Sundance HealthCare Systems
Painted Valley, USA

Patient's Name: Stewart, Jesse B.		Street Address: 617 DeSmet Drive			Hospital Number: # 681944
Birth Date: 01/21/xx	Age: 45	City: Fort Union			Phone Number: 701 572-44331
Sex: M	Marital Status: Married	State: N.D.	Zip: 58801	County: McKenzie	Room: 212
Soc. Sec. #: 613-02-4589		Religion: Catholic			Race: W
Patient's Occupation: Construction Worker					Ethnicity: Non-Hispanic
Notify In Emergency	Name: Julia	Relationship: Wife			Responsible for Account: Self
Address: 2720 Mountain View, Devils Lake		Phone No.: 701 572-8136			
Date Admitted: 02/22/xx	Time: 0140 AM PM	Date Discharged: 02/22/xx	Time: 2200 AM PM		
Date of Last Admission: 2-1/2 years ago		Name & Address of Any Institution From Which Discharged in Last 60 Days: N/A			
Admitting Physician: Dr. J. F. McIntyre		Consultant			
Attending Physician: Dr. J. F. McIntyre					

Admitting Diagnosis (Within 24 Hours)

1. Right hemopneumothorx
2. Multiple right rib fractures
3. History of mental illness treated with Prozac

Principal Diagnosis

1. Pulmonary hemorrhage and edema, bilateral.

Secondary Diagnoses

2. Multiple rib fractures on the right side.
3. Laceration of the right upper orbital area.
4. Right hemothorax due to laceration of pleura.

Complications

5. Bruises and ecchymosis of the right flank and abdominal wall.
6. Bruises and superficial lacerations of lower extremities.

Operative Procedures (Date & Title)

ICD [redacted] CODES

Discharged Alive ____ Died ✓

Autopsy Yes ✓ No ____

John F. McIntyre

Physician Signature

ADMISSION SUMMARY SHEET

CONDITIONS OF ADMISSION

1. CONSENT TO HOSPITAL CARE

I am presenting myself for admission to Sundance HealthCare Systems. I voluntarily consent to the rendering of medical care which is determined to be necessary or beneficial in the professional judgement of my physician. This includes routine diagnostic procedures and medical treatment by authorized agents and employees of the Hospital, and by its medical staff, or their designees.

I acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on my condition.

2. AUTHORIZATION TO RELEASE INFORMATION

I authorize Sundance HealthCare Systems to release such information from my medical record as may be necessary for the completion of the hospital's or my physician's claims for reimbursement to my insurance company or agency. I UNDERSTAND THAT DISCLOSURE MAY INCLUDE DIAGNOSES AND OPERATIONS OR PROCEDURES PERFORMED AND THAT, AT THE REQUEST OF MY INSURANCE COMPANY OR AGENCY, MY COMPLETE MEDICAL RECORD MAY BE SUBJECT TO REVIEW. IN ADDITION, I UNDERSTAND THAT COPIES OF MY RECORD MAY BE OBTAINED BY MY INSURANCE COMPANY OR AGENCY.

3. ASSIGNMENT OF BENEFITS

In consideration of the services received or to be received for this admission to Sundance HealthCare Systems, I assign all insurance benefits due me. I further warrant that the hospital shall be entitled to the full amount of its charges. Any credit balance resulting for any reason will be applied to other existing accounts. This also assigns benefits to Anesthesia Consultants, PC.

I hereby agree to pay any and all hospital charges that exceed or that are not covered by my hospitalization insurance coverage. This assignment shall be irrevocable.

4. VALUABLES DISCLAIMER

I understand that Sundance HealthCare Systems maintains a safe for the safekeeping of money and valuables. I, also, understand that I assume full responsibility for any and all of my valuables, money, clothing, dentures, and other personal items while a patient in the hospital unless deposited with the Hospital for safekeeping.

Valuables Deposited with the Hospital ☑ YES ☐ NO

5. REQUEST FOR FACILITY ACCOMMODATIONS

I agree to pay to the Hospital any difference between the semi-private rate provided by my hospitalization insurance and the Hospital charges for a private accommodation. I understand that private accommodations are more expensive than the room rate payable by my hospitalization insurance and that it is my responsibility to pay the difference.

I request a Private Room ☐ YES ☑ NO

This document has been fully explained to me, and I certify that I understand its contents and agree to it freely.

