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

ARMS#

13266

6 - MD NOTES

000001

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PHYSICIANS' PROGRESS NOTES

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3/5/99 GJH

NOTES

11/8/98	1600	Senior Medical Resident Admit Note + H/P CC: Comatose, Dilated BS HPI: 19 yo hispanic ♂ admitted last PM to [redacted] Pt was found unresponsive in his dorm room by roommate who had last seen him 3 pm and returned 6° later. Pt was sitting unresponsive in bathroom. The roommate noted blood in the bathroom on the floor and on the couch. Pt had been trying to loose wt using "Hydroxycut" c̄ contains ephidrine, caffiene, ibuprofen and hydroxycitrate. He has lost b/t 40 and 50 # in the last week. He has had ↑ urination in the last wk. It is unclear if he has been experiencing visual Δs. Pt. is not known to be an IVDA. Initial ABG was 6.85 c̄ BS of 440 and >80 ketones. Pt. was tx'd in BVH for ~12° prior to transfer. During this time he has been unresponsive. He was loaded on Dilantin 2° to ↑ CPK.
		PMHx: No known chronic dse
		All: NKDA
		Social: relations deny smoking/IVDA ? EtOH unknown.
		Family: ⊕ H/O DM
		ROS: wt loss acc'd to family/roommate → desir
		PE: 96.7 BP 138/63 P84 SaO_2-100% RR 24 on AC 10 VT 800 General: unresponsive + intubated except to deep pain c̄ minimal movement (Cover)

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[redacted]

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PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		HEENT: PERRL, 3→1mm, intubated, neck vein flats, trach midline, good carotid pulses ∅ bruits
		Heart: S1 and S2, PMI not appreciated ∅ M/R/G
		Lungs: good chest rise c̄ equal breath sounds (B), ↓BS @ bases.
		Abd: NG shows bright red blood, abd soft, ∅ BS, no response to deep palpation
		GU: circ ♂, testis ↓↓ ∅ masses
		Rectal: NL-tone, OB ⊖ve
		Ext: soft, good pulses
		Neuro: reflexes equal minimally responsive to pain
		CXR: 1st film - poor placement of xray. ET tube ok, lung fields clear ∅ Pulm. edema. will xpt c̄ line placement
		1st set labs
		7.3 / 19 / 114 / 9 / -16.1
		137 / 108 / 140 / 2.7 / 13 / 2.4 < 332
		PT 11.9 INR 1.1
		PTT 24.1
		CPK 24,730
		myoglobin 58000 @ BVH
		LDH 4109
		CT Scan ⊖ve

6.6) 14.5 / 42 (117

ketones 1:32

ionized Ca+ 5.16

amylase 655

lipase 5078

Alk phos 116

alb 2.5

t. bili 0.4

(over)

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PHYSICIANS' PROGRESS NOTES

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DATE	TIME	NOTES
11/8/98	1600	A: (1) DKA (2) comatose (3) pancreatitis (4) hepatitis (5) rhabdomyolysis (6) upper GI bleed (7) acute renal insufficiency (8) hypokalemia P: (1) Admit to Dr [redacted]. MICU (2) Insulin gtt / IVF c̄ bicarb to correct met. acidosis (3) PA cath for IVF / volume status (4) lytes, PO_4^-, ketones q4° (5) FSBS q1° (6) Neuro consult to R/O status epilepticus. continue Dilantin (level 11.4 today @ BVH) (7) correct elyte imbalances (8) Renal consult → lasix gtt and renal dose Dft to IVF pt seen - DIW Dr [redacted]
11/8/98	1800.	Procedure Note - Art. line [redacted] indication: BP monitoring, frequent blood draw pt (R) radial wrist tested c̄ (R) Allen's test. Clean & prepped in sterile manner. Art. line placed on 2nd attempt ≤ complication. Good wave form. BP about 20 ↓ than by cuff. [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/8/98	1872°	Neuro Consult — Full consult # [redacted] — Coma 19y/o Hispanic male previously healthy who has lost 40-50# in past 3-4 months using Hydroxycut stopped using this. Recently found by friends to be unconscious on floor. ~~in chair~~ c̄ pill bottles on suicide evidence taken to [redacted] on 11/8 2100 (intubated [redacted] motor activity was flexion withdrawal; blood found on floor @ scene; pH 6.85, pCO2 16, Bl. sug 444, HCO3 5 Na 136 Cl 92 BUN 27; Mg 5834 Hypotensive SBP 76, Today 140's ((+) Succ GT aspirate; pupils dilated but responsive, c̄ sk (L) Fwd Robinski
		PE! When I saw pt he had been given versed 5mg IV/IM then 2mg IV & had ∅ response to painful stimuli pupils @ 3mm & reactive c̄ mucous over corneas; (+) Blink (+) corneas; slow horizontal movt of eyes; DTRs 1+ throughout c̄ Bilat Babinski
meds Dilantin 100 q.d. prepid Dopamine gtt Insulin gtt HCO3 gtt		Labs noted ABNLS include K 2.9 Na 9 Cl 2.9 BS 33 ~~WBC~~ WBC 15.2 SOsm 323 Ketones 1+32 Mg 24,000, CPK 16,000 Amylase 265 Lipase 478 (90) (246)
		Today 130, 99.4 (94/40) -rt Lin SGC - CWCP (5)
		~~MAP~~ (1) Coma c̄ DKA pancreatitis, metabolic acidosis, hepatitis, ~~Rhabdo~~ Rhabdomyolysis ~~II~~ most likely metabolic origin c̄ poss hypoxic encephalopathy CT @ [redacted] poor quality but shows some cerebral edema (+) poss Toxoplasma but many of the pieces don't fit together nicely. Poor prognosis (2) CT Neck (2) poss SCR disorder (1) (1) EEG in am / Dilantin Free [redacted]
		(3) GIB - guaiac Hb Stroke c̄ [redacted]

Thanks [redacted]

[redacted]

[redacted]

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DATE	TIME	NOTES
11-8-98	18:50	Pulm Staff
		Pt was seen examined and discussed with nonsestaff
		1940 HM found unresponsive and taken to [redacted] found hyperglycemic ketoacidotic, [redacted] rhabdomyolysis possible a bleed and was transferred to here by Dr. [redacted]
		upon arrival here pt was unresponsive even to painful stimuli and has spontaneous movements of eyes
		PMH, allergies, meds, FA, SH as documented in admitt note
		ROS - couldn't be done
		on exam.
		367, 127, 19, 99/41
		General exam: unresponsive
		skin ō cyanosis ō clubbing
		HEENT & NECK. PERRL spontaneous eye movements ⊕ ō bleeding from nose
		tongue moist, orotracheal tube ⊕ NG ⊕
		Trachea midline ō JVD, ō adenopathy ō S&Gis
		Heart RRR w/ S,S, ō M,G,R
		lungs ō resonant to percussion
		Vesicular BS ⊕, ō crackles, Mouchi of lub
		Abd: BS (+) soft, ō guarding, ō rigidity
		Ext genitalia - nl
		Rectal exam - Guaiac neg per residue
		Ext ō edema, calf supple →

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PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Mantars ? ↑↑
		Labs as documented
		Assessment
		1) Coma - - DKA
		- ? Seizures
		- ? Anoxic injury to brain
		2) Hypotension - dehydration
		3) Resp failure - DKA
		4) Metabolic acidosis - DKA
		5) Renal insufficiency - dehydration
		- Rhabdomyolysis
		6) Rhabdomyolysis - ? Hypokalemia
		- ? Seizures
		- ? crush injury from lying in one position
		7) Gc Bleeding - ? Gastritis or PUD
		- no significant loss in Hct
		- Ibm profen probably contributory
		8) Pancreatitis - stress induced
		- PUD -
		9) ↑ LFTs - shock liver
		10) pneumomediastinum
		barotrauma vs esophageal injury from possible vomiting
		11) Hypokalemia
		~~TE~~
		Plan
		1) I.V hydration
		1/2 normal saline c
		1 amp vasteo, ~~over~~ @ rate of
		1 litre per hour until CVP 12, or PAWP 15
		U →

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[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		2) continue insulin ~~insul~~ infusion - decrease BS @ 100 mg/dl/hr
		3) Δ I.V fluids to D5W c̄ 3 Amp Nalfrog when FSBS < 250 mg/dl
		4) follow urine output - maintain approximately 300 ml/hr
		5) Vent - limit PIP to < 30
		6) Gastrograffin esophagogram to R/o esophageal perforation
		7) follow CPK's.
		8) follow A/A Q 6° transfuse when Act < 30 consult GI if Act ↓ to < 35
		9) lasix infusion 10 mg/hr
		10) NPO - follow lipase, calcium renal fxn
		11) EPC cuffs
		12) Zantec 50 mg I.V Q 8°
		13) follow LFT's
		14) follow Mg, P, K - replenish K
		15) Tinentin 3/8 Q 6 thanks [redacted]

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[redacted]

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PHYSICIANS' PROGRESS NOTES

DATE & TIME	NOTES
11/8/98 1840	Procedure Note - (R) IJ cordis After informed consent obtained, (R) neck prepped c̄ betadine, sterilly draped. Using sterile technique c̄ lidocaine local anesthetic and versed 5mg + ativan 2mg (R) internal jugular vein cannulated, guidewire threaded, cordis inserted over guidewire using dilator. Cordis sewn in place, lines flushed. Swan Ganz catheter inserted through cordis into pulmonary artery. (+) wedge, balloon deflated PCWP = 5. CXR ordered for line placement. Dr [redacted] performed procedure c̄ [redacted] assisting. D[redacted] at bedside for entire procedure. [redacted]

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PHYSICIANS' PROGRESS NOTES

DAT[redacted]	[redacted]	NOTES
11/9/98	0650	Neuro
		only improvement from last night is flex/withdrawal
		some eye movement. pupils v. briskly Reactive 4→3
		only moving (L) side c̄ painful stimuli 3+ DTRs
		CT Head show ~~[illegible]~~ mild diffuse edema
		metabolic encephalopathy - EEG today
		[redacted]
11/9/98	730	MED STUDENT NOTE
		Day #2 in ICU
		Problem DKA, Renal Insult, Unconscious, Resp failure
		Rhabdomyolysis, Hypokalemia
		Nursing → pt. has been moving head spontaneously w/
		eye movements still unconscious
		Neuro → Glascow scale Eyes 4 Verbal 1 Motor 4 = 9
		Reflex 2+ brachio radialis (B) unable to perform other
		Pt withdrawls from finger pain / Babinski (+) (B)
		Unresponsive to verbal command
		Eyes Pupils briskly (B) 3→1 ✓
		CARD → CVP 12 PWP 14 CO 13.7 CI 6.06
		SVR403 PVR58 HR 146 ✓ BP 130/60
		∅ cyanosis ∅ jaundice, ∘
		S_1 S_2 (N) tachycardia regular rhythm ∅m/∅g
		∅ JVD; carotid pulse (2+)
		PULM → Assist Control 12 Tv 800 peep 5
		ABG 7.47/26/86/14/100/-8.5 ✓
		Resp fail w/ ∅ accessory muscle use
		CTA (B) ∅ wheezes ∅ rales
		CXR → this A.M. mild pulm edema
		CT → pending ✓
		GI - TPN IV D5.9NS c̄ 40meq kcl
		Soft, ND, ∅ organomegaly, BS (+) ✓

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PHYSICIANS' PROGRESS NOTES

DA[redacted]		NOTES
11/9/98	10:30	MED STUDENT UPDATE
		133 | 109 | 45
		3.1 | 17 | 3.8
		Ca++ 1:2
		Ca++ ionic 4.32
		Phos <2.5
		Liver enzyme (P)
		Amylase/Lipase (P)
		Med Student Agree. Pt discussed [redacted]
		Addendum [redacted] 11/9/98
		[redacted] Will continue to
		closely monitor electrolytes [redacted]
		& treat accordingly. [redacted]

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PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/9/88	730	CONT
		CT abd w/ contrast (P)
		Amylase 655 Lipase 5078 ✓
		ALT 133 AST 435
		LDH 4109 Alk Phos 116
		GU → I 8110
		O 956 133 | 108 | 333 / 3.0 | 15 | osmo → 307
		~~UA~~ Urine Culture – (P)
		HEME → 10.4 / 6.6 / 30.3
		phos .5
		acetone 1:8
		ID → Tmax 39° Tcurrent 38°
		Sputum Gram Stain → many WBC's w/ mod gram(+) cocci ✓
		Meds: Insulin 10 cc/h — Alb q 4°
		Pepcid 20mg (IV) bid — Amoxm q 4°
		Dilantin 100mg (IV) tid — Atrian 1-2mg (IV) q 1-2 ✓
		Dopamine 3 mcg/kg
		Lasix .4mg/hr for UO 100-150
		Timentin 3.1g (IV) q 6°
		A: 1. DKA - blood sugars consistently ≥300-400
		2. Renal Insuff
		3. Resp Fail. ✓
		4. Unconscious - ?DKA, ?seizure
		5. Pancreatitis - ~~enzymes~~ error CT shows diffuse enlargement
		P: 1. Consider either ↑ IV insulin 14 cc/hr to ↓BS ↓acid
		2. ~~of~~ Continue obtain daily BUN/cr, Renal US ordered
		3. Assist Control continued
		4. Obtain EEG results this a.m. if not seizure focus D/C dilantin
		5. Obtain Pancreatic enzymes. [redacted]

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PHYSICIANS' PROGRESS NOTES

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DATE	TIME	NOTES
11/9/98	730	CONT
		CT abd w/ contrast (P)
		Amylase 655 Lipase 5078 ✓
		ALT 133 AST 435
		LDH 4109 Alk Phos 116
		GU → I 8110
		O 956 133 | 108 | 333 / 3.0 | 15 | osmo → 307
		~~UA~~ Urine Culture – (P)
		HEME → 10.4 / 6.6 / 30.3
		phos .5
		acetone 1:8
		ID → Tmax 39° Tcurrent 38°
		Sputum Gram Stain → many WBC's w/ mod gram(+) cocci ✓
		Meds: Insulin 10 cc/h — Alb q 4°
		Pepcid 20 mg (IV) bid — Amoxm q 4°
		Dilantin 100 mg (IV) tid — Atrian 1-2 mg (IV) q 1-2 ✓
		Dopamine 3 mcg/kg
		Lasix .4 mg/hr for UO 100-150
		Timentin 3.1 g (IV) q 6°
		A: 1. DKA – blood sugars consistently ≥300-400
		2. Renal Insuff
		3. Resp Fail. ✓
		4. Unconscious – ?DKA, ?seizure
		5. Pancreatitis – ~~enzymes~~ error CT shows diffuse enlargement
		P: 1. Consider either ↑ IV insulin 14 cc/hr to ↓BS ↓acute
		2. ~~of~~ Continue obtain daily BUN/cr, Renal US ordered
		3. Assist Control continued
		4. Obtain EEG results this a.m. if not seizure focus D/C dilantin
		5. Obtain Pancreatic enzymes. [redacted]

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PHYSICIANS' PROGRESS NOTES

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DATE	TIME	NOTES
11/9/98	7 45 A	Pt & hx reviewed. 19yo ♂ c̄ hx of wt loss c̄ use of additives, was found down Sat 9 PM after being seen 3P last. No witnessed or historically noted seizure activity. He was hypotensive, no cardiac arrest.
		Neuro PE: Pupils 2.5 mm reactive
		Gaze conjugate - forward.
		Not following any commands
		Plantars bilat upgoing
		Diffusely flaccid.
		IMP: Encephalopathy
		Metabolic
		Hypoxic
		Doubt Seizures
		Plan: CT - reportedly - nl
		EEG - pending
		[redacted]
		PATIENT HAS BEEN SCREENED FOR NUTRITION RISK
		Current Risk Level: ✓ HIGH ____ LOW
		Date 11/9/98 Time 0810 By [redacted]
11/9/98 920 AM		SW 9/c Plu j. Reviewed notes. Social Services will follow. Patient's insurance [redacted]

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DATE	TIME	NOTES
		Renal note
11/9/98		Chest x-ray reviewed, Pt examined.
		Imp
		(1) - ARF.
		Cause not certain — could be 2° to
		(A) Acute Pancreatitis
		(B) Acute myoglobinuria
		(C) Hypotension
		(D) Volume depletion = Dehydration
		(E) Mi obstruction - etc
		(2) Dehydration
		(3) ↓ BP
		(4) Electrolyte imbalance. — c ↓ K^+
		↓ Phos
		↓ Ca
		Acidosis
		(5) - Acute Pancreatitis
		(6) - DM.
		(7) Mi Hepatitis
		(8) Obesity.

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DATE	TIME	NOTES
11/9/98		↑ Lesson →
		(1) – IV Dopamine
		(2). IV Lasix.
		(3) IV Diuril
		(4) – IV Phos
		(5) IV calcium, IV. K+.
		(6). Bu IV 5% Alb
		(7) V Lab – Ca, Phos 9 LH
		Lyte 9 LH.
		(8) – V [illegible]
		(9) V cx Q
		Discussed c̄ both parents &
		told them should need studies & possibility of
		dialysis & its complication like [illegible] c̄ [illegible],
		Death, infection, bleeding etc
		Discussed c̄ Dr [redacted]
[redacted]		will watch c̄ you.
		Outlook is guarded

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[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

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DATE	TIME	NOTES
11-9-98	12:20	Pulse Staff
		Has spontaneous movement
		- coughing ⊕
		on exam
		39°, 142, 25, 130/53.
		To Cyanosis
		To 1 & air
		PE-RRL
		To icterus
		Heart RRR
		Lung To Rhonchi
		To crackles
		Abd TBS - absent
		Ext To edema
		To swelling of rag
		Labs
		As documented above
		Noted - metabolic resp alkalosis
		Cr 3.8 K 3.1 Hct 29.1 Mt 55
		ionic Ca 2.32 acetone 1:2
		CXR pneumomediastinum
		in Δ
		Assessment
		1) Encephalopathy
		2) Dehydration - better
		3) DKA better
		4) Renal failure - worse
		urine output 0.15 ml/hr
		on lasix
		5) Rhabdomyolysis
		6) GI bleeding
		7) pancreatitis
		8) ↑ VFTS
		9) Pneumomediastinum

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PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		10) Hypokalemia
		11) Thrombocytopenia - ? infection
		12) Hypokalemia & sensitivity
		13) Fever - ? mediastinitis & pancreatitis
		Plan: 14) Aggressive phosphatemia
		1) Cont Vent support
		decrease ~~vent~~ VT to 650 ml
		ie 22.4
		2) Renal & neuro following
		3) Decrease IV fluids to match output
		4) Can d/c insulin infusion
		when HCO3 > 20
		5) G. Consult Dr. [redacted] group
		6) No esophageal perforation
		6) Replenish K.
		7) Follow platelets -
		Transfuse if < 50
		8) Flavor cultures
		9) calcium supplementation
		10) Replenish P.
		11) d/c NG put OG [redacted]
11/9	1400	Nutrition Services:
		19 yo male admitted c̄ DKA, comatose, myoglobemia
		& significant PMHx listed.
		* Per boommate + parents - taking wt loss pills called
		"Hydroxycut". Reports of amount of wt loss and
		time frame differ.
		Ht 73" Wt 102 kg IBW 83.6 kg ± 10%
		Pt is ~122% of IBW. Adj wt of 88.2 kg used for
		calculation

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PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/9		Nutrition: (continued)
		Diet - NPO
		labs — 11/8 Albumin 2.5
		11/9 BUN/Cret 45/3.8
		Glucose 225 to 422
		Pt's nutritional risks include:
		1) unknown diet hx — other than taking "pills" for wt loss.
		2) ↑ nutritional needs r/t present condition
		3) intubated — possibly requiring alt route of nutritional support.
		4) ↓ albumin —
		5) ↑ BS - requiring insulin drip.
		Estimated Nutritional Needs: 2300-3000 kcal
		82-100 g protein
		(.8-1.0 g protein per kg actual wt)
		RDA's for micronutrients.
		✗ Suggest starting nutritional support as medically appropriate.
		✗ Please ✓ Hgb A1C — to see if pt has hx of DM (undiagnosed).
		Continue to follow —
		[redacted]

[redacted]

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DATE	TIM[redacted]	
11/9		Addendum: FYI ->
		* Please see information attached in chart * 1/7
		herbals —— Ma Huang can cause
		hyperglycemia!
		Will continue to look for info on these ingredients
		—— [redacted]
11/9/98	1035p	Radiology Procedure note
		Limited Esophagram done thru NG ~ E optiray
		240 - No Esoph disruption seen up to level
		of Sterno Clavicular jts. Pt kept feet down
		~15° Thru procedure - ∅ entrance of contrast into
		lungs observed. Aspirated as much as possible
		& replaced NG into stomach. Called Report
		To DR [redacted] [redacted]
11/10/98	0703	Neuro:
		Some improvements in neuro exam
		~~[illegible]~~ has lost Babinski; withdrawing from
		pain; otherwise exam shows 2mm pupils
		c̄ ⊕ corneal Reflexes
		Metabolic encephalopathy; Sternal [redacted] - pt
		gumaces & pupils get 3mm [redacted] He
		was sleeping. [redacted]

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[redacted]SICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/10/98		GI
		[redacted] Records carefully Reviewed + pt. Examined –
		We are asked to see Re: GI Bleed + Pneumomediastinum –
		He is Responsive to pain c̄ facial grimace /
		Oral-gastric tube is draining a small amt of Bile – No
		Sign of Active GI Bleed – He also has oral Endotracheal tube
		+ (R) IJ catheter – No Evidence of Crepitus or air in neck
		Chest – Equal BS throughout
		OV – tachy c̄ Pulse ≈ 130
		ABD – Soft / Absent BS
		(LAB) ABG's on SO_2 = 30%
		HgB = 10.4 – Stable WBL = 8.6
		ALT = 2415 → 1998 AST 6067 → 304 ALB = 1.8
		Amylase 303 Lipase = 2496
		Note Radiology – Esophagram – No Evidence of Esophageal perforation
		Impression – COMA – Metabolic Encephalopathy / ? Ischemic
		Rhabdomyolysis – ARF – fairly good urine output
		Ischemic Hepatitis
		Pancreatitis – probably Ischemia
		Pneumomediastinum – No Evidence of Esophageal perforation
		No Clinical Sign of Mediastinitis
		UGI Bleed / No Evidence of Active Bleeding –
		Suspect Gastritis / stress ulcer –
		Plan – He seems to be improving c̄ present Support
		I can not Explain the Pneumomediastinum
		No Evidence of Esophageal perforation –
		Will need to follow CXR – Repeat CT of Chest + Abd
		Will discuss c̄ [redacted]

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[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		FP
11-20-98		Called by family to see [redacted] yesterday.
	0900	I have seen [redacted] in office 1 or 2 times in past for URI symptoms.
		PMH: obesity, lower back problems 2D to football injuries.
		Reviewed chart. Discussed c̄ brother [redacted] last night, and father this Am.
		will continue to interact c̄ family as needed. [redacted]

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[redacted]

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PHYSICIANS' PROGRESS NOTES

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3/5/99 GJH

DATE	TIME	NOTES
11/10/98		Renal
		Pt in quite sluggish.
		on Respirator. vital — ok. — c̄ BP pretty good
		No edema Puffiness ±
		Chest clear to ABP, no gallop
		No Rub. Abd soft & not tender —
		mildly distended
		Lab reviewed —
		cx R. clear
	Dul —	Remains in Renal failure.
		— Hc.3 ↓↓
		— K ↑ ok
		— ↓ Ptrs
		— ↓ Plelet
		— Fin stable looks ok
	Plan —	
		(1) Pt would need dialysis — but
		to ↓ Plelet = may need correction
		before [redacted]

000023

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Cont Recent
11/10/88		(2) Cont Dopamine
		(3) Cont IV Tanis drip
		(4) ~~Dr~~ recessed c̄ Dr [redacted] —
		She agree She would discuss c̄
		special procedure c̄ Dr Patsic group
		for perm or Tanis catheter.
		5) Dr recessed c̄ Patsy
		6) IV Jadahi arb
		order written

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000024

[redacted]

11/10/88	9:20	MED STUDENT NOTE DAY #3 in ICU Problem → DKA, Renal Insuff, Coma, Pneumomediastinum, Resp failure, Rhabdomyolysis, Hypophosphatemia Nursing → pt has decreased spontaneous eye movements and blinking with a loss of Babinski flair. Neuro → Glascow scale Eyes 1 verbal 1 Motor 4 = 6 Pt withdrawals from pressure applied to rail bed flexion / Pt grimaces on sternal rub w/ (B) flexion / Babinski loss ∅ flare noted Eyes 1mm w/ pupils slowly reactive

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	CONT	NOTES
11/10/ex			Card → CVP 11 PUP 21 HR 132 BP 146/76
			ø jaundice
			$S_1 S_2$ (N) tachycardia rhythm (N) ø m/ø g
			ø JVD.
			Pulm → Assist Control 12 Tv 800 peep 5
		metabolic acidosis	ABG 7.37/21/89/12/-12.4
			Resp fail w/ ø accessory muscle use
			abdominal breathing noted
		(R) upper lobe infiltrate on CXR	CTA (B) ø wheezes ø rales
			CT → 11/9 noted mediastinal air
			w/ atelectasis ✓
			GI → TPN D_5 .9NS c̄ 40Kcl
			soft, ND, ø BS present, percussion
			liver span ≈ 2-3 cm below costal margin
			CTabd → ~~mod~~ error Liver appears nonhomogenous
			with generalized fatty infiltrate
			Amylase 303 ↓ 11/9 Alk phos 116 —
			Lipase 2496 ↓ ALB 1.8 ✓
			ALT 1998 (↑) ebili .5
			AST 3254 (↑)
			Myoglobin 6340
			CK 19200
			GU → I 3441 134/112/45/274
			O 1062 3.5/(11)/3.8
			urin cult → (P) ULS → Unremarkable ✓
			Heme → 10.4 / 8.6 / 30.4 (49) RBC 3.47 ✓
			ID Tmax 39²
			current 38³ } will rpt cultures
			Sputum cult → (P)
			MEDS: Cavatate 1g NG q8
			Lovenox 30mg q12°
			Timentin 2g (IV) q6°
			Diural 500 mg (IV) q6°

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000025

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/10/98		CONT
		Afrin nasal
		Ativan ± 2mg q 1-2° IV
		Ca Gluc 2g IV prn <4.4 ✓
		Mg SO4 2g IV prn <2.0
		Na Phos 30mg IV prn <1.0
		A: 1. DKA blood sugars in 200's
ARF 2° rhabdomyolysis		2. Renal I-suff → Urine output ≈20-30/hr
~~metabolic acidosis~~		3. Resp failure → breathing on own overnight c̄ pneumonia on vent
metabolic encephalopathy.		4. Coma
		5. Pancreatitis
		6. Thrombocytopenia ✓
		P 1. TPN changed to 25% Dextrose w/
		6 meq/L Ca+ gluconate — 100 mmol/L Sodium Chloride
		3 mg/L Mg sulfate — 20 mmol/L Sodium Phosphate
		15 mg/L Pt chloride — 10 U/L Humulin
		30 mg/L Sodium acetate
		Consider since 25% dextrose ↑ Humulin
		2. Dialysis per nephrology
		3. Wedge pressure ≈20 consider ↓ in Intake ✓
		4. Continue to follow lytes and phosphate
		5. Follow platelets consider platelet transfusion if <20
		* ~~will give 6u random donor~~ [redacted] 11/10/98 platelet for dialysis catheter placement in radiology. ✓
		Will re culture c̄ recurrent temps. [redacted]
		will ↓ heparin ATB.
		PT/OT evaluation for ROM/splints.
		~~Discussed progress/prognosis c̄ family~~ [redacted] ~~guarded @ this time.~~

[redacted]

000026

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

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DATE	TIME	NOTES
11/10	1215	Nutrition Services:
		Above all noted —
		Pt to be started on PN of D25 + 5% AA c 60 cal.
		(c̄ 10 units Regular Insulin)
		Labs reviewed — Blood Sugar 232 - 294 ↑
		Albumin 1.8 ↓
		BUN/Creat 53/6.9 ↑
		Continue to follow.
		[redacted]
		Thanks [redacted]
11-10-98	12:50	Pulm Staff
		unresponsive to painful stimuli
		on exam
		386, 127, 20, 165/51 I 770
		c̄ cyanosis
		c̄ discharge from nose
		c̄ SR air
		Heart RRR
		lungs c̄ rhonchi
		crackles (+) B UL
[redacted]		Abd BS - very sluggish
		Ext c̄ edema
		calf - supple
		Labs as documented above in
		residents note
		limited esophagram study
		AXR - B UL infiltrate
		A ① metabolic encephalopathy

000027

[redacted] [redacted] →

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
21.10.98	12.55	Problem
		① Resp failure - metabolic acidosis
		- ? ASP pneumonia
		③ DKA
		④ Renal failure
		⑤ Rhabdomyolysis
		⑥ G.I. bleeding
		⑦ Pancreatitis
		⑧ ↑ LFTs - shock liver
		⑨ pneumomediastinum pancreatitis
		⑩ Fever - mediastinum vs asp pneumonia
		⑪ Electrolyte problem - ↓ K, Ca, P.
		~~⑫ Fever~~
		⑫ DIC
		Plan
		1) d/c enoxaparin
		2) Flush high SP cuff
		3) vent ve 17.7. PIP 37
		4) Fluid management pulse nephrotism
		5) CX - tracheal asp, urine, blood
		6) Await G.I. input
		7) Replenish K, P, Ca.
		8) Neuro, G.I., renal following - appreciate their input
		9) dialysis per renal.
		10) continue antibiotics
		D/W residents thanks [redacted]

000028

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11-10-98	6 PM	Interventional Radiology (I R)
		A ① IJ Ash split cath (32cm) is placed under US + fluoro guidance. [redacted]
11-10-98	11 00 P	RESPIRATORY CARE DEPT. DOCTOR Your [illegible] order will expire on 11-12-98 PLEASE REEVALUATE EFFICACY OF THERAPY. IF THERAPY IS TO BE CONTINUED, REORDER MUST INCLUDE TYPE OF THERAPY MEDICATION [redacted]
11/11/98	6 54	Neuro Deteriorating condition from yesterday Bilat lateral disconjugate gaze ← ∆ → Now has Babinski's again Decerebrate posturing Metabolic encephalopathy - evidence of [redacted] worsening edema [redacted]
11/11/98	7 30 A	Ext rotated eyes. [redacted] ma @ rest. Arousal 4 mos real time. No response to verbal commands. Plantar equivocal. Will try for CNS MRI Brain. [redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

D[redacted]		NOTES
11/11/98	8:15	G.I.
		No signs of GI Bleeding.
		abd is soft & BS
		CXR reviewed pneumomediastinum has resolved.
		AST ~400 / ALT ~900 ↓'d T Bili nl
		PT yesterday 13.5 sec - Hgb ↓ to 7.7 but
		bleeding from dialysis catheter site.
	Mr	① Pneumomediastinum - appears to have resolved
		no evidence of esophageal pathology
		suspect this was a minor complication of
		mechanical ventilation.
		② Hepatitis - likely ischemic. Some herbal
		compounds have been described to cause
		Hepatic failure but I do not see any
		of these listed on chart.
		AST / ALT are improving. PT stable.
11/11/98	0840	FP [redacted]
		Events of 11/10 reviewed.
		Neuro status appears some to worse[redacted]
		Discussed c̄ parents. [redacted]

000030

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE | TIME | NOTES

10/11/98

Renal

All on previous page noted

Not much Response

No edema, minimal puffiness.

