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

ARMS#

12851

6 - MD NOTES

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

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

Exhibit 3
KAN-6540
4-23-98 MAS
Page 19 of pages

Date	
	"Physician Notification" [redacted]
4/1/98	S pt. intubated + unresponsive to pain - pupils reactive but sluggish. pt. sedated c̄ Ativa + MS EE6 this AM
	O. 114/50 a 50 st 102
	H.P distinct tg 5 D 137/103 ← 22 1.8
	LS clear b.l.t 4.6/202 258
	Drips Lido 2g D5-1/4 NS OK 5320 CMB 58.2
	theo Cardizem 10g/
	A. ① post code V Rib - sudden death -
	② encephalopathy - D [redacted] this AM
	③ HeAsthma - D [redacted]
	P. per Dr. - Cont cardiac cath re echo 3-4 d
	[redacted]
4-1-98	Neurodiagnostics [redacted]
0800	EEG at Bedside. [redacted]

[redacted]

(Continued on reverse side)

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[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Date	
4-1-98.	Family well aware of [redacted] status as outlined by specialist. Vasal vagal initiated Vent Fib. c̄ cerebral encephalopathy. Stable @ This Time. - Sedation needed for combativeness - Future feeding Tube!
	[redacted]
4/15/98	Physical Therapy O: Ther Ex: (B) LE PROM x 10 reps; all planes Transfers: supine ⇔ sit c̄ max + 2 Dangled at BS x 5 min c̄ mod + 1: CGA + 1 able to hold self briefly s̄ Assist. Return to supine 2° ↑ agitation Balance: sitting poor (+) ↑ spontaneous mvt of LE's; reaching up to face to wipe drool from mouth c̄ (L) arm. ↑ flexor tone (R) UE. A: still not following commands: more alert when up Ready for clair P: Cont [redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 18 of Pages

[redacted]

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Date	
4.01.98	Pulm
1245	hyperventilating on vent per DR [redacted] Request
	ABG 7.54 24 129
	on 40% O_2 · R 18. 800 TV. p3. PS6
	Not overdriving vent (no reason to)
	will drop back a little on rate & O_2
	no changes today (Lungs sound [illegible])
	CXR ⊖
	cont support
	[redacted]
4-2-98.	
S.	Family saw [redacted] open his eyes last nite
	No response otherwise. May have Triped respirator
O.	VS stable chest: branchial like rales rt hilar
	Cardio: Z; Abd: soft Ext: No edema
	Neuro no change.
A	1. Vent Fib c̄ anoxic encephalopathy.
	2. Past hx Asthma
	3. Aspiration?
P.	Dx CXR some small pend Dig level pend. Theo level 8.0
	Tx: cont some supportive
	I talked to Family again this Am. [redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 20 of Pages

[redacted]

History - Physical Exam - Progress Notes

CONFIDENTIAL

[redacted]

[redacted]

History - Physical Exam - Progress Notes

[redacted]

Use the descriptive heading in writing up record:

Complaint	Physical Examination
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Date	
4/2/98	Neuro:
	Deeply Comatose low grade temp.
	withdraws leg slightly to pain, also arm
	Does not open eyes
	Pupil 3mm & equal
	vitals stable
	EEG: diffuse background suppression
	Imp: Postanoxic encephalopathy
	Plan: Parents were in the room discussed
	Case c them. Prognosis although
	guarded to me appear fair for
	brain recovery
	Pt Mannitol x 2 more doses
	Hyperventilate
	[redacted]
4/2/98	Physical Therapy
	Order received et eval completed Please rel to consult
	Section for results [redacted]

[redacted]

[redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 2 of pages

CONFIDENTIAL

Date	
4/2/98	S. pt. intubated - ø response to pain [illegible] [illegible] splids stimulated.
	0-135/45 [illegible] 104
	[illegible]
	[illegible]
	[illegible]
	A. ① pos code - U f.b - ø U tank - U [illegible]
	[illegible]
	② [illegible] encephalopathy - [illegible]
	③ HO [illegible] - [illegible]
	P. ✓ SAEKG - [illegible]
4.2.98	Remains on ventilator
0910	AM ABG 7.55 23 121
	R 17 35% 800 TV 3 pep 6 PS
	CXR [illegible]
	chest [illegible]
	if neuro prognosis fair; then will address
	nutrition & foot splints
	[illegible]
4-2-98	SAEKG Done PER EP [illegible] -
	[illegible]
4-2-98	**DOCTOR** Please see Nutritional Assessment in Consult Section. Thank you
	[illegible]

