

HCA FLORIDA KENDALL HOSPITAL (COCKN)
Critical Care H&P
REPORT#: 0408-0077 REPORT STATUS: Signed
DATE: 04/08/26 TIME: 0517

PATIENT: [REDACTED] UNIT #: K001206301
ACCOUNT#: K033579507 ROOM/BED: ICUC-11C
DOB: 01/16/45 AGE: 81 SEX: F ATTEND: Matos
Castillo, Dubier MD
ADM DT: 04/08/26 AUTHOR: Duarte
Colina, Leonor MD R1
REP SRV DT: 04/08/26 REP SRV TM: 0517
* ALL edits or amendments must be made on the electronic/computer document *

DUARTE COLINA, LEONOR 04/08/26 0517:
History of Present Illness

HPI

Chief complaint:

Transferred from Saint Thomas due to hemorrhagic stroke

PCP:

PCP: DOES NOT KNOW

HPI:

HPI: An 81-year-old female with a past medical history significant for hypertension, multiple transient ischemic attacks on aspirin therapy, dyslipidemia, and GERD was transported via air from Saint Thomas following a hemorrhagic stroke.

On Monday, 04/06/2026, she developed rapidly progressive neurological symptoms, including blurry vision, dysarthria, and multiple episodes of vomiting. Her condition continued to decline, and she subsequently became unresponsive. According to her daughter at the bedside, her last known well was 9:00 p.m. on 04/06/2026. She was transported by EMS to Schneider Regional Medical Center, where she was intubated for airway protection due to a low Glasgow Coma Scale score.

Initial CT imaging demonstrated a large right-sided intraparenchymal hemorrhage with marked vasogenic edema, right-to-left midline shift, and evidence of uncal herniation. She received 100 mL of mannitol and was emergently transferred to our facility for neurosurgical evaluation and management.

Upon arrival to the Emergency Department, the patient remained intubated and was receiving a propofol infusion. Her GCS was 3. Neurological examination revealed no response to painful stimuli, a fixed and dilated right pupil, and absent corneal reflexes. A cough reflex was present.

CT brain *without the advantage of previous cross-sectional imaging studies,*

the stability of the intracranial findings cannot be determined. The

patient has a voluminous bilateral hematoma as as described

above.

In all likelihood, this will be related to parenchymal vulnerability secondary to age related amyloid angiopathy. Hypertension will merit to differential consideration, however, that is more typically seen in the deep brain regions. There are no definitive features of trauma. Is the patient anticoagulated? There is global mass effect as described above. Close interval follow-up is recommended unless the patient has a recent accompanying CT examinations.

The Emergency Department team consulted Neurosurgery Dr. Frankie, who determined that no surgical intervention was indicated. Neurosurgery remains involved in the case. Neurology has been consulted, and recommendations are pending. The case and the patient's poor prognosis were discussed with the daughter at the bedside.

Hx Obtained From Daughter

History

Past medical history:

Reports: GERD/gastritis, Hypertension, Transient ischemic attack.
Smoking status for patients 13 years old or older: Never Smoker

Medication/Allergy-Vaccine Hx

Allergies:

Coded Allergies:

No Known Allergies (04/08/26)

Review of Systems

Unable to obtain due to:

Unresponsive

Objective

Physical Exam

VS/I&O:

Last Documented:

Laboratory Tests

04/08/2008 03:08

	Result	Date Time
Pulse Ox	99	04/08 0415
B/P	148/79	04/08 0415
B/P Mean	108	04/08 0415
Pulse	61	04/08 0415
Resp	14	04/08 0415
FiO2	30	04/08 0130
O2 Delivery	Ventilator	04/08 0050
Temp	36.7	04/08 0050

24 hour I&O ending at 0700:

	04/08 0700	04/07 1900
Intake Total		
Output Total		
Balance		
Patient Weight	77.273 kg	
Weight Measurement Method	Estimated	

Patient Weight and BMI

Weight (kg): 77.273

BMI: 29.2

Medications:

