



# Memo

To: \*\*\*, Esq.  
 From: Leigh Fava, Paralegal  
 CC: File  
 Date: 6/11/2013  
 Re: \*\*\* Medical Memo

Client Info:

<b>Name:</b>	***
<b>Date of Birth:</b>	***
<b>Date of Accident:</b>	<b>03/09/10</b>
<b>Date of Death:</b>	<b>04/12/10</b>
<b>Medicaid Case ID#: (PRIOR 2006)</b>	***
<b>Medicare Case ID #:</b>	***
<b>Medicare HICN:</b>	***
<b>Social Security No.:</b>	***

**MEDICARE CONDITIONAL LIEN AMOUNT: \$178,300.10**

**LSUHSC LIEN AMOUNT: \$3,482.34**

**Accident Date and Type:**

**03/09/2010** - Motor vehicle collision. Decedent's 2001 Ford Expedition (vehicle e 2) was struck head-on by Defendant Joyce Steel Erection's 2008 Mack TT (vehicle 1) (22 wheel, pulling a 2002 LUFK flatbed trailer) operated by Defendant \*\*\*.

**Police Report 20100007412** - Vehicle 1 crossed the center line and struck the decedent head-on. Driver 1 claims he was rubbing his eyes and was not paying attention. Report states Defendant \*\*\* was inattentive and operated his vehicle in a careless manner. The citation box is empty.

**Fire Rescue Report 1000035** No identifying information (name, car make, etc.). Contents: Received call from RRSO respond to 1 vehicle MVC with vehicle possibly on fire. Arrived on scene to a 2 vehicle MVC, neither vehicle had fire showing; extracted one patient from vehicle. Stood by until debris and both vehicles were loaded onto wrecker.

## **Red River Parish EMS**

Dispatched: 08:45  
Arrival on Scene: 09:00  
Depart Scene: 09:30  
Arrive at Destination: 10:30

Driver trapped in vehicle; Fire-Rescue on scene to extricate. Right arm is massively deformed. Right foot is 75% amputated. Vomit present. Spinal immobilization, L.S.B.<sup>1</sup> for transport. Right arm splinted. Right foot splinted.

## **Louisiana State University Health Sciences Center – Shreveport**

03/09/10 Admitted: 10:32

Open Right Ankle Fracture;

Open Right Fibular Fracture;

Right Femoral Neck Fracture;

Comminuted Displaced Right Intertrochanteric Femur Fracture;

Bilateral Rib Fractures;

Left L1 L2 Transverse Process Fractures

Right Forearm Fracture/Comminuted fracture mid radial and ulnar;

Right Wrist Fracture;

Right Tibiotalar Ankle Dislocation

Cannot rule out maxillary sinus fracture

**No loss of consciousness**

## **03/09/10 Trauma Admit Orders**

**Admitted to trauma at 11:20**

Attending Physician: Youssef

Chief Resident: Henderson

STAT Echo on arrival to SICU

The following drugs were administered:

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<sup>1</sup> Long Spine Board

- Etomidate<sup>2</sup>
- Succinylcholine<sup>3</sup>
- Rocuronium<sup>4</sup>
- Epinephrine<sup>5</sup>
- Cipro<sup>6</sup> (administered before arrival per Dr. Henderson)
- Unasyn<sup>7</sup> (administered before arrival per Dr. Henderson)
- Tetanus (administered before arrival per Dr. Henderson)

### **03/09/10 Physician's Orders**

- ✓ Standing order for daily chest X-ray
- ✓ Hand-written note for "Transfuse π units PRBLs" (Postresuscitation blood loss)
- ✓ Restraint order to prevent removal of tubes/lines/dressings
- ✓ 11:39 assessment
- ✓ R Humerus (16), Elbow (15), Forearm (14), Hand (12), Pelvis
- ✓ R Hip (18), Femur (17), Knee (22), Tib/Fib/ (19), Ankle (21), Foot CXR
- ✓ Chart shows various drugs/blood replacement procedures administered for the remainder of the day.
- ✓ See Pharmacology section of Binder for list of recurring drug types

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<sup>2</sup> In emergency settings, etomidate is one of the most frequently used sedative hypnotic agents. It is used by physicians for conscious sedation and as a part of a rapid sequence induction to induce anesthesia. It is used as an anesthetic agent since it has a rapid onset of action and a safe cardiovascular risk profile, and therefore is less likely to cause a significant drop in blood pressure than other induction agents

<sup>3</sup> Anectine (succinylcholine chloride) is an ultra-short-acting depolarizing-type, skeletal muscle relaxant for intravenous (IV) administration.