[illegible]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 12 of Pages

CONFIDENTIAL

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Complaint	Physical Examination
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Date	
4/2/98	Occupational Therapy Please see OT eval in consults section. (B) leg splints issued to pt - NSG notified of wearing schedule - [redacted] on [redacted] off [redacted]
3 apr '98	Cardio. [redacted] opens eyes to verbal stimuli does not follow commands. O 133/62 HR 101-110 chest - cta B/L heart - RR&R 5 C/R/M abd - flat supple, (+) BS ext - 5 C/C/E, pp's 2+/4 = B/L. neuro - as above A/P (1) S/P Sudden Death - HR & BP controlled c̄ IV dilt - 4 for now no vea off IV ~~dilt~~ lidocaine cont to monitor. re echo next wk. Cont supportive care.
drank	suppliment containing sudafed & caffeine.

[redacted]

[redacted]

History - Physical Exam - Progress Notes

000007

CONFIDENTIAL

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

Date	
4.3.98	pdm
1040	CXR clear. ABG 7.51 28 77
	ON vent AT 30%. 16 R. 800TV. p 3. PS 16
	STARTED tube fogs
	Temps < 100° Theo level 6.6
	Some wheeze on R
	PLAN: cont vent
	· cont hyperventilation per Neuro
	↑ nutrition
	↑ theo
	[redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 24 of Pages

[redacted]

History - Physical Exam - Progress Notes

CONFIDENTIAL

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

Complaint	Physical Examination
Present Illness	Provisional Diagnosis
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Final Diagnosis	

Date	
4/3/98	Neuro
	Remains semi ~~cond~~ comatose
	Blinks eyes randomly, not to command
	PERL.
	Grimace to pain.
	no limb movement
	DTR 1+ no Babinski
	Still on ventilator, assisting
	Imp Post arrest Encephalopathy
	Plan Repeat EEG Monday
	Case discussed - Mom & Dr [redacted]
	[redacted]
4.04.98	PULMONARY
0740	ABG 7.45 35 118
	30% · R 16 · 800 · 3 peep · 6 cm PS
	Hgb 14.9 CXR clear
	WBC 13.3 WT 91 kg · some random
	Temp up to 101.3 movements
	chest clear. No wheeze.
	Abd soft; bowel sounds +
	will ↑ rate ($\dot{V}CO_2$ up); ↑ Tube fogs.

[redacted] History - Physical Exam - Progress Notes [redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 25 of pages

000009

CONFIDENTIAL

Exhibit 3
KAN-6540
4-23-98 MAS
Page 26 of Pages

Date

3/4 [illegible]

S [illegible] Lo [illegible]

OHR 20 [illegible]

[illegible]

[illegible] [redacted]

2:00 A. M. CENTRAL STANDARD TIME
TO 3:00 A. M. DAYLIGHT SAVING TIME

4-5-98 [redacted] remains [illegible] - ABG's good
VS stable chest: clear [illegible] Abd: soft
No edema Neuro no change
lab ABG good [illegible] 7.5 pH.
* Sputum H influenza Bl Ectimase + Tyles ok.
Dry screen opiates code vs other
Cont current Tx [redacted]

Pend. EEG Tomorrow
Echo next week.

[redacted]

4.5.98 7.52 28 66 25% R 22 800 TV · p 3. PS 6
11:10 Theo 7.4 Temp ~ 100°
No whegs. Some 4 extremity TREMOR; ? Seizure
will bump up FiO_2 to 30%

[redacted]

History - Physical Exam - Progress Notes [redacted]

000010

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[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

[redacted]

Use the descriptive heading in writing up record:

Complaint	Physical Examination
Present Illness	Provisional Diagnosis
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Final Diagnosis	

Date	
4/5/98 1:15 pm	Cardiology
	O: unresponsive, sedated
	120/50 100' - 90 - 22
	S1 S2 SR
	lungs clear & belat
	+ BS
	Edema
	AP: 1) S/P Sudden death - cont tx
	2) pulmonary - Dr [redacted]
	hx asthma

F_1O_2 30%

137 / 102 / 16
3.5 / 20.2 / 118

Ph 7.52 PO_2 28
PO_2 66

Antizemgtt
Theo

[redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 27 of pages

[redacted] History - Physical Exam - Progress Notes [redacted]

