned to clear her airway. She had a CT+ performed show a [redacted] Her CAR shows Pul Edema and she has hypotension 90 SBP. Her ECG shows sinus tachycardia and a ? ant infarct of age undetermined. She is still agitated but she has received ativan. Her O2 SATs were low but ↑ 97-99% on NRB MASK.

Her Husband states she is in good health. She does not smoke or drink. She Exercises regularly. She denies MEDALLERS. Her ROS is otherwise ⊖.

- ϕ Resp pub except occ [illegible] more recently
- ϕ GI Gen pub
- ϕ Arthritis
- ϕ Rash

[redacted]

7-30/8-5-97 JAN(144)
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Discussed ventric, swan ganz + surgery c̄ pt. need for monitoring + possible intubation + vent.

000002

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

7/28 Angio:
No aneurysm found.
Full report to follow.

[redacted]

7/28/97 Neurosurgery [redacted]
Pt intubated.
Vitals 99.9 111/71 115. C.O. 5.2 SVR 1143
Dobutamine @ 10 mg. SBP < 165
Dopamine @ 7 mg. CI > 4.0.
(R) Ventric open @ 20 ICPs 14 ↔ 22. 89.cc/24hr.
I/O 897/2019 DSNS @ 62
Labs:
on 100% SIMV 10/10 [illegible] TV750 218/37/7.35/19.9/99.6.

142	101	12	201	PT = 13.8	20.6	13.5 / 39.5 / 232
4.2	20	0.8		PTT = 232		

CPK (1) 401 (26.4) (2) 603 (48.1)

Exam: GCS E4M6VT.
Pupils. 2mm Equal. Face Symmetric TMC.
Motor MAE 5/5 (R) & (L) B, T, G, HF, KE, DF, PF.

A.P.: Pt s/p [redacted].
Angio (-) for SAH. related aneurysm.
Continue current management.
Presently on 60% → Ventilate for Dr. [redacted]
[redacted] in [redacted]

[redacted]

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000003

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted] [redacted]

DATE Neuroanesthesia

7-28-97 Asked to place SG + ETT emergently, S/P SAH
↓ pO_2 on Nonrebreather + ↓ BP. ⊙SC 8.5 Fr Cordis / 7.5 Fr SG
placed p̄ sterile MD 5 difficulty - ~~7.0~~ SG floated to ~55 cm
RV 35/5, PA - 32/20 PCWP - 20 7.0 ETT placed
p̄ 200 mg STP IV BBS = RXR pending [redacted]

7/28 Neuroangiography Procedure Note
1400 Ind: 34 ♀ SAH - large - TO angio. Needs ventric
for drainage in case of HCP
Procedure: ⊕ frontal ventric
Surg: Gentry Att: Dr [redacted]
EBL: 20 cc
Finding: OP 22 mmHg, pink CSF
Comp: ∅
☆ Note preop PT/PTT 13.3/31/1.4 [redacted]
- Pt received ↑ unit FFP be[redacted]
↑ unit FFP p̄ procedure.
No abnormal bleeding noted [redacted]

7/28 Neuroangiography.
⊖ aneurysm. Full reports to [redacted] follow.

[redacted]

[redacted] 000004

RESS NOTES

[redacted]

[redacted]

TE

1 Nt-y

140 | 100 | 13 < 192
4.2 | 16 | 1.1

13.2
~~4.1 mm~~
10.4 | 37.0 | 224

UDS: Amphetamine (+)
Barbs (+)

ECG: sinus tach @ 120

PT | PTT/INR = 14.7 | 31 | 1.4

A/P: 34 ♀, SAH, lately anemyomal
(1) Admit ICU
(2) Ventri
(3) angio
(4) Imed cls - pulmonary edema
(5) labs - esp. PT/PTT
(6) consent ventric, blood, 4V cerebral angio

[redacted]

[redacted]