<sup>4</sup> Rocuronium is an aminosteroidal derived non-depolarizing neuromuscular blocking agent with a rapid to intermediate onset depending on dose, which also has an intermediate duration of action. Rocuronium is used to facilitate endotracheal intubation, to provide skeletal muscle relaxation during surgery, or facilitate mechanical ventilation in intubated, critically ill patients.

<sup>5</sup> Relief of respiratory distress due to bronchospasm; to provide rapid relief of hypersensitivity reactions to drugs and other allergens (anaphylactic reactions to drugs, animal serums, and insect stings); to prolong the action of local and regional anesthetics; restore cardiac rhythm in cardiac arrest due to various causes.

<sup>6</sup> Cipro (ciprofloxacin) is an antibiotic in a group of drugs called fluoroquinolones. It is used to fight bacteria in the body.

<sup>7</sup> Unasyn is an injectable antibacterial combination consisting of the semisynthetic antibiotic ampicillin sodium and the beta-lactamase inhibitor sulbactam sodium for intravenous and intramuscular administration.

**03/09/10 Radiology**

Mr. \*\*\* had 21 radiographic studies performed on him on this day.

TIME	TYPE	AREA	IMPRESSION
10:10	XRY	Ankle Complete	Tri-Mal fracture, tibiotalar ankle dislocation, lateral talar process fracture, suspected to be open.
10:24	XRY	Chest, front	Placement of subclavian line.
11:11	CAT	Head/Brain w/o contrast	No acute intracranial abnormality. Right maxillary sinus fluid and mucosal thickening. Cannot rule out maxillary sinus fracture.
11:20	CAT	C-Spine w/o contrast	Significant degenerative change; atherosclerosis and Scoliosis; left first rib fracture is suspected.
11:40	CAT	Abdomen survey w/ contrast	Abdomen is dictated under CT Thorax performed concomitantly.
11:40	CAT	Thorax w/ contrast	Bilateral dependent pulmonary atelectasis <sup>8</sup> and a small right effusion; bilateral renal cysts with a splenic cyst; fluid around liver with no definite laceration; fractures of the ribs, lumbar transverse process and right femoral neck; degenerative change; sternal wires.
11:40	CAT	Pelvis w/ contrast	Dictated under CT Thorax
13:39	XRY	Chest, front	Interval placement of ET tube, NG tube, esophageal temp probe with tips in stable position.
13:39	XRY	Wrist, Right	Dictated under concomitantly performed Right Elbow series.
13:39	XRY	Hand, Right	Dictated under concomitantly performed Right Elbow series.
13:39	XRY	Humerus, Right	Dictated under concomitantly performed Right Elbow series.
13:39	XRY	Elbow, Right	Comminuted fracture mid radial shaft with disruptions of DRUJ <sup>9</sup> and dorsal subluxation of the distal ulna; carpal bones disorganized; dorsal subluxation of the lunate; linear lucency through the scaphoid represents non-displaced fracture; intra-articular fracture at base of third metacarpal with dorsal subluxation. Soft tissue around hand swollen with subcutaneous emphysema in dorsal aspect. Severe degenerative changes in right shoulder; no dislocation

<sup>8</sup> Massive lung collapse

<sup>9</sup> Distal Radio Ulnar Joint

			visualized. Small enthesophytes at olecranon and lateral epicondyle.
13:41	XRY	Forearm, Right	Dictated under concomitantly performed Pelvis series.
13:41	XRY	Tibia/Fibula, Right	Dictated under concomitantly performed Pelvis series.
13:41	XRY	Unilateral Knee, Right	Dictated under concomitantly performed Pelvis series.
13:41	XRY	Pelvis	Comminuted displaced right intertrochanteric femur fracture; Avulsion fracture inferior patellar pole; Patellar chondromalacia; severe trimalleolar fracture with interval reduction & improvement in widening of the ankle mortise, nor fracture of the foot is visualized.
13:41	XRY	Abdomen	No abnormality; surgical and degenerative changes seen.
13:44	XRY	Femur	Dictated under concomitantly performed Pelvis series.
13:45	XRY	Foot, Right	Dictated under concomitantly performed Pelvis series.
13:48	XRY	Ankle, Right	Dictated under concomitantly performed Pelvis series.
14:15	XRY	Forearm, Right	Interval splinting about comminuted radial and ulnar fractures with persistent dorsal subluxation of the lunate and distal ulna.

### **03/09/10 Progress Notes**

12:00 Admitted to SICU remains unstable, cardiology consulted; continue with blood, FFP, warming and pressors<sup>10</sup>.

17:20 Cardiac Arrest in CT scanner prior to study being performed; revived.