Chest clear to ALP. c̄ occ Rhonch.

No gallop. No Rub

Abd soft ~~[illegible]~~, Rest as per other m

Lab reviewed, CXR no Pneumonia/CHF

Imp —

(1) Remains in Renal failure c̄ Sig. Azotemi

(2) ↓ Hr. 3

(3) Fluid status ok

(4) Bleeding from Perm catheter site better after putting sutures

Plan —

(1) To dialyse today

(2) D/C I v Diuretics

(3) D/C Foley

(4) Discussed c̄ House staff

000031

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/11/98	10AM	[redacted]

problems
(1) Metabolic acidosis
(2) Hyperglycemia 2° new onset DM
(3) ↓ Hb. 2° plt dysf(x) – port bleed.
(4) ARF 2° rhabdomyalis
(5) Coma
(6) panacreatitis [redacted]
(7) GI bleed –

Pulm: AC 12 Tv 800 PEEP5 30%
RR 18–22 7.36/29/125/16/-8.5
coarse BS to (R)UL, ↓ BS @ bases (B)
end expiratory wheezes.
MDI tx q 4°
C&R ∈ (R)UL infiltrate ET tube ok
CVS: S_1 and S_2 ∅M PA 29/19 PCWP 12
BP 125–150/60–70
Abd: NG drainage ↓ from 650 on 11/10 to 11/11
brownish discolaration, ↓ BS. soft
ID: cultures ∅ growth amylase 236/lipase 2924
temp 38.0 core
on Timentin BUN/Cr 70/8.9
GU: urine output ~20cc/hr on DA/Diuril/Lasix
Nutrition: on TPN
Endocrine: BS to 100's until insulin gtt D/C
during night. Insulin gtt restarted &
bolused x 2 c̄ BS in 500's. ∅ ketones
Heme: 7.7 / 7.6 / 21.8 / 55 PT 13.5 / INR 1.4
PTT 31.1
Lytes: 136 | 110 PO_4 3.3
4.4 | 18 Ca# 4.6
2 Amp $NaHCO_3$ given now
Neuro: discong. gaze (B) (eyes deviated) occassional
pupils 1 cm and fixed (over)

000032

[redacted]

[redacted]

HYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/11/98	10AM	posturing. Ø response to deep pain this AM
		A: ① New onset DM – continued hyperglycemia
		② Bleeding 2° dysf(x) plts
		③ Coma
		④ R/O infection ⑤ ARF 2° rhabdomyolysis
		P: ① transfuse plts
		② rebolus insulin / continue gtt
		③ renew TPN
		④ Begin dialysis today – remove foley
		⑤ reculture
		⑥ pancreatitis – HOLD TF. [redacted]
11.11.98	11:50	Pulm Staff
		Remains hemodynamically stable
		Receiving atrium & morphine sulfate
		on exam
		374, 152, 20, 121/48 WP10, PWP12
		to cyanosis
		to SG air
		DETRL
		to discharge from nose
		Heart RRR
		lung to shoulder to crackles
		Abd BS – absent
		Ext to calf swelling
		As data as documented in notes above
		CXR ⊗ UL infiltrate
		Tracheal tube tip not clear
		Assessment:
		1) metabolic encephalopathy

000033

[redacted] → [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		2) DKA - better
		sugar still high
		3) Renal failure
		4) Rhabdomyolysis
		5) GC bleeding - [illegible]
		6) pancreatitis
		7) ↑LFTs
		8) DIC
		9) fever - better
		- sinusitis vs pancreatitis
		vs pneumonia
		10) Electrolyte problem
		Plan
		1) dialysis per nephrology
		2) TPT as recommended by nephrology
		3) adjust insulin
		4) transfuse 3 units PRBC
		5) transfuse platelets 6 units
		6) GC following
		7) GPC mgs & carafate [redacted]
		8) Zantac 50mg IV Qd
		- will follow platelets

[redacted]

[redacted]

[redacted]

[redacted]SICIANS' PROGRESS NOTES

DATE	[redacted]
14/11/98	Renal Hemodialysis: For
	BRF c̄ marked Azotemia
	Being dialysed c̄ F6.
	Na 145 Hco3
	3 ok, 3
	on citrate.
	BFR - 200 cc.
	Chest clear. no gallop
	N. Rub
	Abd soft
	Lab & order recurred.
	Plan to do for 3 Hrs
H	Some bleeding thru site & Tasi catheter
H	Bp up & down -
	Not to take any w/ [redacted]

000035

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/11/98 Recent. Hemiplegia --

continue to Rem well

BP up & down — 166 — 108

Chest clear

- Bleeding around catheter site in

1st hour c̄ of gel foam.

Discussed c̄ both Parents

will watch [redacted]

[redacted]

11/12/98 0658 Neuro

Improvement from yesterday

& posturing

only has (L) Babinski;

but still has lateral Bilateral Dysconjugate gaze

MRI today @ 0900

[redacted]

000036

11-12-98 0718 F.P.

No improvement in neuro status. Pupils small

+ reactive. Gaze remains disconjugate; both

eyes deviated laterally.

Discussed c̄ brother. [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	NOTES
11/12/98	GI All above noted. He has had no evidence of gross GIB. His NG is productive of bilious drainage. Ø BM. He had much bleeding @ catheter site which was likely source of ↓ Hgb. Received 3 units PRBCs yesterday. To receive another today. T 38 Ptachy NG - bile cardiac tachy lungs CTA anteriorly abd soft, ↓BS but present hctn 8.5 / 8.7 / 79K AST/ALT 104/419 (↓), bili. 3 lipase 2253 (↓) Hepatitis / pancreatitis - all likely 2° ischemic injury. These #s are declining ↓Hgb - appears to be from non-GI sources. Please call us if we may assist in future.

[redacted]

000037

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

D[redacted] NOTES

11/12/98 7:50 MED STUDENT NOTE

DAY #5 ICU

Problem → DKA, Renal Insuff, Coma, Pneumonia 2° to vent, Rhabdomyolysis, Pancreatitis, Hyperglycemia 2° to DM

Nurse → Pt noted to be suctioned thick brown/tan secretions from (L)ung. Also noted disconjugate gaze.

Neuro → Glascow scale Eyes 1 Verbal 1 Motor 4
Pt withdrawals from pain arms (B)
(B) Babinski (+) toes upgoing
Eyes ≈ 1-2mm slowly reactive to light

Card → CVP 11 PCWP 13 HR 112 BP 135/75
$S_1 S_2$ (N) tachycardia ∅m/∅g
Cap refill < 2s

Pulm → Assist 12 Tv 800 peep 5
ABG 7.40/35/118/21/2.8
congestion noted (R) lower lobe anterior
(+) rales (R); ∅ wheezes
CXR 1/4" Atelectasis in filtrates in (R) upper lobe
+ (L) infrahilar nodules worse since previous

GI → TPN D_5 .9NS ≈ 40kcl
Soft, ND, ∅BS noted
Amylase 242 Alk phos 115
Lipase 2253 ALB 1.5
ALT 419 t bili 0.3
AST 104
Myo 1141
CK 764

GU → I 4361 141 | 111 | 56 (Ion) Ca# 4.52
O 353 3.1 | 24 | 7.3 ↑ since 11/10 Phos 3.7 Mg 2.1

Urine C 11/8 ∅ growth Final
11/10 ∅ growth Final

000038

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

[redacted]

DATE	TIME	NOTES
11/12/98		cont
		HEME → 8.7 / 79 ↓Hg
		8.5 / 24.6
		64N/17L/16M
		ID → Tmax 38°
		current 37°
		Sputum C 11/10 → light Staph A. (Pending)
		Blood C 11/10 → gram (+) cocci clusters (P)
		MEDS. Cefafate 1g (NG) q8
		Timentin 2g (IV) q18°
		Zosyn 2.25g
		Pepcid 20mg (IV) q12° + 10mg (IV) qd
		Estrogen 60mg
		Avivan 2-4mg q1-2°
		Afrin nasal
		A: 1. Metabolic Encephalopathy
		2. Renal Insuff
		3. Pneumonia 2° to vent
		4. Pancreatitis
		5. Anemia ↓Hg
		P: 1. MRI this a.m.
		2. Follow per Nephrology
		3. Consider Aspiration pneumonia since (R) upper lobe infiltrate
		4. Follow enzymes pancreas
		5. Pt received 2U PRBC's continue to follow H/H

[redacted]

11/12/98

[redacted]

000039

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	Pulm Staff NOTES
11.12.98	08:50	
		S. Responds to name @ times
		withdraws all extremities to pain
		on exam
		T 37°, 118, 18, 152/80 I >>0
		SG data — early sepsis vs anemia
		ō cyanosis
		ō sinus tenderness
		ō SQ air
		Heart MSL
		lungs ō rhonchi
		ō crackles
		Abd ō BS
		Ext ō edema
		calf supple
		Labs.
		ATBG on 30% - 7.40/35/118/21
		cr 7.3, K 3.1, Hct 24.6 Pt 79
		CXR - unchanged.
		Staph aureus MSSA
		A ① metabolic encephalopathy
		② Sepsis vs anemia causing
		high output
		③ Pneumonia ⓡ UL
		④ DKA - resolved
		⑤ Renal failure - on dialysis
		⑥ Rhabdomyolysis - better
		⑦ GI bleeding - GI doesn't think so
		need to see if hemolysis
		causing ↓ Hct - unlikely as LDH ↓
		S. bilirubin are ⓝ
		retroperitoneal hemorrhage
		possible as pt has pancreatitis
		⑧ PCFTs - better

000040

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
		(8) BK
		(9) Fever better
		St. amours MS - in sputum
		continue Zosyn
		10) pancreatitis - better
		11) Hypokalemia
		Plan.
		1) MRI brain today
		2) Realyn today
		3) CT abd & pelvis - look for retroperitoneal
		bleed as pt has pancreatitis
		4) continue Zosyn or can switch
		to vancillin - dose per pharmacy
		for renal failure
		5) follow serum ca.
		6) Replenish K
		7) maintain Hct ≃ 30.

[redacted]

000041

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/12/98		Renal
		All on previous page noted
		Pt responds c̄ deep stimuli (c̄ grimaces)
		vital stable. — No edema on legs.
		Chest clear to A&P.
		N. gallop. N. Rub
		Abd. mildly distended
		Rest as per other MD
		Lab reviewed —
		CxR — no clear
	Dump	— Renal function — Remains in Renal failure
		— ↓ K+
		— 4 Bicycle K-pose.
		— 4 bugs
	Plan	— Cont TPN
		— To dialysis today
		— Discussed c̄ Dr [redacted]

000042

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/12/98	0930	[redacted]

PRS: (1) Hyperglycemia
(2) Metabolic encephalopathy
(3) ARF 2° rhabdomyolysis
(4) Bleeding 2° uremia

Pulm: AC 12 TV 800 PEEP 5 FiO2 30%
7.4/35/118/21/-2.8
BS improved on (R), few end-expiratory wheezes. CXR - unchanged

CVS: HR 110 BP 150-170/80's
PA 24/20 CVP 11 PCWP-13
S1 and S2 ⊕M

Abd: soft, no bowel sounds
amylase / lipase 242/2253

GU: 200 cc urine serum myoglobin ↓ to 1141
141 | 111 | 56
3.1 | 24 | 7.6

Endo: sugars 200's gtt @ 18u/hr currently

Heme: 8.5 | 8.7 | 24.6 | 79

ID: on Timentin. Cultures ⊕ growth

Neuro: more responsive.
for MRI / LP today

A: New onset DM
ARF
metabolic encephalopathy
uremic platelet dysf (?)

P: transfuse prbc to keep HCT > 30

(over)

000043

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

[redacted]

DATE	TIME	NOTES
11/12/98		(2) ~~keep~~ transfuse plts on dialysis 1° to LP
		(3) CT Abd R/O bleed
		(4) D/C Swan / place triple lumen
		(5) Dialysis today.
		(6) Continue 30 syn. [redacted]
11/12	1325 ~~1225~~ [redacted]	Nutrition Services:
		Above all noted —
		Pt continues to receive PN of D25 + 5% AA.
		Rate to be ↑ to 75 cc/° c̄ next bag.
		Labs reviewed — Albumin 1.5
		Glucose 213, 106
		Renal Caloric/Protein Count completed in Front of Phys. Progress. Notes.
		Will continue to follow.
		[redacted]

000044

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
11/12/98		Renal Hydrolyte in IV
		with I
		Fo dialyse
		135 Na 1 Hrs 3
		4 ok. 0 Ca
		on citrate because of bleeding
		BFR 200 cc
		BP - 160 -
		Tolerating well
		Recovering well
		No edema, Dmu puffiness
		Chest clear
		N. gravity
		Bed mild dilated
		Plan to do for 3½ hrs
		+ watch

000045

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/12/98		Neural Isolation —
		Continue to Rear wall
		Vital ok
		NSR
		Plan to take off 0-2 hrs
		& watch closely
		[redacted]
11/12/98 3:10 PM		S.W. D/C Plan: Phone call from Patient's insurance co. — [redacted] would like [redacted] to evaluate Patient for future rehab admission. Stated — "[redacted] likes to get involved early in Patient's care." [redacted]
11/13/98	0656	Neuro
		improving Mental Status; opening eyes to verbal commands weakly; Father says he is squeezing hand to command.
		He has much more purposeful Mov't
		C Babinski
		MRI Showed: (L) Hippo Compl infarct
		Bilat globus pallidi - Saponification
		[redacted] from free Radicals [redacted]

000046

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
11/13/98	7 30 A	Gaze yet dysconjugate Concern for hypoxic cerebral injury is higher. Will repeat EEG to stage. MRI consistent c̄ hypoxic injury.
11-13-98	0820	F.P. Opened eyes to command. Squeezes c̄. Ⓛ hand. Moves toes on both Feet (Ⓛ > Ⓡ) to command. Discussed c̄ Father. Dr [redacted] will cover for me this weekend.
11/13/98		Recal: Pt is conscious alert & Responds to questions, on Respiratory No edema, no not fever Chest clear No gallop No Rot Abd. soft Running low grade fever - Rest as per otr no CUP nil

000047

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/13/98

Imp -

- Renal function -

- Remains in Renal failure but

urine output is better --

- Lyte ok - c̄ K+ 3.6

- Vol. status ok

- (+) BC

Plan - (1). - Hold dialysis today

(2) I v Dopamine for Renal perfusion

(3). Replace K+

(4) Cont TPN.

(5) V Lab

(6) V CXR

Will watch closely.

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11-13-98		[redacted]
		This pt is an 18 yo ♂ who was on a crash diet loosing 50 lbs in prev 3mo using Hydroxy-cut (Ephedrine, caffeine, and ibu Profen.) And was found on the floor unconscious 11-7-98 & taken to [redacted] The pt was found to have ph 7.08, Anglase 765 mgb - 5834 The pt was transferred to [redacted] and found to have acute pancreatitis, DKA metabolic acidosis hepatitis Rhabdomyalysis and Subsequent GI Bleed + Renal failure MRIs Showed (L) Hippocampal infect per report.
		PE 18 yo ♂ in NAD opens eyes when loudly call his name. He responded to nurse who asked to wiggle toes but not to me.
		Ram UE + LE NML
		(L) Elbow edematus w/ Biceps ecchymosis
		Imp - Severe Cognitive Defects 2° to Brain Inj. w/ improving Renal failure + hepatitis etc.
		Plc - (1) Recommend Renally adjusting all meds including Amantidine ✓ w/ Renal Dose
		Recommend Establishing sleep/wake Cycle w/ Nighttime sleeper
		(2) Place indwelling catheter if PVR > 100cc.
		(2) Put on Bowel PGM Colace Senna + Dulcolox.
		(3) DVT Prophylaxis not apparent + one may consider Doppler.
		(4) Tape indwelling Cath to Abd to avoid traction inj
		(5) Get up OOB to therapy
		(6) Consult speech for Swallow + Cog Eval.
		(7) Turn q 2° while in Bed to avoid decubitus.
		[redacted] (8) At this time pt is Low level for [redacted] Acute Relab and one must consider Alternative plan if he doesn't wake up - SUBAcute Rehab [redacted]

000049

I will follow

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/13	12:00	Perlm –
		Seen c̄ housestaff. Findings
		confirmed. ↑HR 130's on renal dopamine
		Dos each adequate
		Urine output # 500cc yest – HD on
		hold. Appreciate PMR help –
		Plan 1) ΔSIMV-PSV ? weaning –
		2) Cont support [redacted]
11/13/98 2:30 PM		SW D/C Plan ℥. Visit c̄ [redacted]. Informed
		Lev Social Services will be work with
		family for future needs. Provided [redacted]
		phone numbers ([redacted]
		Spoke c̄ [redacted] – if patient needs subacute
		before rehab – would like patient to go to
		[redacted] or [redacted]
11/13	1525	Nutrition Services
		Above all noted –
		Pt continues to receive PN of D25 + 5% AA.
		Summary of Support of 11/12 on flow sheet.
		Glucose 101-195 (Better Control!)
		Can we consider starting enteral support soon?
		[redacted] → [redacted]

000050

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/13/93 4 pm		Med [redacted] Inter [redacted]
		24° events
		(+) BCx x2 both coag (-) staph
		Continued fever spikes
		Urine O/P ↑ (30-50 cc/hr), diuretics held
		↑ responsiveness
		[redacted] Consult
		Pulm: SIMV 8, 800 cc, Peep 5 35% RR 18
		Weaning in progress
		ABG 0400 7.45 38 101 (AC 12 30%)
		CXR:
		CV: CVP 10 130s-150s/50s-90s 115-145
		HRRR Sinus tach on monitor
		Abd/GI: S/ ↑ distension w/ bowel sounds
		∅ mass ∅ fluid wave
		Amy 142 Lip 614
		Ast 103 ALT 260 ALP 160
		GU/Fluids/Lytes:
		Urine O/P 30-50 cc/hr IVF ≈ 100 cc/hr
		143 109 45 Acetone (-) (incl TPN)
		4.2 29 6.2 Io Ca 4.68 Mgo 1200-1500
		Mg 2.1 Phos 3.5 CPK 441
		Endo RBS 130s-160s Insulin 8 u/hr
		Heme H/H 10.3/29.9 Plt 119
		1 UPRBC yest, 6 u FFP
		ID: WBC 9.9 Cont Fevers
		? central fever vs pancreatitis vs infectious
		(+) BCx Rx'd Vanco 1gm yest
		Cont Rosyn
		Neuro: ↑ LOC (+) grip to command (L) moving ext x4, PERRL
		unofficial MRI results noted ((L) hippocampal, B/L GP infarct)
		A/P DKA/new onset DM requiring less insulin
		ARF - improved, now oliguric o/p
		Rhabdomyolysis - still ↑ myoglobin

[redacted]

000051

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

Med [redacted]
(Cont)

11/13/98

Thrombocytopenia 2° uremia - improved p̄ transfusion
Metabolic encephalopathy/infarcts - MS ↑
Hepatitis - improving by enzymes
Pancreatitis - improved by [redacted]
Anemia - stable p̄ transfusion

Plan: Vent weaning per pulmonary orders
continue insulin gtt, TPN
continue to repeate electrolytes
dialysis as needed
Transfusion [redacted] as needed
continue Zosyn ([redacted])

[redacted]

4/14/98 0712

Neuro
improving slowly; following commands yesterday
Nodding; LUE > RUE
Ø / not doing this for me

Metabolic encephalopathy - impro[redacted]

[redacted]

11/14/98 7:15am

FP (Covering for Dr. [redacted]
Above noted. Per nurse, [redacted] can move all extremities a little, but not currently doing this on command. (Wiggled hands & feet a little spontaneously in my presence.) Lungs CTA ant. Heart RRR. Management per specialists. Family not currently @ bedside. I am very cautious as degree of response [redacted]
to commands reported [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
(Φ) 14/98	0900	Med [redacted]
		[redacted]
		1. New onset DM controlled on insulin gtt
		2. ARF 2° rhabdomyolysis
		3. Metabolic encephalopathy c̄ hypoxic injury
		4. Pancreatitis
		5. Recurrent fever
		6. resolved uremic bleeding
		Pulm: 7.39/40/62/24/0.5
		SIMV 800 TV Rate 8 - spont. 20 PEEP 5
		CXR c̄ (R) UL c̄ ~~[illegible]~~ infiltrate
		CT scan shows (B) pleural effusion
		↓ BS @ bases (B), coarse BS in (R) UL, Φ wheezing tod.
		CVS: S_1 and S_2 ΦM CVP 10 P 119-124
		BP 130-150/70-80
		Abd: NG drainage ~500, few BS
		hard stool in vault
		amylase / lipase ~ same 176/650
		AST / ALT 89/202
		protein 2.1
		Heme: 10.6 \ 10.2 / 29.0 \ 118
		ID: continues to be febrile
		2 separate cultures coag ⊖ staph
		vanco given 11/12 x1 dose
		Zosyn since admission
		pancreatitis vs. anaerobic pneumonia c̄ aspiration vs.
		central fever 2° hypoxic event
		Gll: I/O 2426/1286 on DA 3mg/kg/min
		142/110/64
		4.3/23/8.1
		Endo: BS ↓ to 45 when TPN line D/C from triple
		lumen. BS running 100-150 c̄ insulin
		gtt.