000011

CONFIDENTIAL

Exhibit 3
KAN-6540
4-23-98 MAS
Page 28 of Pages

Date

4-6-98

S. Nurses report pt posturing decerebrate no tracking.

O. VS unl. Chest: Clear Cardio Reg Abd: soft
Ext: No edema
Neuro: Same posturing decerebrate?

A. Semicoma.
post arrythmia c̄ cerebra hypoxic encephalopathy.
Seizure precautions
posturing

P. Dx: EEG.
Tx. [illegible] add regular
Mother & I discussed status? [redacted]

4-6-98 Skin Care Team
O: Pt seen per request R/T defibrilator burns et heel breakdown. Chart reviewed. Pt. having posturing et moves feet restlessly. There is a 3cm bulla to the (R) heel. (L) heel intact. There are superficial burns to perimeter of defib. plates - these areas are dry, intact @ present.
P: Protect heels. Place on accucare overlay. Off load heels as possible. Sleepskin to FOB. Carrington products to burns. Turn pt. Q 2°.
I: Discussed bed c̄ pt Mother. Pt does not require Efica @ this time.

[redacted]

History - Physical Exam - Progress Notes [redacted]

CONFIDENTIAL

Date	
6. Apr. 98	on vent 30%. SIMV 22. 800 TV. p 3. PS 6
1340	Theo 7.4 yesterday
	NO wheezes CXR clear
	Low grade Temp / Leva Quin added
	Not overdriving vent
	Cont vent support
	imp: Sudden death c̄ post-arrest
	encephalopathy
	[redacted]
6 apr '98	Cardio
	S. still comatose, on vent
	O. VSS. afebrile present HR 114 reg
	chest - coarse BS B/L.
	heart - RR&R s̄ C/R/m
	abd - (+) BS, supple, NT
	ext - s̄ C/C/e.
	neuro - PERRLA, B/L hand posturing
	A/P (1) S/P sudden death - c̄ ↓ LV fx. c̄ fib / presently hemodynamically stable on W dilt
	(2) post-anoxic encephalopathy - / per neuro.
	[redacted]
4-7-98	
S.	Nurse's report NO change. NO seizures.
	Continues to posture ↑ left side
O.	VS stable chest: clear except few tracked rales cardiology
	Abd: soft Ext: no edema Neuro: decortical posturing [redacted]
A.	post anoxic encephalopathy c̄ decortical dysfunction.
	000013
P.	Dx CT scan - The level 3.
[redacted]	

History - Physical Exam - Progress Notes

Tx: Dr. [redacted] Dr. [redacted] [redacted]

CONFIDENTIAL

Exhibit 3
KAN-6540
4-23-98 MAS
Page 29 of pages

Date	
6. Apr. 98	on vent 30%. SIMV 22. 800 TV. p 3. PS 6
1340	Theo 7.4 yesterday
	No wheeze CXR clear
	Low grade temps / Levaquin added
	Not overdriving vent
	Cont vent support
	imp: Sudden death c̄ post-arrest
	encephalopathy
	[redacted]
6 apr '98	Cardio
	S. still comatose, on vent
	O. VSS. afebrile (2) HR 114 reg
	chest - coarse BS B/L.
	heart - RR&R s̄ C/R/m
	abd - (+) BS, supple, NT
	ext - s̄ C/C/e.
	neuro - PERRLA, B/L hand posturing
	A/P (1) S/P sudden death - c̄ ↓ LV fx. v-fib / presently hemodynamically stable on LV dilt
	(2) post-anoxic encephalopathy - / per neuro.
	[redacted]
4-7-98	
S.	Nurse's report no change. No seizures.
	Continues to posture ↑ left side
O.	VS stable chest: clear except few tracked rales cardiology
	Abd: soft Ext: no edema Neuro: decortical posturing [redacted]
A.	post anoxic encephalopathy c̄ decortical dysfunction.
P.	Dx CT scan - The level 3.

