

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

ARMS#

12851



5 - SUMMARIES

000001

DISCHARGE SUMMARY

NAME: [REDACTED]

ADMISSION DATE: 03/31/98

DISCHARGE DATE: 05/01/98

ADMISSION DIAGNOSIS:

Cardiac arrest with anoxic encephalopathy.

PRINCIPAL DIAGNOSIS:

Cardiac arrest with anoxic encephalopathy.

OTHER DIAGNOSES:

1. Asthma, inability to intake nutrition.

PAST HISTORY:

Probable ventricular fibrillation.

PROCEDURES:

1. Percutaneous and gastrostomy.
2. Venous catheterization.
3. Insertion of nasogastric tube.
4. Continuous mechanical ventilation.

CONSULTANTS:

1. Dr. [REDACTED]
2. Dr. [REDACTED]
3. Dr. [REDACTED]
4. Dr. [REDACTED]

PERTINENT INFORMATION REGARDING EVALUATION OF PATIENT:

Due to the best of this physician's knowledge, [REDACTED] was admitted after a cardiac event at a health club. It was felt, at that time, that he was not having asthmatic difficulties. It was noted later that he was imbibing of some type of nutritional support for his health maintenance. It seems that [REDACTED] was rather gung ho about keeping himself in condition and used supplements to do so. Witnesses, at that time, did not reveal any remarkable signs or symptoms consistent with severe asthma. The patient was not abusing his medicine and taking it on a recurrent basis. Nevertheless, he was found comatose by a friend. Artificial respiration was attempted. EMS was called and he was coded. At that time, there was some speculation he was in ventricular fibrillation. He was brought back but a period of time had elapsed at that time and he demonstrated obvious signs of anoxic encephalopathy. He is not spontaneously

Pt. Name: [REDACTED]

Adm. Date: 03/31/98

Bill #: [REDACTED]

Dism. Date: 05/01/98

DISCHARGE SUMMARY

BD: [REDACTED]

Pt. Type: [REDACTED]

MR#: [REDACTED]

RM#: [REDACTED]

RECEIVED JUN 26 1998

RECEIVED CLINICAL REVIEW & REVIEW/REVISIONS

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DISCHARGE SUMMARY

breathing. He was placed on a respirator. This physician was called. He was admitted to Medical Intensive Care Unit. Dr. [redacted] was consulted regarding management of his respiratory care. Dr. [redacted] was consulted regarding neurological care. There is a long history of various things that were done to stabilize [redacted] and to improve his condition. I will not go through all the details at this time, because they are extensive and are written in the orders. At any rate, his condition did stabilize and did not necessitate any operative procedures except for monitoring at one time. It was difficult to obtain enough food through the NG tube. It did not appear that he was able to eat or show the cognitive function to eat, poor swallowing mechanism, or refused to swallow. For this reason, Dr. [redacted] was consulted and a PEG line was placed. The patient was then started to be fed through the PEG line.

His neurological condition did improve. He seemed to be more focused when one entered the room. Nevertheless, he did not follow commands very readily. He was not able to express himself. His mother seemed to think he was aware of his surroundings and possibly did respond to stimuli verbally but that was questionable. His comatose status did improve to the point where he was awake and semi alert. His vegetative state had definitely improved. He was placed on Dilantin therapy for control of any seizure activity. Both physical therapy and occupational therapy were ordered. They began rehabilitation as soon as it was felt that there instruction would be of help. Speech therapy was also consulted. [redacted] was felt to have been kept comfortable during this time.

Dr. [redacted] was consulted after the syncopal associated episode and comatose condition, in which it felt the ventricular fibrillation was the most likely cause. She wanted to rule out IHSS and proper tests were done. The patient was in atrial flutter and tachycardia. Digitalization was performed initially and his condition did improve and he did convert to regular normal sinus rhythm. Obvious various diagnostic tests were done including echocardiogram which was negative. CT scan of the brain, which again did not show any brain tumor or bleed. Electroencephalograms were also accomplished later on. Dr. [redacted] did put in a cimino subarachnoid screw for monitoring early on in the patient's history.