Active Meds + DC'd Last 24 Hrs

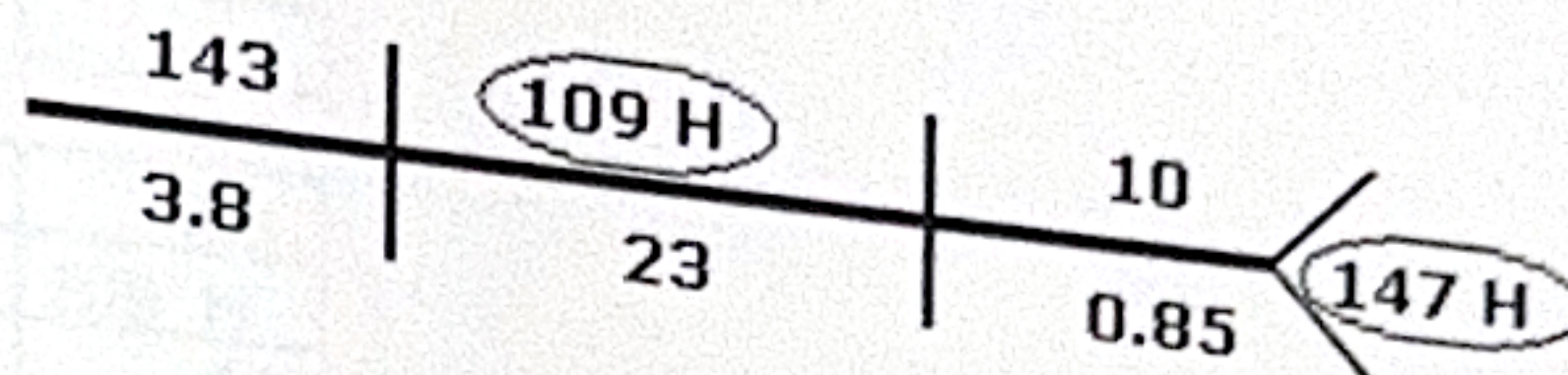
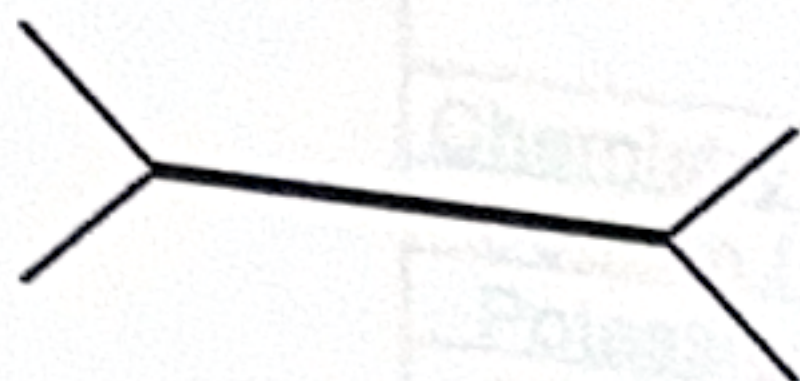
- Mupirocin (BACTROBAN 2% NASAL OINT 1 GM) 1 GM BID NASAL (CKD)
- Pantoprazole (PROTONIX 40MG/10 ML VIAL) 40 MG DAILY IV
- Sodium Chloride (SODIUM CHLORIDE 0.9% 50 ML) 50 ML
- Sodium Chloride (SODIUM CHLORIDE 3% 500 ML IV SOLN) 500 ML ONCE ONE IV
- Nicardipine HCl (CARDENE IV 25 MG/10 ML VIAL) 25 MG ONCE ONE IV (CKD)
- Sodium Chloride (SODIUM CHLORIDE 0.9%) 250 ML
- Sodium Chloride (SODIUM CHLORIDE 0.9% 10 ML VIAL) 10 ML ASDIR IV
- Propofol (PROPOFOL 1000 MG/100 ML) 100 ML X1ED ONE IV (CKD)