000014

[redacted]

Tx: [redacted]

History - Physical Exam - Progress Notes

[redacted]

CONFIDENTIAL

Exhibit
KAN-6540
4-23-98 MAS
Page 30 of Pages

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Date	
4/7	NS - ICP Bolt Screw monitor placed under aseptic conditions
	ICP - initially 18 now ↓ 5-6
	He just had 25 gm of mannitol
	• will hold mannitol unless ICP ↑ or CPP ↓
	[redacted]
4/7	Neuro
1145 AM	appears awake but does not follow verbal commands.
	Pupil 2-3mm & reactive
	strong corneal reflex
	no movement to deep pain
	afebrile
	Noted ICP monitor placed by Dr [redacted]
	CT scan reviewed. shows mild to moderate cerebral edema
	Case discussed at length c̄ family
	[redacted]

[redacted]

History - Physical Exam - Progress Notes

[redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 32 of Pages

000015

CONFIDENTIAL

Date	
4-07-98	Pulm
1610	7.52 30 111
—	Q 30% -21 rate - 800TV - p3 - PS 6
	Theo 3.2?
	Labs reviewed
	No wheeze
	Sedation still required; bites c ETT $\bar{S}$ sedation
	cont current vent settings
	[redacted]
8 apr '98	Cardio.
0831	S. ? sl more alert today?
	still poorly responsive.
	O. VSS, temp 100.0 → 98.8
	chest - cta
	heart - RR&R $\bar{S}$ C/R/M
	abd - supple, NT
	ext - $\bar{S}$ C/C/E, pp's 2+/4 = B/L.
	A/P① Lty & S tach well controlled on
	IV dilt / Δ to NG today. [redacted]
	will see on a weekly basis
	unless called.
4-8-98	Occupational Therapy Note
	S: Opened eyes x2 during tx session
	O: UE prom exercises c̄ passive stretching (B) UE.
	A: Pt has increasing tone today. Tremors noticed on
	(L) UE c̄ ROM to (L) UE.
	P: Cont c̄ POC [redacted]

[redacted]

History - Physical Exam - Progress Notes

000016

CONFIDENTIAL

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

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Exhibit 3
KAN-6540
4-23-98 MAS
Page 33 of pages

Date	
4/8	NS - Preceding noted
	Opens eyes, reported tracks some (?)
	Moves all 4's spont., Nothing to command
	pupils 3mm/3mm reactive
	ICP - 8-16, CPP - 70's-90's
	Will keep ICP until no further signs of
	↑ ICP Did not need any further monitoring
	Perhaps. PCO_2 can also be slowly allowed to
	return to N and Respirator may be weaned off
	unless required for pulmonary function.
	[redacted]
4.8.98	PDM
1510	ABG 7.55 27 120 — Abd soft
	30%. 21. 800. 3p. PS 6 — No [illegible] Bm's
	O_2 SATS have been OK — will try [illegible] x 24 hrs
	Accucheck 100 — will leave the off
	Tm ~ 100 — a few [illegible] on
	Theo Level Low — [illegible] R [illegible]
	moves in Bed
	[redacted]

[redacted]

History - Physical Exam - Progress Notes

[redacted]

000017

CONFIDENTIAL

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Exhibit 3
KAN-6540
4-23-98 MAS
Page 34 of Pages

Date	
4-8-98	[redacted] is NOT posturing as much. VS stable pressure intercranial unit. Chest: clear c̄ suctioning Cardiac Abs: soft region for stool. Ext: No edema Neuro: NOT posturing Tracking? See Pr [redacted] & [redacted] note. Nutrition infusing - Feeding Tube? PIC? lab ok. CXR pending. [redacted]
4/9/98 1830	Neuro. Restless tightens up his arm kicks his legs Does not open eyes or follow commands Early had his eyes open per respiratory therapy PERLA. Has ICP monitor c̄ ICP bet 8-16 Plan: Continue Close observation [redacted]

[redacted]

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Date	
4-9-98	
S.	[redacted] is doing about the same not opening eyes as frequently + has some posturing.
O.	✓ S stable chest: clear Cardio: Reg Abd: soft. No edema.
A.	Same
P	Dx ABG's ok LCP wnl.
	Tx: Same observation
	[redacted]
4.09.98	Palm
1030	VENTILATOR 30% R 18 800TV peep 3 PS 16
	O_2 SATS all in 90's
	Tm 100.3
	UO 40.100 cc/hr TODAY
	ABG 7.49 34 95
	Not overdriving the ventilator's BUR
	Not wheezing
P	will ↓ RATE further
	sometimes moves randomly; not now.
	will add OVT prophylaxis
	— [redacted]

[redacted]

History - Physical Exam - Progress Notes

CONFIDENTIAL

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Exhibit 3
KAN-6540
4-23-98 MAS
Page 36 of Pages