2/22/XX — DATE
0530 — TIME AM PM
Marty Evans — Witness

Jesse B Stewart — Patient or authorized person

Relationship

Guarantor/Insured Certificate Holder

Signature is not that of the patient because: ( ) patient is a minor

( ) other reason (specify): _____

Sundance Medical Center
Painted Valley, USA

EMERGENCY ROOM / OUTPATIENT RECORD

Account Number:

Patient's Name: Last Name	First Name	Middle Initial	Home Phone	Admission Date	a.m./p.m.	Med.Rec. Number
Stewart,	Jesse	B.	572-4431	02/22/xx	0140 p.m.	681944

Address:	State	Zip	Age	Sex	Date of Birth	Civil Status	Religion
Fort Union	N.D.	58801	45	M	01/21/xx	S (M) W D Sep	Catholic

Employer: CDI
Address: Little Chicago, ND
Occupation: Construction Worker
Phone No: 720-3232
Soc. Sec. # 613-02-4589
Notify Press Yes No

Responsible Party: Jesse B. Stewart
Address: Fort Union, ND
Occupation: Construction Worker
Phone No: 572-4431
Family Doctor: Dr. McIntyre
Notified Yes No

Brought In By: xx Self
xx Police xx Fire
___ Relative ___ Other

Name of Insurance Company: Sherman Health
Address of Insurance Co.: Little Missouri, ND
Policy No.: CW 435-62-242

Notified: Relative Julia Stewart Relationship: Wife By Whom Jane Burrows
Police Yes Coroner No Time 0212 a.m./p.m.

Race: White
Ethnicity: non-Hispanic

BRIEF HISTORY: (If accident, state where, when & how injured; if illness describe):

Patient was involved in MVA, complains of pain and difficulty breathing. Possible pneumothorax, patient is transferred to O.R. #1 on emergent basis.

Condition on Admission:

Good	___	Fair	___
Poor	xx	Shock	___
Coma	___	Hemorrhage	___

Vital Signs:

Temp.	99.6
Pulse	95
Resp.	58
B.P.	133 / 94

Normal	Other	System Inventory:
☑	☐	Mental/Emotional Status:
☑	☐	Skin
☐	☑	Respiratory
☑	☐	Cardiovascular.
☐	☑	Musculoskeletal:
☑	☐	Gastrointestinal
☑	☐	Genitourinary
☑	☐	Neurological
☑	☐	EENT

PHYSICIAN'S REPORT: History & Physical Findings:

Patient injured after collision on highway.

Diagnosis: Motor vehicle accident with multiple contusions, hemopneumothorax.

Treatment (including medications):

Disposition of Case: Admitted

Referred to Dr. Date:

Instructions to Patient:

John F. McIntyre

Form # _ _ _ _ Patient's Signature Date Time Attending Physician

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Discharge Summary:

Admitted: 2-22-xx

Discharged: 2-22-xx Expired

Attending: Dr. John F. McIntyre

This 45-year-old white male was involved in an automobile accident. He did not see the oncoming car and turned his car in front of it. The patient was brought to the Emergency Department with complains of chest discomfort and found to have a right hemopneumothorax in addition to multiple rib fractures. He did have some hematuria, but a CT scan of his abdomen did not reveal bleeding or injury to his kidneys. CT scan did not show any disruption of his aorta. A chest tube was placed and the patient was transferred to ICU. Epidural analgesia was initiated for pain relief with good results. The patient had bowel activity and was started on a liquid diet. At approximately 5:00pm he had some increase in chest tube output which was serosanguineous, but somewhat bloody. I saw the patient at 7:30 p.m. at which time he was stable, comfortable, and breathing satisfactorily. Two hours later he was noted to be pale, sweaty and having some orthostatic BP changes. Blood gases showed a pH of 7.18, pCO2 of 64, and a pO2 of 89 on a nasal cannula. His hemoglobin had dropped to 8.8. A chest x-ray showed an apparent loculated hemothorax in the right chest. He was compressed about 50% on the right side by the blood in his chest. A second tube was inserted to evacuate his apparent hemothorax. I was not sure of the source of bleeding.

We were in the process of inserting a central line and anesthesia was coming in to intubate him to expand his lung and stop any possible bleeding. He had a sudden respiratory arrest and was immediately bagged and intubated within two minutes. He developed severe bradycardia and was given Atropine and Epinephrine. He did not respond to this. He did not have large amounts of blood coming out of the chest tube. Cardiac massage was instituted and further drugs were given. Resuscitation attempts were made for approximately 25 minutes. His rhythm deteriorated to complete ventricular asystole and we could get no response whatsoever. The patient was in complete cardiac arrest. I discussed the situation with his family and did receive permission for an autopsy. It was felt the patient may have had a tear in his thoracic aorta that subsequently went on to bleed. There is certainly a dramatic change from the chest x-ray this morning with a clear expanded lung to that of tonight with a significant hemothorax present. Dr. Burke was contacted and has agreed to perform the autopsy.

