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

ARMS#

13380

6 - MD NOTES

000001

[redacted]

NEUROLOGICAL ASSESSMENT RECORD

[redacted]

LOCATION DATE

			Legend
		Date	
PUPILS		Time	
	Right	Size	++ = Brisk
		Reaction	+ = Sluggish
	Left	Size	— = No Reaction
		Reaction	C = Eye Closed by Swelling
COMA SCALE	Eyes Open	4 Spontaneously	C = Eye Closed by Swelling
		3 To Speech	
		2 To Pain	
		1 None	
	Best Motor Response	6 Obey Commands	Usually R[redacted]d the B[redacted]rm [redacted]ponse
		5 Localize Pain	
		4 Flexion Withdrawal	
		3 Flexion Abnormal	
		2 Extension	
		1 None	
	Best Response to Auditory/Visual Stimulus	ADULT	AGE <2 YRS.
		5 Oriented	Smiles, Listens, Follows
		4 Confused	Cries, Consolable
		3 Inappropriate Words	Inappropriate, Persistent Cry
		2 Incomprehensible Words	Agitated, Restless
		1 None	No Response
		T= Endotracheal Tube or Tracheostomy	
COMA SCALE TOTALS			

See Neuro Complete assessment 2/12/[redacted]

			Legend
LIMB MOVEMENT		R / L	+ = Present — = Absent
	ARMS	Voluntary Motor (0-5)	NT = Not Tested
		Pronator Drift (±)	0 = No Movement
		Flexion Withdrawal	1 = Trace Movement
		Flexion Abnormal	2 = Movement, but not Against Gravity
		Extension	
		No Response	3 = Movement Against Gravity, but Not Against Resistance
	LEGS	Voluntary Motor (0-5)	
		Flexion	4 = Movement Against Gravity and Some Resistance
		Extension	
		No Response	5 = Full Power
MISC		Gag / Cough	
		Examiners Initials	

[redacted]

000002

[redacted]

UNIT NUMBER [redacted]

PT. NAME

BIRTHDATE

Orders must be written in black or blue ink. Nursing transcribing the orders will indicate the transcription by signing their name and classification, the date and time the transcribing is completed. When an order is discontinued, write "Discontinue" giving date and naming order.

DATE	TIME	LOCATION	DATE
2/27/99			

NEUROSURGERY ORDERS

1. Admit to: [redacted]
2. Diagnosis: SAH / IVH
3. Condition: Critical
4. Activity: Bedrest HOB: ≥ 30°
5. Diet: NPO Fluid restriction:
6. Vital/Neuro Signs: —
7. Call House Officer for: T > 37 ; P > 150 < 50 ; R > < ; Systolic BP > < ; Diastolic BP > < ; RA > < ; U.O. > < cc/hour; change in neuro status; ICP [redacted] > ; external drains [redacted] L @ ~~100~~/H
8. IV Therapy: NS + 20 [redacted] ☐ H.L. when tol PO
9. O_2 Therapy: [illegible] Keep CO_2 ~ 30-35
10. Foley: gravity ☐ Straight cath q 6° no void prn
11. Physical Therapy:
12. Labs: CBC, lyte q D [redacted] ☐ ted hose and SCD's bilateral
13. Incentive spirometer every ____ hours, while awake.
14. Medications: (" " in box activates order) [redacted]

Allergies: load 1g phos - phosphorus or [redacted] Ht (cm) Wt (kg)

☐ Decadron	mg IV/PO q	hours	
☐ MSO_4	mg IV $\bar{q}$	hours prn pain	
☐ Dilantin 100	mg IV $\bar{q}$ 8	hours or	PO $\bar{q}$
☐ Vicodin	1-2 tab PO $\bar{q}$ 4-6 prn pain (NTE 8 tablets per day)		
☐ Acetaminophen	mg PO/PR $\bar{q}$	hours prn T > 38.5, or	
☐ Diphenhydramine	mg PO q HS prn insomnia, or		
☐ Droperidol	mg IV $\bar{q}$	hours prn nausea/vomiting, or	
☐ AAOC	☐ Diltiazem 30 mg PO Q 6° prn SBP ≥ 160		
☐ LOC	☐ Pepcid 20 mg PO/IV BID	☐ Ro[redacted] see next page)	
☐ Colace 250 mg	PO BID - hold for loose stool	[redacted]	