### **03/09/10 Consults**

Orthopedic

Cardiac

Nutrition

### **03/10/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

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<sup>10</sup> Maintain adequate cardiac output and adequate blood pressure to sustain end-organ perfusion.

- ✓ Red blood cells, 2 units
- ✓ Start Dobutamine<sup>11</sup>
- ✓ Symptomatic Anemia
- ✓ Flowtrac<sup>12</sup>
- ✓ EKG
- ✓ Bladder pressures
- ✓ Papaverine Injection<sup>13</sup>
- ✓ Echo

### **03/10/10 Radiology**

**06:53 XRY Chest** ET Tube, NG Tube, right sided central line unchanged; bilateral hilar/perihilar pulmonary edema; elevation of the right hemidiaphragm; cardiomeastinal silhouette is prominent; sternotomy wires.

**13:44 XRY Chest** Interval placement of left subclavian catheter with tip in superior vena cava; otherwise similar findings.

### **03/11/10 Progress Notes**

- Cleared for O.R. for Fracture fix
- Cardiac Arrest
- Place FlowTrac
- Respiratory Failure
- Circulatory Failure
- Start tube feeding
- Surgical Note: Arterial line placement, Left Radial

### **03/11/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

<sup>11</sup> Dobutamine is a sympathomimetic drug used in the treatment of heart failure and cardiogenic shock. Its primary mechanism is direct stimulation of  $\beta_1$  receptors of the sympathetic nervous system. Dobutamine

<sup>12</sup> Cardiac output monitor

<sup>13</sup> Papaverine is in a class of drugs called vasodilators. Papaverine relaxes veins and arteries, which makes them wider and allows blood to pass through them more easily. Papaverine is anti-spasmodic and can prevent spasms of the intestines and urinary tract.

See Pharmacology section of Binder for list of recurring drug types

- ✓ Recurring Restraint order
- ✓ STAT EKG at 23:05

### **03/11/10 Progress Notes**

- Respiratory failure
- Septic Shock from Open fracture
- No change
- Sedated/intubated
- No pulse to right foot
- ORIF Right Ankle Fracture/Dislocation -> BKA<sup>14</sup> based on no pulse to lower extremity
- To SICU in stable condition
- Wound care in 7 days
- Still needs: ORIF of Right Forearm after recovery from today's surgery

### **03/11/10 Radiology**

**06:10 XRY Chest** ET T tube; NG tube; Left subclavian vein catheter; right internal jugular catheter; sternotomy wires; bilateral hilar congestion; costophrenic angles are sharp; ectatic aorta; prominent cardiac silhouette; regional bones unchanged; elevation of right hemidiaphragm.

Unremarkable to compared to prior study of 03/10/10 (not present)

**10:38 ULT US Periph Venou Limit/Flwup St, Right lower extremity** eccentric linear echogenic structure along the vessel wall which likely represents a valve but a small developing thrombus cannot be excluded. No definite evidence of deep vein thrombus seen.

### **03/12/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 05:30 Wound Care Consult
- ✓ Recurring Restraint Order

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<sup>14</sup> Below Knee Amputation

- ✓ 10:28 Stop IVFs
- ✓ 11:00 Stop Mucomyst<sup>15</sup>
- ✓ 11:13 Discontinue Protonix<sup>16</sup> 40mg IV daily. Begin Protonix 40mg po daily

### **03/12/10 Radiology**

**06:07 XRY Chest** Interval placement of esophageal temp probe; interval removal of right subclavian vein catheter; interval worsening of bilateral pulmonary edema; otherwise unchanged.

### **03/12/10 Progress Notes**

- Needs fixation of Right Femur neck
- Removal of drain from BKA
- ORIF Right Forearm likely on 03/13/10
- Wound ostomy consult
- Nephrology Consult

### **03/13/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 14:00 transfer to SICU
- ✓ DX: S/P ORIF R BBFA; R BKA, R Femur-neck fracture
- ✓ Guarded
- ✓ Image: R wrist, R forearm, CT R wrist with contrast
- ✓ Recurring Restraint Order
- ✓ Condition GUARDED
- ✓ Stop Flowtrac

### **03/13/10 Radiology**

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<sup>15</sup> Acetylcysteine (Mucomyst) is used for certain lung conditions when increased amounts of mucus make breathing difficult. Acetylcysteine liquefies (thins) or dissolves mucus so that it may be coughed up. Sometimes the mucus may have to be removed by suction.

<sup>16</sup> Pantoprazole prevents the production of acid in the stomach



**06:00 XRY Chest** Widening of mediastinum and improvement in perihilar edema/infiltrates. Otherwise, little change noted.