JFM/ahl
D&T: 2/22/xx

John F. McIntyre

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

HPI: This 45-year-old man was involved in a two car automobile accident. Apparently he turned in front of an oncoming vehicle which he says that he did not see. He admits to drinking some alcohol this evening but does not feel that he was intoxicated. He has pretty good memory of the events and as best I can determine he did not lose consciousness. At this time his complaints are pain in his right shoulder area and pain when he breathes.

PAST MEDICAL HISTORY:
Medical: The patient is seen by City Mental Health Services. He has an anxiety disorder and perhaps a manic depressive personality.
Surgical: Denies
Allergies: Denies

MEDICATIONS: He is on Prozac which the patient states helps with his anxiousness and jitteriness.

PHYSICAL EXAM
General Appearance: The patient is a middle aged white male who is anxous, has some grunting respirations and is uncomfortable.
HEENT:
Head: There is a laceration over his left eyebrow which does not appear to be severe but has bled a great deal.
Ears: Unremarkable. I do not see hemotympanum.
Eyes: His slcerae are white. He has no diplopia.
Throat and mouth: There is a little blood in his mouth but I do not see any obvious lacerations. His teeth are in poor condition but without current fracture.
Neck: Nontender to compression. CT of the neck did not show fractures.
Chest: Crackling sounds along the right base which I do not believe are rales. I can hear breath sounds on both sides.
Cardiovascular: Regular rhythm. He is not tachycardic. Initial blood pressure was 170/100..
Abdomen: He seems somewhat tender on the right side and probably has rib fractures.
GU: Normal external genitalia. A Foley catheter passed with ease. Initially his urine was clear but became somewhat bloody.
Extremities: He has some minor glass lacerations on his hands. Femurs, tibia and fibulas are intact.

A head CT was ordered as the patient was exhibiting slightly odd behavior. The CT did not demonstrate any intracranial bleeding. The chest CT did show a right hemothorax and a slight penumothorax. There is a small amount of fluid in the left hemithorax. Abdominal CT did not reveal any tear of the liver or spleen. The kidneys are intact so presumably the hematuria is minor. The bladder appeared to be intact.

Assessment:
1. Right hemopneumothorx
2. Multiple right rib fractures
3. History of mental illness treated with Prozac

Dr. _____
Signature

PLAN: The patient will be admitted to ICU. An epidural catheter will be placed by Dr Ames from Anesthesiology. We will try to give him adequate analgesia to allow him to maintain good respiratory effort while his chest has a chance to heal. The hemothorax and a small amount of air were decompressed from the right hemithorax with placement of the chest. Will give him IVs and keep him NPO until tomorrow.

JFM/hls
D: 2-22-xx
T: 2-22-xx

Dr. *John F. McIntyre*
Signature

Sundance Medical Center
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308

Date/ Time	Orders	Progress Notes
2/22/xx	Admit to ICU.	2/22/xx 45-year-old white male admitted
	VS q h.	after MVA. Multiple right rib fractures.
	Occasional ice chips.	Hemopneunomthorax. Slight hematuria.
	Pain meds per epidural	Facial laceration.
	CBC am	
	CXR am	Plan: epidural analgesic. Chest tube inserted.
	O2 5L/min.	Laceration sutured.
	Oximetry. Call if SATS > 93%.	*John F. McIntyre*
	Foley cathether	
	Ice pack to right eyebrow X 6 h	
	John F. McIntyre	
2/22	Routine Epidural Orders	2-22-xx Anesthesia In sitting position placed
	1. Label patient's chart for receiving Epidural	EDC at L 2-3. Pt. tolerated the procedure
	narcotics.	well.
	2. No systemic Narcotics for 4 hrs. after last dose of	*John F. McIntyre*
	epidural narcotic.	
	3. VS every until stable. Chart resp. rate every 2	
	hours X 4 and then once each shift.	
	4. Run epidurally: Marcaine 0.125% with 0.05%	2-22-xx VSS. Fairly good pain relief.
	Fentanyl at 10 ml/hr next 24 hrs., then switch .0625%	Abdomen soft. Stable
	Marcaine with 0.05% Fentanyl at 10 ml/hr for next	*John F. McIntyre*
	3-4 days.	
	5. Floor nurse check anesthetic level (sensitivity to pin	
	prick) every 4 hrs. first 24 hrs,, then every 8 hrs.	
	6. For breakthrough pain: Buprenex 0.15- 0.3mg	2-22-xx Increase in chest tube output. Pt. is
	I.V. 3-4 hrs. prn	sweatly and more pale. Hgb has dropped to
	7. For sudden respiratory depression and/or	8.7.
	hypoventilation:	*John F. McIntyre*
	a. Narcan 0.2mg I.V. repeat if nec.	
	b. Narcan drip (4 mg in 1000cc Ringer's to run at	
	100 cc per hour)	
	8. Call MDA or CRNA for any questions	
	9. Heparin Lock in place for at least 12 hours after	
	last dose of "Epidural Narcotics.	
	John F. McIntyre	