7-30/8-5-97 JAN(144)
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000005

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

7/28 Neurosurgery Admit Hzp

1400 HPI: 34 ♀, previously healthy, was at aerobics class this AM. Collapsed - combative. EMS called - To [redacted] CTH - SAH. Transferred to [redacted]

PMHx: ⊖
PSHx: ⊖
Adi: NKDA
Meds: herbal diet pills
SH: ∅tab ain. ETOH

VS 102/61 122 24 35-3

Exam: GCS = $E_3 M_6 V_4$ = 13

PERRL, EOMI, fam =, TML AAO to city, yr, president not to month
MAEW c̄ excellent strength
∅drift

Chest: (B) rales
CV: NNR
Abd: benign

CTH: SAH (B) sylvian fissures, basilar cisterns

[redacted]

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000006

[redacted]

PHYSICIAN'S PROGRESS NOTES [redacted]

[redacted]

[redacted]

DATE

PE WD WN OT
HEENT ⊕ neck stiff
Chest Congested hilat rales + rhonchi
CKL pul Edm
abd ⊖
Ext ⊖
Vital sign Hypotension.

Pos 50.

A - ① SAH
② NEUROgenic pul Edema
③ Resp fail

Plan SG cath
INTUBATE
VENTILATE
NEO
Lasix. [redacted]

[redacted]

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000007

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

DATE

9/29/97 Basic CT head done. Report to follow.

[redacted]

7-29-97 Cardiology: 3 mg/10 w ♀. collapsed p̄ aerobics class, possible seizure. Paramedics called. BP 108/P HR 104. To [redacted] BP 110/35. HR 104. CT → SAH. To St J. BP 90/60 HR 100. Rales on exam. CXR c/w pulmonary edema. Intubated. Swan placed. PAWM initially ~30. Lasix/Dob/Dop. Prompt to PAWM 10-15. Ventric. Cerebral angiogr → no aneurysm. No prior cardiac Hx/Sx/Rx. Taking herbal wt loss medication (ephedrine/caffeine). Risk factors: spying to 97. ? [illegible] FH: ? [illegible] PMH: ?. SH: married, no children.

Exam: intubated, ventric, Swan. BP 105/64, HR 175, PAWM 17, CVP 8. Dob 8. Dop 8. Awake, alert. ? JVD. ? rales. ? murmurs/rales. ? HS. ? edema.

Lab: EKG - NSR, NDSTT, slow Rwave progression. CXR: w/ CIT pulmonary edema. CPK: 401, 603, 622, 419 ? 8.8 D, MB. Tox Screen - + amphetamines, + barbiturates. Swan - 607.5, CI 4.8, SVR 672.

[redacted] 7-30/8-5-97 JAN(144) Exhibit D Page 7 of 29

000008

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

7/29/97 Pulmonary

S - sedated

O - intubated, ETD in place

NO ANEURYSM FOUND ON ANGIO

T 37.7

PCW 14 PAP 31/21 BP 113/72

Pure secretions ↓↓

CI 3.3 SVR 1143 on D [redacted]

ABG: 326/37/7.40 100% O_2 8 PEEP I10(10)

142/101 12 201
4.2/20 0.8 CARDIAC 150's ↑ MB index 6-8%

WBC 17.1 Hb 13.0

Pressors Dob + Dop

Chest ↓↓ bronchi + rals rare

CXR much improved 50%

Abd ⊖ ~~CARDIA~~ prev ECG abn

Ext ⊖

COV ⊖

recured 2 doses Lasix.

ABG: much better

A - SAH, Pul Edema, ? small MI

P - 1) Lasix PRN

2) ↓ O_2 to 60% re ✓ ABG on 60% ↑ rate to 11

3) ETC + sgram stain

4) re ✓ labs.

5) CARD consult [redacted]

[redacted] 7-30/8-5-97 JAN(144) Exhibit D Page 8 of 29

000009

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

DATE

7/30/97 Neurosurg [redacted] SAH.