The patient was gradually shifted to the [redacted] for care. He seemed to do well on the unit. Social service talked to the parents as well as this physician concerning possible rehabilitation therapy in an appropriate facility. The patient was then transferred after he had stabilized and no IV or other supportive medicines were needed to be used, nor was there significant monitoring necessary at the time of transfer. He was transferred in a much improved condition for rehabilitation continued care. He is going to be maintained on the medicines that he had been on in the hospital. I do not have the report of those right now and I do not see the transfer orders, but I am sure those are available. I cannot tell you at this time. He is transferred in much improved condition and followed by the rehabilitation physicians at [redacted]

Pt. Name: [redacted] BD: [redacted]
Adm. Date: 03/31/98 Dism. Date: 05/01/98 Pt. Type: DIS
Bill #: [redacted] DISCHARGE SUMMARY

MR#: [redacted]
RM#: [redacted]

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DISCHARGE SUMMARY

[REDACTED]

M.D.

[REDACTED]

D: 05/29/98

[REDACTED]

CC:

[REDACTED]

Pt. Name: [REDACTED]

BD: [REDACTED]

MR#: [REDACTED]

Adm. Date: 03/31/98

Dism. Date: 05/01/98

Pt. Type: DIS

RM#: [REDACTED]

Bill #: [REDACTED]

DISCHARGE SUMMARY

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[REDACTED]

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Facility Name [Redacted] Date 4-1-98 Time 2:15 a.m. p.m.

Welcome to our Hospital. Please complete as much of this form as you can. The answers you provide will help us to plan your care. We will be happy to assist you as needed. Thank You.

Patient's Name (First, Middle, Last) [Redacted] Name you prefer to be called [Redacted] What is your primary language? English

Family Physician's Name(s) [Redacted] Surgeon's Name

Why are you coming to the Hospital now?
Cardiac Arrest

Have you ever been in this or any other Columbia facility? Yes No If yes, provide facility name and date of most recent visit. [Redacted]

Do you have any concerns regarding your hospitalization?

Emergency Contact [Redacted] Relationship of Contact Son Home Phone # [Redacted] Work Phone #

Patient Medications: Please list all the Medications you take. Include Aspirin, Water Pills, Herbal Supplements, Laxatives, Heart Medicine, Birth Control Pills, Over-The-Counter Medications, Diet Pills, Vitamins, Recreational Drugs, Etc.

Are you currently or have you in the past two weeks taken fen/phen (fenfluramine and phentermine)? Yes No

Name of Medication	Dose(s)	Purpose	Breakfast	Lunch	Dinner	Bedtime	As Needed
<u>Theo-Dur</u>		<u>Asthma</u>					
<u>Ventolin Inhaler</u>							
<u>ANTIhistamine?</u>							
<u>Look on previous Records</u>							

Do you and your family understand your medications and current treatment? Clearly Need more information What Pharmacy(ies) do you use? [Redacted]

Allergies **No Known Allergies**

Allergic to: Iodine Tape IV Dye Latex Shellfish

Drugs/Food	Describe your reaction
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

To be Completed by Hospital Staff

Height	Weight	Actual	NPO Status
B/P	T	P	R
			Sao ₂

PATIENT IDENTIFICATION

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Health History (Check all items that apply - past & present)