Date	
4-9-98	Nutrition Dept -
	O - Current nutrition - F5 Osmolite @
	100 cc/hr - yield: 2544 cal, 89 gm Protein
	wt 91.3 kg Intubated
	A - BEE X1.2 AF X1.2 Stress = 2720 cal.
	Protein good: (150:1 cal/wt) = 113 gm
	Current T, F dy mfg ~ 93% calculated
	calorie needs & 79% Protein
	goal - Tolerating fdy
	P Suggest Δ to Osmolite H/O for ↑ Protein
	Same calorie yield -
	[redacted]
4/9/98 NS	Pt. is moving spontaneously, not responding to command.
	- output is good.
	- VS. Stable.
	- ICP 9-11 occasionally up to 13-14 during straining (coughing)
	no manitol has had to be given today for pressures.
	- will maintain ICP monitor through tomorrow
	[redacted]

[redacted]

History - Physical Exam - Progress Notes

[redacted]

000020

CONFIDENTIAL

Date	
4.10.98	PDM
0910	pH 7.47 ON ABG; R 14
	NOT overdriving now Pip < 30 cm
	NOT wheezing AT ALL TODAY
	WILL TRY TO ↓ [redacted]
	RATE
	TRY A SUPP; NO BM
	X DAYS
4/10/98	Physical Therapy
	O: Ther Ex: PROM (B) LE's x 10-12 reps; all planes Fb
	heel cord at HS stretching
	A: cont to be unresponsive; ↑ resistance to ROM. Cont c STG's x 1 week
	P: Cont [redacted]
4/10/98	Neuro:
5.00 PM	Random movement of legs
	no movement to command
	Still on ventilator
	BP 120/80 P 88 R 16
	No seizure reported
	Imp Coma day 10
	SP C.P. anoxic
	? Persistant vegetative state!
	Plan Continue present care
	[redacted]

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[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Final Diagnosis

Exhibit 3
KAN-6540
4-23-98 MAS
Page 38 of Pages

Date	
4/10	N- Preceding notes Neurologically essentially unchanged Taper off levophed, if ICP, CPP remains normal, may DC ICP monitor Dr. [redacted] on call over weekend [redacted]
4-11-98	
S	[redacted] responds the same as yesterday. No stools. Trips respirator. Suctioning white phlegm.
O.	VS stable ICP ok. Chest: clear Cardiology Abd: soft Ext: no edema.
A.	1. post Cardiac Resp Arrest c anoxic encephalopathy. 2. Nutrition & hydration ok. 3. Seizures none
P. Dx	Dilantin level low but no seizures. match B pend. Tx: some - Dr. [redacted] Dr. [redacted]
4/11/98	No neural Δ CPP: >70 stable May continue norepinephrine wean

[redacted]

[redacted] 00022

[redacted]

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[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

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Exhibit 3
KAN-6540
4-23-98 MAS
Page 39 of _ pages

Date	
4/11/98	[illegible] moderate degree thin secretion. Chest equal expansion to [illegible] [illegible] bilaterally. To continue current vent care
	[redacted]
4/12/98	[illegible] Trying for [redacted] No resp changes. No neuro changes open eyes — does not follow. ABG pH 7.43 pCO2 <45 pO2 85. To continue current [illegible] & [illegible]
	[redacted]
4/12	ICP's ~18 or so. More interactive. Fixes and follows [redacted]
4-13-98	S. Nurses report ↑ cough c̄ white thick tenacious sputum. O. VS R 8 P 75 Chest: clear Cardio Reg Abd: soft Ext: no edema. Neuro: same. ICP 16 A. post Cardio-Resp Arrest anoxic encephalopathy

[redacted]

History - Physical Exam - Progress Notes

[redacted]

000023

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P: [illegible]
Tx: same

[illegible] suctioning.

Date	
4.13.98	PULMONARY
0835	ABG 7.4 48 106 25% O_2 R8 TV 800 p3 PS10
	SATS have been OK
	Afeb
	LevaQuin (9 D) H. fun on cultures 4/02
	Ancef (4/7 c̄ icp monitor)
	· Not overdriving his BUR
	· No wheezes now
	· Lots of white sputum
	· On Tube feedings
	· pulm status stable; will cont vent given depth of his coma
	[redacted]
4-13-98	NS
	Pt responds to deep pain, ∅ eye opening for me.
	ICP/CPP 2-20/50-76 levophed weaned over weekend, ∅ mannitol given
	∅ reports of further seizures
	Dr [redacted] to D/C ICP monitor later today.
	[redacted]
4-13-98	Skin Care Team
	O: Pt c̄ eyes closed. No response noted. On Efica CC sleep surface. Settings @ (R) turn 60% only? Heels intact - dry blister (L) heel
	P: Resume bilateral rotation 80%.
	I: Bed reprogramed for 80% turns (R) + (L).
	[redacted]