100.6 110/63 120 8

Dopamine @ 8 mcg. CO 7.4 SVR 778 PCWP 14 SV 62

(R) Ventric opn @ 20 ICPs 19 ↔ 22 3 cc/2 hrs.

I/O 2500/1560 [redacted] @ 100.

Labs: 148 | 116 | 14 < 153
3.4 | 22 | 0.6

Exam: GCS E4 M6 V4.

PERRL @ 3mm.

Face Symmetric Tongue

Motor: D B T G HF KE DF PF

R 5 →

L 4 →

Sensory: grossly intact

A&P: Pt neurostable

Pt on 60% FiO2 c PO2 = 75.

ICPs. 17 ↔ 22.

(1) Wean to extubate.

(2) Continue Ventric drainage.

(3) CSF for Study.

(4) TCDIs.

(5) SBP 100-140.

[redacted]

7-30/8-5-97 JAN [redacted]
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000010

[redacted]

PHYSICIAN'S PROGRESS NOTES

[redacted]

DATE

Isp: 1) SAH: 5 aneurysm, possibly 2° hypertensive response to ephedrine.

2) neurogenic pulmonary edema.

3) cardiac isoenzymes c/w small MI

4) stable hemodynamics at present

Plan: 1) topos / Dc Dobutamine, continue Dopamine

2) maintain PAWM 17-18

3) ✓ Troponin I

4) Ekg in AM

[redacted]

[redacted]

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000011

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

7/30/97 Cardiology: Uneventful night. Remains intubated. Arb Dc'd. BP 100-110, HR 120-130

PSWM 14-16, CMP 8-10. I/O: +900.

Exam: ↓ rales, ↓ murmurs/rubs, [illegible] / [illegible]

Lab: CBC-Hct 31.0, Hgb 10.3, WBC 13.4

Lytes-Na 148, K 3.9

Renal-BUN 14, Cr 1.2

ABG-pO2 75, pCO2 39, pH 7.41, 60%

CXR-pulmonary edema pattern

Sum-CO 7.4, CI 4.7, SVR 774

Troponin I-10.0

ECG-pending

Ip: 1) satisfactory LV systolic functions mildly ↑ LV filling pressures, tachycardia, SEM,

2) persistent resp insufficiency

Plan: 1) Lasix 20 mg IV

2) ↓ Dig to 1

3) repeat ECG

4) Echocardiogram

[redacted]

7/30/97 Echocardiogram Done Report to follow [redacted]

0944

[redacted]

7/30 NSG All

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CPH from 7/29

resolving SAA, mild HCP

000012

[redacted]

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE Pul/[redacted]

7/30/97 S- awake, alert

O- Chest few rales + rhonchi much clearer

T 36.1 SVR 778

75 / 39 / 7.41 I10(16) P8 60%

148 / 116 / 14 153

3.4 / 22 / 016

STILL REQUIRING Hi O2 conc to maint PO2

WBC 13.6 Hct 10.3

~~[illegible]~~ INTUBATED

abd soft CXR Pul Edema Less but (+)

Ext ⊖

~~CXR PENDING not yet ordered as written yet~~

Cor ⊖

150 enzymes (+) for small MI

Troponin I=10

pt has used lot of Ephedrine recently

sex

Mech renewer

A- SAH, Pul Ed

[redacted]

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P- Pt not quite ready for extubation

still requires hi FIO2

5 on 8 cm PEEP

mean as tolerated

[redacted]

000013

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted] [redacted]

DATE

7/31/97 Pulmonary / [redacted]

S- Sleepy - arrives early ϕ C/O

O- intubated, NG tube

TM 38.4 → 37.8 BP 120/62

CXR still has pul edema.

ABG's 63/33/7.46 I 8 C 24 P8

Pt still in pul Edema.

141	111	11
3.4	22	0.5

phos = 1.8

WDC 10.6 Hch 9.9 ret 96 K ↓↓

CPKM/+Troponin I ↑

I/O 3282/3419 (-137)

STILL IN PULMONARY EDEMA.