Head/Eyes/Ears/Nose/Throat	Cardiovascular	Endocrine / Other
<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Vision Loss <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Glaucoma <input type="checkbox"/> Cataracts <input type="checkbox"/> Nosebleeds <input checked="" type="checkbox"/> Hay Fever/ <u>Allergies</u> <input checked="" type="checkbox"/> Other _____ <input type="checkbox"/> No Problems	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Attack <input type="checkbox"/> Chest Pain/Angina <input type="checkbox"/> Pacemaker, Internal Defibrillator <input type="checkbox"/> Irregular Heart Rhythm/Murmur <input type="checkbox"/> Swelling of Ankles <input type="checkbox"/> Cardiac Catheterization/Angioplasty <input type="checkbox"/> Circulatory Problems <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> No Problems	<input type="checkbox"/> Diabetes <input type="checkbox"/> Home Glucose Monitoring <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Adrenal Disease <input type="checkbox"/> Cancer - Type: _____ Treatment: _____ <input type="checkbox"/> Blood Disorders-Bleeding, Anemia <input type="checkbox"/> Immune Disorder <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> No Problems
<p align="center">Neurological</p> <input type="checkbox"/> Headaches <input type="checkbox"/> Seizures <input type="checkbox"/> Faintness/Dizziness <input type="checkbox"/> Weakness/Tingling/Numbness Where _____ <input type="checkbox"/> Stroke - Any remaining problems? _____ <input type="checkbox"/> Back Pain <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> No Problems	<p align="center">Gastrointestinal</p> <input type="checkbox"/> Nausea and Vomiting <input type="checkbox"/> Heartburn/Indigestion <input type="checkbox"/> Ulcers <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Colostomy <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Change in stool <input type="checkbox"/> Liver Disease <input type="checkbox"/> Hiatal Hernia <input type="checkbox"/> Hepatitis <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> No Problems	<p align="center">Genitourinary</p> <input type="checkbox"/> Difficult or Painful Urination <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Frequent Urination <input type="checkbox"/> Prostate Problems <input type="checkbox"/> Kidney Diseases <input type="checkbox"/> Urinary Infection <input type="checkbox"/> Last Menstrual Period _____ Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Venereal Disease <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> No Problems
<p align="center">Respiratory</p> <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Is shortness of breath worse at night? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cold/Sore Throat-greater than 4 a year <input type="checkbox"/> Chronic Cough <input checked="" type="checkbox"/> Asthma/Bronchitis <input type="checkbox"/> Oxygen at home- Flow rate _____ <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Phlegm, Color _____ <input type="checkbox"/> Chronic Lung Disease <input checked="" type="checkbox"/> Sinus Infection <input type="checkbox"/> Other _____ <input type="checkbox"/> No Problems	<p align="center">Musculoskeletal</p> <input type="checkbox"/> Rashes/Bruises/Sores Where _____ <input type="checkbox"/> Arthritis <input type="checkbox"/> Limited Mobility <input type="checkbox"/> Have you fallen in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> No Problems	<p align="center">Prosthesis/Assistive Devices</p> <input type="checkbox"/> Valves <input type="checkbox"/> Joints <input type="checkbox"/> Eyes <input type="checkbox"/> Artificial Limbs <input type="checkbox"/> Hearing Aides <input type="checkbox"/> Dentures/Teeth <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Contact Lens <input type="checkbox"/> Glasses <input type="checkbox"/> Walker, Cane, Wheelchair <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> No Problems

List any Surgeries or Previous Hospitalizations	
1. Tubes in ears	Year 78
2. Tonsillectomy	78 79
3. Spinal Meningitis # Influenza	81
4. Respiratory Arrest	85

PATIENT IDENTIFICATION

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Exhibit 3
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General History & Habits (Check all items that apply - past & present)

	No	Past	Current	How Long	Amount		Yes	No	Describe
Tobacco	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chew - very little		Have you ever had a blood transfusion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	once in a great while		Have you ever had a reaction to transfusion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Very Little		Have you ever had a reaction to anesthesia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Habit forming drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Occupational hazardous exposure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

What do you do for exercise?
weights - ~~Treadmill~~ Tread mill

Nutritional History No Problem

<input type="checkbox"/> Weight Gain	Amount	Time Span	<input type="checkbox"/> Weight Loss	Amount	Time Span
---	--------	-----------	---	--------	-----------

Food Intolerances:

Cultural, religious, ethnic food/drink preferences:

Problems:

- Chewing
 Swallowing
 Obtaining or preparing meals
 Feeding self

Explain:

- Special Diet
 TPN
 Tube Feeding

Explain:

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Pain History

Do you have pain? Yes No

New Chronic

How do you manage your pain at home?