000053

(over)

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/14/98		II
10:40 AM		Unfortunate 19 yo Hispanic
		male taking OTC diet supplement
		to lose wt - found in dorm room
		by roomate 11/7-11/8 c̄ severe
		anoxic, high BS, vomited blood - unresponsive
		transferred in intubated on the
		vent, evidence anoxic brain injury -
		? infarct on MRI, pancreatitis
		high LFT's, muscle breakdown
		renal failure initial pneumonia - [illegible] req. dialysis now
		high fever since admission 5
		positive sign. cxs. On [redacted] /
		[redacted] & still febrile & asked
		to see. On exam -
		somewhat more resp. today
		No nasal drainage, small amt
		tan secretion. Sine ~~[illegible]~~ sete
		OK. Abd soft, no stools -
		Urine clear. No skin lesions
		neck supple.
		1/2 BC 11/4 & 1/2 11/10 BC c̄ CNS
		BC 11/12 neg.
		No other (+) cxs.
		WBC nl.
		Suspect fever 2° massive tissue
		injuries - muscle, liver, pancreas
		and may also in part be
		central 2° CNS inj.
		Well SC Rh, recultures &
		observe carefully for [redacted]
		infection

000054

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/14/98		Neuro: responds to name and simple commands more responsive yesterday
		A: See pb list
		P: (1) Continue TPN + insulin gtt
		(2) Hold enteral feeds until amylase/lipase NL
		(3) Wean vent
		(4) support agitation
		(5) ID consult for recurrent fevers
		(6) dialysis per Renal
		(7) Pul corax supp today.
11/14/98	930A	Pulm / Cr. Lid Cm [redacted]
		✓ new Δs
		on HD now
		Tm 102.9 130's / 70's 120's 94% 2426/1286 500cc wine
		vent IMV 8 (18) Set TV 800 Spont TV 600's Ps 10 Fio 35% Pisp 5
		7.39 / 90 / 62 (24)
		Lng Clear (A)
		Cor SS2
		ABD Soft
		Ext Warm +1 Edema
		Lab. 142 / 110 / 64 10.6 / 10.2 / 118 Amyl 176
		4.3 / 23 / 8.1 29.0 Lip 650
		Mg 1429
		Cxl. bilateral Δ

000055 →

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
11/14/98		Pulmonary
		Pulm SD - Breathing well over vent PO_2 slightly ↓
		Although Breathing on own c̄ Spot
		TVs in 600's
		Will likely need Vent
		Hem - Stable
		Renal Oliguric ATN 2° to Rhabdo.
		getting HD ~ QOD cyclic Stable
		Nutrition - on TPN - Has Pancreatitis
		sugars controlled c̄ insulin cutts
		ID - Temps - Cultures ⊖ this for
		exhausting ID input
		Plan
		(1) Continue HD ([redacted] off today)
		(2) ID for Temps [redacted]
		(3) Back to AC

[redacted]

000056

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/12/08		Removal Hemodialysis for
		ARF in Marked Hyperkalemia.
		Being dialyzed w/ I
		F 6 dialyzer
		145 mg, Hc 3
		30 K, 3.0 Ca
		BGR - 300 cc.
		Running well
		Integrity well
		Chest to Rale & Rhonchi, no gross fr
		Mud soft - ,
		Rest as [redacted] m D
	- Plan	
		To dialyze for 4 hrs —
		& watch closely

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/14	1498	Neuro. Headdyn. —
		Contrac to Rea mean
		BP up & down
		- Occ Rale
		LGh reversed.
		Plan — to take off 2-4 hrs - &
		watch c̄ yes
		Dressed. easier c̄ Dr [redacted]
		Dressed c̄ [redacted]
		[redacted]
11/14	1 30 p	Pulm -
		Seen c̄ Dr [redacted]
		Yest was responsive. - followed
		simple commands @ RN.
		Lungs - clear out -
		Did not SIMV/PSV
		FiO_2 - 35%
		Plan 1) Cont A/C
		2) Cont dialysis -
		3) May need track / G tube
		if no progress soon
		[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/15/98	600A	Neuro -
		Nurse reports pt opens eye to verbal stimuli. Squeeze hand
		on (L) side. Able to move (L) hand.
		Neuro Exam - pupils 3mm → 2mm BRL
		Opens eyes on calling his name
		Squeeze nurse's hand (L) side
		Babinski ↑↑ BRL
		Some improvement
		[redacted]
11/15/98	8:30	Clearly awake, eye con[redacted] following
		commands c̄ bilateral hand grasps
		& toe wiggles. Marked improvement,
		consistent c̄ hypoxic encephalopathy
		in resolution.
		[redacted]
11/15/98	9:45	MED STUDENT NOTE[redacted]
		DAY #8 ICU
		Problem → Encephalopathy, Renal Insuff, diabetes,
		pancreatitis
		Nurse → pt has ↑ spontaneous movements legs
		and arms and squeezes hands on commands
		and moves eyes toward voice. Pt oozing
		at ~~sight~~ site of dialysis catheter
		Neuro → Pt moves arms & legs spontaneously
		Eyes localize to voice and squeezes hand
		and wiggles toes on command
		(B) Babinski toes upgoing ↑↑
		~~Eyes~~ Pupils briskly reactive to light 3 → 1 mm
		Pt withdrawals from pain
		Card → CVP 12 HR 106 BP 158/88
		Tachycardia S1 S2 (N) ∅m/∅g
		Pulm → Assist 8 Tv 800 peep 5
		ABG 7.44/37/88/25/+1.0

000059

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/15/98	945	CONT
		Breath sounds congested w/ bronchial breath sounds
		on (R) anteriorly
		CXR → 11/14 (R) upper lobe consolidation
		GI → TPN 80 D_5 .9NS c̄ 40 KCl
		Soft ND (+) BS
		~~Am~~ error [redacted] AST 50
		ALT 125
		ALB 2.0
		t bili 0.4
		GU → I 2507
		O 2057 ≈ 40-50 cc/hr urine
		140 / 108 / 49 < 129
		4.4 / 24 / 6.3
		Ionic Ca 4.8
		Ca 8.3
		Phos 3.0
		Mg 1.7
		Heme → 9.5 / 11.7 / 118 / 27.4
		RBC 3.13
		PT/PTT → 31.1/13.5
		ID → Tmax 38.6
		now 37.7
		11/12 Blood C ∅ growth (P)
		11/12 Sputum C Lt Stap A
		11/14 Gram mod WBC; Few epi cells, ∅ bacteria
		11/14 Sputum C ∅ growth (P)
		Meds → Cerafate 1g (NG) q 8°
		Pepcid 10 mg (IV) qd
		Primaxin 66.67 ml/hr (IV) 5/5
		Ativan 2-4 mg q 12°
		Dulcolax 10 mg pr
		A: 1. Metabolic Encephalopathy
		2. Renal Insuff
		3. Pneumonia 2° to vent
		4. Pancreatitis
		5. Anemia → H/H (9.5)/27.4

000060

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

		NOTES
11/15/98	945	P: 1. 11/13 MRI → infarct Hippocampus (L)
		2. good urine output consider ↓ dopamine
		3. Follow ~~Amylase~~ LFT's
		4. Follow H/H and if drop transfuse [redacted]
		Intern
		Pt. having ↑ in purposeful movements
		On Renal Dose dopamine good UO
		2U/° Insulin drip will give NPH in A.M.
		Mg 1.7 – can add to TPN
		~~May cost~~ Will discuss C team
		[redacted]
11/15	1125	Nutrition Services:
		Above all noted –
		Continues on PN of D25 + 5% AA. Rate ↑ to 80 ml/°.
		Summary of Support on flow chart.
		Labs reviewed – Albumin 2.0
		Glucose 127 – 182
		⊕ BM & Dulcolax on 11/14.
		* Please ✓ prealbumin level.
		* Can we add 10% ZL 2-3 x/wk?
		Hopefully can transition to TF's in next few days!
		[redacted]

000061

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
	11/15/98	ID
	11:45 AM	Temp ↓. Off Ab
		White Et secretions More alert
		Line site OK No drainage
		Urine Clear
		BC neg
		VIA benign
		Sp Gram stain 5 ug.
		(Col in resp tree + MISA)
		LFT's better
		Observe off Ab [redacted]

000062

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/16/98	11:15	MED STUDENT NOTE
		Day #9 ICU
		Problem → Metabolic Encephalopathy, Renal Insuff, diabetes, pancreatitis
		Nurse → Pt has not changed since yesterday still follows commands (squeeze hand) and spontaneous movements.
		Neuro → Spontaneous movement of all 4 extremities
		∅ flexion of feet noted
		Eyes localize to voice
		Squeezes hand and wiggles toes on command
		Pupils briskly reactive to light (B) 3-1 mm
		Pt follows light to left ∅ right ∅ up ∅ down
		∅ disconjugate gaze
		Card → CVP 13 HR 102 BP 142/76
		Tachycardia $S_1 S_2$ (N) ∅m/∅g
		Pulm → Assist 8 Tv 800 ps/ps
		ABG 7.42/35/83/23/-1.3
		crackles anterior (B)
		CXR → 11/16 persistent consolidation in Rt upper lobe ? inflam process
		GI → TPN @ 75/hr
		soft ND, (+) BS
		AST 41
		ALT 80 ↓ 11/15 → 125
		ALB 2.0
		tbili 0.5
		Amylase ~~1064~~ error [redacted] 221
		Lipase 864
		Myoglobin 1064
		GU → I 3206
		O 3100 ≈ 100 cc/1° (urine)
		139/108/77 225
		4.3/21/8.1
		Ionic Ca+ 4.72
		Ca++ 8.1
		Phos 4.6
		Mg 2.5
		Heme → ↓ 9.5 11/15
		~~8.5~~
		~~12.7 12.7~~
		~~24.3~~

000063

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/16/98	11:15	CONT
		ID Tmax 38²
		11/12 Blood Cult ∅ growth 4 day (P)
		11/14 Sputum C. Lt staph A (P)
		11/14 Blood Cult. (X3) ∅ growth 2 days (P)
		11/14 Sputum C ∅ growth
		MEDS → D/C insulin (IV)
		1. NPH 40U sq
		2. ↓ Dopamine 2 mcg/h (IV)
		A: 1. Metabolic Encephalopathy
		2. Renal Insuff
		3. Rt upper lobe consolidation
		4. Pancreatitis — worse today
		5. Anemia (8.5 Hg)
		P: 1. Mental status improving
		2. Dialysis This p.m.
		3. Continue CXR daily and consider bronch lavage. Continue Assist 8
		4. Follow Amylase Lipase consider CT abdomen couple days look for pseudocyst 2° to inflammation
		5. Transfuse 2 PRBC's today
		6. D/C insulin qti & start regular dose NPH c SS coverage.

6. new onset [redacted]

[redacted]

agree will try enteral feeding if amylase/lipase improve

[redacted]

000064

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/5/98		Renal
		All on previous page noted
		Pt is alert, conscious & responds to
		questions. No edema
		Chest clear to ABP. No gallop. No Rub.
		Bowel soft. Rest as per other MD
		Labs reviewed.
		Imp -- Renal function. ~~[illegible]~~ - good urine output
		& [illegible] has + BUN/Cr ratio
		Lyte ok
		Vol. status good, - c̄ CVP ~10.
		Plan - (1) Cont Dopamine
		(2). Cont TPN - By TID - agree to give intratip.
		(3) - V Labs
		(4) V & R -
		Discussed c̄ both Parents

000065

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
11/15	2:30 p	Pulm Seen c̄ housestaff. Findings confirmed. V_E still 14-15 lpm - precludes weaning RVL infiltr c̄ volume loss? atelect Seems to respond to family Lungs - scattered rhonchi - ph-7.44 pCO_2-37 pO_2-88 30% . Lytes OK - Cont vent support - Consider bronch (therapeutic) discussed c̄ family [redacted]
11/15/98	5:50 p	EP Above noted. Dr. [redacted] will be back tomorrow. [redacted]
11-15-98	7:30 p	RESPIRATORY CARE DEPT. DOCTOR Your MDI order will expire on 11-17-98 PLEASE REEVALUATE EFFICACY OF THERAPY. IF THERAPY IS TO BE CONTINUED, REORDER MUST INCLUDE TYPE OF THERAPY, MEDICATION, DOSAGE AND FREQUENCY [redacted] Thank you Resp Care [redacted]
11/16/98	0700	Neuro awake following commands; motor 5+ - Metabolic encephalopathy improving - ③ Hippocampal Infarct c̄ v. impressive improvements [redacted]

000066

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11-16-98	0745	F.P.
		Mental status about the same as described over the weekend. Agree c̄ plans for trach. Discussed c̄ family [redacted]
11/16/98		ID:
		Low grade temp - overall better
		Line site c̄ some hematoma
		No nasal drainage
		Small and [illegible] ETT
		With RUL process branch not
		a bad idea to R/O aspirated
		foreign body. No drainage
		Bad soft, [illegible] clear.
		WBC stable
		Observe off [illegible]. [redacted]
11/16/98	9:00	Renal Extern
		- Sedated at this time, so not responsive
		- 38.2 117 14 152/70
		Lungs - CTA (B)
		CVS - Tachycardia rate 117 regular, no murmur
		GI - Soft, NT, (-) BS
		extremities - No c/c/e
		139 | 108 | 77 12.7 > 8.5 / 24.3 < 127 Ca^{+2} ion - 4.72
		4.3 | 21 | 8.1 Mg^{+2} - 2.5
		CXR - RUL Pneumonia, no change Phos - 4.6
		A/P - 1) ARF - creatinine ↑ 8.1
		2) ↓ Mg^{+2} + Phos in TPN, ↑ Na^{+2} in TPN
		3) Continue dialysis, CXR - no change
		4) D/W Attending [redacted]

000067

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
	11/16/98	Nephrology
		> In retrospect, a number of presenting features could be attributed to critical hypophosphatemia. D/W Dr [redacted] and house staff
		> Patient's general condition is unchanged. Vitals stable Febrile c̄ mild tachycardia I/O balanced
		CV ↑ to 8.1
		Plan - Hemodialysis tod
		- Continue TPN. [redacted]

000068

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/16/98	11:15	MED STUDENT NOTE
		Day #9 ICU
		Problem → Metabolic Encephalopathy, Renal Insuff, diabetes, pancreatitis
		Nurse → Pt has not changed since yesterday still follows commands (squeeze hand) and spontaneous movements.
		Neuro → Spontaneous movement of all 4 extremities ø flexion of feet noted Eyes localize to voice Squeezes hand and wiggles toes on command Pupils briskly reactive to light (B) 3-1 mm Pt follows light to left ø right ø up ø down ø disconjugate gaze
		Card → CVP 13 HR 102 BP 142/76 Tachycardic S1S2 (N) ø m/rg
		Pulm → Assist 8 Tv 800 FiO2 .5 ABG 7.42/35/83/23/-1.3 crackles anterior (B) CXR → 11/14 persistent consolidation in Rt upper lobe ? infiltrate process
		GI → TPN @ 75/hr soft ND, (+) BS AST 41 ALT 80 ↓ 11/15 → 125 ALB 2.0 tbili 0.5
		Amylase ~~1064~~ error 221 Lipase 864 Myoglobin 1064
		GU → I 3206 O 3100 ≈ 100 cc/hr (urine)
		139/108/77/225 4.3/21/8.1
		Ionic Ca^{+} 4.72 Ca^{+} 8.1 Phos 4.6 Mg 2.5
		Heme → 12.7 / 8.5 / 24.3 / 127 ↓ 9.5 11/15

000069

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	CONT NOTES
11/16/95	11:15	ID Tmax 38²
		11/12 Blood Cult ∅ growth 4 day (P)
		11/14 Sputum C. Lt staph A (P)
		11/14 Blood Cult. (X3) ∅ growth 2 days (P)
		11/14 Sputum C ∅ growth
		MEDS → D/C insulin (IV)
		1. NPH 40U sq
		2. ↓ Dopamine 2 mcg/h (IV)
		A: 1. Metabolic Encephalopathy
		2. Renal Insuff
		3. Rtupp lobe consolidation
		4. Pancreatitis — worse today
		5. Anemia (8.5 Hg)
		P: 1. Mental status improving
		2. Dialysis This p.m.
		3. Continue CXR daily and consider bronch lavage. Continue Assist 8
		4. Follow Amylase Lipase consider CT abdomen couple days look for pseudocyst 2° to inflammation
		5. Transfuse 2 PRBC's today
		6. D/C insulin gtt & start regular dose NPH c SS coverage.

6. new onset [redacted]

[redacted]

agree will try enteral feeding if amylase/lipase improve

[redacted]

000070

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/16/93	1150	Nutrition Services:
		Above all noted –
		It is receiving D25 + 5% AA c 80 cc/°
		20% ZL on 11/15.
		Summary of Support in progress notes.
		Labs reviewed – Glucose 166-226
		Amylase 221
		Lipase 864
		Albumin 2.0
		Could we ✓ prealbumin level to assess present level of nutritional support.
		Well [redacted]
11/16	12 30 p	Perlm –
		Mental status some better
		CXR – RVL density persists
		V_E 15 lpm remains on A/C
		Lungs fern rhonchi –
		Currently on hemodialysis
		Rec 1) Bronch (therapeutic) ? RVL. mucous plugging
		2) Attempt weaning. If unsuccessful track this week
		3) Cont support
		Seen + disc'd c̄ Housestaff. Findings confirmed.
		[redacted]

000071

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/16/98	2200	Med [redacted] INTern
		Called to evaluate triple lumen. Sutures were broken and
		(R) triple lumen was withdrawn ≈ 6cm. This was replaced
		c̄ New triple lumen using sterile technique was placed good
		blood draw obtained. CXR ordered and will be reviewed.
		Pt. was premedicated c̄ 2mg MS IV
		[redacted]
11/17/98	0708	Neuro
		doing well continuing to improve
		awake/ alert, no noted deficits
		Metabolic encephalopathy c̄ (D) Hippocam[redacted] infarct
		Gradual but steady improvement [redacted]ntation
		No focal deficits [redacted]
11/17/98	8:30	Renal extern
		- Able to follow commands, ~~Alert~~
		- 38.2 ~~[illegible]~~ 108 ~~[illegible]~~ 14 ~~108~~ 145/82
		- Lungs - CTA (B)
		- CVS - Tachycardia (108), regular, no murmur
		- Abdo - Soft, NT, (+) BS, no organomegaly
		- Extremities - No c/c/e
		CXR (11/17) - still som RUL pneumonia, no change
		Labs
		139 | 109 | 50 < 141 13.1 > 10.0 / 28.6 < 124
		4.0 | 23 | 5.6
		Albumin - 2.2
		Mg^{+2} - 2.0
		Ion Ca^{+2} - 4.76
		Phos - 5.2

000072

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
	030	Renal extern continue
		A/P 1) ARF - creatinine improving (5.6)
		2) ↓ Phos in TPN
		3) No change CXR, CXR for tomorrow
		4) Continue dialysis tomorrow?
		5) D/W Attending [redacted]
11/17/98		Renal
		All above noted
		No new complaints. No edema
		Some puffiness over face -
		Chest clear to ABB, no gallop No Rub
		Mild soft & not tender, Rest as per other MD
		Lab reviewed.
		Imp - Renal function - Polyuric ATN
		- Light ore
		- Phos on high side
		Plan - Cont same - ↑ TPN - new order written
		Hold Dialysis
		Cont ↓ Phos
		✓ CXR
		✓ Lab

000073

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
11/17/98	9:30	MED STUDENT NOTE
		Day #10 KU
		Problem → new onset DM, encephalopathy, Renal Insuff, pancreatitis
		Nurse → Pt is awake and alert looking around and responding appropriately to commands
		Neuro → Movement of all 4 extremities (squeeze hand, wiggle toes)
		Squeeze hand 5/5 (B); Arm flexion & extension 5/5 (B)
		Leg flexion & extension 5/5 (B)
		Pupils briskly reactive to light (B) 3→1mm
		EOM unable to follow light
		Card → CVP 8 HR 130 ~~RR 27 spontan~~ error BP 154/79
		Tachycardic S_1S_2 (N) ϕm/ϕg
		Pulm → Spontaneous 8 TV 800 peep 5 RR 27
		ABG 7.47/35/88/25/+1.7
		faint crackles bibasilar anterior
		GI → ~~TPN~~ soft, ND, NT, (+) BS
		A ST 43
		A LT 70
		A LB → 2.2
		Alk Phos → 163
		t bili → 0.6
		GU → I 2662
		O 3885 140-150ml/hr
		TPN @ 80 cc/° (50 U/L insulin)
		IV @ 10 cc/°
		Lipids 50 cc/°
		139 | 109 | 50 < 139 (control 100-200/24°)
		4.0 | 23 | 5.6
		Ionic Ca → 4.76
		Ca → 8.2
		Mg → 2.0
		HEME → 10.0 ↑ 8.5 11/16
		13.1 124
		28.6

NG c̄ BRB over night. Stool OB (+) ve

000074

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/17/98	9:30	CONT
		IO Tmax 38.9 now 38.1
		11/14 Blood C (x3) → ∅ growth (P)
		MEDS → 1. 50 u/L insulin in TPN
		2. NPH 15 u sq
		A: 1. Encephalopathy
		2. Renal Insuff
		3. Rt upper lobe consolidation
		4. Pancreatitis
		5. Anemia 10.0 Hg → BRB from NG
		6. DM 7. Resp Distress
		P: 1. Pt alert w improved status
		2. Dialysis ? per nephrology
		3. Follow Pulmonology consider Bronch for Rt lobe
		4. Amylase and Lipase in A.M follow GI GI reconsulted to assess
		5. H/H a.m. to see if ↓
		6. Keep BS 100-200 adjust NPH as necessary
		7. Consider SIMV stable before CPAP and extubation
		[redacted]
11/17/98	0945	GS / Intern [redacted] Consult
		cc/Reason for consult: persistent anemia ↑ ~~LFTs~~ / Amylase + lipase
		HPI: (Please see original consult). Pt. first seen for GI bleed + Pneumomediastinum. At time of original consult assessment concluded: metabolic encephalopathy, Rhabdomyolysis, Ischemic hepatitis, pancreatitis + Pneumomediastinum. At this time there was no evidence of active bleeding and gastritis vs. stress ulcer was suspected. On 11/12 GS concluded ↓ Hgb most likely not GI source c̄ ∅ evidence of active bleed. Since this time Anemia persists, pt. through episode of DKA / new onset DM, Thrombocytopenia, acute renal failure persists, c̄ ↑ amylase + lipase,
		SocHx, SurgHx, MHx, FMHx + Allergies: Please see original consult.
		PE: VS: HR-130 BP-154/79, 27
		vent. Spont-8 TV-500 peep 5 RR 27
		ABG- 7.47/35/88/25/+1.7 [redacted]
[redacted]		[redacted] (cont'd →)

000075

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		GI consult contd
		PE: HEENT: PERRLA
		Neuro: mov't all 4 ext's, adequate hand squeeze, leg + arm
		Flexion + ext.
		Heart: Tachy S_1 + S_2 $\bar{s}$ (M) Lungs: faint crackles (L) base.
		Abd: soft, ∅ grimace on palpation, (+) BS x 4 ↓ faint;
		Ext: mov't c̄ command, epc's on LE's (B)
		Rectal Exam: Brown stool $\bar{s}$ melena or hematochezia, heme (+)
		Labs: 139 | 109 / 4.0 | 23 — 5° ↓77 (11/16) 5.6 ↓8.1 — 10.0 / 13.1 / 124 / 28.6 — 8.5 / 12.7 / 127 / 24.3 — LDH 163
		AST/ALT - 43/70 ALB 2.2 ↑ .2 Amy - 221
		TBili - .6 Pir 0.0. Ionic Ca - 4.76 lipase - 864
		(A/P) 1) GI bleed - pt. more stable will consider EGD endoscopy today
		2) Anemia 2° to GI bleed? π units PRBC's yesterday
		3) Pancreatitis - ↑ Amy/lipase from 11/13. AST, LDH wbc all favorable
		4) Ischemic hepatitis - LFT's stable.
		5) ARF - ↓ creat. from 11/16.
		- Agree c̄ above - will plan for EGD today - risks, rationale + alternatives discussed c̄ parents + consent obtained

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	[redacted]	NOTES
11-17-88	10:20	Pulm staff
		Pt seen c̄ housestaff
		More awake
		following commands
		on exam
		T 381., 129, 15, 164/81
		c̄ cyanosis
		c̄ [illegible]
		c̄ [illegible] tenderness
		Heart RRR
		lungs c̄ [illegible]
		c̄ [illegible]
		Abd BS (+)
		Ext c̄ edema
		calf supple
		Labs as documented in previous notes
		Cxr small lungs
		(R) UL infiltrate better
		A (1) DKA
		(2) Encephalopathy - better
		(3) pancreatitis
		(4) renal failure
		(5) Rhabdomyolysis
		(6) R UL pneumonia vs atelectasis
		(7) [illegible]
		(8) ? GI bleeding
		P (1) Vent attempted weaning
		- failed
		most likely due to high
		ve and abd distension
		will count full support
		PIP 29.

000077

[redacted]

→

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

[redacted]

DATE [redacted] NOTES

2) follow renal fxn
3) once PR return - start tube feeds
4) GI to see today.
Appreciate help from [redacted]
all consultants [redacted]

000078

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/17/98	12:20	Procedure
		Bronch + Bronch washings done
		from (R) UL & (R) LL. It had desat to 85% and so bronch had to be pulled back 3 times & bagged sats came up readily. Ex tube appears partially clogged
		washings sent for gm stain, CS, AFB stain, culture, fungal stain & culture.
		[redacted]
11/17/98	12:40	G.I
		EGD (ø additional meds)
		esoph - grade III esophagitis c̄ circumferential confluent ulceration up to 28 cm
		Stomach - diffuse stress gastritis c̄ multiple areas of NG suction trauma.
		duod - mild duodenitis s̄ discrete ulcer
		Rec: (1) Keep HOB ↑ 30°
		(2) cont Carafate
		(3) change Pepcid to Prilosec
		(4) Transfuse pRN
		[redacted]

000079

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/17/98	Ed.	
1:15 pm		Temp spiked last night during dialysis but was being transfused. Temp more low grade temp. Tent ET secretion but bronch findings noted. Await Gram stain. Line site OK - Δ yest. No drainage. Abd soft. Urine clear. EGD results noted. WBC stable. BC neg so far. Observe off Ab. Well ✓ on Gram stain from bronch
		[redacted]
11-18-98	0715 FP.	Events of last 24° reviewed. Wakes up to command. Moves hands + feet. Continue to support family members PRN.
		[redacted]
11/18/98	7:30	G.I. NG output fairly clear at this time. Nil over yesterday. Abd - soft, NT ⊕ BS but hypoactive. Hgb 9.5 gm/dl. AST 36 ALT 48. Amylase 205 Lipase 911. Ap ① Ulcerative esophagitis + stress gastritis - cont prilosec + Carafate. ② Resolving pancreatitis (? ischemic) c̄ ileus follow amylase + lipase ; NG output may be able to try NG feedings soon

000080

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	[redacted]	NOTES
11/18/98	8:30	Renal Extern
		- Sedated at this time, but is responsive
		- Nurse says he's been very active during the course of the night
		- 38.2 117 14 154/77
		I/O (11/17) = 4835 / 5573
		- Lungs - CTA (B)
		- CVS - Tachycardia (117), regular, no murmurs
		- Abdo - soft, NT, hyperactive BS, no organomegaly, no bruits
		Extremities - No C/C/E
		Labs
		144 / 111 / 68 — 249; 3.6 / 22 / 6.7
		ion Ca^{+2} 4.4
		phos - 6.1
		Mg^{+2} - 1.9
		12.4 — 9.5 / 27.2 — 157
		CXR - No change, still some RUL pneumonia
		A/P 1) ARF - ↑ creatinine 6.7
		2) Was able to put out urine yesterday
		3) ↑ Ca^{+2}, ↑ K^{+}, ↑ insulin, ↓ Na^{+2} in TPN
		4) Repeat CXR
		5) May need to dialyze ?
		6) Hold phosphate from TPN, Give Phos-Lo ?
		7) Continue to monitor Lytes, BUN, Creatinine
		8) D/W Attending
		[redacted]

000081

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DAT[redacted] NOTES

11/18/98 9:30 MED STUDENT ~~HPP~~ NOTE

Day #11 ICU

Problem → new onset DM, encephalopathy, Renal Insuff, pancreatitis

Nurse → Pt was restless and biting on tube, had difficulty breathing and was given Ativan. Pt was changed from SIMV to AC + was tach.