000003

[redacted]

FLAG CHART TO INDICATE NEW ORDER

Signature/[redacted] D. Beepe[redacted] M.D. #[redacted]

Checked By [redacted] N. Time _____ Date _____

[redacted]

UNIT NUM[redacted]

PT NAME [redacted]

BIRTHDAT[redacted]

LOCATION DATE

HISTORY SHEET AND PROGRESS NOTES

DATE/TIME

ICU Admission Note

2/27/99 4AM

18 yo ♂ c̄ no PMHx c̄ seizure on way to gym. Unresponsive, [redacted] where he was unresponsive to pain, decerebrate posturing, c̄ unequal pupils R>L, CT showed SAH. He was intubated & loaded c̄ dilantin, mannitol, nimodipine. Over the next few hours his pupils became more asymmetrical. ICP monitoring results unavailable.

At transfer, pt is ventilated c̄ overbreathing, is unresponsive to pain, (+) cough, pupils R 6mm, L 7mm Ø reaction.

Per paramedics (R) pupil blown at pickup, Both blown at delivery.

10:30 pm Succ Vec x 2 Atrium

PMHx: Ø
All: ?
Meds: Ø
SHx: ?
FHx? \

PS: unresponsive, eyes open
VS: 142/55 54 100% RR 16 (vent 10)
HEENT: (R) 6mm / (L) 7mm Ø Rx ICP 102
(R) (+) corneal (L) Ø corneal
Neck: supple
Chest: CTA LVS: RRR, hyperdynamic S1S2
Abd: soft, NT, ND, BS (+)
Ext: Ø C/C/Cs, 2+ pulses

Seton labs 12 > 44 < 396 12.4 / 0.90 138 | 102 | 13 / 3.6 | 27 | 1.0 < 207 Ca 9.5 T Prot 34 Alb 4.6

Utox: (+) Marijuana only UA (−) 36.7 / 14

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ALP: severe SAH c̄ ↑ICP
(1) Pulm: remain intubated on [redacted] as he is overbreathing
Wean FiO_2 as tolerated
(2) ↑ICP: terrible prognosis, bilaterally herniated [redacted]

Family coming 4AM

[redacted]

UNIT NU[redacted]

PT. NAM[redacted]

BIRTHD[redacted]

HISTORY SHEET AND PROGRESS NOTES

DATE/TIME

LOCATION DATE

2/27 Neurosurgery Admit Note

CC 18 yo w/ Hunt/Hess Gr 5 SAH.

HPI Presented to [redacted] @ 9 pm w/ extensor posture, unilateral pupil [illegible]. Transferred here [illegible] (R. frontal). On arrival bilaterally fixed, dilated, no cornal, no gag but preserved cough, clonic movement of right foot. ~~[illegible]~~ ICP 100. We placed left frontal ends. Frank blood drainage.

PMH Unknown Meds Unknown NKDA

ROS NO

Exam
Hospital [illegible]
[illegible] as above
well perfused [illegible]
Abd [illegible]
Extr [illegible]

I/P H/H Gr 5

Supportive care
Angio if alum on Arr. We administered phosphoglycan to control

000005

(OVER)

[redacted]

UNIT N[redacted]

PT. NAME [redacted]

BIRTHDA[redacted]

LOCATION DATE

HISTORY SHEET AND PROGRESS NOTES

DATE/TIME

2/27 possible status:
Family informed of grave progress.

[redacted]

2/27 Neurosurg
7 45
A. Exam now shows absence of neurologic function
family transfer to [redacted]
Continue support until family arrives.

[redacted]

2/27/99 NS Death Note
825am Pt is 78 y.o ♂ c̄ HM grade 5 SAH + IVH.
Currently, ICP is 19, after sustained ICP >100 for >10min.
Pt has fixed, mid position pupils, ∅ corneal, gag, cough reflexes, ∅ eye deviation to CWC
Pt demonstrates no movt to deep painful stimulus.
There is no indication from hx or lab tests to suggest pharmaceutical obscuration of the neuro exam.
There is a clear structural lesion to explain the absence of brain function.

000006

DATE/TIME

Therefore, @ 830 am on 2/27/99. I declare that this pt is brain dead.
The family available here has been notified.
The pt's parents are to arrive c̄ in the hour.
Coronor was notified. The case was released.
The [redacted] has been notified, & is due to discuss organ donation c̄ family.