Continuum of Care

- Yes No Do you live alone?
 Yes No Do you live in a nursing home, adult care home, or use home health services?
 Facility Name _____
 Phone _____
 Yes No Do you have assistance available for your daily care? (Examples: meals, bathing, transportation)
 Yes No Are others dependent on you for their care?

- Yes No Do you have concerns about managing at home after your discharge? (Examples: climbing stairs, heating or air conditioning, running water)
 Yes No Do you have questions that the Business Office can answer?
 Yes No Do you have any financial concerns related to your hospitalization or care after discharge?
 Yes No Do you feel safe?

PATIENT IDENTIFICATION

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Psychosocial History

**If you have a Living Will or Durable Power of Attorney, please bring a copy with you to the hospital.*

Yes No Do you have a *Living Will? If yes, where is it located? _____
What does it say? _____

Yes No Do you have a *Durable Power of Attorney for Healthcare?
If yes, state their name: _____ Telephone No.: _____

Yes No Do you need more information regarding the above? Yes No Are you an Organ Donor?

Who helps you with your medical decisions? (i.e. Guardian, Surrogate, etc.)
Do you learn best by: Reading Listening Video Demonstration

Do you have any cultural requests? Yes No
Explain:

Do you have a religious preference? _____ Specific Church or Synagogue? _____

Did you bring any special religious or cultural items that are important to you? Yes No
Explain:

Have you had any significant loss or major life change? Yes No
Explain:

How do you cope with stress?
Work out

Where do you gain your greatest support?
Friends + Family

Is there anything else we have not addressed that is important to you?
NO

Exhibit 3
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Patient/Family Signature <i>X</i> _____				Hospital Representative Signature <i>X</i> _____			
History Obtained From <i>Mother</i>	Date <i>4-1-98</i>	Time <i>2:15</i>	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Date	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

To be Completed by Hospital Staff

Arrived From _____ Mode of Arrival to the Unit _____ Accompanied by _____ Disposition of Valuables
 Sent Home In Safe See Valuables Form

ID Band On? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy Band On? <input type="checkbox"/> Yes <input type="checkbox"/> No	Oriented to Unit Info? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visiting Policy Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking Policy Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Rights Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	---	--	--

Referral Initiated Based on History Info.	Date	Time	Initials	Advanced Directive Information Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
---	------	------	----------	--

1. Cardiac Rehabilitation			
2. Pulmonary Rehabilitation			
3. Case Manager			
4. Social Service			
5. Discharge Planner			
6. Nutritional Referral			
7. Pharmacy			
8. Home Health			
9. Clergy/Pastorial Care			
10. Other:			

Comments:

PATIENT IDENTIFICATION

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DISCHARGE SUMMARY

- Exhibit 3

memo - KAN-6540

7-23-98

MAS

PATIENT: [REDACTED]

MR#: [REDACTED]

DATE OF ADMISSION: 5/01/98

DATE OF DISCHARGE: 6/18/98

DIAGNOSIS:

1. Anoxic encephalopathy following ventricular fibrillation with cardiac arrest
2. Seizures
3. Staphylococcus epidermis UTI
4. History of asthma
5. Resolved urinary retention
6. Resolved swallowing deficit



BRIEF HPI: 22 y/o gentleman referred from [REDACTED] secondary to anoxic encephalopathy after cardiac arrest while weight-lifting at health club. He was successfully resuscitated. CT of his head shows cerebral edema. He required placement of a Peg tube, there was a period of time where he had mechanical ventilation but has been successfully extubated. Apparently had some seizures shortly after the event and has been on anticonvulsant medications. Also developed a staph epidermis bladder infection requiring antibiotics.

ADMISSION STATUS: He is dependent in all aspects of his basic mobility, self-care transfers and heavily assisted and supervised in his cognitive status.