Neuro → Movement of all 4 extremities
Squeezes hand 5/5 (B)
Pupils briskly reactive to light (B)
Pt follows commands localizes eyes to voice

Card → CVP 13 HR 104 BP 151/77
Tachy $S_1 S_2$ (N) ∅m/∅g

Pulm → AC 8 T_v 800 peep 5 RR 13
ABG 7.42/37/73
exp wheeze and crackles bibasilar Anterior
∅ resp distress
CXR 11/17 ∅ change persistent consolidation in (R) upper lobe
Bronchial washing. 11/17 Fungi → ∅ fungal (P)
Gram Stain → many WBC's
few gram(+) cocc

GI → soft ND, NT (+) BS
Stool Occult Blood (+)/EGD → grade IV esophagitis, gastr
AST 36 ALB 2.3
ALT 48 Amylase 205 ↓ from 11/16 21
AlkPhos 138 Lipase 911 ↑ from 864

GU → I 4835 Dialysis 11/17
O 6733
TPN @ 80 cc/p
IV titrate to U/O
Lipids 20% @ 50 cc/p

144/111/68
3.6/22/6.7 (244)

Ionic Ca → 4.40
Ca → 7.50
Mg → 1.9
Phos → 6.1

000082

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NOTES

11/18/98

Heme → [redacted] 9.5 ↓ from 10.0 RBC 3.19

12.4 ~~27.2~~ 157

ID → T_{max} 38.4

11/14 BC (x3) ∅ growth 3 days

11/16 BC ∅ growth

Meds → ~~H~~ 1. Pepcid to Prilosec 20g (NG) BID

A: 1. Encephalopathy

2. Renal Insuff.

3. (R) upper lobe consolidation

4. Pancreatitis ↑ Lipase 911

5. Anemia 9.5

6. GI bleed

7. DM

8. Resp distress

P: 1. Pt alert and restless condition improved

2. Urine Output > Input out of parameters indicated adjust I. BUN ↑ 68

3. Follow Pulmonology await Lab C/S and AFAS stain

4. Lipase ↑ consider CT abdomen to R/O pseudocyst. Continued ↑ enzymes consider ERCP

5. Transfuse if Hg ↓

6. Consider cautery if blood source Follow GI

7. Keep BS >100 <200

8. Keep Pt. stable on AC before SIMV

[redacted]

Pt was reintubated due to clogged ET tube

will discuss c̄ team

000083

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/11/98		ID
10:30 Am		Low grade temp
		BP OK. Very agitated -
		hard to ventilate on machine -
		OK if bagged - no plugs
		Min amt pale yellow secretion
		Cram, Stain yest showed few
		WBC's; HR ↑ 150's
		I << O - 2 Liters behind yest
		CVP 12 but ? dry.
		Line site OK
		Abd soft, nontender
		Urine clear O2 sats OK c̄ bagging
		Still agitated despite 8 mg [illegible]
		ABD were OK
		BUN, Cr still up
		Amyl Lipase sl ↑
		BC all neg.
		Doubt sepsis but will repeat BC
		? Dry.
		? Agitation
		Pulm to assess / [redacted]

000084

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	[redacted]	NOTES
11/18/98		Recall :
		No new complaint.
		Feeling gradually better -
		Responds to questions , Some puffiness no face
		No edema no not fever
		Chest clear to ASP , no gallop.
		Abd v ogs + not tender
		Lab reviewed — , CXR - No CHF
		Imp. -- Still has Polyuric ATN
		— Lyte ok c̄ Na 144
		— + Phos
		— Vol. status ok
		Plan — ~~[illegible]~~ Phos low
		Now + PN
		Now I v order
		V Lab
		V xray
		Discussed c̄ [redacted]

[redacted]

000085

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DAT[redacted] NOTES

1		
11.18.98	1200	Pre Note
		ET ~~Tube~~ D
		Pt Difficulty Bag. RR in 50's, SaO_2 - 91-92%
		Pt Desat transiently During Bronchoscopy.
		Pt in supine Position
		Meds 5mg Ativan
		100mg Amidate
		100mg Nimbex
		Pt Bagged Easily
		Anatomy Clear - Slightly inflamed & Difficult.
		Old ET Like - Deflated - removed
		8.0 ET Passed under Direct Visualization.
		(+) BS (+)
		(+) FEF
		ext Confirms Placement
		24cm @ Lip
		Supervised by [redacted]
		I was present & supervised [redacted]

000086

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NOTES

11.18.98 Pulm Staff
11:55

Pt required change in ST tube
Had an ST tube that was almost
clogged.
on exam.
38', 116, 15, 158/68 I<0
To cyanosis
To sinus tenderness
HTOSQ air
Heart RRR
lungs To bronchi
To crackles
Abd BS - very sluggish
Ext To edema

Labs as documented before
CXR - unchanged
Cr 6.7, K 3.6, Mg 1.9, Ionic Ca 4.4
lipase 9111

Assessment
1) Resp failure - DKA
encephalopathy
2) Renal failure 2° ATN, rhabdomyolysis
3) Hypoxic encephalopathy
4) pancreatitis
5) (B) VL pneumonia
6) a. bleeding - gastritis
- esophagitis
7) Electrolytes 8) LVA
P (1) vent - better now ↓ Δ in ST tube
VC - 1.7
(2) transfuse ↑ N PRBC
(3) follow lipase ca
(4) CT abd if lipase continues to rise
(5) Replenish K, Mg, Ca
(6) continue omeprazole

000087

[redacted] [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE		NOTES
11/18/98	1210	Nutrition Services:
		Above all noted –
		Pt continues to receive D25 + 5% AA @ 80 cc/hr.
		20% TL.
		Labs reviewed – Albumin 2.3
		Blood Sugars 88 - 276
		Summary of Support for 11/17 on Renal flowsheet.
		* Agree c trial of enteral support in future.
		* If considering a bath / should we consider a G-tube c the same time.
		Wm fr [redacted]
11/19/98	7:50	MED STUDENT NOTE
		Day # 12 ICU
		Problem → new onset DM, Encephalopathy, Renal Insuff, Pancreatitis
		Nurse → Pt was very restless yesterday biting on ET tube and most likely his tongue b/c ab! to aspirate. bright red blood from mouth. Pt is sedated and was placed on Assist Control
		Neuro → Pupils briskly reactive to light 3-1mm disconjugate gaze present Pt sedated and unable to follow commands
		Card → CVP 14 HR 106 BP 167/96 Tachy S_1, S_2 (N) on inspiration MI intensity over pulmonic valve (L) sternal border Split S_2 ⌀m/gr
		Pulm AC 15 Tv 800 peep 5 RR15 ABG 7.44/33/81 crackles present anterior (B) CXR 11/18 → infiltrates persists RUL possible infiltrate or atelectasis in (R) lung base

000088

[redacted]

[redacted]

HYSICIANS' PROGRESS NOTES

DATE	TI[redacted]ES
11/19/98	Bronchial wash 11/17 Mycobacterium Cult ϕ acid fast bacilli seen
	11/17 Resp Culture → moderate Staph A. (P)
	GI → soft ND, NT, (+) BS
	Bright red blood aspirated from mouth
	(+) Dark red blood from NG tube
	AST 31
	ALT 43
	AlkPhos 136
	ALB 2.5
	GU → I 5878
	O 7970 (7470 urine)
	TPN @ 80 cc/hr
	Dopa @ 8 cc/hr
	Dg ½ NS titrate
	Heme → 10.5 (10.3) 177 29.2 ↑ from 9.5 11/18
	ID → Tmax 38
	11/16 BC(x2) ϕ growth (P)
	11/18 BC(x2) ϕ growth (P)
	A: 1. Encephalopathy
	2. Renal Insult ↓Cr
	3. (R) upper lobe consolidation
	4. Pancreatitis
	5. Anemia Hg 10.3
	6. GI bleed
	7. DM
	8. Resp distress
	P: 1. Pt sedated to prevent hyperactivity
	2. Consider dialysis tomorrow and Urin O > I <80% as stipulated adjust I or wean dopamine
	3. Cult mod Staph A. determine sensitivity and consider treatment ≈ 3 weeks
	4. Await enzymes and consider another CT abdomen
	5. Continued UGI blood loss from gastritis and esophagitis continue pribose
	6. Keep BS > 100 < 200 (↑ NPH as necessary) to 200 cc/hr today
	7. Follow Pulmonology

improved renal fx

144 | 113 | 68 | 052
3.41 | 19 | 5.9

Ionic Ca → 4.60
Ca → 8.4
Mg → 2.2
Phos → 4.3

Endocrine 200 all BS ↑ R in TPN

000089

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/19 GI
PT REINTUBATED
NG RETURN DARK BLOODY
T-38.5
ABD - SOFT w/o TENDERNESS
(+) B.S.
HGB 10.3
PT. 11.1
PTT 27.1

UGI BLEED CONTINUED FROM -
ESOPHAGITIS & STRESS GASTRITIS.
WELL CONT Rx w/ PEPCID CARAFATE
& PRILOSEC. UNFORTUNATELY
WE HAVE LITTLE ELSE TO OFFER.

[redacted]

11/19/98 8:30 Renal extern
- Sedated at this time.
- Nurse said he was very active last night
and does follow commands
37.9 107 15 155/86
I/O (11/18) - 5528 + 350 (Blood) / 7470
Lungs - CTA (B)
CVS - Tachycardia (107), regular, no murmur
Abdo - soft, NT, hypoactive BS, no Bruit, no organomegaly
Extremities - No C/C/E
Labs

144	113	68	252
3.4	19	5.9	

10.3
10.5 / 29.2 < 177

000090

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

[redacted]

DATE		NOTES
11/19/98	0[illegible]	Renal Extern Continued
		(A) 1) ARF - improving creatinine 5.9
		2) hypophosphatemia - corrected at 4.3
		3) Pancreatitis
		4) Good urine output
		[redacted] ~~1) Renal function improving~~ ~~of~~ ~~Creatinine~~ 5.9
		~~2)~~
		5) hypokalemia - 3.4
		6) metabolic Acidosis - HCO_3^- 19 - ??
		7) Hyperglycemia - Glucose 252
		8) No change in CXR
		(P) 1) Hold dialysis and monitor ✓
		2) To ↑ K, ~~to ↑ acetated~~ to ↑ acetated, to ↑ insulin in TPN ✓
		3) Repeat CXR ✓
		4) Repeat Labs ✓
		5) D/W Attending -
		[redacted]

000091

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

[redacted]

NOTES

Principal Cause

Oral Bleeding Present

T 38.7 151/85 120s 5888/7970

VENT AC 15 800 30% FI 5 PEEP

7.414 / 33 / 81 (30)

Lungs Clear
Heart. Bleeding oropharynx & source
Cx S.S.
ABD firm + BS & Distd

Cx - Little Δ - Stable c ⊕ blood loss

144 | 113 | 68
3.4 | 19 | 5.9

Plan - Stable - Doing well while Intubated - then on vent - overbreaths c Agitation
Will continue c AC - trying vent tube to long

10.5 | 10.3 / 29.2 | 177

Plan - stable

ID - off Abx / ⊕ Blood Cx ⊕ Cocci in Pairs c Chains - will ✓ urine

Renal Improving, good UO
Bun, Cr improved

Plan ① Follow urine
② trying vent c new ET tube
③ Lab c TPN

[redacted]

000092

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		II
	11/19/98	Low grade temp;
		Reintubated yest 2° plugged
		tube. Now secretions
		bloody - ETT & also
		nasal/oral line sites
		don't look infected but
		lots of blood on QM.
		Abd soft, no deaukes
		Urine clear
		1/2 BC yest c̄ GPC in
		pairs & chain - ?
		enterococcus, ? strep
		viridans.
		Will repeat BC x 3 & cover c̄
		Ab. If this turns
		out to be Grp D strep
		then may need to
		consider line D
		Discussed c̄ [redacted] [redacted]

000093

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/19/98		Renal :
		No new complaints.
		Clinically [illegible] No edema
		Chest clear to A&P
		No ~~edema~~ gall op. [redacted]
		Abd soft & not tender
		Rest as per other MD
		Lab reviewed
		CXR. Clear.
	Dist —	Renal function better
		Lyte — ↓ [illegible]
		↓ [illegible], ↑ PH
		? Vol. status may be high
	Plan —	- Keep on Neg balance
		- ↑ K+
		- New TPN
		- V CXR
		- V Lab
		Watch closely

000094

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/19	1205	Nutrition Services:
		Above all noted –
		c̄ Bloody drainage per NG — 61 note noted.
		Antibiotics on PN of D25 + 5% AA c 80/°
		c̄ 20% IL.
		Summary of Support on Flowsheet.
		Labs reviewed – BUN 68 Creat 5.9
		Please ✓ prealbumin level.
		[redacted]
	11/19/98 4:15 PM	Pulm/bent
		More awake and alert.
		Low grade fever, Hemodynamically stable BP-165/20
		SO2 - 95% no DVT. no excessive secretions
		Good urine output.
		Lungs are clear. no Rales or Rhonchi
		no gallops
		Soft abdomen
		PH 7.44 PCA-33 PA-81 on 30%
		The Pancreatic injury from are stable
		Plan @ HC is improved clinically
		will start away a toleration.
		[redacted]

000095

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DAT[redacted]	TIME	NOTES
11-20-98	0802	FP.
		Events of last 24 days reviewed.
		Will speak c̄ family this AM. [redacted]
11/20/98	9:00	[redacted] Renal Extern
		- Sedated at this time, but according to nurses, was able to follow commands
		38 122 18 ~~[illegible]~~ 165/75
		I/o (11/19) = 7592 / 8860
		Lungs - CTA (B)
		CVS - Tachycardia, Regular, no murmur
		GI - NT, & soft, hyperactive BS
		Extremities - No c/c/e
		CXR - No change, still some RUL pneumonia
		Labs
		142 | 111 | 63 < 352 ; 3.7 | 19 | 4.2 ; 9.3 > 10.2 / 27.0 < 226
		Ion Ca^{+2} - 4.92
		Phos - 3.7
		Mg^{+2} - 1.8
		A) 1. Renal function improving - Creatinine 4.2
		2. Hypophosphatemia - corrected at 3.7
		3. Pancreatitis
		4. Good urine output
		5. low HCO_3^-
		6. Tachycardia
		7. Hyperglycemia
		P) 1. Hold dialysis + monitor renal function
		2. ~~Na HCO3~~ Give Na HCO_3
		3. To ↑ insulin in TPN
		4. Check labs, AB + CXR
[redacted]		5. D/W Attending [redacted]

000096

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/20/98	9:15	MED STUDENT NOTE
		Day #13 ICU
		Problem → DM, Improving Renal Insuff, Pancreatitis
		Nurse → Pt is bleeding less from ET & NG tube and is not as restless as yesterday.
		Neuro → Alert, follows commands (squeeze hand 5/5 B)
		Movement of all 4 extremities (gross & fine toe movement)
		Pupils briskly reactive 3-1mm (B)
		EOM (N) (B) CN III, IV, VI
		DTR +2/4 brachioradialis (B), +2/4 patellar (B)
		Card → CVP 11 HR 138 BP 167/80
		Tachy S, S2 (N) ∅m/∅g/∅r
		Pulm → SIMV 10 Tv 800 Peep 5 RR 28
		ABG 7.42/35/98/22/-1.7
		crackles anterior (R) ∅ wheezes, ∅ rhonchi
		CXR → 11/19 ↑RUL suggest infiltrate ∅ change
		Resp. Cult 11/17 mod staph A. (P)
		GI → soft, ND, NT, (+) BS
		(+) blood from NG tube ↓ since 11/19
		AST → 31 — tbili → 0.6
		ALT → 35 — Amylase → 175 ↓ from 11/18
		[redacted] Alb → 2.7 — Lipase → 978 ↑ from 11/18
		Myo → 353
		GU → I → 7592 — 142 / 111 / 63 / 276
		O → 9560 (8860 Urine) — 3.7 / 19 / 4.2
		TPN @ 80 cc/hr
		Ionic Ca 4.92
		Ca 8.9
		[redacted] Phos 3.7
		Mg 1.8
		↑ ↓ from 11/19 10.3
		Hem → 10.2 / 9.3 / 226 / 29.0 — RBC 3.37
		ID → Tmax 38.7
		11/16 BC (X2) line ∅ growth
		11/18 BC ∅ growth (P)
		11/18 BC gram + cocci (pairs and chains) ∝ hemo strep (P)

000097

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	GNT NOTES
11/20/98	915	11/19 BC(X3) (P)
		MEDS → Unasyn 3g (IV) q12 (Day #2)
		A: 1. Renal Insuff (improving ↓Cr ↓BUN)
		2. (R) upper lobe consolidation
		3. Pancreatitis ↓Amylase ↑Lipase
		4. Anemia 10.2
		5. GI bleed
		6. DM
		7. Resp distress
		P: 1. Continue monitor BUN /cr still improving consider ↓ Dopamine
		2. Culture mod Staph A. resistant to Penicillin, Ampicillin Sensitive → Methicillin Methicillin 1-2g (IV) q 4-6° x 7 days
		3. Continued ↑ enzymes consider CT abdomen w/ contrast and ultrasound
		4 Continue monitor H/H
		5. ↓ continue to watch
		6. ↑ BS still 11/19 NPH 20u SQ ↑ or increase R insulin
		7. Continue SIMV if improved [redacted]
112098	1115	Pulm [redacted] [redacted]
		Sedated i alivian
		on exam.
		38°, 100, 16, 153/59. I CO
		CVP 9.0
		to cyanosis PEARL
		to nasal drainage
		to SRAIS
		Heart RRR
		lungs: to Bronchi to Rhonchi →

000098

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE		NOTES
11/20/98	11:15	Abd. TSS - very sluggish Ext to calf swelling
		labs as documented in note above
		CXR - unchanged c̄ (R) UL infiltrate noted S. aureus growth from Bronchial washing
		A(1) S/P DKA, metabolic / hypoxic encephalopathy c̄ active issues as follows:
		• pancreatitis - calcium (N) • DM. • (R) UL pneumonia - S. aureus - [illegible] • GI bleed resolved [illegible] [redacted] • CVA • renal failure - polyuric phase • Electrolyte problem
		P. (1) vent VC - 13.1. PIP 33. on SIMV 10 PSV 12 (2) follow lipase & sugars & cover (3) EPC cuff & prilosic (4) start vigilline, dose for renal failure (5) d/c morphine - could make pancreatitis worse could use demerol but watch for because of renal failure (6) replenish electrolytes [redacted] (7) ↓ Act to Ed.

000099

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

D[redacted] NOTES

11/20

T-38³ MAX

P-115 BP 145/88

NG OUTPUT IS BILL COLORED

ABD - ACTIVE BS.

NO APPARENT TENDERNESS

BUN 63

CRT 4.2 AMYLASE 195

HGB 10.2/HPT-29

WBC 9.3 AST/ALT WNL

ALB 2.7

BLEEDING HAS STOPPED & HCT IS STABLE.

TID SUGGEST WE TRY USING HLD

GUT FOR FOR NUTRITION.

SUGGEST NEPHRO @ 40cc/HR.

[redacted]

11/20/98 ID.

Cont low grade fever. Hemodynamic

Stable Dets very agitated

Min bloody nasal secretion

ETT - Min off white

Line site - (L) subclavian c̄ large

Clot still around insertion site

No redness or purulence

Abd soft, nontender

Lungs clear

WBC 9000. Amylase/Lip still ↑

1 (+) BC - ? Enterococcus

Flu BC neg so far

Sp c̄ MSSA

On Unasyn Cover

000100

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NOTES

Cont Ab till ID on 8(
If enterococcus then ? D QM
to new site, Adjust Ab to
Rmp/Gent
If Viridans Strep then prob
D/C Ab & observe.

[redacted]

000101

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Renal.
11/20/98		All on previous page noted
		Pt is agitated - therefore sedated
		on Respirator. No edema
		NV not full. Some puffiness
		Chest clear to ash. No gallop. No Rubs
		Abd soft. Rest as per other m.o.
		Lab reviewed
		Dist --- Renal function better
		— Lyte ok
		— Vol. v dilute better
		Plan —
		(1) Cont TPN
		(2) Keep on Neg balance
		(3) V Lab
		(4) V cx R

000102

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/20/98	3:30 pm	Nutrition Service Pt. is to be started on enteral support. Nepro @ 40 cc/° has been ordered (Magnacal Renal is the formulary substitute for Nepro) The PN also continues @ 80 cc/° + 20% IL good Suggest DC the intralipids & ↓ the PN X Summary of support as ordered: PN 1968 96 (g) Magnacal 1920 72 3888 168 (g) Ī lipids 1000 — 4888 168 (g) If enteral support is tolerated need to ↓ the PN, as complete support as ordered exceeds his need. Will fr [redacted]

000103

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/21/98	6.00 A	G.I
		No signs of active G I Bleeding
		No aspirate (clamped) clear at this time
		abd soft, bowel sounds present but hypoactive
		Hgb stable @ 10.2 gm/dc.
		Ap ① Recent UGI Bleed 2: stress gastritis and severe esophagitis - cont carafate and pritosec. If he tolerates TF & it may be helpful to change to a small caliber NG feeding tube.
		② Nutrition - No pro TF Trial to begin today
		③ Resolving ischemic hepatitis & pancreatitis.
		will follow. [redacted]
11/21/98	6:15pm	[redacted] DOCTOR Your MDI PRN order will expire on 11-22-98 PLEASE REEVALUATE EFFICACY OF THERAPY. IF THERAPY IS TO BE CONTINUED, REORDER MUST INCLUDE TYPE OF THERAPY, MEDICATION DOSAGE AND FREQUENCY [redacted] Resp Care Thanks!!
		000104
11/21/98	0700	[redacted]
		Pulm: AC 8 800 30% PEEP
		7.46/31/59/22/-1.7
		lungs improved airation, occ. end. exp. wheeze
		CVS: BP 130/68 HR 130-140 c̄ agitation 115 @ rest
		S1 and S2 ⌀ M
		GU: 2 mcg/kg/min DA I/O 6769/8600
		IVF to keep up c̄ U.O.
		145/114/46 (ion. Ca++ 5.08
		4.2/22/3.0 Mg++ 2.0 (over)

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		GI: green drainage per NG quiet abdomen. soft / NT / ND amylase 181 liver enz ok lipase (P) bili - NL melena
		Neuro: AWAKE, alert, answering questions slightly restless on vent.
		Heme: stable 11.2 / 28.9 / 10.2 / 28.2
		Endo: NPH 20 bid ↑ R in TPN to cover BS in 250-350
		ID: Bld culture from 11/18 (+) strep viridans → cont on Unasyn per ID line sites ok; consider pulling dialysis cath.
		A: (1) DM - new onset - resolved DKA remains slightly hyperglycemic (2) resolving ARF (3) improved Neuro status (4) resolving pancreatitis (5) stress ulcers / esophagitis c̄ vomiting → on tx. (6) Resp fail on vent.
		P: D/C Unasyn ↑ NPH to 30 bid Start TF and ↓ TPN Do not ↑ R in TPN consider D/C dialysis cath wean off vent when awake today [redacted]

000105

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/21/98		Current Rx: a) TPN b) TF (nephro) to be started today c) IV rate to match 80% of U.O.
		Renal Fx progressively improving. Scr = 3.0 today. Stellar renal dose dopamine. Will d TPN rate to 50 cc/hr. Swallow in TPN [redacted] Will DC Dopamine [redacted]
		000106
	11/21/98 ID	
	8.30 AM	Low grade fevers yesterday. Temps tank today. No change in overall picture. Blood cultures show no growth. Prior culture from 11/18 shows Enterococcus faecium, non-beta lactamase producer. Impr - With renal function improving (current creatinine = 3.0) I would continue Rx c̄ Ampicillin alone

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11.21.98	9A	Pulm / Critical Care
		Sml Ds
		More Awake
		167/84 135 Tm 38.3 97% 6769/8600
		VENT AC 10 800 5 PEEP 30%
		7.46/31/59 (31)
		Lungs Clear (B) Poor resp effort
		Cor S,S2
		Abd soft
		Cxr - vs - Loss ~ (R)
		145/4.2 | 114/22 | 46/(3.0) 11.2 > 10.2/28.9 < 282 Amy 181
		Pulm Doing well, more Awake - will Attempt Wean Again - May Extubate later today
		Hemo stable
		Renal ATN improving BUN Better
		ID) temps High ↑, last Cx (-) Continue ā current Abx
		Nutrition on TPN
		Plan - Pulm (1) Wean → Extubate
		(2) Current Abx
		(3) Start TF today

000107

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	Burton NOTES
11/21/88	15:20	
		Awake following commands
		on exam
		38⁸, 121, 15, 135/63 I LO
		to cyanosis
		to sinus tenderness
		to SR ant
		Heart Tachycardia
		lungs to crackles, to rhonchi
		Abd BS ⊕
		Ext to edema, to calf tenderness
		Lab
		as documented in residents note
		CXR - unchanged
		A① Resp failure - Renal failure
		- pancreatitis
		- pneumonia
		② DM
		③ CVA
		④ Enterococcal sepsis
		⑤ Renal failure - improving
		P① Vent i/c 19L PIP 23
		FIO2 40%
		with such high i/c - not ready to wean.
		② Follow ca Hct
		③ Follow FSTSS - & cover
		④ on DVT & stress ulcer prophylaxis
		Thanks

000108

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/22/88		Renal
		S: Awake, alert Denies CP/Abd pain. Not tolerating the tubefeeds 2° high-residual UO excellent
		Vs: 152/80 P:130 CVP=7 Wt 90.7 kg Lungs: clear CVS: S1 S2 RR Abd: BS (+) but hypoactive non distended Ext: no edema
		Labs: 149 / 117 / 39 / Ca 8.2 4.1 / 21 / 2.3 \ ph 5.0. A/L: 230/1626 CXR: fairly clear
		A: Resolving ATN: Cr ↓ 2.3 · Hypervol & hyperchloremic · Pancreatitis ?
		Plan → Adjust TPN → Cont IVF ↓ 75-80% Replacement Carefully watch for diuresis during to avoid pre-renal insult → Extubate per pulm → TPN written. [redacted]

000109

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Med [redacted] Intern
11/22/98	0900	Pulm SIMV-6 PS 20 Peep 5 TV 800 FIO_2 40%
		ABG 7.42/34/99/22
		CVS Pulse 143 BP 163/98
		S_1/S_2 RRR Ø M
		GU I/O 4700/4670
		Ø Dopamine
		149/102 39
		4.1/21 2.3 — Ion Ca 4.72
		Mg 2.0
		GI Greenish drainage per NG
		⊕BS soft NT/ND
		Amylase 230 ↑
		Lipase 1626 ↑
		Ø melena Noted
		Neuro A Wake + Alert
		follows commands
		Heme 11.1 9.5 295 26.9
		Endo 30u NPH
		225-200-268-162
		ID - Afebrile on Unasyn
		ID on board
		Will remove Quinton catheter
		(A) (1) DM - resolved on Insulin
		(2) ARF - improving
		(3) ↓MS - improving - responding to commands

000110

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Med [redacted] intern
11/22/98	0910	(4) Pancreatitis — Amylase/Lipase ↑↑
		(5) GI Bleed — Resolved
		(6) Resp Failure on vent
		(P) (1) D/C Quinton
		(2) will follow Amylase/Lipase
		(3) Discuss Etoon
11/22/98		Gastro [redacted]
		No sign of gi bleeding.
		pancreas enzymes are ↑ a fad. Not tolerating TF.
		Abd is soft c bs present.
		Hg = 9.5
		Con't present Rx; nothing new to add today from gi
		[redacted]

000111

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11.22.96	128	Pulm
		Gen Dis
		Remains on Vent
		144/83 129 1052 38° 4280/4185
		VENT IMV 6 PS 12 TV 800 5 PEEP
		7.42/34/99 (22)
		Lungs Cu
		Cu S.S. Angl - 230
		Lupus 1624
		Abd firm ↓ BS
		Cre. ⊘ D 149/117/59
		4.1/21/2.3
		Pulm - ↓ D. Difficult to
		wean. Doubt Tolerate
		CAP/PS - will stay on 11.1 > 9.5 < 295
		mv 26.5
		Many Trach Sun
		Kim Stable
		Rnd Brow/cr improved - HTN improving
		ID WBC Stable temps ↓
		Plan (1) CT ABD - ? Pseudo cyst
		(2) Many trach - mon/tues
		(3) Third replacement

[redacted]

[redacted]

000112

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		11/22/98 I D
		Temps up intermittently. T 38°C
		Most recent blood cultures negative
		Quinton to be removed today
		Amylase & lipase remain elevated.
		Follows commands.
		Impr. - Continue current approach
		- Rx c̄ linazyr
		- D/c Quinton
		- observe fever pattern
		[redacted]
11/22/98	2pm	Nutrition Service
		Pt. is currently receiving PN c̄ D_{25} & 4.25% AA @ 50 cc/°
		The central support c̄ Maynocal Bend was not well tolerated
		- had ⇑ residuals
		- has had diarrhea also
		Amylase/lipase = 230/1626 - therefor feeding likely not to be well-tolerated
		Suggest ⇑ in PN to 80 cc/° to more completely meet his kcal & pro needs.
		Before retrial of lipids (suggest 10%) need to ✓ triglyceride levels.

000113

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DAT[redacted] NOTES

11 22 98 | 15:35 | Pulm

Awake
follows commands
Nobs no to pain in chest, abd, calf
on exam.
387, 131, 13, 137/85 I=0
to cyanosis, to SQ air, to Sinus tenderness
Heart RRR
lungs. to Rhonchi
to crackles
Ext to edema
Abd BS⊕, nondistend.

Labs as documented by [redacted]
CXR. lung volumes - bet

A⊕ Resp failure 000114
Ve 15-202 / min.
PIP 43
multifactorial - renal failure
- Pancreatitis
- Pneumonia ⊕ ex

① BM
② CVA
③ Enterococcal sepsis
④ pancreatitis ↓ lipase work
- ? tube feeding
(or) pseudocyst

Plan
① vent - cont same sedn
② ? Tracheostomy ~~in AM~~ next week
③ CT abd - TO Mo pseudocyst
④ continue other management
thank [redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	NOTES
11/23/98	GI Patient being transported to CT at this time. Not tolerating TFs according to nursing. No signs of GIB. Amylase & lipase yesterday 230 + 1626, respectively. Transaminases & bilirubin are OK. Tm 38.7 P130s And soft, quiet. CT abdomen pending.