### **03/13/10 Progress Notes**

- Pre-Op note Right BBFA<sup>17</sup> fracture (right distal radius and ulnar joint dislocation)
- ORIF performed on BBFA fracture
- Respiratory Failure
- Nephrology – no acute issues
- Cardiac catheter checklist performed Pre-Op
- Needs ORIF Right Femur Neck
- Needs ORIF Right Wrist

### **03/14/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 01:29 EKG STAT
- ✓ Recurring restraint order

### **03/14/10 Radiology**

**05:49 XRY Chest** worsening pulmonary edema; large cardiomeastinal silhouette; multiple rib fractures.

### **03/14/10 Progress Notes**

- Needs ORIF Right Wrist / Right Femur Neck
- Continuous Renal Replacement Therapy (CRRT) / Improving
- Respiratory Failure
- Acute Renal Failure
- Wean Vent
- CRRT / improving

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<sup>17</sup> Both Bone Forearm

### **03/15/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ Recurring Restraint Order

### **03/15/10 Radiology**

**05:54 XRY Chest** Interval worsening right lung base atelectasis; otherwise similar findings.

### **03/15/10 Progress Notes**

- Intubated – awake
- Moves fingers on command
- Patient remains positive
- Wean Vent
- Nephrology CRRT

### **03/16/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ Recurring Restraint Order
- ✓ STAT CXR

### **03/16/10 Radiology**

**07:11 XRY Chest** Reposition of ET tube, NG tube and left subclavian vein catheter stable; bilateral hilar congestion; bibasilar atelectasis and bilateral pleural effusion, right greater than left; otherwise similar findings.

**13:06 ULT Abdomen** very limited and virtually non-diagnostic ultrasound, A CT may be better for evaluation when patient's condition allows. Normal or poorly visualized findings.

**05:33 XRY Chest** ET tube tip too low; NG tube tip in stomach; slight better aeration of right upper lobe; minimal thickening of right minor fissure; otherwise similar findings.

**12:50 XRY Abdomen** NG tube in stomach; diffuse gaseous distention of the colon without evidence of an obstruction.

### **03/16/10 Progress Notes**

- Bipolar Hip Replacement is noted, unable to proceed
- Right Hip Fixation is noted, unable to proceed
- Case cx in room (?)
- Leaking fluid from anus
- Cancel Case 2° to infection risk
- Abdominal pressure elevated
- Return to OR when stable

### **03/17/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ Recurring Restraint Order
- ✓ 14:00 Heparin 1000 ml
- ✓ 15:25 Heparin 2000 units
- ✓ 15:55 STAT CXR
- ✓ 19:30 Lopressor 10 mg

### **03/17/10 Radiology**

**06:42 XRY Chest** Limited study due to motion; minimal better aeration of left lower base; otherwise similar findings.

**06:45 XRY Abdomen** Extremely limited exam, recommend repeat; no gross interval change is appreciated since prior exam.

**12:09 XRY Chest** Interval placement of right internal jugular catheter with tip in right brachiocephalic vein; left pleural effusion cannot be excluded; otherwise similar findings.

**15:58 XRY Chest** Large right IJ line; questionable small right-sided pneumothorax in upper right lung; worsening central pulmonary vascular congestion and pulmonary edema; multiple fractures; very enlarged cardiac silhouette; prominent aorta.

### **03/17/10 Progress Notes**

- Patient continues to have elevated abdominal pressure
- Consider Trachostomy soon (unable to wean off vent)
- Needs ORIF Right Wrist, possibly 03/18 or 03/20
- Nephrology CRRT
- Pulmonary Congestion
- Surgical Procedure Note: U/dal placed with some difficulty due to body habitus
- Post-op diagnosis: Renal Failure

### **03/18/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

### **03/18/10 Radiology**

**10:06 XRY Chest** Suspected right sided pneumothorax from yesterday's exam is not seen. Slight improvement in left sided pulmonary edema; increasing right sided edema; abnormal cardiomediastinal silhouette and lung fields.