LAB/X-RAY: Admission metabolic WNL. CBC WNL. A urine culture did show staph epidermis and was placed on Keflex at that point. Dilantin level initially was toxic at 27.9 necessitating some adjustment of the medications. Subsequently it fell within acceptable ranges. Liver studies were essentially WNL with the exception of an elevated STPT at 99, Alkaline phosphatases elevated at 160, Valproic Acid level was monitored and was a bit low at 42. Also had Theophylline levels monitored.

CLINICAL COURSE: His blood pressures were well within acceptable ranges throughout his rehab stay. He experienced no elevated temperatures of any significance, initially had a Foley catheter in place but removed it causing some traumatic bleeding, it was left out and he did require some intermittent cathing for a brief period of time but was able to re-acquire continent voiding. He also was dependent on Peg tube feedings until trial of feeding began to improve and he underwent a swallow study indicating no aspiration. He was able to advance his p.o. meal percentage to at least 100%. Clinically otherwise, he had some agitation and was put on a triad of valproic acid, Risperdal and Trazodone, there was improvement of the agitation and the Valproic Acid and Risperdal were tapered and the Trazodone was able to be discontinued.

Evaluation indicated that rehabilitation would be beneficial to improve functional status. REHABILITATION COURSE: By the completion of his rehab stay he had made advances in ADL with standby assistance tying shoelaces, was independent in feeding himself, required cues during grooming, supervision and cues during bathing. He was independent in all transfers as well as with ambulation without any devices. Communication and language at discharge he was oriented to his name, place and was able to find his path on the unit, was not oriented for time. Memory was max assist routine events. Decrease in recall of person

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Exhibit 3
Memo - KAN-65260
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biographical information, confabulated some ideas regarding past and present. Was below function for selective and alternating divided attentions, below function for expressive language, was functional for choosing objects name and following simple commands. He was below function for reading and writing. Cognitively was max assist for routine problem solving and safety awareness, had some mild apraxia of speech.

DISPOSITION: Was dismissed to his family's care. He will be having follow-up neuropsychological evaluation by Dr. [REDACTED] he will also be followed medically with Dr. [REDACTED] Dr. [REDACTED] Dr. [REDACTED] will do a rehab follow-up in about 6 weeks. Recommendation included rehab outpatient for OT, ST and PT 3 x per week. Other recommendations included 24 hour supervision, no driving, no working until released to physician.

DISCHARGE MEDICATIONS: Cardizem CD 240 mg daily
Depakote 250 mg t.i.d.
Dilantin 300 mg h.s.
Respidal 1 mg h.s.
Theo-Dur 400 mg b.i.d.
Desyrel 50 mg b.i.d.

DISCHARGE INSTRUCTIONS: Instructions were given to family members related to his medication and all other recommendations listed above.

[REDACTED] RN, [REDACTED]
Certified Family Nurse Practitioner

[REDACTED]
D: 6/24/98 @ 9:41
T: 7/08/98 @ 14:00

cc: Dr. [REDACTED]
Dr. [REDACTED]

000010

Epililit 2
memo-KAN-6546
7-23-98
MAS

HISTORY AND PHYSICAL

PATIENT: [REDACTED]
MR#: [REDACTED]
DATE OF ADMISSION: 05/01/98
INFORMANT: Medical records and pt.'s mother
CHIEF COMPLAINT: Rehabilitation for anoxic encephalopathy following cardiac arrest.