[redacted]

000115

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/23/98		Renal:
		Pt is sedated, but sometimes awake &
		alert vital ok.
		Did not tolerate tube feeding – & had + Bryoplane
		& L. pose – on TPN. B-bugar. Lift side
		No edema on legs. Pt lost 10-11 kg in 6-7 days
		Puffiness over face. N. gallop N. Rub.
		Bnd v gt.
		Rest as per [redacted]
		Lab reviewed. CXR. Clear
	Ind –	– Renal function better
		– + Na
		– Fluid status ok
		– Not tolerating tube feeding.
	Plan –	– ↓ Na+ in IV
		– New TPN
		– + Insulin
		– Discussed c. House staff
		– New IV order written

000116

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		11/23/98 JD
		Remains febrile up to 35°C.
		Diarrhea c̄ rectal pouch.
		Blood cultures negative on
		last sets - Rt neck IV site - ok
		On unasyn.
		Presently sedation being decreased
		to allow him to wake up.
		Plan - Continue current Rx
		[redacted]
11/23	10 20/A	Pulm -
		Seen c̄ housestaff. Findings
		confirmed. ↑V_E 15-20 lpm? etiol
		R/O ongoing pancreatitis
		Awake alert, conversant -
		Lungs clear out CXR ⊖
		Hct - NSR 140½
		Abd firm, non tender
		Gas exch adequate FiO_2 - 40%
		Will push wearing / extubation
		if not successful → trach this
		week. Decid c̄ father
		[redacted]

000117

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DA[redacted] NOTES

11/23/98
10:30 Am

Med [redacted] Intern [redacted]
Pt seen. Denies pain by shaking head.
24° events:
CT abd taken this AM - results (P)
Fevers continue
↑ Na
↑ MV

CV: 140s/60s-70s 130s-140s
RRR ØM CVP 7
Pulm: 7.41 32 93 on AC8 40% 800, 5, PS15
SaO2 99%
Lungs clear CXR unchanged
GU: 3768/4140 TCa 4.92 Mg 2.1 Phos 3.8
↑ 153 | 121 < 31
3.8 | 21 < 2.0 ↓
GI: Abd soft NT (+) BS TF witheld 2° vomiting
CT Abd taken (P) AST 33 ALT 39
Alb 2.9 TBiT 0.5 Amy 235 (≈) GI follo
Neuro: Awake, follows commands x 4 extrem
(R) UE ↓ strength
Heme: ↑ 13.9 | 10 / 29 < 375
Endo: RBS 233 289 247 247
Novolin N 30 BID, SS
ID: Febrile Tm 38.7 (13:00 11/22)
Tc 38° Quinton tip Cx - (P)
ID Following Continue Unasyn

(A) (1) DM - RBS stable on current regime
(2) ARF - improving
(3) AMS - improving
(4) Pancreatitis - [redacted] ≈
(5) Respiratory failure - ↑ MV ABG ok
(6) Hypernatremia
- over -

000118

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/23/98		(Med [redacted] Intern Continued)
1030 AM		Cont A: (1) Fever.
		Plan: (1) Await CT abd results n/o pseudocyst with hold TFs until then
		(2) IVF Δ'd to D5 to correct hypernatremia
		(3) Vent weaning per pulmonary in progress
		(4) Continue PT
		(5) Continue current insulin regime
		[redacted]
11/23	1130	Nutrition Services:
		Above all noted -
		Pt continues to receive PN. Δ'd back to D25 + 5% AA @ 80 cc/° c̄ 10% IL QD.
		PN Provides ~ 1968 kcal + 96 g protein
		lipids 550
		2518 kcal 96 g protein
		Labs reviewed - 11/19 Prealbumin 184 ↓
		- await Trigly. level.
		If considering trach - should we consider a 6 tube c the same time
		[redacted]

000119

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11-24-98	0714	F.P.
		Spoke c̄ mother yesterday. I think she understands indications for tracheostomy. Discussed same issue c̄ his father last week. Sounds like weaning attempt yesterday did not go well. I think family will consent to trach. when recommended by pulmonary.
		[redacted]
11/24/98	0750	Pulm
		Pt Alert this A.M, Anxious. Attempted weaning yesterday c̄ Pt becoming tachycardic/Tachypneic - not tolerating placed on AC to rest during the night → currently on AC 12 Vt 800 FIO2 30%, Peep 5 c̄ Pt actual RR 19 c̄ VE 21.
		O/ T38 P136 RR19 BP 152/82
		General: Alert, Anxious, follows commands
		HEENT: PERRLA, EOM intact
		Oral endotracheal tube in place.
		Cardio: S1S2 tachycardic
		Pulm: (+) Rhonchi / exp wheeze, Equal lung expansion.
		Abd: ↓BS - NG c̄ bloody secretions.
		Ext: 0 Calf tenderness
		000120
		Labs 151 / 3.8 | 121 / 18 | 29 / 1.7 | 175 13 | 9.3 / 26.6 | 379
		Ca2+ 8.4 — AST 56 — Amy 304
		Phos 5.0 — ALT 45 — Lipase 1952
		Mg 1.7 — AlkPhos 114 — myoglobin 318
		Alb 2.8
		T Beli 0.6

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	Pulm Cont NOTES
11/24/98	0750	ABG's on AC 12 (actual rate 19) V_T 800 FIO_2 30% Resp T Ph 7.44 / PCO_2 30 / PO_2 93 / HCO_3 20
		Imp: 1) 19 yr. male c̄ Resp. Failure - ↑ met. demand Pancreatitis / Resolving renal insufficiency - failed weaning attempt - V_E 20-21 2) Pancreatitis ÷ DM. 3) Improving renal function. 4) Hyper Natremia
		Plan: 1) Failed weaning c̄ ↑ V_E - need for tracheostomy 2) Cont. current vent mgt.
		[redacted]
11/24/98		GI Sedated Had a small amount of red blood per NG this AM. abd flat + soft hgb fluctuating ~ 9.5 BUN 29 Cr 1.7 lipase steadily rising. Will review CT Hold TF
		[redacted]

000121

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/24/98.

Renal

Ad on previous page noted

Sedated. Before sedation he was conscious,

alert & follows commands. No edema, T Temp

NV not full. Chest clear to A&P

No gallop No Rub Abd. - mildly distended

Labs reviewed

CXR - clear

Ad - - Renal function stable & better

- Lyte - + Na but better

- Vol. status ok

- T Temp

- + Bryle + 2 pore

Plan -

(1) Cont TPN

(2) Ad IV 5% D/W

(3) - TO V Lab

(4) V [illegible]

000122

Discussed i Father

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NOTES

Surg ⊗ (consult)

11/24/98 1200 Reason for Consult Trach

HPI: This is a 19 y/o (H) ♂ who was admitted 11/8 ♀ taking multiple OTC medications for weight loss. Pt was taken to [redacted] where he was found in DKA, severe pancreatitis, intubated, transferred to [redacted] ICU for resp failure, anoxic brain injury ? Hippocampal infarct, severe pancreatitis, renal shutdown/failure, High LFT, Rhabdomyolysis, pneumomediastinum, Hypotension

PMHx as above
? PSHx
Allergies NKDA
meds Carafate
Prilosec
Unasyn

Soc Hx/Fam Hx ?

VS T HR 152 RR 36 BP 124/90
HEENO PERRL (R) IT
CVS S.S ~~[illegible]~~ Hy
L CDP B/L Owrn rem
Abd Suff no, no, BS↓
Ext ? 9 Ce
Ca 8.4 Mg 1.7 AST 56
Phos 5 ALT 45
DIB 2.8
pmg lam/lipp ... 304/1952

151	121	29
3.1	18	1.7

13.0 9.3 / 26.6 379

(D) (1) Multiple medical problems
(2) Resp failure
(Q) (1) Bleeding Time PT PTT, Plt
(2) ? PEG per GI if would like would do PEG if GI desires.
(3) Other [illegible]

000123

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/24/88		– SURGERY. –
		Asked to see this unfortunate young man who remains intubated 2° to hypoxic brain injury. ARF, GI bleed, all thought to have resulted from overdose of diet pills ("Hydroxycut"). will do tomorrow – scheduled for 1430.
		[redacted]
11/24	1240	Nutrition Service: Above all noted.
		A continues to receive PN of D5 + 5% AA c 80 cc/h. 10% IL ordered QD.
		Labs: 11/23 Triglyceride 230 ↑ (& lipids given on 11/23)
		Suggest to recheck TG level in AM —
		[redacted] — [redacted]
		000124

[redacted]

[redacted]

HYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11:13:30 Nov. 24, 1998		Med [redacted] team Med Student note
		(S) Patient is awake and can respond to commands to squeeze fingers and wiggle toes.
		Approx. 200 cc's of blood
		(O:) 152 pulse RR 19 Temp 38.8° SpO_2 98
		Weight 88.6kg
		11/24 I: 3309 O: 3930
		HEENT: PERRLA. Orthinorrhea. Throat pink and moist.
		Neck: Ø JVD. Ø Bruits. Ø lymphadenopathy
		LUNGS: Bilateral wheezes. Coarse breath sounds throughout all lung fields.
		CV: Tachycardia. RRR. Ø murmurs Ø Rubs Ø Gallops.
		ABD: soft, N/T, N/D. (+) BS, hypoactive.
		Ext: pulses +/- bilateral upper and lower extremities.

Vent:

Tidal volume	PEEP	Rate	pH	pCO_2	pO_2	HCO_3^-
800	5	AC 12	7.44	30	93	20

Amylase: 304 151 | 121 | 29 13.0 > 9.3 < 379

Lipase: (952) 3.8 | 18 | 1.7 26.6

myoglobin: 318

CXR: Left perihilar infiltrate found.

Bleeding time: 14.5 (norm 2-3)

A/P

(1) S/p DKA: acidosis resolving, diabetes under control.

(2) Pancreatitis: Full blown. G-tube TPN being considered. Lipids withheld 11/23.

CT: no evidence of pseudocyst

Liver - maybe some fatty infiltrate per Radiology.

(3) Resp. Failure - unable to wean off vent. Tracheostomy ~~scheduled~~ ~~to be~~ scheduled ~~after~~ at 14:30 tomorrow.

Family agreed to procedure.

(4) S/p Renal failure - improving

(5) Fever and increasing WBC Count -

000125

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

D[redacted] NOTES

13:30 Continued
11/24/98 5 cont
- being treated with unasyn for infection.
Pt has a history of being ~~unab~~ negative
on culture despite fevers.
Agree. Pt seen.
Pt for trach/GT [redacted]
tomorrow.
PICC today.

11/24/98 3:30 pm Radiology | Requested to place PICC line
for TPN. SF double lever.
PICC line placed via ≤ basilic vein
c US and fluoro. OK for use.

[redacted]

[redacted]

000126

11/24/98 ID
Remains febrile. Pancreatic enzymes
elevated. Central line to be D/C
Will reculture blood.
Has other causes for fever in
addition to bacteremia [redacted]

[redacted]

[redacted]

HYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11 24 98	1700	Pulm Staff
		Awake, follows commands
		NO CP, abd pain, cough, calf pain
		~~in exam~~
		384, 142, 20, 153/82. I LO
		to cyanosis to sinus tenderness
		to scrain
		Heart ARR to murmur
		lungs to Rhonchi to crackles.
		Abd. TSS ⊕ nontender
		Ext to edema, to calf tenderness
		Labs as documented above
		Rg 1.7, lipase ↑ Hct 26.6
		PaO2/FiO2 ratio - better
		ARR - unchanged
		A ① Encephalopathy
		CVA
		② Resp failure - pancreatitis - a neg.
		- pneumonia ⊕ UL
		③ DM
		④ Renal failure - better
		⑤ a/ Bleed - Rashitis, esophagitis
		Hct ↓
		Plan
		1) vent i.e. 14% PIP 34
		with minute vent being
		high it would be diff ult to
		Intubate will have bracheostomy
		RPEG
		2) continue TPN
		3) Renal, ID following
		4) Transfuse TV PRBC - IV access PICC line
		thanks

000127

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Jung D
11/25/98	0640	
		Problem list
		(1) DKA → Resolving
		(2) Resp Failure
		(3) Anoxic Brain injury (Hippocampal Infarct on MRI)
		(4) Severe pancreatitis
		(5) Rhabdomyolysis, Resolving
		(6) pneumomediastinum → Resolving
		(11) Severe ulceration Esophagitis > scoped 11/8
		(12) Gastritis
		(13) Hepatitis ? 2° to Pancreatitis / ? OTC Det OD
		Resolving / Resolved
		VS T 38° HR 151 RR 16 BP 138/78
		ON VENT AC 12 TV 400 PEEP 5 FO, 30%
		HEENT PERRLP, EOM
		CVS S.S. Tachy
		L CDP B/L
		Abd soft, ND, NT, BS⊕
		Ext ⊕ C/C/E ⊕ EPC Cuff B/L
		LABS 7.41 / 32 / 81 / 20 148 / 116 / 30 / 3.5 / 20 / 1.5 17.4 / 10 / 28.7 / 384 AST 58 / ALT 62
		(P) (1) Multiple medical problem
		(2) Resp failure
		(P) (1) Trach Today
		(2) PEG Per [illegible]
		(3) [illegible]

[redacted]

000128

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/25/98		GI
		All above noted. He is currently sedated.
		His total NG output yesterday was
		200cc in past 24hrs & reddish. He
		received 1 unit PRBCs. Hgb this Am
		10.0. Lipase yesterday 1952 but CT
		did not reveal gross abnormality of
		pancreas. Ø stool/24h.
		T1024 (TLC Δd 11/24, blood cx x2 sent)
		Abd soft, BS present but ↓
		Labs 14.4 > 10.0 < 384 AST/ALT 58/62
		Some scant bleeding from NG in 07
		w/ known severe ulcerative esophagitis.
		Follow H/H, NG output.
		Continue medical therapy for ulcerative
		esophagitis.
		Follow lipase.
		Plans for trach noted.
		No plans for G-tube today [redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Pulmonary
11/25/98	0800	Pt Awake this A.M. following commands.
		Weaning failed + pt continued on AC rate 12,
		VT 800, FIO2 30% Peep 5. Transfused c̄ 1 unit
		[redacted] yesterday. Scheduled for trach today
		O/ T 39.1 P140 RR20 BP 148/77 Spo2 98% 11/24 I/O: 3965/3665
		General: Alert, will follow commands.
		HEENT: PERRLA, Ø icterus/conjunctivitis
		Oral ET tube
		Cardio: S1S2 Ø gl m/r tachycardic
		Pulm: Br.s harsh on insp. c̄ faint exp. wheeze.
		Abd: (+) BS, Soft, ND
		Ext: Ø peripheral edema/cyanosis EPC cuffs on
		Labs: 14 4 10 / 384 AST 58
		ALT 62
		ABG: (PH 7.41 / PCO2 32 / PO2 81 / HCO3 20) AC12/800/30%/5 peep
		Imp: 1) 19 yr Resp. Failure requiring Vent.
HR 160's		- Pancreatitis.
Abd Paradox.		- Pneumomediastinum
wind gage		2) Hippocampal infarct on MRI - encephalopathy.
RR 30's		3) DM
Antrapping		4) Renal Failure - improved.
		5) Gastritis - GI bleed
		Plan: 1) Continue current Vent Mgt.
		- trach today
		- wean as tolerated
? Brief Paradox Psychosis		2) Plan on PEG placement
		3) Continue to follow CBC
Rec: Nuvo		4) Cont. TPN.
		Renal Support
		HD As Needed

000130

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

25/90 SW 4C Flam g. Supportive visit
8:15 E patient's father. Provided parking
AM pass. [redacted]

11-25-98 I.D.
Remains febrile to 102°F.
Skin looks intact. Central line
has been D/C. New Picc line
left arm - no inflammation
Repeat blood cultures negative.
(11/24).
Agitated cause = ? Neurology to
assess. Neck supple.
Lungs unchanged. Small
amounts of secretions.
M.S. Staph Aureus isolated
Abd soft. Amylase & lipase
remain elevated but CT
Scan does not show a lot
of inflammation
Rest of exam does not show
a localized site of infection
to account for fevers.

000131

Impr Fevers -
a) Central - from Hypocampus
infarct.
May need to try Thorazine
in low dose to see
if temps will come down

b) Residual infection - blood
(enterococcus) lungs (Saureus)

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

1 Renal Dopre Response → - Plan increase doses of unasyn. Hold using Gentamicin until renal function is better
c) Pancreatitis

[redacted]

11 25 98 | 09:50 | Rubin staff

Pt agitated
O_2 sat good
sedated. changes made in vent
on exam
T 39°, 158, 12, 187/93 I>O
To sinus tenderness
To Sq air
Heart tachycardic, to murmur
lung to rhonchi to crackles
Abd nontender, BS sluggish
Sat to edema, to calf tenderness

000132

Lab
ABG on 30% - 7.41/32/81/20
K 3.5 Mg 1.7, lipase 1952 (11/24/98)
Lab unchanged

AO resp failure - pneumonia bipa
- pancreatitis - worse
- fever - cause -
? central
? infection

[redacted] ② DM ③ Renal failure. bipa → [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NOTES

11/25/98

Renal

All on previous page noted

Pt is sedated. Running fever

No edema. NV not full

Chest clear to A&P. no gallop. No Rub

Abd soft & not tender

Lab reviewed

Imp --- Renal function getting better. Cr 1.5

- Nat better — 148

- Vol. stabilized good

- T Temp

Plan — (1) Cont TPN

(2) Still give free water as Nat is high

(3) V [illegible] BIO

(4) V other lab

(5) V [illegible]

Discussed c̄ Parents

000133

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	[redacted]	NOTES
11 25 98	10.15	
		④ Cl. bleeding esophagitis gastritis
		⑤ ↓K, ↓ Mg
		Plan
		1) vent ve 20.3, PIP 53, pt agitated ↓ Flow rate to 50 L/min and had PIP 40.
		⑥ will continue much vent as ve is quite high.
		2) follow H/H
		3) Replenish K, Mg
		4) follow ID ice, renal ice marks [redacted]
11/25/98	10:30 AM	(S:) Pt. is quite sedated and cannot follow commands. He is sedated now because he was quite agitated earlier and tachycardic.
		(O:) 155 pulse 151/80 BP 18 RR Temp. 102°

Tv	Minute vol	Peak	RR	I:E
1020	12.4	40	12	1:2.1

General: pt is sedated and not following commands.
HEENT: Eyes not completely closed. PERRLA. Ø icterus Ø rhinorrhea. Lips dry. Warm to touch
Neck: Ø lymphadenopathy. Ø JVD Ø Bruits.
Lungs: Bilateral wheezes. Ø crackles. Good breath sounds.
CV: TACHYCARDIC, RRR Ø M/R/G. ⊕ S_1 S_2
ABP: soft. N/T, N/P, ⊕ BS (hyporactive). >300 cc bloody fluid NGT
Ext: +/+ pulses bilaterally UE and LE. Ø peripheral edema.
Labs: 148 | 116 | 30 — 3.5 | 20 | 1.5 — 14 > 10.0 < 327 platelets — 28
Ca^{2+} 8.2 Mg^{2+} 1.7
Phos: 3.7 Ion Ca^{2+} 4.72 [redacted] →

000134

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NO [redacted]

11/25/98 10:30AM Med [redacted] Med Student note continued

A:/P ① 19yo (H) ♂ in resp. failure requiring vent
- Associated probs: tachycardia, pneumomediastinum,
- Occational RR ↑ to 30s
- Air trapping
- unable to wean for from vent.

② DM - controlled with Insulin
③ Anemia - resolved with blood transfusion last night
④ Pancreatitis
⑤ Upper GI bleed → GI to follow, no improvement noted with current therapy: Prilosec, Carafate.
⑥ Renal Failure - BUN and Creatine slowly improving.
⑦ PIC line placed 11/24
⑧ Tracheostomy scheduled for today.
⑨ continued fevers/infection

- treated with suppository.
- ↑ unasyn to 3g q 6°.
- cultures (P)

000135

[redacted]

11/25/98 2PM Med [redacted] Intern
Pt seen. Agree c̄ student. Track of G-tube placement is pending. Will continue to transfuse as needed based on HH ID, GU, Pulm filling. Neuro reconsulted.

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

[redacted]

DATE	TIME	NOTES
11/25/98		OP NOTE
(1625)		Pre-op Dx: Vent dependency
		Procedure: Percutaneous Tracheostomy
		Surg: Elidity Assist: Dietrich
		Anes: [illegible]
		EOL: Scanty
		Cx-up
		Lunch: Stable to ICU
		[redacted]
11/26/98	0545	Surg P Above notes
		Trach site looks good POD #1
		① Resp Failure
		② Anoxic Brain injury
		③ Severe pancreatitis
		④ Ulcerative esophagitis
		VS P 101.3 Hr 110 RR 16 BP 139/65
		HEENT Trach looks good
		CVS S. S. Tachy
		[illegible] CTA B/L
		[illegible] Soft, ND, ND, BS ↓↓↓
		[illegible] ? C/C/E
		LABS Ⓟ
		Ⓟ ① Resp Failure
		Ⓟ ① follow Trach site
		② [illegible]

000136

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/26/	7:20 AM	Pulm / Bent
		~~Stable~~ Febrile. Cont. T. Hemodynamically
		stable. Mixed sensorium. Good urine output
		Hemodynamically stable. no DVT.
		lungs are clear. no Rales or Rhonchi
		no gallops or (m)
		soft abdomen good sounds
		Chest x-ray show ill defined infiltration in
		the (R) posterior lung
		BP 132/68 Sag-100+
		PH 7.42. PCO-32 PO-73 on 30%
		TV. 800. Peep-5. AC-12
		Sum fluid on mt. BUN 22/12.
		WBC 14.0 Stat. HS-5.1 Stable
		Plan (1) May be developing RUL pneumonia
		(2) Sputum for gram stain and C/S
		(3) antibiotics for ID
		(4) Maintain on bent
		[redacted]
		11/26/98 I.D.
		Remains febrile
		No change in sensorium
		Diarrhea present.
		Tracheal aspirate from yesterday
		Shows S. aureus and
		Pseudomonas in small
		amounts.
		Abd soft.
		IV site OK
		Plan change Rx to Zosyn
		[redacted]

000137

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/26/98	9 Am	Med Admission [redacted]
		24° events
		Tracheostomy yesterday
		Continued fevers
		ΔHgb ↓ 0.9, ΔCr ↓ 0.3
		⊖ LE Dopplers
		Neuro: eyes open to verbal command
		follows commands x 4 extremities
		CV: 130s/60s-70s, 110s, RRR Ø S3/S4/M
		pulses 2+ x 4 extrem, Ø edema
		Pulm: 7.42 32 79 on 30% AC 12, 800, peep 5 ØP:
		Lungs essentially clear CXR: ? RUL infiltrate
		GI: ↓ BS Ø distension (+) black liquid stool
		Ø NG blood since 11/25
		AST 58 ALT 54 ALP 116 Alb 2.8 TBil 0.4 C.O.L
		Amy 331 Lip 3513 TG 248
		GU/FN: I/O 3248/3755
		144/3.6 | 114/21 < 22/1.2 Ca 8, Ica 4.64
		Phos 3.5 Mg 1.9
		Heme: 14.6 > 9.1/25.9 < 36.6
		Endo: RBS 202-112-161-205-166-186
		30 u NPH BID + 85u/L reg in TPN+SS
		I.D.: Tm 102.5 Tc 100.1
		Sputum 11/25 → Mod staphaureus, mod pseudo sp.
		A/P: (1) DM - RBS stable c̄ current regimen, continue
		(2) ARF - continued improvement
		renal following, writing TPN
		(3) ΔMS - Stable Neuro re-consult - (P)
		(4) Pancreatitis - continued ↑ enzymes
		Lipase ↑↑ today continue to monitor Enzymes
		GI following
		(5) Respiratory failure
		S/P trach
		ABG stable

000138

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/26/98	9AM	(Med [redacted] Intern cont)
		- Continue ventilatory support
		(6) Fevers - pt continues to spike
		? RUL infiltrate
		- Abx Δ to zosyn per I.D.
		I.D. following
		thorazine added
		(7) Anemia 2° UGIB
		H/H ↓ again, black stools
		may require further transfusions
		w.u transfuse [redacted]
		[redacted]
11-26-98	2018	FP.
		met c̄ mother + father. No improvement
		and possible decrease in mental status
		over the last week. Parents understand
		that this is not a good sign.
		multiple factors - infection, metabolic,
		sedation. [redacted]

000139

11/26	1045	Nutrition Services:
		Above all noted -
		Continues to receive PN of D25 + 5% AA @ 80 cc/°.
		given 20% IL on 11/25 PM.
		Labs - Triglyceride 248 ↑ (to hold lipids tonight)
		Albumin 2.6
		Present PN provides ~ 1968 kcal + 96 g protein
		lipids 1000
		2968 kcal 96 g prot

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/26		Nutrition: (continued)
		** Suggest to recheck Triglyceride level in AM — if ~ 200, give 10% IL tomorrow nite + recheck Triglyceride level 6-8° p̄ infusion.
		* Please recheck prealbumin — if ϕ repleting we might need to ↑ PN rate as renal function allows to promote repletion.
		Will fu
		[redacted]
11/26/98		GI
		All Above Reviewed -
		- Neurologic - little improvement -
		I am told He has Evidence of Brain Stem Infarct
		- Pulmonary - s/p tracheostomy
		ABG's Satisfactory
		- GI - Continue to have Heme (+) Stool - / Black Stool
		No Active Bleeding from NG
		EGD on 11/8 → Severe Esophagitis
		Also note ↑ Amylase / ↑ Lipase
		CT of pancreas normal -
		- Renal function - good -
		I suspect PEG will be needed - will wait to see Return of gut function
		[redacted]

000140

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOT[redacted]

DA[redacted] NOTES

1/26/98

Renal:

All on previous page noted.

Pt is sedated .. In between he does respond to commands -

No edema. NV not full

Chest clear to ABP. No gallop. No Rub

Abd mildly distended, Rest as per other man

Lab reviewed

Qual - Renal function slowly improving

Nat better 148 → 144

Other lyte ok

Hydration better

+ tr. glycerides

Pl - - TPN cont

- Hold Intact fid

- ✓ Lab

- ✓ CxR

[redacted]

000141

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11-26-98		Neurology on call
		Came by to evaluate pt who has been seen by us on this admission, familiar with present history (CI Blood active, Renal insuff, Metabolic Encephalopathy, DKA, Aspiration, sepsis) PT has been awake and alert following commands until 11-23 when he became restless and agitated. It appears that he has been oversedated c̄ ATIVAN drip and is now responsive only to Painful stimulus. Spoke c̄ Dr [redacted] recommend:
		(1) Hold All Sedation Except one time Dose Thorazine for Temp
		(2) Keep Sleep Log
		(3) Nembutal 100 mg now and Repeat 1 time at 3 A.M.
		(4) will Follow
		[redacted]

000142

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/27/98		RESPIRATORY CARE DEPT. DOCTOR Your [redacted] order Will expire 11/13/98 PLEASE REEVALUATE EFFICACY OF THERAPY. IF THERAPY IS TO BE CONTINUED, REORDER MUST INCLUDE TYPE OF THERAPY, MEDICATION [redacted]
11/27/98	6:45 A	Surgery A POD#2
		S. Intubated/treated
		O. T-100 BP-129/62 P-122 R-19 SaO2-100
		Heart - regular
		Lungs - clear
		Abd - soft, BS(+)
		Trach site looks good.
		A/P(1) Resp failure - Trach site looks good. Well follow site.

Thank You

Resp Care

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/27/98	705 AM	Neuro -
		Pt slept 10 hrs. Had 1 dose of nembutal.
		Pt responds to verbal stimuli. Open eyes. Conjugate
		gaze. Squeeze hand (L) hand. Able to wiggle
		toes. Pt possibly oversedated c̄ sedating meds.
		Improved. This AM.
		[redacted]
11/27/98	7 15 A	Resting comfortably [redacted] Quiet nite
		c̄ 10 hr sleep on 1 dose Nembutal.
		Will check thru day to see level
		of restlessness. Seems to respond well
		[redacted]
11/27/98		GI
8 AM		He seems to be more awake -
		Father @ Bedside - Father states Son Responds - Squeezes his Hand
		NG - Bilious - No sign of Bleeding
		He is passing liquid / green stool -
		Temp 100.9 / Pulse = 122 BP 129/62 I/O = 3248/3755
		ABD - soft / (+) BS
		Note Hgb = 10.3 / Hct = 29.6
		Amylase Not Repeated today
		Plan - Will continue present Rx
		If Amylase + Lipase ↓ - then may be Able
		to Begin Enteral Feeding
		[redacted]

000144

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/27/98

Neural

No new complaints.

Feeling same - on Respirator &

Sedated.