A - Neurogenic pul Ed

SAH

small MI

[redacted]

7-30/8-5-97 JAN(144)
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P- rec KCl Bols

Lasix

Rocephin 2gm/d

GT C+)

000014

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted] [redacted]

DATE

7/31/97. Neurosurgery [redacted]

Pt work and following commands.

Vitals 100.0 119/64 108 9

Dopamine @ 6.75 SBP 100-140.

(R) Ventric open @ 20 ICPS 15-17. 407cc/24hrs.

F/O 3282/3419 D5NS @ 100. ~~407cc/24hrs~~.

Labs:

141 | 111 | 11 < 139 Ca = 8.3 10.6 > 9.9 < 96

3.4 | 22 | 0.5 PO_4^{-3} = 1.8 29.2

60% SIMV TV 760 8/24 PEEP 8 PS 10 63/33/7.46/23.3/92.3.

Exam:

$E_4M_6V_T$.

Opens eyes spontaneous EOMI PERRLC.

Face Symmetric TMLL.

Motor: MAE symmetrically 5/5 throughout.

TCP's WNL.

A&P: Pt still intubated PO_2=64 on FiO_2 60%

1° pulmonary problem.

(1) PO_4^{-3} = 1.8 → ΔIVF to D5NS + 40KPO4

(2) Duotube c̄ holes feeds and KUB.

(3) Continue ventric drainage.

CSF still bloody

(4) CSF for study today.

[redacted]

7-30/8-5-97 JAN(144)
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[redacted]

000015

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted] [redacted]

DATE

7-30-97 Cardiology: Remains alert/oriented. Intubated. Ventoric.

0830 BP 110-130, HR 105-115, NSR, PAWM 14-16, PAM 8-10

Exam: + rales, + murmurs/rubs, + edema

Lab: CBC-HCT 29.2, Hgb 9.7, WBC 10.6

Lytes- Na 141, K 3.4

Renal- BUN 11, Cr 1.5

CPK-136

ABG- PO2 63, PCO2 33, pH 7.48, 60%

CXR- unchanged, pulmonary edema

Swan- CO 7.2, CI 4.6, SVR 788

Echo- wl LV size, diffuse to contractility, EF ~40%

Imp: Evidence of significant LV dysfunction by Echo. Probable "stunned" myocardium. This is contributing element of slow resolution of neurogenic pulmonary edema. LV function should return.

Plan: 1) add Dobutamine spring/ligine

2) anticipate taper/DC [redacted] later today

[redacted]

[redacted]

7-30/8-5-97 JAN(144)
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000016

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

7/31/97.

8/1/97. Neurosurgery. [redacted] SAH.

Pt awake. ad 5 complete but remains intubated.

Vitals: Tmax 101.5 (mw) 131/65 114 6 O2 Sat 100

Dopamine @ 4.34

Dobutamine @ 8.34

(R) Ventric @ 20 7 ↔ 15. 346cc/24hr.

I/O 3132/2835 D5 1/2NS+40KPO4.

Labs:

Exam 60% SIMV Rate 10/10 PEEP 8 Tv 750. 172/30/7.52/23.5/99.5

139 | 114 | 13 < 139 6.7 > 9.7 < 106.

3.3 | 28 | 0.6 28.0

CSF G75 P36 RBC 56800 WBC 44. (−) Organisms.

Exam: GCS E4M6V4.

PERRL 2-3mm. EOMI Face Symmetric Tube

MAE symmetrically 5/5 (−) drift.

Sensory intact.

Minor photophobia / Minor Meningisms.

[redacted]

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A&P: Pt stable.

CSF still c̄ high RBC.

Angiogram Monday.

CVP Pulmonary pr Dr [redacted]

Δ IVF D5 1/2NS+20KCl X 1mm KCl.