[redacted]

2/27/99 10:45 AM [redacted]

Hx reviewed - found down/fell with "SZ" on way to gym. Taken to [redacted] where NSG eval done EVD placed. Dx = massive SAH with high ICP. Transferred here. ICP replaced because there was no drainage.
Exam: unresponsive even to pain. Pupils unreactive. No corneal reflexes, Dolls eyes neg. Negative cold caloric reflex.
Impr: massive SAH. Brain dead. Discussed c̄ family. Transplant team notified. [redacted]

2/27 Stayed with the family until the removal of life support. [redacted]

000C07

[redacted]

UN[redacted]

PT

SIR

HISTORY SHEET AND PROGRESS NOTES

DATE/TIME [redacted]
2-27-9[redacted]

LOCATION DATE

13:20 Thank you very much for referring his unfortunate 18 yr. old young man, [redacted], as a potential organ and tissue donor. He suffered a SAH and has progressed to brain death. I met c̄ pts parents [redacted] and [redacted] to provide them support & Mother brought up the issue of organ donation and mentioned she did not want him to be an organ donor - Expression of feelings facilitated and later on mother stated it was very difficult to make a decision c̄ knowing what [redacted] would have wanted. And concluded by saying that if [redacted] had wished to be an organ donor he would have expressed that to her or placed the pink dot on his I.D.

Once again thank you for this referral. If there's any questions or concerns please do not hesitate to call us. [redacted]

000008

(OVER)

[redacted]

DEPARTMENT OF NURSING

CARDIAC RHYTHM AND HEMODYNAMIC MONITORING STRIPS

[redacted]

UNIT NUMBER

PT NAME

BIRTHDATE

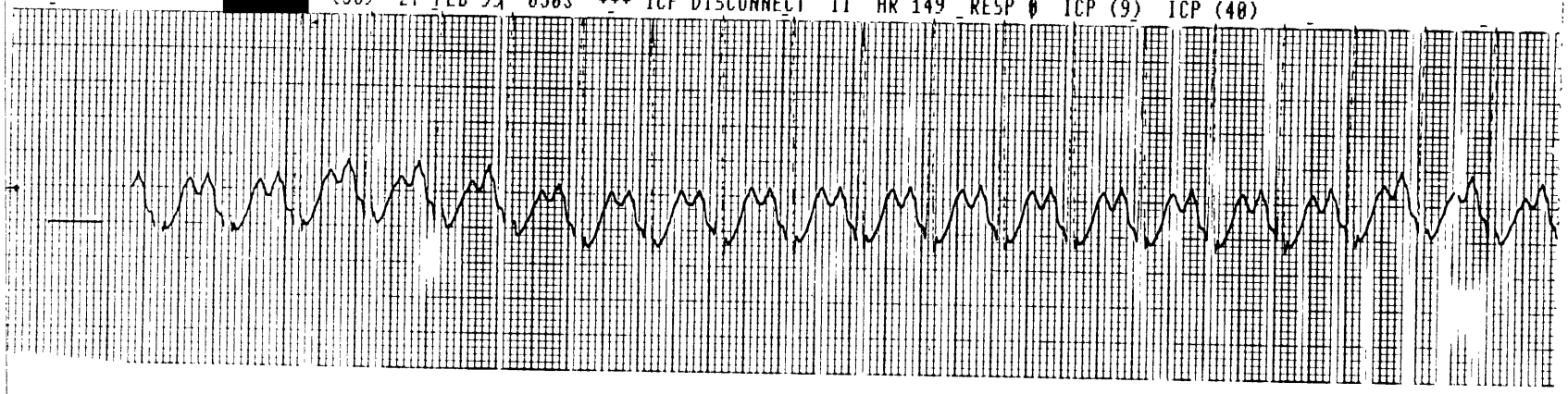
LOCATION

DATE

DATE 2/27/99

TIME 0500

[redacted] (56) 27 FEB 99 0503 *** ICP DISCONNECT II HR 149 RESP 0 ICP (9) ICP (40)



DATE

TIME

600009

DATE

TIME

DATE

TIME

DATE

TIME

000010

[redacted]

P[redacted]

B[redacted]