HX OF PRESENT ILLNESS: Pt. is a 22 y/o white male was admitted to [REDACTED] on 03/31/98 after collapsing while lifting weights at a health club. CPR was started, and he was found to be in ventricular fibrillation, requiring multiple ~~deep fibrillation~~ ^{defibrillation} attempts. He was successfully resuscitated. CT scan of the head showed cerebral edema, echo cardiogram showed mild left ventricular hypotrophy with a decreased ejection fraction. It was noted that he had apparently ingested a nutritional supplement, containing a combination of Ephedrine and Caffeine. The pt. required mechanical ventilation for a period of time, but was successfully extubated. A PEG tube was placed for administration of fluids, nutrition, and medications. There is documentation that the pt. had a seizure shortly after the event, and he has been placed on anticonvulsant medications. The pt. developed a bladder infection with staphococcus epidermitis, presumably due to the presence of a Foley catheter. This has subsequently been removed. Pt. is currently receiving intravenous Erythromycin 500 mg q. 6 hours. He is admitted to the [REDACTED] for rehabilitation of anoxic encephalopathy following ventricular fibrillation cardiac arrest.

ADM. FUNCTIONAL STATUS: The pt. is dependent in all aspects of basic mobility and self care. He has been working with the therapist at [REDACTED] Prior to this recent hospitalization, the pt. had been completely independent in all aspect of mobility and self care.

- PAST MEDICAL HX:
1. Asthma
 2. Meningitis as a child
 3. Respiratory arrest related to asthma in 1985
 4. SP tonsillectomy
 5. SP myringotomy tubes

ALLERGIES: No known drug allergies although he apparently has hay fever and seasonal allergies.

MEDICATION LIST: Dilantin 200 mg b.i.d., 100 mg b.i.d. per PEG tube
Cardizem CD 240 mg q. d. per PEG tube
Carafate 1 gram q. 6 hours per PEG tube
Erythromycin 500 mg IV q. 6 hours

DIET: n.p.o. Pt. is receiving Jevity at 90 cc per hour (a total of 2,160 cc daily).

REVIEW OF SYSTEMS: Unobtainable.

PSYCHOLOGICAL SYSTEM REVIEW: No history of prior psychological or psychiatric conditions.

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Exhibit 2
memo - KAN 6/24/80
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MAS

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SOCIAL/FAMILY HX: The pt. is single and lives at home with his family. He had been working at [REDACTED] making crowns. The pt. had been completely independent in all aspects of function. He has been involved with weight training.

Examination

GENERAL: Well nourished, well developed white male in no acute distress. He does not follow commands.

HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light. EOMS are grossly intact, although I cannot specifically test them, due to pt.'s poor cooperation. Mouth and throat appear clear. Neck is supple without lymphadenopathy or JVD.

CHEST: Chest is clear to auscultation.

CV: Normal S1-S2 without murmurs, gallops or rubs.

ABDOMEN: Soft, flat, apparently non-tender. Bowel sounds are present. No organomegaly or masses can be detected.

GU/RECTAL: Not done

EXTREMITIES: Warm without cyanosis, clubbing or edema.

NEUROLOGICAL: Cranial nerves appear to be grossly intact. Pt. moves all extremities spontaneously, although formal testing can not be carried out at this time. Sensory evaluation can not be accurately assessed. Muscle stretch reflexes are hypoactive, but symmetric bilaterally. There is no clonus and there are no long tract signs. Babinski sign is absent bilaterally. Hoffman sign is absent bilaterally. There does not appear to be an increase in tone noted in any extremity.

CONCLUSIONS:

1. Anoxic encephalopathy following ventricular fibrillation cardiac arrest
2. Seizure
3. Staphococcus epidermitis UTI
4. History of asthma

PROGNOSIS: Fair

PLAN/GOAL: Will require a comprehensive evaluation and rehabilitation utilizing multiple disciplinary rehabilitation team addressing the functional deficits to maximize to the highest functional level, and to be dismissed to the least restrictive environment. Complete course of antibiotics for UTI. Continue tube feedings for the time being. Once pt. is able to cooperate with a swallowing study, then safety of his swallowing mechanism will be evaluated in order to determine whether or not he can eat and drink. Continue Dilantin and monitor levels. It may be necessary to obtain an EEG at some point. Goal is to return to home with appropriate services and equipment.

ESTIMATED LOS: 6-8 weeks

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07/21/98 12:42

[REDACTED]

[REDACTED]

Exhibit 2
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[REDACTED]

Page 3

[REDACTED]

[REDACTED]

D:05/01/98
T:05/02/98

cc: Dr.
Dr.
Dr.
Dr.
Dr.
Dr.