Results

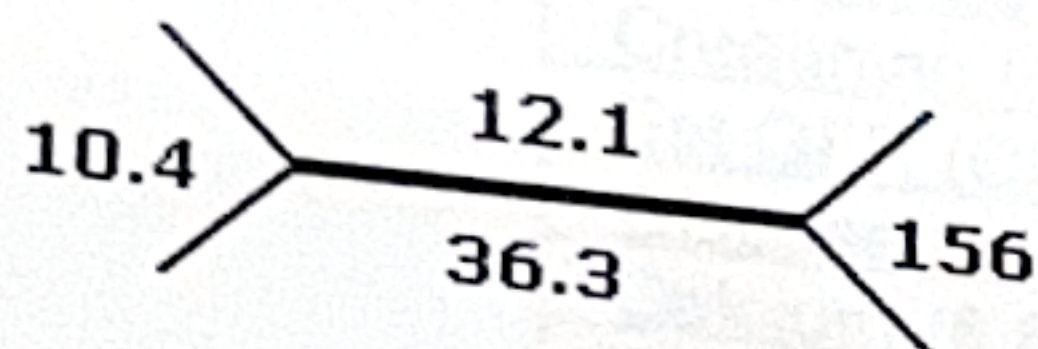
Findings/Data:

Laboratory Tests

04/08/26 0306:



04/08/26 0146:



Laboratory Tests

Blood Gas	04/08
Puncture Site	0230
Patient Temperature	Right Radial
ABG pH at Pt Temp (7.350 - 7.450)	98.6
ABG pCO2 at Pt Temp (35.0 - 48.0 mmHg)	7.422
ABG pO2 at Pt Temp (83.0 - 108.0 mmHg)	32.5 L
ABG PO2/FiO2 Ratio (> 200)	111.2 H
ABG HCO3 (23 - 30 mmol/L)	370.7
ABG O2 Saturation (94.0 - 98.0 %)	20.7 L
ABG O2 Content (ML/DL)	98.1 H
ABG Base Excess ((- 2.0) mmol/L)	17.7
ABG Hemoglobin (12.0 - 17.0 g/dL)	-2.9 L
ABG Oxyhemoglobin (94 - 98 %)	12.8
ABG Carboxyhemoglobin (0.5 - 1.5 %)	97.7
ABG Methemoglobin (0 - 0.5 %)	0.1 L
Allen Test	0.3
Respiration Rate	P
O2 Delivery Device	14.0
Vent Mode	Ventilator
FiO2 (21.0 - 100.0 %)	AC
Tidal Volume	30.0
PEEP (cmH2O)	420.0
Instrument	5.0
Operator ID	68401
	C.BETANCOR

Laboratory Tests

Chemistry	04/08 0306
Sodium (136 - 145 mmol/L)	
Potassium (3.5 - 5.1 mmol/L)	143
Chloride (98 - 107 mmol/L)	3.8
Carbon Dioxide (22 - 29 mmol/L)	109 H
Anion Gap (5 - 15 mmol/L)	23
BUN (8 - 23 mg/dL)	11
Creatinine (0.50 - 0.90 mg/dL)	10
Est GFR (CKD-EPI 2021)	0.85
Glucose (74 - 109 mg/dL)	69
Calcium (8.8 - 10.2 mg/dL)	147 H
Corrected Calcium (8.8 - 10.2 mg/dL)	9.3
Phosphorus (2.5 - 4.5 mg/dL)	9.2
Magnesium (1.6 - 2.4 mg/dL)	4.1
Total Bilirubin (0.0 - 1.2 mg/dL)	2.1
AST (0 - 35 U/L)	0.7
ALT (0 - 35 U/L)	22
Total Alk Phosphatase (35 - 104 U/L)	11
Total Protein (6.4 - 8.3 g/dL)	104
Albumin (3.5 - 5.2 g/dL)	7.1
	4.1