### **03/18/10 Progress Notes**

- Critical Care Consult
- Nephrology CRRT

### **03/19/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 21:25 Lopressor 50 mg

- ✓ Lopressor 100mg (no time indicated)

### **03/19/10 Radiology**

**06:49 XRY Chest** Very limited study due to motion; increasing central pulmonary vascular congestion.

### **03/19/10 Progress Notes**

- Critical Care Consult
- Nephrology CRRT
- Wound Care for BKA
- Needs ORIF Right Femur Neck / Right Wrist possibly 03/24

### **03/20/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

### **03/20/10 Radiology**

**06:20 XRY Chest** Unremarkable study with respect to prior study date 03/19/10.

### **03/20/10 Progress Notes**

- Surgery: ORIF Right Wrist --> CRPP<sup>18</sup> Right Wrist, unable to proceed
- Nephrology CRRT stopped for today
- Patient doing well, H2O deficit, Hold CRRT
- Wean off vent

### **03/21/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

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<sup>18</sup> Closed Reduction Percutaneous Pinning

See Pharmacology section of Binder for list of recurring drug types

### **03/21/10 Radiology**

**06:44 XRY Chest** Minimal interval worsening of the opacity in the upper right lobe, otherwise similar findings.

### **03/21/10 Progress Notes**

- Still H2O deficit, somewhat better
- Nephrology CRRT

### **03/22/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 12:45 HD Orders NOW (list is in shorthand first 5 entries unknown)
- ✓ Profile # 4
- ✓ Illegible entry
- ✓ Heparin 2000 (units or mg, not indicated)
- ✓ First mention of Dialysis
- ✓ 18:45 discontinue bladder pressures

### **03/22/10 Radiology**

**06:16 XRY Chest** Unremarkable study with respect to prior study date 03/21/10.

### **03/22/10 Progress Notes**

- Respiratory Failure
- Weak Respiratory effort
- Plan for Tracheostomy today
- Nephrology Temp: 101, stable on vent, Very poor condition

- Electrolytes needed, Nutritional consult
- To OR on 03/24 for ORIF Right Wrist / Right Hip

### **03/23/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 12:30 Restart tube feeds

### **03/23/10 Radiology**

**06:39 XRY Chest** Minimal interval worsening of the opacity in the right mid-lung; otherwise similar findings.

### **03/23/10 Progress Notes**

- Tracheostomy and Peg today, unable to proceed
- Nephrology, Renal Failure CRRT
- Respiratory Failure, weaning nicely (?)
- Ortho Surgery for 03/24
- Tracheostomy for 03/24

### **03/24/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 09:37 R hand, R wrist X-ray
- ✓ 14:43 resume tube feeds / NPO

### **03/24/10 Radiology**

**07:09 XRY Chest** Unremarkable as compared to study of 03/23/10

**10:07 XRY Hand, Right & Wrist, Right** Interval removal of the splint; no change in fractures of the third and fourth metacarpals; triquetral fracture; lunate subluxation; distal forearm orthopedic hardware.

### **03/24/10 Progress Notes**

- Nephrology CRRT

### **03/25/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 14:48 transfer to SICU
- ✓ DX: S/P Open Tracheostomy; CRPP R wrist
- ✓ Guarded
- ✓ 15:08 CXR
- ✓ 15:08 Hold feed tubes for now

### **03/25/10 Radiology**

**05:34 XRY Chest** Unremarkable study with respect to prior study date 03/24/10.

**13:05 XRY Wrist** Limited views from O.R. for surgical guidance

### **03/25/10 Progress Notes**

- Patient evaluated for Tracheostomy
- Consent for Tracheostomy and Right Wrist procedures
- Nephrology CRRT
- CRPP of Right Wrist completed
- Tracheostomy Completed

### **03/26/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 16:20 Stop Fentanyl
- ✓ 16:20 Stop Reglan, Ethromycin, Miralax



- ✓ 16:20 Percocet 10mg, Morphine 3mg IV

### **03/26/10 Radiology**

**07:41 XRY Chest** Unremarkable study with respect to prior study date 03/25/10.

### **03/26/10 Progress Notes**

- Supportive Care
- Nephrology CRRT
- Nutrition Follow Up

### **03/27/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 17:45 STAT CXR

### **03/27/10 Radiology**

**07:06 XRY Chest** No significant interval change is noted

**18:33 XRY Chest** No significant interval change is noted

### **03/27/10 Progress Notes**

- Respiratory Failure
- Pleural Effusion
- Renal Failure
- Supportive Care
- Nephrology CRRT - Awake / Non-Verbal

### **03/28/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

### **03/28/10 Radiology**

**05:50 XRY Chest** No significant interval change is noted; peripheral vascular congestion with bilateral effusions; underlying right-sided infiltrates cannot be excluded.

### **03/28/10 Progress Notes**

- Respiratory Failure
- Edema
- End-Stage Renal Disease
- A-Fib
- Supportive Care
- Nephrology CRRT - Asleep / Non-Verbal

### **03/29/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 09:20 Blood cultures from 2 sites

### **03/29/10 Radiology**

**05:39 XRY Chest** Little significant change from previous exam. Right pleural effusion present. Limited exam due to patient's body habitus.