[REDACTED]

REPORT OF CONSULTATION

FROM: ATTENDING PHYSICIAN

TO: CONSULTING PHYSICIAN

EXHIBIT
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Date of Request:

REPORT REQUESTED REGARDING:

REQUESTED DISPOSITION

- Opinion and recommendations only.
- Opinion and recommendations requested. Please proceed with orders and workup as needed.
- Please assume care and management for this particular situation.
- Please accept in referral and assume total care of the patient.
- House Staff may be used unless checked here.

CONSULTANT NOTIFICATION

Name of person notified:

Date/Time:

CRT

Signature:

SIGNATURE OF ATTENDING PHYSICIAN

M.D.

REPORT

Date of Report: 31 MAR '98

SUDDEN DEATH

DIAGNOSIS: ① SYNCOPE & ASSOCIATED VENTRICULAR FIBRILLATION.
 ② R/O IHSB ③ A-FLUTTER -12- B. TACH @ 150. ④ H/O ASTHMA.
 ⑤ R/O WPW. ⑥ R/O STEROID INDUCED CARDIOMYOPATHY.

RECOMMENDATIONS: ① DIGITALIZATION ② STAT-ECHO ③ SA-ekg
 ④ studies for R/O ischemia then EPS.

FINDINGS: 22 YO @ - syncope & sudden death while working out @ gym. Found by friend down & when EMS arrived was in VF. Resuscitated. Required 5 shocks before return to ventricular rhythm & tachycardia & rapid atrial rhythm 150's. Presently sedated on ventilator.
 PMH: ASTHMA, MENINGITIS, PSH: @. MEDS: theophrin, verapamil
 BH: single, no smoke, no drugs FH: @ H/O sudden death.
 Tachycardia P. 167, R vent. BP 125/64 154/93
 Gen: WDOWN @ intubated & sedated
 Heart: NCAT pupils dilated & reactive neck: supple, @ first @ A-wave, chest: coarse BS BL. Heart: tachycardic, S₁-S₂ distant tones. @ CRTM. Monitor: probable a. flutter
 Abd: flat, firm @ BS, NT, @ mass, @ exam @
 Ext: 5/5, RR's 27/14 = BL. Neuro: moves all extremities
 Skin: BL axillary stria.

SIGNATURE OF CONSULTANT

- CANARY - CHART
- WHITE - ATTENDING PHYSICIAN
- PINK - CONSULTING PHYSICIAN

Thanks

000014

M.D.

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

- Complaint
- Present Illness
- Past History
- Family History
- Physical Examination
- Provisional Diagnosis
- Progress Notes
- Condition on Discharge
- Final Diagnosis

Date	Pulm CONSULT
3-31-98 2020	22 Y/O WM found down E spoon death (V fib)
	AT health club. STORY from ER was that friend
	was with him; had stepped out to grab something to
	drink; pt on floor when he got back.
	Past hx reportedly + for Asthma. Theo Level 11
	in V fib when EMS got there. Shocked 5X
	now in MICU.
	ON ventilator. 100% O ₂ 800 15 3 p 6 p 5
	WOUND WM biting thru oral bite block
	straining as restraints
	NOT responding to voice
	RR ↑ HR ↑ Bp 150
	crackles bilat some rhonchi dependent areas
	No murmur appreciated
	No edema
	Extremities warm
	ETT adjusted by ER X-RAY an ER records
	CT scan E edema by ER report
	ER ABG 7.28 34 178
imp:	SUDDEN DEATH
	- maybe this had something to do with
	his Asthma; but I doubt it.
Rec:	Support. If his brain does OK; may
	Recommend cardiology input.