Laboratory Tests

Hematology	04/08 0146
WBC (4.0 - 10.5 10 ³ /u)	
RBC (3.93 - 5.22 10 ⁶ /uL)	10.4
Hgb (11.2 - 15.7 g/dL)	4.01
Hct (34.1 - 44.9 %)	12.1
MCV (79.4 - 94.8 fl)	36.3
MCH (25.6 - 32.2 pg)	90.5
MCHC (32.2 - 35.5 g/dL)	30.2
RDW (11.7 - 14.4 %)	33.3
Plt Count (150 - 400 10 ³ /uL)	14.8 H
MPV (9.4 - 12.3 fl)	156
Nucleated RBC % (auto) (0.0 - 0.2 %)	11.2
Immature Gran % (0.0 - 0.4 %)	0.0
Immature Gran # (0.00 - 0.03 10 ³ /uL)	0.3
Absolute Neutrophils (1.56 - 6.13 10 ³ /uL)	0.03
	7.81 H

Segmented Neutrophils (34.0 - 71.1 %)	75.2 H
Lymphocytes (19.3 - 51.7 %)	16.8 L
Lymphocytes # (1.18 - 3.74 10 ³ /uL)	1.74
Monocytes (4.7 - 12.5 %)	7.5
Monocytes # (0.24 - 0.63 10 ³ /uL)	0.78 H
Eosinophils (0.7 - 5.8 %)	0.0 L
Eosinophils # (0.04 - 0.36 10 ³ /uL)	0.00 L
Basophils (0.1 - 1.2 %)	0.2
Basophils # (0.01 - 0.08 10 ³ /uL)	0.02
Nucleated RBCs # (0.00 - 0.18 10 ³ /uL)	0.00
Diff Slide Review	NO

Microbiology:

04/08 0532 Nasal: MRSA Screen - ORD

Radiology data:

Recent Impressions:

IMAGING-RADIOLOGY - CHEST AP ONLY 04/08 0110

*** Report Impression - Status: SIGNED Entered: 04/08/2026 0242

FINDINGS/IMPRESSION:

The endotracheal tube terminates approximately 2.5 cm above the carina.

The esophagogastric tube terminates in topography of stomach.

Normal cardiomediastinal silhouette.

No confluent consolidation, sizable pleural effusion or pneumothorax.

The osseous structures appear intact.

Workstation ID: EDFLMERRL02

Impression By: SHUSAV - SAVYA, SHUKLA M.D.

IMAGING-CAT SCAN - CT BRAIN WO CONTRAST 04/08 0120

*** Report Impression - Status: SIGNED Entered: 04/08/2026 0301

IMPRESSION:

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secondary to age related amyloid angiopathy. Hypertension will merit to differential consideration, however, that is more typically seen in the deep brain regions. There are no definitive features of trauma. Is the patient anticoagulated? There is global mass effect as described above. Close interval follow-up is recommended unless the patient has a recent accompanying CT examinations.

Findings reported to the emergency department staff, Dr. Berthin, at 02:54 a.m.

Workstation ID: EDFLAHRD01

Impression By: STOJ - John B Stockel, M.D

Results: labs reviewed, vital signs reviewed

Free Text Obj Notes

Free Text Obj Notes:

General appearance: Intubated on propofol infusion.
 Head/eyes: Atraumatic, normocephalic: conjunctivae clear, corneas clear; eyelids and periorbital areas within normal limits.
 ENT: Normal left ear, normal right ear, normal nose, normal pharynx, normal sinus.
 Cardiovascular: Prolonged capillary refill. No murmurs.
 Respiratory: On mechanical ventilation. Symmetric chest expansion; lungs clear to auscultation bilaterally.
 Abdomen/GI: Soft, non-distended.
 Genitourinary: Examination not indicated
 Extremities: No clubbing, cyanosis, or edema.
 Musculoskeletal: Normal inspection.
 Neurological: GCS 3. Neurological examination showed no response to painful stimuli, a blown right pupil, and absent corneal reflexes. Cough reflex was present.
 Skin: Dry; warm to touch; no rash or lesion noted.