### **03/29/10 Progress Notes**

- Ortho Follow Up for Post-Op
- Nephrology CRRT

### **03/30/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 06:30 Procalcitonin<sup>19</sup> Level (no level indicated)
- ✓ Chart entries at: 05:00; 05:35; 06:30; 08:00; 09:35; 10:25; 12:05; 13:28; 14:00; 14:20; 14:40; 17:00; 17:40; 18:30; 19:30; 19:15; 20:45; 21:10; 21:55.
- ✓ 09:35 Vancomycin<sup>20</sup> ordered
- ✓ 09:35 sputum CX balance ordered
- ✓ 18:30 Heparin 2000, Δ Replacement 5L, pre-replacement

### **03/30/10 Radiology**

**06:10 XRY Chest** Minimal better aeration of right mid-lung; otherwise similar findings.

### **03/30/10 Progress Notes**

- Nephrology CRRT, Unstable – not tolerating dialysis
- Cardiac issues

### **03/31/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

### **03/31/10 Radiology**

**06:50 XRY Chest** Improvement in right lung base opacification; otherwise abnormal radiograph is unchanged with multiple rib fractures.

### **03/31/10 Progress Notes**

- Ortho Follow Up for Post-Op
- Needs ORIF Femur Neck
- Nephrology CRRT - Clotting multiple times

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<sup>19</sup> diagnostic test for sepsis

<sup>20</sup> A glycopeptide antibiotic; it is used to treat certain kinds of bacterial infections in the bowel.

- Nutrition Follow Up

#### **04/01/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 16:45 Rationale for Ordering Transfusion form for 10 units of fresh frozen plasma

#### **04/01/10 Radiology**

**06:50 XRY Abdomen** Extremely limited exam due to motion; air distended proximal colon/cecum; possible focal ileus; bowel obstruction cannot be excluded; fracture of the right femoral neck; recommend repeat study.

**06:50 XRY Chest** Abnormal chest radiograph, unchanged from previous day.

#### **04/01/10 Progress Notes**

- Nephrology CRRT – Tolerated today
- Septic Shock
- Supportive Care

#### **04/02/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 12:00 Procalcitonin
- ✓ Zosyn<sup>21</sup> to 3.375 grams continuous infusion
- ✓ 18:00 STAT CXR

#### **04/02/10 Radiology**

**06:10 XRY Chest** Interval improvement of the linear atelectasis in the left mid-lung; otherwise similar findings.

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<sup>21</sup> A penicillin antibiotic; used to treat certain kinds of bacterial infections

**18:23 XRY Chest** Interval removal of the right internal jugular catheter; interval improvement of the bilateral hilar congestion; otherwise similar findings.

#### **04/02/10 Progress Notes**

- Unchanged
- Supportive Care
- Nephrology CRRT
- Respiratory Failure
- Septic Shock – CCM
- Renal Failure
- Surgical Note: Subclavian Catheter Placed

#### **04/03/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 02:30 Artificial tears to both eyes

#### **04/03/10 Radiology**

**06:16 XRY Chest** Resolution of the linear atelectasis in the left mid-lung; small left pleural effusion, otherwise similar findings.

#### **04/03/10 Progress Notes**

- Supportive care
- Nephrology CRRT
- Septic Shock – Etiology unknown (? , prior stated from open ankle fracture)
- Elevated White Blood Cells (Inflammation indicated)
- Respiratory Failure
- Renal Failure

#### **04/04/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

#### **04/04/10 Radiology**

11:37 XRY Chest There is improved aeration; otherwise similar findings.

#### **04/04/10 Progress Notes**

- Supportive care
- Nephrology CRRT – Clotted, will not restart at this time
- Septic Shock
- Elevated White Blood Cells (Inflammation indicated)
- Respiratory Failure
- Renal Failure
- Patient is awake and agitated – Neuro Consult

#### **04/05/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ Hemodialysis order, sheet is undated

#### **04/05/10 Radiology**

05:40 XRY Chest No significant change is noted.

11:37 XRY Chest There is improved aeration; otherwise similar findings.