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[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

Complaint	Physical Examination
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Final Diagnosis	

Date	Cardio
13 Apr '98 1430	S. remains comatose Responds to painful stimuli only
	O. 105-135/35-72 afebrile
	chest - cta B/L
	heart - RR&R S C/R/M
	abd - ⊕BS supple NT
	ext - S C/C/E, pp's 2+/4 = B/L
	neuro - vegetative
	A/P ⊕ hemodynamically stable - I will sign off for now - please call if you would like us to see again.
	[redacted]
4/13/98	NS - Pt. opens eyes, blinks
	moves all 4's, ICP has been normal
	ICP monitor DC'd
	signing off. Pts call again if needed. Thank you
	[redacted]
4-14-98.	[redacted] responds to pain stimuli doesn't seem to track. Less posturing than before. VS & exam same. Continues in vegetative state. Looks like long term problem consider Trach + PEG.
	[redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 11 of pages

[redacted]

History - Physical Exam - Progress Notes

[redacted]

000025

CONFIDENTIAL

Date	
4/13/98	Neuro:
	Stable
	Semi comatose, Eyes are shut
	Pupils equal & reactive
	corneal reflex is Brisk
	Grimaces to pain
	in pain, moves all extremities
	ICP monitor out.
	Imp: Post arrest encephalopathy
	plan: continue present care
	Discussed w family
	[redacted]
	PULMONARY
4.14.98 0750	out 2 weeks TODAY from sudden death episode
	Remains on vent. ABG 7.45 44 131
	25%. 8 RATE. 800 TV. peep 3. PS 10
	gets more ATIVAN; MS @ night
	10 days LevaQuin
	no wheezes Abd soft
PLAN	(1) TRY TO DC vent rate. Need to extubate
	or start thinking About Trach.
	(2) WILL D LevaQuin to GI route; DC @ 2 wks
	(3) ✓ CBC for infection/anemia
	✓ CMP for LFTs / nutrition
	(4) PEG TUBE (?)
	in preparation for Long-Term Needs
	[redacted]

[redacted]

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[redacted]

[redacted]

[redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 43 of _ pages

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

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

Date	PULMONARY
4.15.98	he has been on BB overnight.
0840	NO DETERIORATION ON CXR OR ABG
—	7.41 47 79 (25% BB).
	will DC the IV fluids
	LABS Pending chest clear RR 23 Ve ~ 8L
	will extubate Peg Tube?
	[redacted]
4.16-98	S [redacted] is responsive to pain stimuli grimaces less posturing doesn't track. phy Tx that's he has good muscle tone.
	O VS stable chest: tightness left ant lung cardiofy Abo: soft no edema.
	A Spontaneous respiration still vegetative state
	P.Dx: done
	Tx: will he have enough swallowing reflex to receive oral meals? if not consider PEG.
	[redacted]

[redacted]

(Continued on reverse side)

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Exhibit 3
KAN-6540
4-23-98 MAS
Page 44 of Pages

Date	
4.16.98	PULMONARY
0920	EXTUBATED 4/15. CXR STILL clear.
	chest clear TO AUSC.
	eyes open. NOT TRACKING @ the moment.
	PLAN: CONT O_2 AS Needed
	I think he will Need a Peg. he's NOT
	even close TO being Able TO Take
	oral intake.
	[redacted]
4-16-98	Nutrition Dept
	O- TFdg on Hold - Tube occluded.
	Prev. Fdg - FS Osmolite @ 100 cc/hr
	providing 2544 cal / 89 gm Pro -
	wt. 92.6 kg ↑1.3 kg / 7d - alb 3.1
	A. BEE x 1.1 AF x 1.2 Stress = 2455 -
	Pro Goal (150:1 cal/Nt) = 104 gm
	Pt was Tol. Osmolite
	P- 1) Restart Fdg ↑ Tube replacement or PEG
	2) might wish to ∧ to Osmolite HN for
	↑ Protein Goal - Jevity is
	another choice for long term
	fdg use - Providing Fiber
	Goal for Osmolite HN or Jevity
	would be 100 cc/hr -
	[redacted]
4/16/98	Occupational Therapy
	O: BUE PROM / passive stretching x 12 reps all
	planes
	A: Cont to be unresponsive, ↑ing tone / posturing
	P: Cont c̄ POC

[redacted]