No edema. No not full, chest clear

No gallop. No Rub

Bad sp & not tender - mildly distended.

Rest as per [redacted] MD

Lab reviewed, CXR. Clear

Qual - 1) Renal function - significant improvement

Cr 1.1

2) Lyte ok. - Na 143.

3) Vol. status ok

4) + Bryglass / L. pose

5) + Blood sugar

Plan - (1) New TPN.

(2) + Insulin.

(3) - Hold intrathecal

(4) Discussed Hosp staff

(5). Discussed parents.

(6) ✓ Lab

(7) ✓ CXR.

Watch Yes

000145

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		11/27/98 I.D.
	11.35	Temp came down for a while yesterday. It is back up to 102-103°F range since then. Two alterations made yesterday to try to control the fevers:
		a) Started zosyn to cover Pseudomonas and S. aureus in the sputum, in addition to Enterococcus in the blood. Will plan to give him about 3 days on above to see if temp decreases.
		b) Thorazine 10 mg TID to see if he has a component of central fever. 1 dose was given. Neurology stopped medication because of concerns c̄ oversedation c̄ other sedatives. Plan - Hold thorazine for now - Get him off other sedatives - If in 3 days fevers persist → Re start thorazine trial (needs about 48 Hr of the drug around the clock to exclude central fever)

[redacted]

000146

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

DATE	TIME	NOTES
11/27/98	11 Am	Med [redacted] Tele - [redacted]
		24° events
		Neuro reconsulted
		Sedation ↓
		con't Fevers
		Neuro: PERRL, eyes open to verbal
		follows commands x 4 extrem
		(R) weaker than (L)
		CV: 110s-130s/50s-60s, 110s-120s
		H RRR ø M Ext pulses 2+ x 4 ø edema
		Pulm: 7.40 33 88 on AC 12 30% 800cc Resp 5
		CTAB/L ø R/R/W
		CXR: (R) UL infiltrate no Δ/s/l ↓
		GI: Active BS today ø distension
		AST 44 ALT 57 ALP 130 Alb 2.9
		TBil 0.6 C B.I 0.0
		G-U/FEN: 3395/3815 143/113 < 17
		Phos 3.3 Ca 8.0 ICa 4.6 Mg 1.0 3.8/17 < 1.1
		TPN written
		Heme: 16.8 > 10.3 < 365
		29
		Endo: 256-169-144-144-256-236-203
		No Δ in NPH, Reg ↑ in TPN to 90
		I.D. Tm 103° Tc 101°
		Zosyn Day 2
		(A/P) (1) DM - RBS ↑, TPN insulin ↑, cont NPH, SS
		(2) ARF - nearly resolved, renal follow
		(3) Δ MS - ? oversedation per neuro
		no Δ today will hold sedation & monitor
		(4) Pancreatitis - ø Amy/Lipase today → Δ'd to QD
		GI follows
		(5) Resp Failure - ABG stable (R) UL improved
		cont vent
		(6) Anemia - cont to transfuse as needed
		(7) Fevers - plan per I.D. → 3d of Zosyn, Hold Thorazine
		2° sedation
		continues febrile

[redacted]

[redacted]

000147

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

[redacted]

DATE	TIME	NOTES
		Neuro
11/27/98	1125A	Pt c̄ temp of 10[illegible]6 c this time. Had only 1 dose of Thorazine. All sedatives being on hold. Pt opens eyes, responding to verbal stimuli. Pt able to squeeze c̄ (L) hand, not squeeze on (R) hand. Able to wiggle toes B/L. Pt appears to be able to follow commands. Responding well.
		[redacted]
		Pulm / Vent
11/27/98 12:30PM		Neurostatus has improv. Continue to high fever. etiology unclear. It could ~~[illegible]~~ probably coming from the lung. He has RUL infiltrate — has grown Pseudomonas and Staph. aureus. The fever could also be secondary to pancreatitis. It seems unlikely to be central.
		Exam is unremarkable. Hemodynamically stable. good urine output. No excessive sections. no JVD. lungs are clear. no rales or rhonchi. no gallops. Soft abdomen.
		PM 7:40 Pcr-33 Por-88 on AC-12 FIO-30%. TV 800. Peep-5 cm.
		[illegible] will maintain patient management
		[redacted]

000148

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/27/98	4:05 pm	Nutrition Service Pt. continues on PN of D_{25} & ~~7.5~~ 5% AA @ 80 cc/h. Note triglycerides = 245 today so lipids will be held Creatinine/lipase = 331/3513 - ↑ing The PN provides ~ 1968 kcal & ~ 96 g pro per 24h. Will f/u. [redacted]
11/28/98	5:00A	Surgery A POD#3 S: Intubated/trach O: VSS, febrile Trach site clean 3 injection A ① SP Tracheotomy for pulm. failure POD#3 P ① cont follow.

[redacted]

000149

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/28/98	600	Neuro Slept 6 hrs, had 1 dose of nembutal. Pt responds to verbal stimuli, but appears too sleepy to follow commands. Pt still c̄ tang. off thorazine yesterday. Slept 8 hrs - 1 dose Nembutal. No tranquilizer in day - slept [redacted] all day.
11/28/98		GI Neuro input Reviewed - Sedation + Thorazine Held Tang 39.1 today Still c̄ High NG output (710) + 750 Rectal output Note Amylase + Lipase are Better (307/1859) Hgb = 9.5 / Hct = 26.9 Plan - Continue present Rx Hopefully will see further (↓) in Amylase + Lipase - We then may see ↓ NG output + may be able to consider Enteral feeding - (May need PEG in Near Future) [redacted]
11/28	13:20	ID Still c̄ fevers. Day #2 pip-tazo. Just small amount pale yellow resp secretions. Lungs clear Abdomen soft Tabs noted. WBC's = 22 Imp/Plan Persistent fevers. Recent alteration in ATB's to include coverage of resp organisms, but resp tract does not appear major problem. Fevers may be central. Possibly related to pancreatitis will [redacted] continue zosyn for now

000150

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES [redacted]

NOTES

11.28.98 9A

Pulm

more Anadr [illegible] Arm

vs. 122.75 135 39 1/ 92 3815 / 4145 ✓

7.45 / 27 / 72 (19) ✓

AC 12 800 35% Peep 5

Lungs Clear (B)

Cs S, S2

ABD fine ↓ BS

Cx. improved (R) uc infiltrate resolving

Lab - 142 / 115 / 17 21.4 / 11.7 / 387

4.2 / 15 / 1.0 34.1

Angl 304 ↓

Lip 1859 ↓

Pulm Stable tolerating Vent - 8 Hypercapnia

Bulk ā Sleep Protocol

may try wave later

ID (+)

Sputum gas Pseudomonas

on 2DS gr

Pulm - Stable

Neuro Sleepy & Agitated & Sedation

to be given During Day

Nutrition on TPN

Pulm (1) follow lights (Bicarb)

(2) Alox

(3) follow Angl/lip

000151

[redacted] [redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11-28-98	1000	FP.
		More alert today than on Thursday.
		Reviewed last few days c̄ mother + father. [redacted]
11/28/98	1010	Med [redacted] Rite [redacted]
		24' Continued fevers (Tm 102⁷)
		Transfused 1 UPRBC
		Neuro: No Δ. pt follows Commands x 4 extrem
		PERRL RUE/RLE MS 3/5 LUE/LLE 5/5
		CV: 120s/50s-70s HR 120s-130s
		LL RRR Ø m Pulses 2+ x4 Ø edema
		Pulm: lungs CTAB CXR no Δ
		7.45 27 72 on AC 12 30% 800, 5
		GI: AST 48 ALT 53 ALP 138 Alb 3.1 TG 261
		CBiff⊖ TBil 0.6 CBil 0.0 Amy 304 Lip 1859
		⊕ 710 cc/24° per NGT 750 cc/24° stool
		GU: 142 / 115 / 17 I/O 3710/4145
		4.2 / (15) / 1.0
		ENDO: 174-185-222-163-189-190 RBS
[redacted]	11/28/98	~~Nephrology~~ no Δ in insulin
		ID: still c̄ fevers Tm 102⁷ Tc 38⁹
		Heme: WBC 21.4
		21.4 > 11.7 / 34 < 387
		(A/P) DM - BS essentially same - continue current insulin
		ARF - resolved Cr coat improvement, renal following
		AMS - more alert today continue to maintain sleep cycle neuro following
		Pancreatitis - Lipase ↓ today, still NPO
		GI following TG ↑→Ø lipids
		Resp failure - still ↑ MV, ↓ PCO₂ HCO₃↓
		Fevers (ov) pulm following

000152

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/28/98	10^10	(Med [redacted] Data Cont)
		Fevers - Continue On 20.yr 1D following
		Plan to retry thoracine in a few days
		Anemia - Improved, still ↑ NG output
		will transfuse as needed
		[redacted]
	11/28/98	Nephrology
		I/O 3700/2600/700
		- well balanced
		NV △ in physical exam.
		BUN 17
		Cr 1.0
		Lytes 142/12 / 115/15
		PH 7.45 (arterial)
		PCO2 27
		PS Satisfactory : CXR: Clear
		Plan: - TPN renewed.
		Stay off intralipids
		due to hyperamylaremia
		[redacted]

000153

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/28/98 Pulm / Vent

All above noted. He seems to be better. Low grade fever. He is a 20 syn. Hemodynamically stable. Good urine output. No recession sentiments.

lungs are clear. no Rales or Rhoe

no gallop or [illegible]

soft abd.

Gas exchange has improved. The pancreatic enzymes are fluctuating.

Nephrology note appreciated

Plan ① Improving

② Continue present management

[redacted]

11/29/98 0530 Surg D

① Problem list

① Pancreatitis

② Acute failure

③ Fever

④ Anemia

⑤ ARF

VS T 39 2 Hr 131 RR 20 BP 124/59 Jan 96

Heart Trach look good, ① NGT → reddish brown

CV S.S tachy

CDA B/L now

Abd soft, ND, NV, BS

Ext ① Clear

① multiple medical problems ③ Fever → ID are [illegible]

② Trach site looks good

P ① will follow

② [illegible]

[redacted]

[redacted]

000154

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/29/98	720	nurse reports pt slept pretty much through night. 1 dose neumbutol. pt alert, eyes open able to squeeze hands blinks, wiggle toes Looks much brighter Slept 7 fragmented hours last nite. Up in chair again today. [redacted]
11/29/98	1045	SMR Neuro: pt more alert, follows simple commands strength ↓ thru out, not able to answer yes/no questions when wide awake. Pulm: CXR unchanged; clear breaths sounds scant sputum, good air exchange Ø wheezes 7.48/27/116/20 CVS: tachycardic upright in chair, improved @ rest. S_1 and S_2 ØM BP 122/55 P 120's Abd: fair BS, soft, no obvious pain to palpation Amylase 262 > improved 550-750 cc NG/day Lipase 1638 500-700 cc rectal paved of melena LFT - NL and stable. GU: I/O 3445/3582 Endo: BS 163-222, stable ID: remains febrile on Zosyn A: ① Continued GI bleeding, sign. amounts ② improved but continued pancreatitis ③ Febrile - source unclear. P: ① Consider PEG/j-tube + starting TF beyond bleeding/pancreas. ② D/C unasyn + AM + begin thorazine if still febrile. D/W Dr [redacted]

000155

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
112998	11:25	Prelim Staff
		Awake
		Following commands
		On exam.
		T39, 148, 22, 148/86 I ≈ 0
		To cyanosis
		To RR air
		Heart ORR
		Lung To Shouchi To crackles
		Abd BS (+) nontende
		Ext To edema
		Labs as documented
		CXR - unchanged
		A ① DM -
		② Renal failure - better
		③ CVA -
		④ Pancreatitis - asked pharmacy to evaluate any meds causing pancreatitis
		✓ U.S abd for gallstones
		⑤ GI bleeding esophagitis, gastritis
		⑥ Fever - pancreatitis
		P① Follow ca, lipase
		② U.S gallbladder
		③ Follow H/H
		④ GI to see & advise reg bleeding & PEG.
		⑤ I.D, renal, neuro, GI, C-sing following
		⑥ Vent VC 23.3. P&P 25 FiO2 30% not ready to wean thanks

000156

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
	11/29/98	Nephrology I/O balanced 3400/3200 Cr 1.0 BUN, Creat stable K 4.0 FiO2 20 Plan TPN renewed. Will continue & prune unnecessary daily labs [redacted]
11/29	12:25	IID Temp ~39. Clinically stable. Improved mentation. Resp secretions ↓. Lungs clear Abdomen soft. Clear urine No new culture data Day #3 pip-tazo Amydar, lipase remain elevated Imp/Plan. Ongoing fevers are likely noninfectious (? pancreatitis, ? central) Will leave on antibiotic for now. Dr [redacted] will reassess tomorrow [redacted]

000157

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DAT[redacted] NOTES

11/29/98 GI

He opens eyes to voice today. Bilious NG output
T399 bp 26/50 NG 550cc/24hr
Rectal pouch 490cc/24
Abd soft, no grimacing to palpation
Labs 17.8 / 11.5 / 34.4 (stable)

lipase 1638 (↓) bili nl

Continue present management. [redacted]

11/29/98 3:10 pm Nutrition Service

Pt continues on PN of D_{25} & 5% AA
@ 80cc/°.

Labs were reviewed - amylase/lipase = 262/163
TG = 239

The PN provides ~1968 kcal & ~96(g) pro/24°.

The NG output on 11/28 = 550 (↓ from 710)
stool volume 11/28 = 490 cc

Will continue to monitor.

[redacted]

000158

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/30/98		Surgery A S: Ø c/o O: VSS, afebrile Trach stable - no sign of infection A ① S/P Trach, POD# 5 P ① Will follow.
11/31/98	636#	Neuro - Pt sitting up in bed. Pt awake & alert, watching TV [redacted] Following all commands. Slept for 7 hrs, 3 dose of nembutal. Pt afebrile. Doing better.
11/30/98	0805	GI/Intern S: Pt. alert + follows commands, Ø c/o thus Am. ① VS: 114/60, 113, 16, Tmax: 39° SaO2 - 100 I/O: 3060/3300 NG: 450/24° PE: HEENT: Trach Heart: Rhythm, Tachy TPN - 80 c/° Lungs: (B) [illegible] Abd: [illegible] Ext: Ø edema, Ø Temp diff. Lab: 7.44/28/70/19 Baseex - Ø4.4 FiO2 TV - 800 PEEP - 5 Rate - 12 142 | 109 | 17 / 3.9 | 22 | 0.9 — 11.2 / 15.1 / 36.8 / 32.6 — Ca - 8.6 phos - 3.3 Mg - 1.9 ALT/AST: 70/71 Alk phos - 157 ALB - 3.1 Conj Bili - 0.3 Amy/Lipase - 272/1737 myo - 143 (A/P) (1) Amy + Lipase stable except slight ↑ Lipase (2) NG output continues to ↓ (3) Will consider PEG if status continues to improve.

[redacted]

000159

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES

Nov. 30, 1998 0745AM Med [redacted] service ~~at~~ Med Student note

(S) Patient is awake and can respond to commands. Grasps fingers, opens mouth, Can move EXT. Watching CNN.

(O) pulse 114 115/61 SpO2 100 Temp 36.7° Tmax 39.9°

11/28 I: 3445 O: 3582

HEENT: PERRLA. Ø sluggishness. Tongue has patchy white spots. Ø lymphadenopathy. Ø rhinorrhea

Neck: Ø JVD. Ø carotid bruits

Heart: RRR Ø M/R/G S1 S2 audible

Lungs: CTA (B) Ø wheezes Ø rhonchi Ø rales. Tachycardic.

ABD: soft, NT, NO. (+) BS

Ext: +/+ pulses (B) upper and lower extremities. Ø Babinski (B)

pH 7.44 pCO2 20 pO2 70 HCO3 19 BE -4.4.

TV	PEEP	RR
800	5	16

15.7 / 11.2 / 32.6 < 3.7 segs .368 platelets

142	109	17
3.9	22	0.9

Ca2+ 8.6 Phos 3.3 Mg2+ 1.9

AST 71 ALT 70 T.Bili 0.3, conj 0.0

alk phos 157 Ica2+ 4.84

alb. 3.1 amylase 272

TG: 252 Lipase 1737

myoglobin 143

000160

(A) Systems problem list

(1) Neuro - MS improving with withdrawal of sedation.

(2) Renal failure - improving. BUN, Creat stable.

(3) GI bleed - less blood collected in NG tube. esophagitis vs gastritis. BS improving.

(4) Fever / Infection - being treated with Zosyn 3.3g IV q4° Fever reducing gradually.

(5) S/P trach - incision healing. In place. Vent dependent / unable to wean / resp failure.

(6) DM - stable, no change in Insulin.

(7) Pancreatitis - lipase improving slowly. [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
Nov 30, 1998	0800	Med [redacted] Student note continued.
	(P)	multiple medical problems
		(1) Consultations - continue with:
		Surgery A - trach
		GI - GI bleed, + pancreatitis, NG tube.
		ID - fevers, ⊕ S. Aureus ⊕ Pseudomonas, Zosyn treatments
		Pulmonary - S/P trach, resp. failure. Failure to wean.
		Renal - Renal failure.
		(2) Encourage mental stimulation
		(3) Continue with current therapy.
		[redacted]
11/30/98	1045 AM	Med [redacted] Intern Addendum
		Agree c̄ student note. Pt seen. More responsive. Still ↑ MUs. Still c̄ fevers. Prior plan per I.D. to try Thorazine p̄ 3d Zosyn if continued fevers. Pancreatitis still T - will get USN GB. Will Discuss Thorazine c̄ [redacted]
		[redacted]

000161

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

Pulmonary

4/30/98 0800 Pt Alert this A.M. following Commands.
Pt denies difficulty breathing.
Trach in place minimal drainage.
Currently on AC rate 12, VT 800, FIO2 30%,
Peep 5.

O/ T 36.7 P 113 RR 16 BP 114/60
HEENT: PERRLA, Ø icterus
oropharynx ī erythema
neck: Trach - min. drainage
Cardio: S1 S2 Ø gl m/r regular - tachy
Pulm: Br.s equal ī exp. rhonchi
bilateral
Abd: (+) BS soft ND, NT
Ext: EPC coffs on Ø edemal cyanosis.

Labs: Ph 7.44 / PCO2 28 / PO2 70 / HCO3 19 - AC 12/800/30%/Peep 5

142 / 109 / 17	AST 71	Trig 252
3.9 / 22 / 0.9	ALT 70	T bili 0.3
Ca2+ 6.6	Alk Phos 157	
Phos 3.3	Abb 3.1	Amylase 272
mg 1.9		Lipase 1737

imp: 1) Vent dependance - has failed weaning
2) Renal failure - improved.
3) Pancreatitis
4) GI bleeding - esophagitis vs gastritis
5) CVA
6) Fever - etiology?

Plan: 1) Wean as tolerated
2) Cont. to monitor H/H, lipase
3) ✓ vs GM bladder

000162

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	NOTES
11/30/98	Nephrology
	I/O balanced
	Renal function stable
	BUN 17
	cr 0.9
	K 3.9
	iCa 4.83
	Mg 1.9
	Alb 3.0
	Plan > ↑ TPN to 100 for [redacted]
	> ✓ pre-albumin
	> D/W or [redacted]
	1/2 [redacted]
	> Cut back unnecessary labs & xrays [redacted]

000163

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

11/30/98	11:30A	G. I.
		NO signs of active G I Bleeding
		NG aspirate non-bloody – ~ 400 cc yesterday but 350 cc in last shift.
		T 37.8°C
		abd - soft, NT ⊕ BS.
		Labs – amylase 272 } unchanged.
		lipase 1737 }
		ALT 70 ↑
		AST 71 ↑
		Hgb 11.2 gm/dL
		Ap ① Esophagitis / Gastritis - cont Prilosec No further bleeding.
		② ? Pancreatitis - CT abd 11/23 showed pancreas to be normal. Will ✓ US for stones / sludge or biliary dilatation.
		③ Ileus - 2° to ? # 2 + critical illness. Needs to tolerate TF's before considering PEG. cont TPN as per renal service.
		[redacted]
113098	11:55	Pulm Staff
		Mr. [redacted] is awake, alert following commands
		NO CP, sinus pain, cough, abd pain calf pain →

000164

[redacted]

[redacted] [redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Dr. Ekam.
		T 37° Tmax 38°, 113, 15, 134/77
		I ≃ 0
		To cyanosis
		To Skin To sinus tenderness
		Heart RRR To murmurs
		Lungs To ethonchi
		To crackles
		Abd BS⊕ nontender
		Ext To edema, To calf tenderness
		Labs
		As documented in previous notes
		~~[illegible]~~ 1737
		ATSG on 30% - 7.44/28/70/19
		CXR - (R) VL infiltrate
		A ① pancreatitis - cause unclear
		- No hypocalcemia
		- G1 following
		② Renal failure - better
		③ OVA
		④ DM -
		⑤ G1 bleeding Hct not much
		decreased - G1 following
		⑥ Fever - source unclear
		on Zosyn.
		P① Vent
		ie - 13 - 17 L/min
		PIP 19
		on A/C 12/800/30%/+5
		because of high ie 2° pancreatitis
		or infection, pt will not wean

000165

[redacted] → [redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DA[redacted] NOTES

(2) continue 2 Sym.
2D following
(3) follow G1 recommendation
(4) obtain U.S gallbladder to R/o
cholelithiasis cholecystitis
(5) on pulser / SPC cuffs

Family updated [redacted]

11/30 1410 Nutrition Services:

Above all noted.

Continues to receive PN of Das + 5% AA, Rate ↑
to 100 cc/°.

Lipids continue to be held —

Labs - Albumin 3.1

New PN rate will provide ~ 2460 kcal ~ 720 g protein
per 24° ——

To recheck prealbumin level ——

Continue to follow

[redacted]

000166

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	[redacted]	[redacted]OTES
11/30/98	7:30 pm	Off Service Note - Med [redacted] Intern
		This is a 19 yo ♂ who presented as a transfer 11/8/98
		from [redacted] with cc of coma,
		Severe diabetic ketoacidosis - new onset, pt had
		history of rapid weight loss (40-50 # over 2 months)
		facilitated by an over-the-counter weight loss
		product containing ephedrine, ibuprofen, caffeine, hydroxycitrate
		Lines: (1) basilic PICC placed 11/24/98
		Tracheostomy placed 11/25/98
		NG Tube 11-29-98
		Foley catheter 11-11-98
		Consultants: Pulmonary ([redacted]
		Nephrology ([redacted])
		Infectious Disease ([redacted]
		Gastroenterology ([redacted]
		Neurology ([redacted])
		Rehab [redacted]
		Surgery [redacted]
		Problem List:
		(1) DKA - resolved
		(2) DM - insulin requiring
		(3) Pancreatitis - continued
		(4) GI bleeding 2° esophagitis/gastritis - improved
		(5) Anemia 2° #4 - resolving
		(6) Rhabdomyolysis - resolved
		(7) Renal failure (acute) - resolved
		(8) Hepatitis - resolved
		(9) (L) hippocampal infarct, globus pallidus c (R) sided weakness
		(10) Altered mental status - improving
		(11) Ventilator-dependent - ? 2° continued pancreatitis vs infection
		(12) Nutrition
		(13) Fevers - Infectious vs pancreatitis vs central

000167

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
11/30/98	230 pm	Off service note (continued)

Plan

(1) Control diabetes - pt currently receiving NPH 30 u SQ BID + 90 units/L in TPN (regular + sliding scale. FSBG Q6°. May ↑NPH & ↓TPN ins

(2) Continue to monitor Amylase & Lipase RUQ ultrasound pending to R/O GB as etiology of continued pancreatitis. Holding lipids in TPN 2° ↑TG

(3) Continue to monitor H/H, GI output for blood transfuse as needed

(4) Eventual rehabilitation placement once pancreatitis resolved and pt weaned from vent Continue physical therapy

(5) When pancreatitis resolved, pt may be weaned from vent if minute volume falls into normal range

(6) Pt currently receiving TPN, written by nephrology. This may be taken over by 1° service. GI will place G or J tube once GI bleeding is clearly resolved. Tube feedings may begin at that time if pancreatitis not worsened

(7) Cultures have been negative recently. Pt has been on Zosyn x 5d with continued fevers. ID. had suggested trial of Thorazine to rule out central fever. will start today

[redacted]

11/30/98 I.D.
Remains febrile. Use of Piperacillin-tazobactam did not alter his temperature pattern.
His last (2) blood culture was

000168

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	T[redacted]	OTES
		on 11/18/98.
		Will plan to D/C antibiotics
		Wait for ~ 3 days and
		reculture.
		To exclude a central fever - will
		give him a trial of Throngine
		10 mg (PO) TIX X2-3 days.
		[redacted]

000169

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/1/98	0620	Surgery A S: ∅ c/o O: VSS / febrile c̄ Tmax to 39.3 Trach Stable - ∅ drainage (A)(1) S/P TRACH POD #6 (P)(1) Will follow [redacted]
12-1-98	0625	Neuro Pt. awake, obeys commands, appears alert. Slept x 5 hours c̄ 2 doses of pentobarb. Tm - 38.6 BP 140/12 R 18 P 130 SAO2 99%. ICU 3480/2540. Moves all ext, ↓ motor strength BIL. UE LE. A/P 1) (L) hippocampal infarct. (R) sided [illegible] > (L) side [illegible] 2) Febrile - Zosyn d/c yesterday. Started on Thorazine 10 mg q 8° NG yesterday. 3) Dim Dr. [redacted] Dam adequately. Continue to mobilize [redacted]

000170

[redacted]

[redacted]

SICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/1/98	0715	med [redacted] med Student note
		(S) Pt awake. Responds to commands. Smiles, gives "thumbs-up" sign. Pt only slept for 4 hours last night (with 1 dose nembutol).
		(O) 140/62 HR 130 RR 18 SaO_2 99
		7.44 / 28 / 70 / 19 / -4.4 BE 88.9 kg.
		F_1O_2 30 Tv 800 PEEP 5 RR 12
		Temp: 38.6 Tmax 39.3
		HEENT: ~~BP~~ PERRLA. Ø rhinorrhea. Lips slightly dry.
		Neck: Ø JVD. Ø Bruits. Ø lymphadenopathy. Incision healing.
		CV: RRR Ø m/R/G. (+) S_1, S_2. Tachycardic.
		LUNGS: CTA (B). Ø wheezes Ø rales Ø rhonci.
		ABD: soft, N/T, N/D. (+) BS (hypoactive).
		Endo: BS 245, 184, 185, 159, 180 1DDM.
		Ext: +/- pulses upper and lower extremities.
		Improved strength on lft side.
		Cap. refill Brisk.
		Labs: 142 / 109 / 17 Ca^{2+} 8.6 Phos 3.3
		3.9 / 22 / 0.9 AST: 71 ALT 70
		alk phos 157 alb 3.1 TB 252
		T. Bili 0.0 conj bili 0.0
		Ca^{2+} I 4.84 myoglobin 143
		amylase 340 (272 @ 2400)
		Lipase 1523 (1737 @ 2400)
		I: 3480 O: 2540
		(A) 19 yo hispanic ♂ with a history of multiple medical problems including:
		(1) DM: Insulin requiring, under control with 30 u SQ NPH, and 90 u/L in TPN.
		(2) MS changes - Rt sided mm weakness continues. Improving - can follow commands more regularly. Continue to encourage movement.
		(3) Resp. failure - trach. in place. Unable to wean. 2° to continued pancreatitis vs infection?

000171

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	[redacted]	NOTES
12/1/98	0730	med [redacted] Student note continued
		(A/P) (4) Fevers - possibly due to infection. On thorazine 10mg q 8° to R/O central fevers. Off antibiotics. Will culture on 12/2 per ID.
		(5) GI - upper GI bleed - continued blood in fluid collected from NG tube. Being treated with prilosec and carafate, little improvement noted. CT of abdomen done 11/30. Results (P). to R/O continued evidence of acute pancreatitis. Lipase Levels still very high, but falling.
		(6) Renal failure (acute) - resolving. still making urine. Electrolytes w/i normal limits.
		(P) (1) monitor results of thorazine trial and repeat cultures. May need to restart antibiotics if fever continues on thorazine.
		(2) monitor abdominal CT scan results.
		(3) Consult with GI - watch pancreatitis. When resolves may again attempt to wean per respiratory.
		(4) D/W team [redacted]
12/1		Surgery
		Trach site ok
0750		D/C sutures
		will sign off.