#### **04/05/10 Progress Notes**

- Supportive care
- Nephrology CRRT – minimal urine output
- Septic Shock
- Elevated White Blood Cells (Inflammation indicated)
- Respiratory Failure

- Renal Failure
- Patient's eyes are open, does not follow commands

#### **04/06/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 20:45 Zassi<sup>22</sup> per policy
- ✓ Notation on Heparin is "need this" with an arrow. 8000 units are referenced
- ✓ 07:10 Sputum culture
- ✓ 21:40 pan culture

#### **04/06/10 Radiology**

**06:11 XRY Chest** Unremarkable study as compared to 04/05/10.

#### **04/06/10 Progress Notes**

- Supportive care
- Nephrology CRRT – minimal urine output
- Septic Shock
- Elevated White Blood Cells (Inflammation indicated)
- Respiratory Failure
- Renal Failure
- Patient's eyes are open, non-responsive
- CCM Follow up
- Abdomen distended
- Nutrition Follow Up
- Surgical Note: Subclavian Line is changed

#### **04/07/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

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<sup>22</sup> Researched Zassi: Bowel Management System for Colonic Irrigation Access

See Pharmacology section of Binder for list of recurring drug types

#### **04/07/10 Radiology**

**06:19 XRY Chest** Ground glass opacity in the left lung base may represent atelectasis; otherwise similar findings.

#### **04/07/10 Progress Notes**

- Supportive care
- Nephrology CRRT
- Septic Shock
- Respiratory Failure
- Renal Failure
- Patient's eyes are open, non-responsive

#### **04/08/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 10:00 consult noted, not indicated who with
- ✓ 14:55 CT of head

#### **04/08/10 Radiology**

**05:54 XRY Chest** Unremarkable study as compared to 04/07/10.

**12:35 ULT Perip Venus-Duplx Complete** No sonographic evidence of deep vein thrombosis

**12:55 ULT Perip Venus-Duplx Complete** No sonographic evidence of deep vein thrombosis

**18:44 CAT Head or Brain/No Contrast** limited by motion; no obvious hydrocephalus or midline shift.

#### **04/08/10 Progress Notes**

- Supportive care



- Nephrology CRRT
- Septic Shock
- Respiratory Failure – Breathing Well (?)
- Renal Failure
- Occupation Therapy Eval for Range of Motion Ortho Post-Op, Inappropriate candidate
- Patient's eyes are open, non-responsive
- Prognosis Poor

#### **04/09/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 7 piece or "T" piece trial today
- ✓ Note to stop daily Procalcitonin. Records were not clear it had been daily.

#### **04/09/10 Radiology**

**05:54 XRY Chest** Interval removal of the right-sided central line; interval improvement of the bilateral atelectasis; otherwise similar findings.

#### **04/09/10 Progress Notes**

- Supportive care
- Nephrology CRRT
- Septic Shock
- Respiratory Failure
- Renal Failure
- Patient's eyes are open, non-responsive
- Surgical Note: Femoral Catheter placed

#### **04/10/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 07:50 BNP<sup>23</sup>

#### **04/10/10 Radiology**

**06:17 XRY Chest** Interval removal of right dialysis catheter; persistent right hilar fullness suggesting congestion and probable atelectasis, no acute changes from 04/08/10 noted.

#### **04/10/10 Progress Notes**

- Supportive care
- Nephrology CRRT
- Septic Shock
- Respiratory Failure – Pneumonia - Aspiration
- Renal Failure
- Plan family meeting today, clarify expectations and goals

#### **04/11/10 Physician's Orders**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ Blood Component Order form for 2 units of red blood cells, IV (bottom of page also has 5/5/10 written on it)
- ✓ 15:00 EEG
- ✓ 15:00 pain, morphine
- ✓ 23:20 "tape eyes closed"

#### **04/11/10 Radiology**

**05:24 XRY Chest** Cardiomegaly and congestive changes with right pleural effusion; stable position of the tracheostomy.

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<sup>23</sup> Higher-than-normal results suggest that a person has some degree of heart failure, and the level of BNP or NT-proBNP in the blood is related to its severity. Higher levels of BNP or NT-proBNP are often associated with a worse outlook (prognosis) for the person. Normal results indicate that the person's symptoms are likely due to something other than heart failure.

### **04/11/10 Progress Notes**

- Supportive care
- Nephrology CRRT
- Septic Shock
- Acute Respiratory Failure
- Acute Renal Failure
- GCS<sup>24</sup> 5
- Family Discussion on 04/10, against DNR at this time
- Proceed with EEG
- Surgical Note: Left Femoral Vein Catheter placed

### **04/12/10 Physician's Orders (DATE OF DEATH)**

Chart shows various drugs/blood replacement procedures administered for the remainder of the day.

See Pharmacology section of Binder for list of recurring drug types

- ✓ 10:30 Repeat BAL
- ✓ Blood culture from 2 sites
- ✓ Cultures
- ✓ 11:15 Vecuronium<sup>25</sup>
- ✓ 12:30 STAT CXR ordered
- ✓ 13:27 Time of Death as noted on Discharge Summary

### **04/12/10 Radiology**

**05:24 XRY Chest** Interval improvement of the right lung base atelectasis; otherwise similar findings.

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<sup>24</sup> Glasgow Coma Score

<sup>25</sup> Vecuronium bromide for injection is a nondepolarizing neuromuscular blocking agent of intermediate duration (muscle relaxer)

**12:38 XRY Chest** Interval placement of a right subclavian vein catheter with tips in the atriocaval junction; bilateral hilar congestion; minimal atelectasis in the right lung base and ipsilateral pleural effusion.; left pleural effusion cannot be excluded; otherwise similar findings.