Scores

Glasgow

Glasgow Coma Score:

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Eye opening: (1) None
 Verbal response: (1) None
 Best motor response: (1) None
 GCS Score: 3

ICH Score
 ICH Score

ICH Score	Response	Value
Glasgow Coma Score:	3-4	2
ICH volume cm3:	30 or greater	1
IVH:	no	0
Origin of ICH:	supratentorial	0
Age:	age 80 or older	1
Total		4

Diagnosis, Assessment & Plan

Free Text DxA&P Notes

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Assessment:

- Hemorrhagic stroke in the setting of intraparenchymal hemorrhage (ICH Grade 4) with extensive mass effect, including leftward subfalcine herniation, right temporal lobe uncal herniation, and mild left temporal lobe uncal herniation.
- Essential hypertension, uncontrolled
- GERD, chronic.
- Hyperglycemia without a prior diagnosis of diabetes
- Hyperchloremia

Plan:

- ICU level of care

Neuro:

- Hypertonic saline 3% 30ml/h
- Neurochecks Q1H
- Avoid hyperthermia, Tylenol PRN
- seizure precautions
- elevate HOB to 30 degrees

- if change in neurologic status contact MD
- Neurology consulted
- Neurosx consulted
- ACT PRN fevers
- Neurochecks as per protocol
- STAT CT of brain if change in mental status, notify Physician
- Seizure precautions

Cardio:

- Nicardipine drip systolic blood pressure goal <140
- VS as per unit protocol

Respiratory:

- Monitor O2 status, supplement as needed
- Goal O2 sat > 92
- Aspiration precautions

GI:

- Diet: NPO
- Proph: Pantoprazole 40 mg
- Monitor BM

Nephro:

- Avoid Nephrotoxic drugs
- Strict I/Os
- CMP/Mg/Ph daily

Heme:

- Monitor H/H
- Transfuse if hgb < 7
- Monitor WBC

ID:

- MRSA screen
- Follow cultures

MSK:

- Fall precautions
- PT/OT eval and treat

Lines/Tubes/Drains: ET tube, venous left antecubital peripheral IV

Pressors: None

Analgesic: None

Sedation: On propofol
DVT proph: None due to intracranial hemorrhage
GI Proph: Pantoprazole 40 mg
Diet: NPO
Dispo: Pending clinical course

Full Code

Patient was evaluated at bedside in the ICU with the rest of the ICU team. Patient is critically ill with multiple comorbidities and can easily decompensate resulting in further morbidity or death.

Plan discussed with patient / Family at bedside who verbalized understanding and agreed with the plan. All questions were answered. Family was updated regarding the diagnosis, treatment, possible complications, management, and prognosis.

This patient has been seen and examined in conjunction with Intensivist who obtained an independent history and plan of care.

MIPS/Quality Measures

MIPS Measures MIPS Measures

Quality Measures

Quality Measures Quality Measures

BMI Screening > 25 or < 18.5

Patient's BMI:

Current BMI: 29.2

BMI status/follow-up: abnl BMI, pt to F/U w/PCP

HTN Screening/Follow-up

Last documented vitals:

Last Documented:

	Result	Date Time
Pulse Ox	97	04/08 0649
FiO2	30	04/08 0649
Pulse	69	04/08 0649
B/P	148/79	04/08 0415
B/P Mean	108	04/08 0415
Resp	14	04/08 0415
O2 Delivery	Ventilator	04/08 0050

Neurosurgery Dr Fromke; no intervention
GOC/ pt is a hospice candidate.
Dismal prognosis , will likely progress to Brain death
Osmotic therapy

Active Critical Care Issue(s):

I61.9 ICH (intracerebral hemorrhage)
G93.5 Uncal herniation
R40.20 Comatose
Z99.11 On mechanically assisted ventilation
E85.4 Cerebral amyloid angiopathy

I personally spent [60] minutes caring for this critically ill patient not
including indicated procedure(s).

MIPS/Quality Measures

MIPS Measures MIPS Measures

Quality Measures

Quality Measures Quality Measures

Electronically Signed by Duarte Colina,Leonor MD R1 on 04/08/26 at 0725
Electronically Signed by Matos Castillo,Dubier MD on 04/08/26 at 0750

RPT # : 0408-0077
END OF REPORT