History - Physical Exam - Progress [redacted]

000028

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[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

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

Exhibit 3
KAN-6540
4-23-98 MAS
Page 45 of pages

Date	Physical Therapy
4/16	O: Ther Ex: (B) LE PRom x 10-15 reps; all planes
	Transfers: bed ⇔ chair (total lift) at max + 3-4
	• Up in chair x 1 1/2 hours.
	A: ↑ time up; more awake/alert when in chair
	P: Cont; will try stand-pivot transfer — [redacted]
4/16/98	Neuro. 17th day post arrest
	Slight improvement noted
	moving around more
	opens eyes at times & looks @ examiner
	Does not follow simple commands
	Pt was extubated yesterday
	Imp: Hypoxic encephalopathy c̄ slow & gradual improvement
	Plan: continue present care [redacted]
4.17.98	PDM
1130	No wheeze. Nurse says he tracks.
[redacted]	asleep & snoring, now. Doing OK off vent; I
	don't have any objection to transfer [redacted]

000029

[redacted]

(Continued on reverse side)

CONFIDENTIAL

Date	Physical Therapy
4/17	O: Ther Ex: (B) LE PROM x 10 reps; all planes
	Transfers: supine ⇔ sit c̄ max + 2-3
	sit → stand/stand-pivot bed ⇔ chair c̄ max/mod + 3
	Able to bear wt through LE's, but needs assist to maintain knee/hip ext.
	Able to right head c̄ VC's to look up
	Up in chair x 1 3/4 hours.
	A: more alert; ↑ time up. Tracking more c̄ eyes at smiles [redacted] [redacted]
4-18-98	
	S. [redacted] seemed much more alert still not following commands. looks past you when asked questions. Mother sees improvement. Doesn't like NG Tube.
	O. VS stable NG ok chest: clear cardiopeg
	Abd: soft Ext: NO edema.
	Neuro as above.
	A. 1 post V Fib code Anoxic Encephalopathy
	2. Agitation.
	3. Nutrition
	P. Dx lab ok stum neg.
	Tx: Needs PEG for nutrition. attempts to swallow in past uncoordinated.
	Consult Dr. [redacted] [redacted]
	Dr. [redacted] to cover next wk. [redacted]

[redacted]

History - Physical Exam - Progress Notes

CONFIDENTIAL

[redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

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Present Illness	Provisional Diagnosis
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Exhibit 3
KAN-6540
4-23-98 MAS
Page 47 of _ pages

Date	
4-18-98	NS
0830	Agitated movie
	[redacted]
4/18	Pulm - Pulm status stable needs nutrition [redacted]
4-19-98	[redacted] Still doesn't Treat - swallowing mechanism impaired VS stable lab stable phenoin pending contact Dr [redacted] Peak + nutrition.
	Dr. [redacted] To cover [redacted] 4-20 Thru 26-98.
4-19-98	Less active, VS [redacted]

[redacted]

(...ued on reverse side)

History - Physical Exam - Progress N[redacted]

000031

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Date	
4.20.98.	Well place PEG. [redacted]
1-20-98	Skin Care Team
0930	O: Heels intact. No open areas coccyx. Pt awake @ present. Moves legs about. Getting OOB to chair c̄ physical therapy. Currently on Efica CC therapy bed.
	A: Skin intact. ↑ Mobility and alertness
	P: Status stable c̄ increased bed mobility. Would take pt off Efica and place on ZoneAir c̄ pressure relief. Turn pt Q 2 hours. This would be step forward toward rehab. activities and facilitate bed to chair transfers.
	E: Pt no longer meets Efica Criteria. Needs step down to ZoneAir off the continuous rotation. [redacted]
09:45	Addendum - Discussed above recommendation c̄ Dr [redacted] per phone. [redacted]
4.20.98	[illegible]
	Not following commands
	S P U-Fib - anoxic [illegible]
	New bed. [redacted]
4.20.98	EGD. Normal.
	PEG. c̄ problems
1645	4.20.98 No whyo occo clamp. moved in bed

000032

[redacted]

History - Physical Exam - Progress Notes

[redacted]

cont [illegible].