[redacted]

000172

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/1/95	0800	Pulm Pt Alert this. A.M. following commands. Continues c̄ fever. Trach c̄ min. drainage. Vent settings AC rate 12, Vt 800, FIO2 30%, Peep 5. V̇E 17.7 PIP 23 cmH2O.
		O/ T38° P114 RR17 BP145/74 SpO2 100% HEENT: PERRLA, EOM intact ⊘ icterus. oropharynx c̄ erythema Neck: trach in place - min drainage. Cardio: S1 S2 ⊘ gallop/a regular Pulm: Bes equal ⊘ rhonchi Abd: (+) BS, soft, ND Ext: NO peripheral edema.
		Labs 15.8 \ 11.1 / 355 / 32 Amylase 242 Lipase 1523
		CXR RUL infiltrate
		000173
		A: 1) Pancreatitis - enzymes stable - etiology? 2) Vent dependent - Unable to wean @ this time. ↑ V̇E 2° to metabolic demands (Pancreatitis). PIP 23. 3) DM 4) GI bleed - esophagitis vs gastritis. 5) fever - etio? → leukocytosis 6) CVA.
		Plan: 1) Continue Chest physiotherapy - MDI, Suctioning 2) Continue to monitor Amyl/lipase 3) Reculture off Antibiotics 4) ✓ on results of Abd. US. - Gallstones? 5) Wean as V̇E ↓s/since pancreatitis resolves

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

D[redacted] NOTES

12/1/98 I.D

Remains febrile but at a lower level.

Alert but does not follow commands.

Tracheal secretions very scant.

Requires saline instillations for suctioning.

Also Soft.

WBC 15,000

Amylase, lipase still elevated.

Plan - Keep off antibiotics

- Reculture in 24-48 Hr

[redacted]

12/1/98 GI

9AM

He is sitting up in chair. giving a small thumbs up when asked how he feels. No gross GIB. His NG put out 350cc (bile) & stool 200cc/24

T 39.3

Abd soft, NT, (+)BS

Labs Hgb 11.1

76		
93	157	.3

000174

lipase 1523

Continue current therapy.

✓US.

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/1/98	10:15 AM	Pulse/Vent
		Awake and alert. Sitting in the chair. Smiling. Low grade fever. Hemodynamically stable. Pulse - 135 pmts regular, sinus. Myelos
		Tolerating the vent well. A/C - 12 TV. SW. Peep - 5. FIO - 30%
		Good urine output. Urine is bloody, ? Hematuria.
		lungs are clear
		no gallop or (m)
		soft abdomen.
		Chest x-ray ↑ continue to be clear
		Sg - 96%
		Plan ① He is much improved. Pancreatic enzymes are improving with ✓ ultrasound reports (no gall stone.
		② will start weaning by changing to SIMV
		[redacted]
12/1	1100	Nutrition Services:
		Above all noted -
		Continues on PN of D25 + 5% AA c 100 cc/o.
		Labs - Prealbumin ® Amylase / Lipase ↑
		Present PN provides ~ 2460 kcal + 120 g protein per 24° —
		Pending prealbumin level — will make TPN recs.
		[redacted]

000175

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
	12/1/98	Nephrology
		I/O 3480/1990/850
		Wt .89 gm.
		Pulm notes noted
		Urine – dark yellow.
		Lytes 141/3.9 / 109/19
		Hb 11
		Pre-albumin pending
		Plan – Continue TPN @ 100
		✓ pre-albumin
		✓ U/A
12/1/98	640	Neurology
		S: Pt awake, [redacted], staff reports slept 13/24° yesterday
		Req'd 2x nembutal last pm. Awake 4° last pm.
		O: tachy 135 VSS
		PERRL EOMI
		(S) intact lt touch throughout
		(M) Moves all 4 ext x̄ lower ext braced – minimal toe mvmt L>R
		Holds 2,3 fingers up s̄ difficulty on command
		A/p (1) R. Hippocampal infarct
		– more alert this am per staff
		– req'd nembutal x 2 – sleeping well, but early in day.
		– D/w Dr. [redacted]

000176

[redacted]

[redacted]

[redacted]HYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12-2-98	0730	GI - Res (No c/o Abd pain)
		PT ALERT, ATTENTIVE COMMUNICATION w/ NURSES
		VS 143/59 14b Temp 38° 100%
		vent assisted
		I/O 3810/2820
		Rectal POUCH FN PLACE
		STOOL OUT 550cc/24°
		URAR - TACHY
		ABD SOFT, (+) BS, NT
		138 / 106 / 3.6 / 22 — 139 / 10.7 / 31.0 / 334 — Amylase = 207 (↓) Lipase = 1270 (↓)
		Phos 3.1 Mg 1.7
		GB US - limited & large stones
		PLAN: CONT CURRENT TX
		CONSIDER HIDA

[redacted]

000177

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/2/98	0745	Intern c̄ ID: Vitals @0700 148/59, p136 R19 (15.
		Pt febrile at 39.2 WBC improved ↓13.9
		Resp suctioning depicts mod light yellow
		Pt receiving thorazine (Began 11/26) -
		attempt to assess for central cause fever
		Antibiotics withdrawn 11/30/98
		Pt stable - will discuss persistent fever
		despite thorazine c̄ Dr [redacted]
		H: Tachy ~120 Will follow.
		L: Relatively CTA anteriorly. [redacted]
		Ab: BSt, soft
		Ext. EPC cuffs
		[redacted]
	12/2/98	Nephrology (Sign off)
		I/O 3810 / 1845 / 1970
		G Mild positive fluid balance.
		ICa 4.72
		Mg 1.7
		K 3.8
		Pi 3.1
		Pre-album 302
		000178
		Plan, TPN - adjusted
		> will give 40 g V lasix
		x1
		> will sign off [redacted]
		DIW Dr [redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/2/98	~~07~~ 0945	Med [redacted] med student note
	(S)	Pt is alert and oriented. He gives the "thumbs up" sign when asked, how he is. ØPain. ØN/V/D. ØSOB. No complaints.
	(O)	143/59 pulse 136 RR 19 T: 39.2° Tmax 39.8
		I: 3810 O: 2820 S_{NO_2} 98%
		HEENT: PERRLA. Ø rhinorrhea. Lips no longer cracked & dry.
		Neck: ØJVD ØBruits. ~~N~~ Trach in place.
		Lungs: CTA (B) Ø wheezes Ø rhonchi Ø rales.
		CV: RRR Ø M/R/G S_1, S_2 audible. Tachycardic.
		ABD: soft, N/T, N/D, (+) BS.
		Ext: +/+ pulses upper and lower ext. Cap. refill brisk. Braces in place on feet to prevent foot drop and ligament is stretched.
		Neuro: slept for 12+ hours yesterday. No Δ in MS.
		Endo: blood sugars 151, 143, 129
		Labs: 138 / 106 / 3.8 / 22 13.9 > 10.7 < 33.9 / 31.0 3.54 Segs
		Phos 3.1 Mg^{2+} 1.7
		Amylase 207 Lipase 1270
	(A/P)	(1) Respiratory failure - unable to wean. Plan to be more aggressive after patient's pancreatitis resolving. Now on CPAP for today.
		(2) Pancreatitis - enzymes still elevated but showing some improvement.
		(3) Ultrasound of GB 12/1 shows possibility of tiny calculi.
		(4) GI - bleed from esophagus vs gastritis? NG tube will be pulled today. GI to check site of bleeding.
		(5) Endocrine - DM controlled.
		(6) TPN written now by 1° service - nephrology has signed off as of 12/1 as pt's renal fcn improv

000179

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/2/98	10:10	med [redacted] student note continued.
		A/P cont
		(7) continued fevers despite treatment with Thorazine. Will continue to stay off Antibiotics as per ID.
		(8) Pt will be transferred to [redacted] today following extraction of NG tube.
		(9) GI suggests HIDA to visualize biliary tree. Swallowing study ordered. ✓
		[redacted]
12 2 98	11:35	Pulm Staff
		awake
		following commands
		NO CP, cough, abd pain, calf pain
		on exam
		39°, 148, 25, 122/51. I > O
		o cyanosis
		o sinus tenderness
		Tracheostomy site clean
		Heart RRR
		lungs o rhonchi o crackles
		Abd BS (+), nontender
		Ext o edema o calf tenderness
		Labs
		Mg 1.7 bpase 12 70
		Lest lytes - (N) WBC 13.9.
		CXR - (B) UL infiltrate (+)
		(1) CVA
		(2) Renal pauline - better
		(3) PDM

000180

[redacted]

→

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		(4) Pancreatitis
		(5) Fever - pancreatitis
		- pneumonia
		(6) a/bleeding - resolved
		Plan:
		1) vent VC - 10-15 L/min
		PIP 21.
		on PSV 15 PEEP 5 TVT 800 ml.
		Fever is a problem hindering weaning
		2) on pulsed & SPC cuffs
		3) a/c ID following
		Talked to Dr. [redacted] regarding pancreatitis and he recommended to start tube feeds. If lipase doesn't increase, will continue feeds
		4) swallow study
		- [redacted]
	12/2/98	ID
	11:30	Trial of Thoragine failed to ↓ temp
		Will D/C Thoragine
		Other potential Sources - Pancreas
		- CT to be done
		Lungs - Sputum recultured -
		Will start Cefepime for
		Ps Aeruginosa + Staph A.
		Blood - Repeat culture done

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DA[redacted] NOTES

12/2/98 12:30pm — Speed: Please see initial results of bedside swallow eval in Phys Med [redacted] Thanks!

[redacted]

12/3/98 645 — Neuro

S: Agitated last pm, pulling @ tubes & lines
rec'd ativan earlier this am, sleeping since.
Temp to 39.6 – cultured.

O: T 39.6 HR 120 resp 27 160/20
~~PERRL~~ θ FSC
PERRL
θ resp. painful stim on R.
(+) w/D on L. "

A/P (1) R Hippocampal infarct
- Sig. Δ in exam but just rec'd ativan
- did recieve rembutal x 1 last pm.
- will reschedule prn meds – θ done on transfer.
- cont to follow.
Currently sedated. Will return.
Consider use of Librium 50mg q2h prn [redacted]

Pulm

12/3/98 0815 — Pt sedated this A.M. resting comfortable on vent. Pt currently in CPAP mode 5 c̄ PSV 15 cmH2O FiO2 30%. VE 12. Trach c̄ min drainage

O: T 38.5 P122 RR23 BP 160/72

HEENT: Pupils equal, reactive
oropharynx c̄ erythema

000182

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Pulm cont
		neck: trach in place, min drainage
		Pulm: Br.s 3 rales/rhonchi, equal
		Cardio: tachy, $S_1 S_2$ @ glow/r
		Abd: (+) BS, Soft, ND, NT
		Ext: @ edema
		Labs 13 \ 10.5 / 37.3 / 30.4
		Ph P_{CO_2} P_{O_2} HCO_3
		ABG: 7.44 / 37 / 144 / 24 - CPAP5 PSV15 FIO_2 30%
		Blood cult / Sputum: Pending
		Abd CT - Awaiting official report.
		mgt: 1) Vent. requiring - doing well c̄ Pressure support.
		2) (R) hippocampal CVA
		3) Dur - BS's 120's - 150's
		4) Pancreatitis - Amy/lipase Stable
		- Await results of Abd CT
		5) Fever
		- Placed on Cefetaxime
		- Await BC + Sputum C+S.
		6) GI bleed
		- Slight ↓ in H+H ?
		Rec: 1) Will Continue to wean from vent as tolerated
		2) Follow BC's, Sputum, CT Abd
		3) Await final results of swallow Study - feed if indicated.
		4) Continue to monitor H+H, Pancreatic enzymes.

[redacted]

000183

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/3/98 8AM		GI
		He is sedated this am - difficult to arouse
		Temp 39.6 yesterday - Now 38.5 - Pulse ≈ 122
		Chest - Clear
		CV - Rapid Rhythm
		Abd - Soft / (+) BS / No obvious tenderness
		Impression from GI perspective
		(1) Swallow study per speech path
		No obvious aspiration
		Still on TPN
		(2) Pancreatitis
		Await Results of CT
		Pancreatic Enzymes Have Been Improved
		(3) GI Abed - Prior EGD → Ulcerative Esophagitis
		He is on Pritonec 20 bid + Carafate 1gm Q8°
		Hgt Stable 10.5
		Plan - Continue TPN - Now on Ceftaxime 2g Q12° per ID
		Will ✓ CT
		[redacted]
12/3/98	0930	FP.
		Discussed c̄ mother + father.
		Not too soon to look at D/C options,
		will ask social services to see +
		arrange visit for family at [redacted]
		Discussed eventual need for PEG.
		Family understands the importance of
		using enteral route for nutrition
		when stable. [redacted]

000184

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/3/98	0930	Mod [redacted] med Student note
		(S) pt has been sleeping about 4 hours a day.
		He is not in any pain, ØN/V/D. ØSOB.
		Comfortable. ★
		(O:) T38.5 Pulse 130 RR 23 BP 160/72 CPAP 5 Tmax 39.3
		PEEP 5 SpoonV7 672 V7 pressure limit 70 Peak Pressure 21, Minute vol 16.9
		General: movement slower than normal. Takes
		longer for pt to respond to commands.
		Still understands commands, questions.
		HEENT: PERRLA. Ø rhinorrhea. throat Ø exudate. Lips dry and cracked.
		Neck: ØJVD ØBruits. Trach in place and secure.
		CV: RRR ØM/R/G. S_1, S_2 audible. Tachycardic
		Lungs: Course breath sounds Bilaterally. Ø rales, few rhonci.
		ABD: soft, N/T, N/D, (+) BS
		Ext: Ø Edema +/+ pulses UE and LE.
		Labs: as per pulmonary
		(P:) Blood Cx, sputum Cx, Amylase, Lipase, await official report ABDC
		(A/P) (1) Respiratory failure - unable to wean as of
		yet. Pt. doing well on pressure support.
		will continue to try to wean off vent as condition stable
		(2) Pancreatitis - abdominal CT (P)
		Amylase & Lipase stable.
		(3) GI bleed - swallow study per speech pathology.
		found no obvious aspiration. may
		feed few clear liquids if tolerated
		(4) DM - under control
		will change Insulin to 25 Regular U with TPN and
		60 U NPH sub Q with a sliding scale.
		(5) Neuro - mental status slowly improving
		Fevers decidedly not central in origin - d/c thorazin
		~~nembutal~~ Probable infectious process.
		For sleep through night: Pentobarbital 100 mg IV at
		approx 9pm if pt still awake 1 hr later, Give 50 mg
		Librium IV.
		CONT →

000185

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/3/98	0945	med [redacted] Med Student note continued (6) Fevers - probable infectious origin Treating with cefepime 2g IV q 12°. cultures pending - Total body Galium scan Pending (7) Renal failure - resolved. Nephrology is no longer following as of 12/2/98 (8) Biliary sludge found on gallbladder ultrasound. Will use CT to confirm suspition of cholecystitis. [redacted]
12/3/98 Social Services DIC Planning	10:50A	Referral this date from [redacted] DIC planner on transfer to [redacted] from ICU. Dr. [redacted] discussed DIC planning today c̄ this writer for possible [redacted] Placement options depends on whether vent placement weaning required. met c̄ pts father. Very supportive family. ~~11 children~~ 3 Siblings. Parents visit daily & live in [redacted]. Advised father that placement for rehab dependent on vent status. Awaiting return call from [redacted] to verify benefits and preferred providers.

000186

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		12/3/98 I.D.
		12 Noon Remains febrile c̄ fevers >103°F.
		Not toxic despite above temps.
		Exam - no changes. Sleep
		pattern better but still not
		normal.
		Has some RUL infiltrates and
		previously had sharon purulent
		secretions by bronchoscopy.
		Currently being treated c̄
		Cefepime for S. aureus and
		Ps Aeruginosa grown from
		Sputum.
		WBC 15,000.
		Cause of fevers not completely
		clear. Gallium Scan requested
		to see if we can localize the
		source. (Lung vs pancreas).
		Prior Enterococcal bacteremia has
		been eradicated - Repeat blood
		cultures - no growth [redacted]
12/3		Pulm -
		V_E slowly ↓ing 12-14 lpm
		Gas exch adequate - F_iO_2 - 30%
		PSV-5 CPAP-5 RR-20
		Lungs clear ant
		Hyp RRR
		Abd firm non tender
		Should come off vent quickly once
		V_E ↓s. Will P/C qd CXR/ABG
		[redacted]

000187

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/4/98	640	Neurology
		Had good night but did get 1mg Ativan @ 4am to help get to sleep. No ~~confusion~~ agitation last pm. Staff reports FSC
		38.2 118 24 74/80
		Alert, FSC all 4 Ext
		Pupils 2.3mm react
		Not nodding head to questions
		Moving all 4 Ext = to command
		strength 5/5 @ upper lower Ext bicep, knee Ext.
		Sensory intact.
		A/P IMPROVING
		looks better today, understands/interacts well
		Will leave all meds prn for time being
		Have little to add. Will sign off again. Tha[redacted]

[redacted]

000188

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/4/98	10:00 AM	(S) Pt awake and alert. Can respond to commands. Moves well, denies pain, Nausea. No agitation.
		(O) Temp 38.0° Tmax (39.2) Pulse 125 RR 24 140/90
		I: 3663 O: 2650
		HEENT: PERRLA. ØNystagmus. Seems to have difficulty focusing. Ørhinorrhea. Lips dry.
		Neck: trach in place. ØLymphadenopathy ØJVD
		LUNGS: CTA (B) Ørales Ørhonchi
		CV: RR tachycardic. Ø m/R/G. S_1 & S_2 audible
		ABD: soft, N/T, N/D. (+) BS
		Ext: ¼ pulses bilat upper & lower. Moves all 4 extremities. No deficits in sensation. Øedema.
		Neuro: Sleep pattern improving.
		LABS:
		12.5 / 10.7 / 30.8 / 3.5 — MCV 88.1, MCH 30.7, MCHC 34.9, RDW 13.7, Plat 405 — N 86 L 10 M 3
		137 / 102 / 13 — 4.3 / 23 / 0.6 — Anion Gap 16
		Ca_I 4.76 Mg 1.7 ✓
		$Phos_I$ 2.9
		amylase 1214: 171; 1213: 185; 1212: 207 — noted improvement
		Lipase 1032; 1157; 1270
		urine cx: <10,000 CFU yeast ✓
		sputum cx: moderate pseudomonas, light staph aureus.
		Gallium scan: day #2 of 3. ✓
		(A/P) (1) Respiratory failure - on vent will wean pts pulmonary when pt ↓ V_E. ✓
		(2) Febrile: ID consulted, (+) cultures, Pseudomonas + S. Aureus covered by cefepime. ✓ Continue antibiotic treatment day #2/3 of gallium scan to discover possible occult source of infection
		(3) sleep disturbances - resolving ✓
		(4) mental status changes becoming stable. Neuro signed off. ✓

000189

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/4	10:15 Am	Med [redacted] note continued
		(5) Pancreatitis
		• no evidence of inflammation on abd. CT.
		• Amylase/lipase levels decreasing.
		• Gallium scan (P) ✓
		(6) Discharge planning
		• pt and family connected to social services. ✓
		(7) Endocrinology
		• DM - NPH changed to 50 U SQ BID
		last 3 blood sugars 201, 177, 163.
		[redacted]
		[redacted]
12/4	1100	Nutrition Services:
		Above all noted -
		Continues on PN of D25 + 5% AA @ 100cc/°.
		Provides ~ 2460 kcal + 120 g protein.
		Labs reviewed - 12/2 Prealbumin 302 (wonderful!)
		12/4 Amylase/Lipase 171/1032
		Results of Swallow eval noted - latent aspiration.
		repeat swallow eval p̄ cuff deflated.
		Can we retry TF's? Would recommend Peptamen.
		(↑ MCT oil)
		[redacted]
		Thanks [redacted]

000190

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/4/98 12 Noon		GI
		He looks good / Awake + Responsive
		No c/o pain / No Discomfort
		NG is Now clamped
		Abd - Sft / (+) BS
		Note Amylase ↓ 171 Lipase ↓ 1032
		CT on 12/2 - Pancreas Normal
		Plan - I would Agree c̄ trial of Peptamen T.F.
		With Continuous Carafate + Pepcid
		[redacted]
		Thanks [redacted]
		12/4/98 I.D.
		Temp has not changed c̄ Rx c̄
		cefepime.
		He looks better and was
		able to respond when spoken
		to in Spanish Exam
		Shows ↑ HR, ↑ T No
		localizing signs of infection
		Plan - Review Gallium Scan
		[redacted]
		Thanks [redacted]
12/04/98	15:20	Pulm
		Awake following commands
		on exam T 38°, 130, 30 (on T-piece) 140/80
		Appears comfortable on T piece
		Tryanosis c̄ SQ air trach clean
		Heart PRA-E tachycardia
		Lung Ø Ghouchi, Ø Crackles →

000191

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

D[redacted]	[redacted]	NOTES
		Abd BS(+) nontender
		Ext 0 edema, 0 calf tenderness
		Labs as documented above
		A(1) Fever - cause unknown
		Gallium scan pending + D followers
		(2) Pancreatitis
		lipase ↓
		(3) DM - sugars better
		(4) GI Hiding resolved
		P(1) continue T piece during
		if RR > 35 will put back on vent
		(2) Start tube feeds - follow lipase
		(3) ✓ Gallium scanning
		thanks
		[redacted]
12/4/98	3:40P	Spoke c̄ [redacted]
Social Services -		[redacted] who would like rehab
D/C Planning		@ [redacted]
		Pt now on [redacted]. Referral phoned + faxed
		to [redacted] for
		assessment for placement.
		[redacted]

000192

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	[redacted]	NOTES

12/5/98 08:45am Med [redacted] Med Student note.

(S) pt sleeping, easily arousable. Follows commands.
Denies pain, ØN/V/D. No agitation.

(O) 37.8°C Tmax 38.4°C Pulse 120 RR 28 130/80
I: 3908 O: 3100
HEENT: PERRLA. Nasopharynx pink
Neck: trach tube in place. ØBruits. ØJVD
Lungs: CTA(B) Øwheezes Ø rales / Good breath sounds.
CV: RRR Ø m/r/g. S1+S2 audible
ABD: soft, N/T, N/D. (+)BS.
Ext: Øedema. +/+ pulses. warm to touch. Cap refill brisk.
Neuro: can move all extremities. No deficits in sensation.
Alert and oriented. Responsive to questions.

Labs: 135/101 / 4.0 / 23 Anion gap 15

amylase 134 (↓)
lipase 928 (↓) ↓from 1032

13.0 / 11.0 / 32.1 / 3.62 (↓)

MCV 88.5
MCH 30.4
MCHC 34.1
RDW 13.4
Platelets 442

7.43 | 34 | 80 | 22 | -1.3 BE
O_2 status 35%

Gallium scan day #3/3: Results (P)

A/P: (1) Respiratory failure - on vent. Will begin to wean per pulmonary rx. ECF with vent beds.
(2) Febrile despite cefepime 2g IV q12° treatment and no localizing signs of infxn. ID still on board. Will review Gallium scan.
(3) Sleep disturbances resolving
(4) Mental status - stable.
(5) Pancreatitis - amylase and lipase continue to decrease. Resolving. GI bleed - asympt. GI still on board. Will continue prilosec, nutrition, Insulin, and carafate slurry.
(6) Endocrinology - DM [redacted] with [redacted]

000193

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/5/98	0900 Am	A/P cont
		(6) DM/Endocrinology cont:
		Tx with NPH 60 U SQ BID
		Regular Insulin
		Blood SUGAR: 77 (0800 12/5) - 106 - 145 - 149.
		(7) Nutrition services + GI rec. TFs with
		Pepta ven.
		[redacted]
	12/5	GI
		T-37
		P-120
		ABD - SOFT w/ ACTIVE BS
		TF @ 30 cc 5 SIGNIFICANT RESIDUAL
		CHEST - CLEAR ANT
		HGB 71.0
		WBC 13.0
		AMYLASE COMING DOWN
		TF TOLERATED. WELL / RATE 40 cc/HR.
		[redacted]
12/5	10 50 A	Pulm -
		A little brighter esp c̄ family -
		Still copious secretions
		Lungs rhonchi -
		Gas exch adequate
		Just back from Ga67 scan -
		Rec 1) ↓ labs x rays
		2) D/C planning
		Seen + examined. Findings confirmed
		Disc'd c̄ residents

000194

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		12/5/98 J.D
		Temps have subsided progressively. He is more alert. Will shake hands.
		Gallium scan reviewed. As for no apparent site of localization but possible ↑ uptake Rt lung
		Plan - Continue same Rx
		[redacted]
12/6/98	0800	Med [redacted] Intern
		Pt awake and responsive today. Nursing reports ∅ problems. Tolerating TF well @ 40 cc/°. Pt. denies any pain
		T 38.2 Tm 38.8 P120 R28 BP 135/85
		CVS - Tachy RR
		Lungs CTA(B)
		ABD - soft NT/ND ⊕BS
		Ext ∅c/c/E
		Neuro - responds to ? Moves all 4 ext.
		LABS
		11.7 > 11.4 / 32.8 < 463
		136 / 4.2 | 104 / 21 | 12 / 0.5
		Ca 4.72 Phos 2.8 Mg 1.6
		Amy 126 Lipase 799 ↓
		Bleeding Time 14.5 ↑
		(A) (1) Resp. Failure - [redacted]
		(2) ↑ fevers - on Cefepime - Gallium @ per ID
		(3) Pancreatitis - Amylase Lipase - Resolving
		(4) DM - on NPH 50 u BID plus SS
		(P) (1) Will d NPH when TPN done
		(2) Cont. to improve
		(3) Discuss c team Need for PEG.

000195

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
		Pulm
12/6/98	1000	Pt Alert this A.M. Traced → has Aerosol to trach @ 28%. No problems during night according to nurse. Tolerating Tube feeding, TPN continued.
		O/T38 P124 RR16 BP 135/87
		I/O 3618/2560
		Gen: Alert, follows Commands.
		HEENT: PERRLA, Ø Conj/icteric, Oropharynx c̄ erythema
		neck: trach c̄ mem drainage.
		Cardio: S1 S2 Ø g/m/r regular
		Pulm: Bris equal c̄ scattered rhonchi
		Abd: (+) BS, Soft, ND, NT
		Ext: non tender Ø edema
		Labs: 11.7 \ 11.4 / 463 / 32.8 Neut 80 Lymph 14
		136 | 104 | 12 / 4.2 | 21 | 0.5
		Ion. Ca^{2+} 4.72 Amylase 126
		Phos 2.8 Lipase 299
		Mg 1.6
		Imp
		1) Tracked p̄ long term vent requirement - now on Cool Aerosol 28% - Doing Well.
		2) Pancreatites - enzymes stable -
		3) DM Blougar Controlled on Dose + SS insulin
		4) GI bleed resolving - stable H+H.
		5) Fever - Source? Ga Scan neg.
		Rec: 1) Continue Aerosol to trach - Chest physiotherapy / Sx.
		2) nutrition

000196

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/6/98		GE
		He is up in chair - Awake/Responsive -
		He is tolerating Nutrient T.F. @ 40/hr.
		No c/o abd pain/
		Temp 38° / Pulm = 12
		Abd - soft [illegible]
		LAB - Reviewed -
		Plan - (↑) T.F. + P/L TPN
		[redacted]
	12/6/98	I.D.
		Temps low grade. Looks better more responsive.
		Resp secretions have decreased.
		Gallium scan not available for review today.
		Will review tomorrow. Continue Rx c̄ Cefepime
		[redacted]
12/6	3:30 p	Pulm
		Awake alert more responsive
		SpO_2 - 98% 30% T-piece
		Lungs clear ant
		Abd soft
		Low grade temp - does not appear septic Ga.67 (-)
		Will change trach [redacted]

000197

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NOTES

1-17/98 0715 med [redacted] med Student note

(S) pt denies pain, Nausea, chills. Sleeps OK
Expresses displeasure at Left wrist restraint.