LOCATION DATE

NEUROLOGICAL ASSESSMENT RECO

		Date								
		Time								
PUPILS		Right Size								
		Right Reaction								
		Left Size								
		Left Reaction								
COMA SCALE	Eyes Open	4 Spontaneously								
		3 To Speech								
		2 To Pain								
		1 None								
	Best Motor Response	6 Obey Commands								
		5 Localize Pain								
		4 Flexion Withdrawal								
		3 Flexion Abnormal								
		2 Extension								
		1 None								
	Best Response to Auditory/ Visual Stimulus	**ADULT**								
		5 Oriented								
		4 Confused								
		3 Inappropriate Words								
		2 Incomprehensible Words								
		1 None								
		T= Endotracheal Tube or Tracheostomy								
	COMA SCALE TOTALS									
LIMB MOVEMENT			R/L	R/L	R/L	R/L	R/L	R/L	R/L	R/L
	ARMS	Voluntary Motor (0-5)								
		Pronator Drift (±)								
		Flexion Withdrawal								
		Flexion Abnormal								
		Extension								
		No Response								
	LEGS	Voluntary Motor (0-5)								
		Flexion								
		Extension								
		No Response								
	MISC	Gag / Cough								
		Examiners Initials								

NEUROLOGICAL ADMISSION ASSESSMENT

DATE: 2/27/99 TIME: 0430

Level of Consciousness/Orientation/ Appropriateness (Cerebral Function): Describe:

obtunded, unresponsive

Language: ☐ Fluent ☐ Non-Fluent ☐ Repeats

☐ Follows Commands ☐ Names Objects

Comments

Hx of Seizures (+) 2/26/99

Type

Cranial Nerves: (Describe) right left

CN II Y N

- wears corrective lenses ☐ ☐
- visual fields unable to assess
- visual acuity unable to assess

CNIII, IV, VI

- pupils position midline (B) 6mm+N
- extraocular eye mvts VTA
- diplopia VTA
- ptosis ~~0~~

CN V

- corneal reflex (−) (B)
- sensory V1, V2, V3 VTA

CN VII

- weakness, paralysis

CN VIII Y N

- wears hearing aid ☐ ☐
- hearing VTA
- nystagmus ~~0~~
- Dolls Eyes (if approp.) +

CN IX, X

- gag ~~0~~
- palatal elevation ~~0~~
- cough + (on arrival)
- swallow ~~0~~

CN XI

- trapezius VTA
- SCM VTA

CN XII

- weakness of tongue VTA
- symmetry VTA

000011

[redacted]

[redacted]

LOCATION DATE

++ = Brisk
+ = Sluggish
— = No Reaction
C = Eye Closed by Swelling

C = Eye Closed by Swelling

Usually [redacted] the [redacted]rm [redacted]se

[redacted] YRS.

[redacted]ens, Follows

[redacted]onsolable

Inappropriate, Persistent Cry

Agitated, Restless

No Response

[redacted]

+ = Present
— = Absent

NT = Not Tested

0 = No Movement

1 = Trace Movement

2 = Movement, but not Against Gravity

3 = Movement Against Gravity, but Not Against Resistance

4 = Movement Against Gravity and Some Resistance

5 = Full Power

PUPIL SCALE (mm) 1 2 3 4 5 6 7 8

Motor Exam: right left right left

Presence of Drift

Arm Ø/Ø Leg Ø/Ø

Hand Ø/Ø Foot Ø/Ø

Face Ø/Ø

Abnormal Movements (R) LE tremor – [illegible]

Cerebellar Exam:

Ataxia UTA

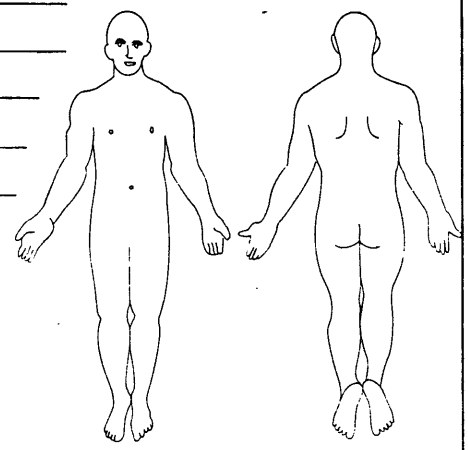
Dysmetria UTA

Tremor (R) LE

Other comments related to motor exam:

Sensory Exam: (Screen light touch, pinprick, position sense, Chart Defect on Diagram)

Comment:



Additional Comments:

000012

Signature: [redacted]