000017

[redacted]

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

8-1-97 Cardiology: Uneventful day. Hemodynamics:

1030 BP 110-130, HR 110-120, PAWM 17-14, RAM 5-10

Monitor: NSR Drops: Dob 8, Dop 4

I/O's: +300

Exam: ↓ JVD, minimal rales, ↓ murmurs/rales, ↓ edema

Lab: CBC-Hct 28.0, Hgb 9.7, WBC 6.7

Lytes: Na 139, K 3.3

Renal-BUN 13, wt 6

DBG-PO2 177, PCO2 24, PH 7.5, 50%, 1708/1015

CXR-Bid infiltrates

Sway- CI 4.3, CO 7.7, SVR 820

Imp: 1) Cardiac status stable

2) improved ventilation

Plan: 1) DC Dopamine

2) continue Dobutamine

[redacted]

[redacted]

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000018

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

DATE

8/1/97 Pul/ID

S - awake, alert

O - ABG: much better 172/30/7.51

I/10 (10) 700 60% P8 PS10

139	114	13	139
3.3	28	0.6	

K given

WBC 6.7 Hr 9.7

ET cult ⊖

other cult ⊖

CSF 44 WBC 56800 RBC yest

Chest + rales + rhonchi

CXR improved moderately

abd ⊖

ext ⊖

cor ⊖

on DOP/DOB

A - MI, SAH, Pul Edm

improving

P - + O2 to 50%
+ PEEP to 5 } Slow wean as tolerated

[redacted]

000019

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PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted] [redacted]

DATE

8/2/97 Pulmonary/

S- awake alert

O- Chest Cleaner rhonchi few rate

T 38.2 BP

ABG 169/36/7.44 E70(18) 50% PS

abd s/t

Ext ⊖

VSS PCW 14 PAP 32/15

labs reviewed

142	110	12	127
3.4	25	0.5	

WBC 8.1 Hb 9.4 PH 35

on Rocephin + Varco

A line Bacilli + Gram ⊕ cocci

CXR pul Edema pen

A- improved

↓K ⊕ Bacilli A line cult

P- 1) Wean to Extubate

2) cont Rocephin / Varco

3) KCl

[redacted]

[redacted]

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000020

PHYSICIAN'S PROGRESS NOTES

[redacted] [redacted]

DATE

8/2/97 Neurosurgery [redacted] SAH.
Pt awake, intubated, following commands.
Vitals. 100.8 132/70 119 16 O2 sat 100.
I/O: 3325/1809 D5 1/2 NS @ 100 Ventric. open @ 20 cm.
Dobutrine @ 8.4 mcg. ICP 10 → 19. 24 hr. drainage 369 cc
Labs:
Na @ 16:30 hrs = 143 8.1 > 9.4 < 135 / 27.6 142 | 110 | 12 < 127 / 3.4 | 25 | 0.5
7/31
CSF G75 P36 RBC 56,000

Exam: GCS E4 M6 V5 = 15 modified.
PERRL @ 2mm
EOMI
Face Symmetric
Tube.
Motor: D T B G HF KE DF PF
R 5 →
L 5 →
Sensory: Intact to light tuned
⊖ Drift.
A/P: Pt neurostable.
① TCD minimal Δ.
② Cont CSF drainage.

[redacted]

7-30/8-5-97 JAN(144)
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000021

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

8/29 Cardiology

Alert P.116 Temp 38.2 BP 117/70 RA 49/21 Dyspnea Dobutamine C.I. 5.4 Urine output good Clot-Ocean Nonrelic Heart-Sinus Tachycardia ABG pH 7.25 pH 7.36 pH 7.42 K+ 3.4 BUN 12 Cr 0.5 Hct 27 WBC 8.1 CPK T419 ⊕ Troponin I Plan: Extubation today. Continue c̄ inotropic support as needed

[redacted]

8/2/97 1815 N Surg Add

Called to see pt c̄ acute desat. Pt coughing → SaO_2 70's placed on O_2 up to 100% NRFM c̄ only slight improvement.

ABG 47/38 77.4 CVP 12 (↑ from 6) PWP 20 (↑ from 13)

DIE pt tachypneic but awake, alert.