(O) ~~37.4°C Tmax~~ 38.0°C Tmax 38.4°C 130 pulse Resp 20 130/70
I: 3039 O: 2250
General: alert and oriented x3. Looks better.
HEENT: PERRLA. Ø Nystagmus. Nasopharynx pink
Neck: trach in place. Ø lymphadenopathy. Ø JVD.
LUNGS: CTA (B). Ø wheezes Ø rhonci
CV: RRR Ø M/R/G. (+) S_1 and S_2
ABD: soft, N/T, N/D. (+) BS hypoactive.
Ext: cool to touch. +/+ pulses. Can move all 4.
cap refill brisk.
Neuro: No sensory defecits. strength 4/5 bilaterally
upper ext. hand grasp. Strength 3/5 lower ext foot
extension; abduction, adduction at the hip.
Labs: 137 | 102 | 4.2 | 22 | angap 17 amylase 132
Lipase 708
MCV 88.3
MCH 30.9 platelets 486
MCHC 35.0
RDW 13.8 N_{74} L_{17}
10.8 > 11.6 < 3.75 33.1
Blood sugar: 142 - 173 - 177 - 159

000198

(A/P) (1) Resp failure - trach and vent. stable.
(2) Fevers - gallium scan neg. per ID. Cefepine treatment -
no improvement. ID still on board.
(3) DM: treated with 50 U NPH and sliding scale. Running
high. Recommend possible increase in ~~baseline~~
NPH injections to 55 U.
(4) Pancreatitis - amylase and lipase levels decreasing - resolving.
(5) mental status - appears more alert and aware.
stable to improving.
(6) GI bleed - stable H+H. appears to be resolved.
(7) Is and Os unbalanced - suggest decreasing IVF.

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/7/98	0800	Pulm Pt Alert this A.M. responding c̄ hand gestures. Pt denies difficulty breathing, denies pain. Tube feeding ↑'d to 70 cc/hr, TPN dc'd! Pt continues on 28% via blow-by to trach O/: T 38° P 130 RR 20 BP 126/70 HEENT: Pupils equal, reactive. Octones nares: NG tube in place ⓡ nares. Oropharynx s̄ erythema neck: trach in place, min. drainage Cardio: S_1S_2 ⊖ g/m/r regular tachy Pulm: Br.s equal, scattered exp rhonchi Abd: (+) BS, Soft, ND, NT Sxt: (-) Calf tenderness (-) edema. Labs 10.8 \ 11.6 / 486 / 33.1 137 / 102 / 4.2 / 22 Amylase 132 Lipase 708 Imp: 1) Tracked S/P resp failure c̄ long vent course - currently on 28% t-piece - doing well 2) Pancreatitis - enzymes stable. 3) fever - does not appear to be infectious currently on cefipime 4) DM - BS 140 - 170's. 5) GI bleed - resolved c̄ ↑ in Hgb. 6) Anemia - improving 7) Thrombocytoses Pec: 1) will change to cuffless trach today 2) Continue Levosols, Suctioning prn 3) Repeat swallow study p̄ trach Δ'd as suggested by swallow study. Cont. TF @ goal. 4) will discuss c̄ attending

[redacted]

000199

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE [redacted] NOTES

12/7 9E

ALERT THIS PM

TEMP - 38 116/70 P 115

ABD - SOFT NOT TENDER

GOOD BS

TF @ 70cc & HIGH RESIDUAL

HGB - 11.4

→ NO BLEEDING

→ TF TOLERATED WELL & SIGNS OF ASPIRATION

→ PANCREATITIS RESOLVED

CONT PROVIDE RO

[redacted]

000200

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

NOTES

12/7/98 10:50A Accepted for admission to [redacted] when
Social Services - medically stable.
DIC Planning Please advise.
Pt. aware of acceptance [redacted] to [redacted]

12/7/98 1430 Nutrition Services:
Above all noted -
Is receiving Peptamen c 70cc/°.
RN reports ϕ tolerance problems - ⊕ BM on 12/6.

Labs reviewed —

Present TF rate provides ~ 1680 kcal + 67 g protein
per 24° —

*** Suggest to ↑ TF rate to GOAL of 105 cc/° for Peptamen.

[redacted]

12/7/98 1540 Intern c ID
Vitals 37° (100°)
H: Tachy rate ~ 120 Flat affect.
L: rhonch anteriorly
Abd: BS+, Soft, Nontender

000201

Labs:
(11.7) 10.8 / 33.1 / 11.6 (11.4) / 486 BS today 142, 147

Suctioning q 1° med amounts yellow
Day 6 Cefepime
Gallium Scan some retain gallium ⊕ posterior
buttocks area - examined ⇒

[redacted]

[redacted]

⇒

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/7/98	Cont	Note planned peg 12/8 and acceptance to [redacted] Will follow c̄ Dr. [redacted]
		[redacted]
		As above. patient is doing better Will D/C antibiotics. Continue Tracheal toilet.
		[redacted]
2171		Pulm — Awake awaiting. Low grade fever persisting. No distress. RR-20/min on "T" piece. No bacteria [redacted] Hemodynamically stable. Good urine output. Lungs are clear. No rales or rhi. No gallop or [illegible] Soft abdomen. Hb - 11.8 WBC - 10.8 Sum fr an [illegible] Amylase - 132 Plan ① will change to Lipase - 708 #4 trach. tube ② C-tube in AM, after that will change "T" tube ③ Discussed with the mother
		[redacted]

000202

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

D[redacted] NOTES

Pulm

12/8/98 0735 Pt Alert this A.M. According to nursing no problems during the night. Pt responding c̄ hand signals. On T-piece 28%. Scheduled for PEG today.

O/ T37° P120 RR 28 BP 130/80 I/O 2229/2400

HEENT Pupils equal, reactive Dickness
NG tube in place.
oropharynx clear

neck: Trach in place

Cardio: S1S2 ⊖ gl m/r regular

Pulm: Equal breath sounds. Bris Clear

Abd: (+) BS, Soft, ND, WT

Ext: ⊖ peripheral edema, no calf tenderness

Labs

10.8 \ 11.2 / 452
32.4

136 | 101 | 9
4.0 | 24 | 0.5

Ion Ca^{2+} 4.84
Phos 3.1
Mg (1.3)

Amylase 125
Lipase 743

mip 1) Tracked s/p resp. failure
- on T-piece doing well.
2) Pancreatitis - enzymes stable
3) Low grade fever
4) DM
5) Hypo Magnesemia
6) GI bleed - resolved

000203

Plan 1) Replace Mg^{2+}
2) PEG today
3) Wire Δ to cryptic trach p̄ PEG placed
4) Discuss c̄ attending

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/8/98	09:30	med [redacted] Med Student note.

(S) Pt awake and alert this am. Responsive to questions. currently confirms he is sleeping well, and feeling hungry. Happy of the possibility of Release to [redacted]

(O) 37.4°C Tmax 38° pulse 120 RR 28 130/80
Wt. 90.7kg I: 2229 O: 2400

General: PT is active, holding onto trapeze above bed. Very expressive with hand signals, reaching out.
HEENT: PERRL. Ø Rhinorrhea. Ø sensory defecits. Throat pink.
Neck: Ø Lymphadenopathy. Ø JVD. ~~Ø CVA~~ Ø carotid bruits
Lungs: Bilateral rales R>L. Slight wheeze.
ABD: Soft, N/T, N/D. ⊕ BS (hypoactive)
Ext: +/+ pulses bilat. Good strength bilaterally. Foot extension 3/4, Finger Grasp 4/4. Cap refill brisk. Ø Edema
Neuro: CN II - XII grossly intact. No sensory defecits noted.
CV: RR tachycardic. Ø M/R/G appreciated. ⊕ S1, + S2
Labs: per pulmonary student.

A/P:

1.) Resp failure - doing well on 27% O2. cuff less t-~~tube~~ piece. stable.
2.) Anemia - resolved. Hct stable
3.) GI bleed - resolved
4.) Pancreatitis - enzymes stable. amylase still decreasing.
5.) Fevers - much lower. Antibiotics D/C on d# 7 (12/7/98) as per ID. Gallium scan negative except for clinically apparent retention of gallium in Posterior Buttocks. - no tx.
6.) Hypomagnesiumemia - will tx.
7.) D/C planning - [redacted] can accept pt. PEG placement today. Possi[redacted] D/C tomorrow will D/W team.

000204

[redacted]

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE		NOTES
	12/8/98	I.D
		Afebrile
		Some peritracheal secretions present.
		Tracheal secretions stable.
		Abd OK.
		Foley c̄ some blood in urine.
		Plan D/C Foley. Place urosheath.
		[redacted]
12/8/98		GI
		EGD/PEG
		Consent obtained
		PT nl 11/98
		Antibiotics given IV
		Sedation: Demerol 100mg IV + Versed 5mg IV
		Advanced to ~~mid duo~~ pylorus
		Grade I-II esophagitis
		Gastritis
		20Fr Bard placed 5 difficulty.
		Begin TFs in AM. [redacted]

[redacted]

Reorder #: [redacted]

Description: DELUXE [redacted] GUIDEWIRE PEG

Removal Method: TRACTION OR ENDOSCOPIC

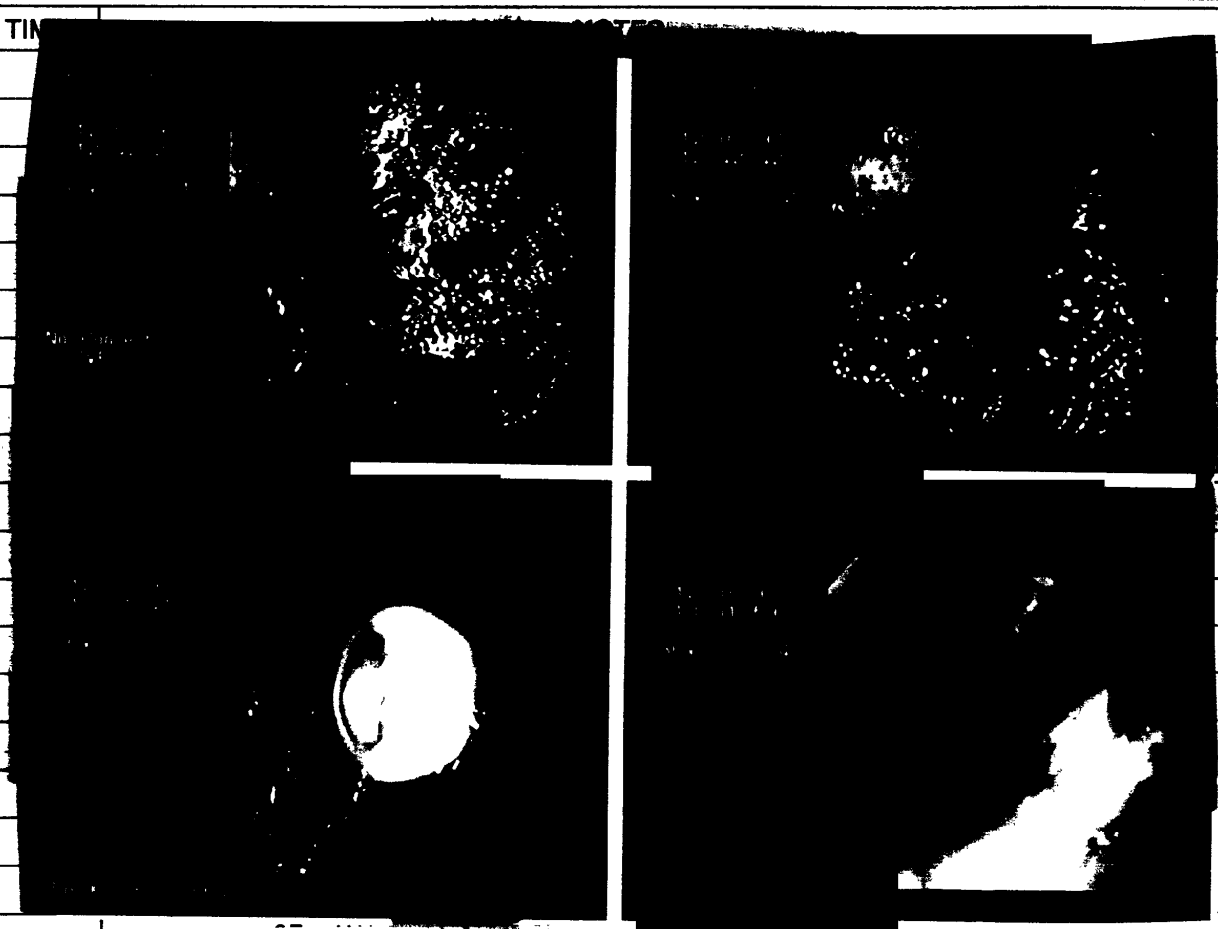
Inventory Control

000205

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIM	NOTES
		
12/8	2 30 P	Perlm Awake, alert - Good cough Gas exch adequate Will change trach. Disc'd c̄ housestaff. Findings confirmed. [redacted]
12/8		trach change #6 cuffless trach changed c̄ diff Stoma clean. [redacted]

000206

[redacted]

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/9/98		GI
730/am		He is Awake / Appears Comfortable -
		No C/O pain
		Afebrile / VSS
		G-tube site looks good
		Abd - Soft / (+) BS / He is tolerating T.F. @ 20/h.
		Plan - G-tube care / ↑ T.F.
		I understand Plans are for Rehab @ [redacted]
12/9/98	0800	Pulm
		Pt Alert this A.M., talking, asking questions. Pt denies SOB or difficulty breathing. not much coughing. Tolerating tube feedings. Trach is capped, not requiring supplemental O2.
		O/ P116 RR 16 BP 144/70
		HEENT: PERRLA, EOM intact Dutcrus
		Oropharynx 5 erythema
		nares patent
		Neck: Ø JVD
		Cardiov S, S2 Ø gl m/r regular
		Pulm: Br. S Clear, equal.
		Abd: (+) BS, Soft, ND
		Ext: Ø peripheral edema Ø calf tenderness
		Labs 13.4 \ 11.9 / 483 / 34.9 137 / 101 / 40 / 24
		Amylase 144
		Lipase 808

000207

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	Pulm Cont NOTES
12/9/98	imp	1) Myo. Mass tracked S/P resp failure - trach capped, requiring no supplemental O_2
		2) Pancreatitis - Sl ↑ in enzymes - Stable
		3) DM
		4) Anemia - improving
		5) GI bleed resolved
		6) S/P PEG - tol. tube feeding.
		Rec: 1) Continue to Cap trach as tolerated & supplemental O_2 as needed
		2) To rehab when available
		3) Discuss c̄ attending
		[redacted]
12/9/98		Med A intern
		Pt. doing very well and is tolerating TF well will be transfered to [redacted] today
		Discussed c̄ Dr. [redacted] and he was informed of ↑ in Amylase/Lipase and states that he will recheck in 2 days will discuss c̄ Dr. [redacted]
		[redacted]

000208

[redacted]

[redacted]

PHYSICIANS' PROGRESS NOTES

DATE	TIME	NOTES
12/9/98 Social Services - DIC Planning	12:20P	Arrangements complete for transfer to [redacted] Today @ 12:30 via [redacted] Ambulance.
		Rehab level of care c̄ [redacted]
		Pt, mother, & father all aware of DIC plan & in agreement. Mother toured [redacted] this morning.
		I left message c̄ [redacted] Today to notify of Transfer. [redacted] not available today. Also tried to reach [redacted] yesterday.
		[redacted]
	12/9/98	I.D.
		Further improvement in his condition. Allowing Transfer to [redacted]

000209

[redacted]

[redacted]

HISTORY, PHYSICAL EXAM, PROGRESS NOTES

[redacted]

Attachment 7 Page 25 of
CFSAN ARMS PROJECT 13266
3/5/99 GJH

1. Identification Data
2. Source & Quality of Information
3. Chief Complaint
4. Present Illness
5. Past Medical History
6. Family History
7. Social History
8. System Review
9. Mental Status
10. Physical Exam
11. Summary of Positive and Significant Negative Findings
12. Diagnosis:
    1. Working
    2. Differential
    3. Other
13. Plan of Study
14. Plan of Management
15. [illegible] of Patient [illegible]cation
16. [illegible]osis

(R) hemiparesis (L)
Cognitive deficits dysphagia

CC: (1) ↓ ADL's + mobility, 2° /to DKA / ischemia c̄ hippocampal injury.

HPI: 19 y/o hispanic male found unresponsive (11/7) in his college dorm, sitting on the bathroom floor c̄ a small amount of blood on BR floor + on the couch. Pt. was last seen in normal state 6° previous to discovery by college roomate. He was taken to [redacted] treated and transferred to [redacted] 12/8. Pt. was found to have DKA, (c̄ b.s. 440 + pH 6.85), rhabdomyolysis (Mb = 5834), upper GI bleed, pancreatitis, hepatitis, acute renal insufficiency + hypokalemia. Pt. required mechanical ventilation (Trach placed 11/25), trach capped on ~~on T piece~~ @ trf to Rehab. Pt. Also required hemodialysis for a short interval, + PEG placement (12/8). Neuro improvement slow: oriented to person currently using knods + hand gestures to communicate @ times; pt. follows few simple commands. Continent of urine, unknown bowel continence.

PMH: ? Back problems 2° /to football. Brain MRI - (+) lesions Bilat Basal Ganglia (G.P) (+) (R) hippocampus (+) (L) periventricular WM

PSH: ∅ except as noted in HPI

Allergies: NKDA Meds: (over)

FH: (+) DM in mother + aunt.

SH: Sophomore @ [redacted]. 2-story home, BR in basem (per old chart) (−) smoking / IVDA. Unknown EtOH use.

ROS: (+) 40-50 lb. weight loss (intended) over past several mos. (using Hydroxycut = Motrin, caffeine, ephedrine + hydroxycitrate) (+) polyuria 2 wks. before 11/7 hosp. admission.

000210

[redacted]

Meds: Carafate 1g pgT q 8°

Insulin NPH 30 u SQ bid [redacted]

Prilosec 20mg pgT bid

Tylenol 650 mg pgT q 4° prn

~~Nembutal 100 mg pgT q 2° prn~~

Ativan 1 mg pgT q 2-4° prn

Insulin SS:

100-200 b.s.	no Δ
201 - 250	2 u
251 - 300	4 u
301 - 350	6 u
351 - 400	8 u
401 - 450	10 u
>451 call H.O.	

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Diet: Peptamen 70 cc/hr then ↑ 10 cc/hr qday to goal of 105 cc/hr

PE: Gen: Young (19 y/o) hispanic male, lying in bed in NAD, frequent coughing (non-productive). Answers questions appropriately, breath voice

Vitals: T 100³ R 20 P 126 BP 144/78

HEENT: Trach capped, Pupils ERRL, EOMI. + Horizontal Nystagmus. ∅ scleral icterus.

Heart: RRR ∅ M

Lungs: CTA -

Abd: PEG in place + BS soft NT/ND ∅ masses -

Ext: ∅ C/C/E. R leg held in external rotation @ rest, (+) Gastroc shortening - ± leg extended locks 10° from neutral plantar-flexed. Pulses 2+ all 4 ext @ radial / [redacted]

early finger flexor contractures

(R) Neuro: m/s: Alert + oriented x3 (knows month). Short term memory "intact" (3 words @ ~5'). Able to repeat. Calculation intact. Attention intact to spell W-OR-L-D backwards.

CN: II-XII intact.

Motor: RUE: 3-/5 biceps/triceps, 4+/5 hand flexors + extensors — generally 3/5 on (R), somewhat isolated

LUE: 4-/5 biceps/triceps, 4+/5 hand flexors/extensors.

[redacted]

000211

[redacted]

[redacted]

HISTORY, PHYSICAL EXAM, PROGRESS NOTES

1. Identification Data
2. Source & Quality of Information
3. Chief Complaint
4. Present Illness
5. Past Medical History
6. Family History
7. Social History
8. System Review
9. Mental Status
10. Physical Exam
11. Summary of Positive and Significant Negative Findings
12. Diagnosis:
    1. Working
    2. Differential
    3. Other

13. Plan of Study
14. Plan of Management
15. [illegible] of Patient
16. [illegible]cation
17. [illegible]osis

ADDRESSOGRAPH STAMP

Motor: RLE: 1/5 power-all major mm groups — no ankle dorsiflexors 2/5
LLE: 4/5 foot dorsiflexors 4-/5 foot plantar flexors
3/5 hip flexors = tremulous

Sensory: Intact to pin prick, fine touch

DTR's:

	Knees	Biceps	BR
R	0	3+	2+
L	2+	2+	2+

Plantars: R ↑ L ↓

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Assessment: 19 y/o hispanic male S/P DKA episode 11/7+ ischemic
(R) hippocampal injury.
(1) R hemiparesis, ↓ADL's, to mobility, dysphagia
cognitive deficits 2° to diffuse ketoacidotic encephalopathy
Diffuse weakness may be 2° to rhabdomyolysis

Plan: (1) Admit to Rehab.
(2) PT/OT/ST qd.
(3) Plan to d/c trach if (ab) ≥ Hr. [redacted], good
O_2 sats.
(4) Consider neuropsych eval.
(5) ENT Consult.

[redacted]

ELOS - ≈ month

000212

Goals - w/c mobility, short distance ambulation c
assistive device, oral feeding; trach out
min (A) ADLS; improved communication [redacted]
[redacted] personally reviewed records & examined patient [redacted]

called 12/10/98 1025 [redacted]

CONSULTATION REQUEST

[redacted]

TO: ENT

Date [redacted]

FROM: Dr [redacted]

Reason for Consultation:

12 08 98

Pt c̄ ADL, mobility, cognitive deficits. 2° to diffuse hetoacidotic encephalopathy. Diffuse weakness (D)R than left. Pt tracked 11/25/98 at [redacted] Capped yesterday. Please eval for Trach management + removal.

[redacted]

M. D. Notified By:	Date	Time	Room	Bed	OPD

Findings/Recommendations:

FROM: Dr. [redacted] 12-10-98 1725

Date Time

Thank you for consult. [redacted] Capped in place. No evidence of distress. Stoma clear - no evidence of inflammation @ stoma site. Trach downsized to Portex 6.0 ID and capped. D/W Dr. [redacted] Decannulation planned as pt tolerates Trach capping

[redacted]

[redacted]

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000213

NOTE: Original must stay on chart. Do not write on reverse side of form

[redacted]

CONSULTATION REQUEST

[redacted]

12/9/98

ADDRESSOGRAPH

TO: _____ Date _____ Routine _____ Urgent _____

FROM: _____

Reason for Consultation: _____

[redacted]

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1

[redacted]

M. D. Notified By:	Date	Time	Room	Bed	OPD

Findings/Recommendations:

FROM: Neurology — Date: 12-22-98 — Time: 14:00

19y hispanic M who was found unresponsive on bathroom floor on 11/7/98 in his college dorm, pt was taken to [redacted] & later transfered to [redacted] where pt was found to be in DKA, (PH 6.85), rhabdomyolysis (MB 5834), acute renal insufficiency for which he required dialysis for a short period of time, pt also had pancreatitis, hepatitis and hypokalemia, GI bleed, pt also required mechanical Ventilation s/p tracheostomy for a short while also pt had an MRI (brain) ⊕ lesions bilateral basal ganglia, ⊕ hippocampus, ± periventricular WM. (as per chart).

Pt is improving gradually in terms of mental status & strength but he is complaining of bilateral UE tremors that worsen on movement.

ROS: ⊖ fever, ⊖ speech problems, ⊖ HA, ⊖ numbness, ⊕ weakness R>L, ⊖ double vision or blurry vision, ⊖ urinary or bowel incontinence

PmHx & Lung:
Ex nose

000214

Meds:
Prilosec
Sucralfate
Insulin R.
Ambien
Tylenol / maalox

Social:
Single, ⊖ children, ⊖ smoking, ⊖ ETOH, college student, ⊖ IVDA

NOTE: Original must stay on chart. Do not write on reverse side of form

[redacted]

[redacted]

CONSULTATION REQUEST

[redacted]

ADDRESSOGRAPH

TO: _____ Date _____ Routine _____ Urgent _____

FROM: _____

Reason for Consultation: [redacted]

Allergy: PCN.

(2)

Family: DM → mother, aunt. [redacted]

PE:

Young depressed M, NAD.

HEENT: Neck supple, ⊖ JVD, ⊖ CB [redacted]

Chest: Clear

Heart: S_1S_2+, No R, G

M. D. Notified By:	Date	Time	Room	Bed	OPD

Findings/Recommendations:

FROM: Neurology 12-22-98 (Date) 14:00 (Time)

Abd: Soft

Ext: No LE oedema

Neuro: AAO x3, (R) handed M, ⊖ aphasia, ⊖ dysarthria, slow speech

Cr.N.: PERLA, EOMI (? mild weak (R) sup. rectus), ⊖ facial asymmetry, tongue & palate intact

Motor:	Delt.	Bic	Tric	WF	WE	iliop	quads	Hamst.	TA	EHL
(R)	4+/5	4/5	3-4/5	—	3/5 —	3/5	3/5	3/5	3/5	
(L)	4+/5	5/5	5/5	—	5/5 —	4/5	4+/5	4+/5	4+/5	

DTR: 3+ throughout

Sensory: intact touch & vibration bilaterally

Coordination: tremors bilaterally postural & kinetic.

Mild cogwheel rigidity

Impression & Plan:

Young M with possible ischaemic injury to basal ganglia causing extrapyramidal features → suggest to start amantadine or sinemet, order previous films from [redacted].

- Neuropsycholical testing may be considered in the future.

(Case seen & discussed with Dr. [redacted]

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[redacted]

t. Do not write on reverse side of form 000215

[redacted]

PATIENT ASSESSMENT WORKSHE

DATE	ICCHP CODE	
02/08/99		Reg V up - sugar V'd today? [redacted]
		S: 19 y.o hispanic male seen today for F/u of
		hospitalization c̄ hypoxic encephalopathy. Pt states
		he feels pretty good. He is continuing to go to
		[redacted] for rehab. He has PT, OT and Speech Therapy
		3 times/wk. He is still unable to walk backwards.
		He also wants to be able to go back to College
		in the Fall if he is able. He still has a
		(R) sided tremor c̄ slow movements, it is not
		noticeable at rest. Mom states the pt gets
		upset and bored on the weekends when his
		Sisters go out and he has to stay at home.
		He states he doesn't feel depressed but does get bored.
		His progress c̄ therapy isn't fast enough for him.
		He wants his blood sugar checked today. They
		thought he may have diabetes which caused his
		hypoxic encephalopathy but testing done at the
		hospital was okay. He wants us to follow up c̄ his
		blood sugar. He is currently on Mirapex 2.5 mg P.O q.i.d.
		O: General: alert, No apparent distress
		Heart: RRR No M/R/G
		Lungs: CTA (B) No wheezes or rhonchi
DATE	ICCHP CODE	Musculoskeletal: (R) sided tremor to hand + leg noticeable on

-over

000216

Pt. _____

Pt No. _____

PATIENT ASSESSMENT WORKSHEET [redacted]
Observations, Treatments and Diagnostic Procedures

[redacted]

[redacted]

PATIENT ASSESSMENT WORKSHEET

DATE	ICCHP CODE	Note cont'd
2/8/99	O:	musculoskeletal: movement, strength equal bilat. in all extremities.
		Neuro: CN II - XII grossly intact. Cerebellar function - finger to nose test (L) o.k. (R) - pt had troubles touching tip of my finger but did touch my finger. No tremor noticed.
	A:	(1) hypoxic encephalopathy - pt recovering
		(2) (R) sided tremor - arm and leg
	P:	(1) Blood work today - Health profile, Glycosylated Hgb, TSH
		(2) F/u in 1 month c Dr [redacted]
		[redacted]
DATE	ICCHP CODE	

000217

Pt. _____

Pt No. _____

PATIENT ASSESSMENT WORKSHEET
Observations, Treatments and Diagnostic Procedures

[redacted]

[redacted]