

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

ARMS#

13380



5 - SUMMARIES

000001

CONSULTATION REPORT

CC: [REDACTED] M.D.

PATIENT NAME: [REDACTED]

MEDICAL RECORD#: [REDACTED]

CONSULTING PHYSICIAN: [REDACTED] M.D.

Dictating Physician: [REDACTED] M.D.

Referring Physician:

DATE OF CONSULTATION: 02/26/99

NEUROLOGY CONSULTATION

I was called by the Emergency Room at [REDACTED] at 10 o'clock at night on 02/26/99 to see [REDACTED] in the clinic. He is a 26-year-old man who had a witnessed seizure in the car on his way to workout practice. The patient was brought into [REDACTED] comatose with nonreactive pupils and decerebrate posturing. He underwent emergency CT scan which demonstrated diffuse intracranial hemorrhage. The patient was intubated and transferred to the ICU.

I am seeing the patient in the ICU. His past medical history is unknown. His medications are unknown. His allergies are unknown. His family history is unknown.

PHYSICAL EXAMINATION:

The patient has been recently paralyzed. To noxious stimuli, there is no movement whatsoever. Pupils are 3 to 4 mm and questionably reactive. He does not have corneals. He does not have doll's. However, the patient had been recently paralyzed for intubation.

I reviewed a CT scan dated 02/26/99 which showed diffuse subarachnoid hemorrhage as well as diffuse interventricular hemorrhage with obstructive hydrocephalus.

My impression is the patient has a subarachnoid hemorrhage with interventricular extension most probably from an aneurysm. An emergency ventriculostomy was placed, the patient was given

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CONTINUED...

CONSULTATION REPORT

PATIENT NAME:
MEDICAL RECORD #:

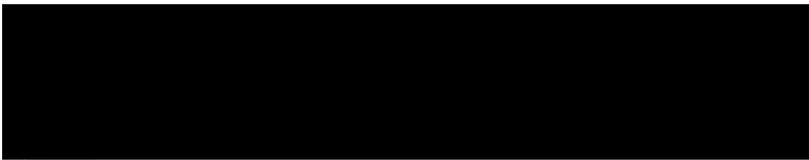
Mannitol, as well as given Dilantin for seizure prophylaxis. The patient also had a nasogastric tube placed for nimodipine and will be transferred to

M.D.

DD: 02/26/99
DT: 02/27/99

000003

PROCEDURE REPORT



CC: [REDACTED] M.D.

PATIENT NAME: [REDACTED]

MEDICAL RECORD#: [REDACTED]

DATE OF PROCEDURE: 02/26/99

Dictating Physician: [REDACTED] M.D.

Surgeon: [REDACTED] M.D.

ASSISTANT:

PROCEDURE: Right frontal ventriculostomy.

PREOPERATIVE DIAGNOSIS: Subarachnoid hemorrhage with obstructive hydrocephalus.

POSTOPERATIVE DIAGNOSIS: Subarachnoid hemorrhage with obstructive hydrocephalus.

PROCEDURE: Right frontal ventriculostomy.

INDICATIONS: The patient is a 26-year-old man with diffuse intracranial hemorrhage presumably from an aneurysm. He was admitted comatose with obstructive hydrocephalus and is undergoing emergency ventriculostomy in the ICU.

FINDINGS: We found bloody CSF under pressure which was relieved with a right frontal ventriculostomy.

DESCRIPTION OF PROCEDURE: The patient's right frontal area was prepped and draped in the usual sterile fashion. I made a stab wound just anterior to the coronal suture at the mid pupillary line on the right side. I used a trocar in order to make a small bur hole through the bone. Clearing this, I next took an 11 blade and sized the dura. Using the ventriculostomy with standard landmarks, this was passed into the ventricle on the first pass. There was return of bloody CSF under pressure. The ventricular cannula was tunneled through a separate stab wound and placed through a ventriculostomy bag.

PROCEDURE

PATIENT NAME:
MEDICAL RECORD #:

The wound was sutured closed and the drain was sutured in place and a clean sterile dressing was applied. Estimated blood loss was 10 cc. There were no complications. There was no neurologic change throughout the procedure.

M.D.

DD: 02/26/99
DT: 03/02/99

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ELECTRONIC COPY OF DISCHARGE SUMMARY

Full Text of Report:

HOSP ADMISSION: 2-27-99 DISCHARGE: 2-27-99
DISCHARGE SERVICE: GENERAL NEUROSURGERY
DISPOSITION: DECEASED

HISTORY PRESENT ILLNESS: Basically, this is an 18-year-old patient with -- grade V subarachnoid hemorrhage who presented to [REDACTED] at 9:00 p.m. with -- posturing, unresponsive pupils and herniated -- with EVD in the right frontal lobe. On arrival, bilaterally affixed dilated pupils, no corneal, no gag, but presumed cough, chronic movement of right foot, ICP in the 100.

PAST MEDICAL HISTORY: Unknown.

ADMISSION MEDICATIONS: Unknown.

REVIEW OF SYSTEMS: Not applicable.

HOSPITAL COURSE: This is basically a Hispanic gentleman who had subarachnoid hemorrhage grade V at this time. Supportive care was given. Multiple discussions were held with the family, and informed of grave diagnosis. It was decided at this time to withdraw support. The patient, at 8:30 a.m. on February 27, 1999, was declared expired. The patient had no brain stem reflexes, no spontaneous breathing, no cardiac activity. The patient was -- at this time.

CONDITION AT DISCHARGE: Expired.

DISCHARGE DIAGNOSIS: Subarachnoid hemorrhage grade V.

EXTRA COPIES:

CARBON COPIES: [REDACTED]

ATTENDING MD: [REDACTED]

Dictated by: [REDACTED]

D: 4-5-99 14:50

T: 4-7-99 14:37 [REDACTED]

End of Full Text of Report

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