U/O during day 30-50 cc/°

~~Pt~~

Stat CXR → diffuse infiltrates c/w pulm edema, looks much worse c/w this AM.

Pt given 20 mg Lasix c̄ good diuresis ~450 cc in 1st 1/2 hour

Sat's slowly improving → 91% now on 100% FMNR

D/w Dis [redacted] pt now c̄ ↑ pulm edema, was not on standing Lasix dose. Some improvement already c̄ Lasix. Per Dr [redacted] will give [redacted]

[redacted]

7-30/8-5-97 JAN(144)
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PHYSICIAN'S PROGRESS NOTES

000022

[redacted]

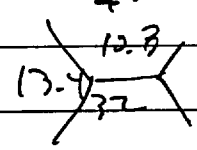
[redacted] [redacted]

DATE

add'l 20 mg Lasix IV now then 20 mg IV bid.
Will follow closely may need reintubation
but will hold off if possible

[redacted]

8/3 [redacted]
0530 Events of last PM noted
VS 102/64 100% 117 37.8 Denies SOB
I/O 3799/3297 Ventric 292/24° Still on dobutamine
Lab 7.43/74/40/26.1/94.5/100% NMB ICP 8-21 open @ 20



Na 142

Blood cx 8/1 / 7/31 → NGTD

Exam GCS = E4M6V5 = 15 AAO all spheres
PERRL, EOMI, fun =, TML
MAEW to command
Ø drift
Ø edema
A/P: Neurostable
continues extubated –
Pulmonary issues –
Angio Tuesday

[redacted]

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[redacted]

000023

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

8-3-97 Alcoholic

Developed pulmonary edema last pm after extubation
Rx c̄ Lasix Seems [illegible] P.110 BP 102/68
PA 35/40 Drips: Dobutamine C.I. 4.5 Urine output good
I<O Oral clear at present Heart to change [illegible]
PO2 74 PO2 40 PH 7.43 K+ 3.9 BUN 11 Cr 0.5
Hct 32 WBC 13.4 Cl XR c̄ continued interstitial edema
Pl: Dobutamine + IV Lasix

[redacted]

[redacted]

7-30/8-5-97 JAN(144)
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000024

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

8/3/97 Pulmonary

S – feels much better
Extubated
became v. SOB yest
O – ↑↑ pul Edema yest p̄ Extubat
Rx Lasix 40 Then 20
Cxr PulEdema Thin Ans Sl ↓ since p̄ Extub
BP 115/72
79/40/7.43 NRB MASK
last K 3.8 @ 12:10 (NOON) yest CP pend.
WBC 13.4 Hb 10.8 Plt 189
No newly ⊕ cult
on Rocephalo/vanco
Chest pilat rals
Cor 1/6 SEM ϕs 3
abd soft
Ext ⊖
PCW 13 PAP 39/16 now
CO 7.1 CI 4.5 SVR 811
No new prob

[redacted]

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A – pulEdema, MI
P – Lasix 20 TID
KCl 20 Bolus now
rev lab [redacted]

000025

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

8/4/97 Pul/ID

S - feels ok - [redacted]

O - on Lasix 20 DD

T 37.3 BP 140/66 PAP 40/11 PCW 13

O2 SAT 97% 50% MASK

ABG 75/41/7.43 50% MASK

139	102	12	131
3.7	29	0.4	

WBC 11.5 Pub 100% Net ↑ 199

CXR pul Edema

Chest bilat rales

cor S4 gallop

abd ⊖

ext ⊖

Skin ⊖

A - Pul Edema, MI, SAH

P - Cont aggressive support

[redacted]

[redacted]

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[redacted]

PHYSICIAN'S PROGRESS NOTES

000026

[redacted] [redacted]

DATE

8/4/97 Nsry. [redacted]

Pt awake at adult.

Vitals: Tmax 99.1 126/69 118 22

Dobutamine @ 4-82.