#### **04/12/10 Progress Notes**

- Physical Therapy for patient to sit up in bed – inappropriate candidate
- CCM Follow Up
- *E. Coli* in Sputum
- Follow up EEG
- Nephrology CRRT
- V-Tachycardia
- Shocked 4 times
- Multiple Cardiac issues
- Patient Pronounced at 13:27
- 13:45 Spoke with patient's daughter, Mrs. Cleveland, and informed her of Mr. \*\*\*\*'s death. Daughter was asked to consider autopsy. (Was an autopsy performed?)

#### **Death Summary Excerpt**

Patient arrived with a GCS of 15

Suffered Acute Cardiopulmonary arrest before being placed in CT scanner

CPR performed and patient brought back

Long, protracted complicated course

Unable to be operated on for fractures due to instability from other comorbidities

Became septic from open ankle fracture

Underwent below the knee amputation

Went into renal failure

Endured dialysis almost daily

Continuous Ventilator

Underwent Tracheostomy because he could not be removed from ventilator

GCS dropped to 3T

Multiple cardiac rhythm abnormalities

Ventricular Tachycardia on 04/12/10

Unable to be resuscitated

## SUMMARY

\*\*\* suffered through a head-on collision with a 22 wheeler, being driven by a man who had a history of unsafe driving habits involving citations and an arrest. When \*\*\* decided to “rub his eyes” while driving, rather than pull over, he sentenced \*\*\* to death, but not a quick one. Mr. \*\*\* surely saw his doom barreling towards him, with no way of escaping. The impact caused Mr. \*\*\* to suffer horrific injuries; injuries he endured without ever losing consciousness. While awaiting help, Mr. \*\*\* was evidently fully aware of the severity of his injuries and the dire circumstances he was facing. Mr. \*\*\*’ injuries were extensive, including, but not limited to, the following: ***Open Right Ankle Fracture; Open Right Fibular Fracture (resulting in a 75% amputation of the foot at the ankle); Right Femoral Neck Fracture; Comminuted Displaced Right Intertrochanteric Femur Fracture; Bilateral Rib Fractures; Left L1-L2 Transverse Process Fractures; Right Forearm Fracture/Comminuted fracture mid radial and ulnar; Right Wrist Fracture; Right Tibiotalar Ankle Dislocation; and Massive lung collapse.***

Mr. \*\*\* was subjected to the agony of a prolonged extraction process, as rescue workers toiled to free him from his crumpled vehicle. Red River Parish EMS was dispatched at **8:45 a.m.**, when they arrived they noted that Fire-Rescue was already on the scene attempting to remove Mr. \*\*\* from his vehicle. Mr. \*\*\* was finally freed and taken to Louisiana State University Health Sciences Center – Shreveport. He didn’t arrive there until **10:32 a.m., nearly two hours** after the arrival of the EMS at the accident site.

Four the **next four hours** Mr. \*\*\* was subjected to multiple X-ray and CT scan procedures, in an effort to identify as many of his injuries as possible. His condition was deemed too unstable to begin any actual treatment for his injuries.

At **5:20 p.m.** Mr. \*\*\* went into full-blown cardiac arrest as he was being placed into a scan tunnel. Cardio-pulmonary resuscitation was required to restore life to Mr. \*\*\*.

Thus began Mr. \*\*\*’ grueling **35 day ordeal**, brought on by the defendant’s reckless, careless and negligent behavior. Mr. \*\*\* entered the hospital with a Glasgow Coma Scale score of 15, meaning he was fully alert and aware of what was happening to him. He then began a nightmare of intubation and multiple surgical procedures, including a “below the knee amputation” of his right leg, a tracheostomy, and multiple fixation surgeries on his right hand, wrist, and arm.

On **April 12, 2010, at 1:27 p.m.**, after much agony, Mr. \*\*\* experienced a second cardiac arrest. Even with the full measure of tools available to them, including defibrillation paddles, the hospital staff was unable to save Mr. \*\*\*.

After **35 days** of chemical and surgical intervention, Mr. \*\*\* succumbed to the massive injuries his body sustained on March 9, 2010. He was pronounced dead and his family was informed that they no longer had their father/husband.