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1/21/98 - No significant D. Tube feedings today. [redacted]

[redacted]

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

Complaint	Physical Examination
Present Illness	Provisional Diagnosis
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Final Diagnosis

Exhibit 3
KAN-6540
4-23-98 MAS
Page 19 of _ pages

Date	
4-21-98	Nutrition Note
	D: Consult Re GT Feeds. 4/16 Wt 92.6 Kg
	4/19 Alb 3.1
	A: Maintenance energy need est @ BEE(Adj) x 1.2 = 2300
	OR 25 Kcal/Kg ABW ≅ 2300 Kcals/day
	Est Fluid need @ 35 cc/Kg ≅ 3200 cc/24°
	P: Suggest Jevity FS 20 cc/° x 6°-8°, if tol ↑
	to 40 cc/° x 6-8°, if tol ↑ to 60 cc/° x 6-8°
	if tol ↑ to 90 cc/° continuous =
	2290 Kcals, 96 g prot, 2160 cc/24°
	Recommend weekly Wt checks to evaluate
	nutrition Rx. [redacted]
4-22-98	No significant Δ.
	Recommendation for Tube feedings approved
	[redacted]
	Pulm
4-22-98	snoring. chest clear. TF @ 35/iv @
1040	150. will ↑ TF & ↓ iv
	[redacted]

[redacted]

(Continued on reverse side)

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[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

Complaint	Physical Examination
Present Illness	Provisional Diagnosis
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Final Diagnosis

Date	
4/22/98 1900-2300	PT is restless. Family @ bedside. Did not apply wrist restraints to PT until Parents left around 2100. Had PT laying on his left side. PT moved right back to his back side in about 5-10 min. Drsg around Peg Line site is Dry/Intact. Noted Red Streak marks over Right shoulder. Checking on PT almost q 1h. [redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 50 of Pages

[redacted]

(Continued on reverse side)

CONFIDENTIAL

[redacted]

Exhibit 3
KAN-6540
4-23-98 MAS
Page 5 of pages

[redacted]

History - Physical Exam - Progress Notes

Use the descriptive heading in writing up record:

Complaint	Physical Examination
Present Illness	Provisional Diagnosis
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Final Diagnosis	

Date	
	Physical Therapy
4/21	O: Ther Ex: (B) LE PROM x 10 reps; all planes.
	Moving LE's actively (spontaneous mvt); but not to command
	Transfers: supine ↔ sit c̄ max + 2
	sit → stand c̄ max + 2-3
	stand-pivot bed ↔ chair c̄ max/mod + 2-3
	Up in chair x 1½ hours.
	(pm) Dangled @ BS x 10 min. c̄ mod + 1-2
	Unable to support self (I); but req only mod A.
	Balance: sitting poor (+) Head Control: fair (+)
	A: ↑ alertness; still not following commands. STG #4 met; ↓ c̄ goals x 1 week
	P: Cont [redacted]
4/22/98	Occupational Therapy
	O: UE Status: (B) UE PROM, passive stretching.
	Pt moves (B) UE spontaneous, some purposeful mvmt noticed ie. scratching head.
	A: ↑ alertness c̄ therapy, ↓ command following
	P: Cont c̄ POC [redacted]

[redacted]

[redacted] - Progress Notes

(Continued on reverse side)

CONFIDENTIAL

Date	
4/23/98	Phys Therapy Pt cont's exercise c̄ LE's - Pt resists exercises for LE. Transfers - Pt will bear wt but will not move his legs on his own. Needing max assist to come to sitting - also mod (A) to maintain sitting. Pt able to hold head up but has only fair + control. [redacted]

History - Physical Exam - Progress Notes

CONFIDENTIAL

[redacted]

[redacted]

History - Physical Exam - Progress Notes

[redacted]

Use the descriptive heading in writing up record:

Complaint	Physical Examination
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Date	
0/23/98	Neuro:
	Seeing pt after 1 week. He is now 23 days
	past hypoxic injury.
	Has shown some improvement -
	Looks at examiner smiles at times
	aphasic & doesn't follow command
	Imp: Post arrest encephalopathy
	Plan: Speech therapy for swallowing Eval
	[redacted]
4/24/98	No significant Δ.
	SRS form completed.
	Current Cont [redacted]
4/24/98	Occupational Therapy
	S: Smiling & visually attending to therapists, & command following
	O: ADL status: Able to hold onto washcloth and allows therapist to do hand over hand washing face.
	UE status: Arm (B) UE WFL for shld mvmts, (D) UE ↑'ed tone biceps
	A: Making improvement c̄ therapist. Will usually attend to ESPN on TV. [redacted]
	P: Cont c̄ POC

[redacted]

(Continued on reverse side)

CONFIDENTIAL

Exhibit 3
KAN-6540
4-23-98 MAS
Page 53 of pages