(R) Vertis ope @ 20 ICPs 12-14. 331 cc/24 hrs

Sum: CO/CI 8.6/5.5 SVR 762 SV 73. 2

I/O 3978/4141 D5½NS @ 80. (Jacity holes fed)

Labs:

50% Vertimask 75/41/7.43/27/94.9

139 | 102 | 12 < 131 11.5 > 10.4 < 199
3.7 | 29 | 0.4 30.6

CSF RBC 11150 (↓ 56800) WBC 22

Exm: GCS E4M6V5.

PERRL 3mm.

EOMI.

Face Symmetric

TML.

Ⓞ drift

MAE 5/5 throughout.

A&P: Pt neurosurgically stable

CSF c̄ resolving RBC. Gram stain. pending.

TCD's today.

Angiogram tomorrow.

[redacted]

7-30/8-5-97 JAN(144)
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[redacted]

000027

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

8-4-97 Cardiology: Extubated 8-2. Developed progressive dyspnea. CXR → ↑ pulmonary edema. Placed on NRBM, Lasix IV. Comfortable this AM, denies dyspnea. Hemodynamics: BP 120-140, HR 100-110, PAWM 10-14, CVP 4-6. Monitor: NSR. I/O's: -163. Drops: Dob 4.0. Temp: 38.5

Exam: ↓ IJD scattered rales, ↓ murmurs/rub, ↓ edema.

Lab: CBC-Hct 30.6, Hgb 10.4, WBC 11.5

Lytes: Na 139, K 3.7

Renal: BMI 12, wt 4. Swan: CI 5.5, CO 8.6, SVR 717

ABG-PO2 75, PCO2 41, PH 243 50% mask

CXR-persistent infiltrates upper lobes

Ip: 1) CXR c/w pulmonary edema, normal R/L ventricular filling pressures, normal CO/CI

2) low grade fever

Plan: 1) add ACE, Capoten 12.5mg po q 8h, have chosen Capoten 2° short 1/2 life

2) DC Swan 2° LCF.

3) ↓ Dob to 2

[redacted]

[redacted]

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PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted] [redacted]

DATE

8/5/97 Pulmonary /

S - feels ne

O - T 39.1

CXR LLL infiltrate Pul Eden

on Rocephin + VANCO

cult received none newly ⊕

ABG 111/35/7.50 4C NP

Swan out

139	98	12	121
4.6	30	0.5	

WBC 14.3 Hb 11.2 pet 2.14 corrs ne

CSF yet 22 WBC 11150 RBC

on Ab', on SVN', .

chest hil at rales dull @ bas

cor S4 gallop

abd ⊖

Ext ⊖

VS /

labs + meds reviewed [illegible] + Dr Gerber

A - MI, SAH, pul Ed [redacted]

pneum

7-30/8-5-97 JAN(144)
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P - sputum ~~culture~~ culture

Cont ANTIBIOTICS DC vanco.

[redacted]

000029

PHYSICIAN'S PROGRESS NOTES

[redacted]

[redacted]

[redacted]

DATE

8/5 NTGY [redacted]

VS 142/69 12 110 39' = Tm

I/O 3460/3711 D5-½NS c̄ 20K @ 80 Dobutamine gtt

ICP 8-24 open @ 20 — Jevity vent out 30%/24°

Lab 7.50/111/35/27/98/4CPM

Na 139

14.3 11.2 33.5 284 PT/PTT/INR = 13.5/25/1.3

CSF 1115 = RBC 22 WBC ϕ 029 NGTD

Exam

GCS = E4M6V5 TCD's global ↑ MCA ACA PICA

AAO in all spheres

PERRL, EOM, fun =, TML

MAEW c̄ excellent strength

ϕ drift

A/P Neurointent

CSF clearing

Angio today

SG d/c'ed ? may need placed back tf

H^3 in light of ↑ TCD [redacted]

[redacted]

7-30/8-5-97 JAN(144)
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000030

PHYSICIAN'S PROGRESS NOTES

[redacted]