Exhibit 3
 KAN-6540
 4-23-98 MAS
 pages of pages

REPORT OF CONSULTATION

FROM: ATTENDING PHYSICIAN _____

TO: CONSULTING PHYSICIAN _____

Date of Request: _____

REPORT REQUESTED REGARDING: _____

REQUESTED DISPOSITION

- Opinion and recommendations only.
- Opinion and recommendations requested. Please proceed with orders and workup as needed.
- Please assume care and management for this particular situation.
- Please accept in referral and assume total care of the patient.
- House Staff may be used unless checked here.

CONSULTANT NOTIFICATION

Name of person notified: _____

Date/Time: _____

CRT _____

Signature: _____

SIGNATURE OF ATTENDING PHYSICIAN _____

M.D.

Exhibit ->
KAN-6540
4-23-98 MAS
Page 5 of 5

Date of Report: 4/1/98 0630

REPORT

DIAGNOSIS: (1) Post anesthetic encephalopathy (2) Cardiac arrhythmia
(3) History of asthma

RECOMMENDATIONS: ~~Repeat EEG~~ EEG, mannitol, hyperventilate
to keep Pao2 below 30.

FINDINGS: 22 y.o. male good health was @ the Gym, while lifting weights, was doing OK when suddenly found on floor, unresponsive. 2 Nurses @ Gym started CPR. EMS 5-10 min later found him in V-Fib & was defibrillated x5. Pt was transferred to [redacted] & put on ventilator.

PAST - meningitis @ age 6, Respiratory arrest from asthma @ age 10
PERSONAL: Nonsmoker. Has occasional beer. works @ Kaylord Intl
Dad 48 Mom 43. Dad at [redacted]

NEUROLOGICAL - Semiconscious - on ventilator @ rate 15
BP 110/60 P102 T 98
neck supple Pupils small, sluggish. unable to see fundi.
Pt in tubator
Motor flaccid all over. withdraws slightly to pain
DTR 1+. no response to Babinski
Heart Sins tachycardia lungs clear

SIGNATURE OF CONSULTANT _____

000016

M.D.

- CANARY - CHART
- WHITE - ATTENDING PHYSICIAN
- PINK - CONSULTING PHYSICIAN

REPORT OF CONSULTATION

FROM: ATTENDING PHYSICIAN

TO: CONSULTING PHYSICIAN

Date of Request: 5/7/98

REPORT REQUESTED REGARDING:

Hypoxic Encephalopathy p Cardiac Arrest, ? ICP

REQUESTED DISPOSITION

- Opinion and recommendations only.
- Opinion and recommendations requested. Please proceed with orders and workup as needed.
- Please assume care and management for this particular situation.
- Please accept in referral and assume total care of the patient.
- House Staff may be used unless checked here.

CONSULTANT NOTIFICATION

Name of person notified:

Date/Time: 4-17-98 2:08 PM

CRT

Signature:

SIGNATURE OF ATTENDING PHYSICIAN

M.D.

REPORT

Date of Report: 6/7/98

DIAGNOSIS:

(1) Hypoxic Encephalopathy p Cardiac Arrest (2) ? ICP

RECOMMENDATIONS:

(1) ICP monitor (2) Monitor ICP, CPP

Discuss di lyrics to parents, family, Dr. M. V. Zant.

Discuss option, procedure & risks

FINDINGS:

22 yo ♂ who went into cardiac arrest while working out at [redacted], CPR started, now semi-conscious initially purposeful spontaneous movement, now in decerebrate posturing.

11 Meds - ltr of Asthma

Took Toxic Drink & ↑ Caffeine & w/out

Exam. Unresponsive to verbal stimuli, opens eyes slightly to pain, does not track, pupils 3mm/3mm reactive, some decerebrate posturing but moves all 4 limbs readily resistant.

Reviewed CT Scan - 2/31 & 4/7. Thank you

SIGNATURE OF CONSULTANT

CANARY - CHART
WHITE - ATTENDING PHYSICIAN
PINK - CONSULTING PHYSICIAN

M.D.

000017

REPORT OF CONSULTATION

CONFIDENTIAL

EXHIBIT 5
KAN-6540
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