Form # _ _ _ _

Physician Orders and Progress Notes

Sundance Medical Center
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
~~Room 308~~

Date/ Time	Orders	Progress Notes
2/22/xx	LR 1 liter over 2 hours. Then clear liquids as tolerated. May be up in chair if pain control is adequate. D/C oximeter. *John F. McIntyre*	
2/22/xx	Maintain IV LR @ 150 cc/ h. T.O. Dr. John F McIntyre/ Nurse Houlihan *John F. McIntyre*	
2/22/xx	Insert second chest tube and central venous line. Call anesthesia to intubate. CXR. *John F. McIntyre*	2-22-xx Will insert second chest tube and central venous line. Anesthesia called for intubation. *John F. McIntyre*
		2/22/xx Pt. went into cardiac arrest. Resuscitation attempts for 25 minutes. Pt. expired at 10:00pm. *John F. McIntyre*

Form # _ _ _ _

Physician Orders and Progress Notes

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

2/22/xx

Surgeon	Dr. John F. McIntyre
Assistant	
Operation	Debridement and closure of laceration
Anesthesia	
Preoperative Diagnosis	Laceration superior right eyelid
Postoperative Diagnosis	Laceration superior right eyelid

Findings: Apparently the patient struck the rear view mirror or the steering wheel of his vehicle which resulted in a rather irregular laceration above his right eyelid. The eyelid has functional as well as visual ability. The edges of the laceration were slightly debrided and closed with Prolene sutures.

Narrative: With the patient in the supine position, the face was appropriately prepped with alcohol solution and draped with sterile towels. The wound infiltrated with 1.5% Xylocaine and rapid analegesia was achieved. The irregular tone surfaces were slightly debrided to create a smoother edges of the laceration. The edges were then approximated with 5-0 Surgipro sutures. A sterile dressing was placed on the wound. The patient was transferred to ICU for observation.

JFM/mlk
D: 2/22/xx
T: 2/22/xx

Dr. *John F. McIntyre*
Signature

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

2/22/xx

Surgeon	Dr. John F. McIntyre
Assistant	
Operation	Right chest tube placement
Anesthesia	
Preoperative Diagnosis	Right hemopneumothorax
Postoperative Diagnosis	Right hemopneumothorax

Procedure: The patient was involved in a motor vehicle accident. He has a hemothorax as well as a small pneumothorax which is decompressing into his subcutaneous tissue. A 28 French tube was placed to evacuate his chest.

Narrative: The patient was placed in the supine position. The right lateral chest wall was prepped and draped in the standard fashion. I went down a little further than usual into the axillary bare space due to the amount of air which had puffed up his tissues in this area. Xylocaine 1% was used to infiltrate the subcutaneous tissue and the intercostal muscles. I punched into the chest and was able to push the chest tube in. The wound was closed and the chest tube was sutured to the skin with silk suture. The wound was then dressed. The subsequent chest x-ray showed the tube to have turned posteriorly in the posterior sulcus but the lung expanded and the chest tube should work satisfactorily.

JFM/mlk
D: 2/22/xx
T: 2/22/xx

Dr. *John F. McIntyre*
Signature

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

2/22/xx

Surgeon	Dr. John F. McIntyre
Assistant	
Operation	Chest tube thoracostomy.
Anesthesia	
Preoperative Diagnosis	Right hemothorax with active bleeding
Postoperative Diagnosis	Possible hemothorax.

Procedure:

Findings: The patient was involved in a motor vehicle accident and has a chest tube in place following the development of a hemopneumothorax. His condition has deteriorated. His chest tube is apparently not draining blood and a chest x-ray shows a collection of blood superiorly in the lung. His hemoglobin has dropped to 8.7 and he is showing signs of respiratory distress. Also he has a postural decrease in blood pressure. A larger chest tube was placed with the presumption that he has active chest bleeding which is not being evacuated.

Narrative: The patient was placed in the supine position. The right chest was prepped and draped several centimeters above his lower chest tube. The area was appropriately infiltrated and a stab wound was made. Dissection was taken down over the top of the rib and a 36 French chest tube was passed. Surprisingly there was not a sudden gush of blood despite the appearance on the chest x-ray. The tube was sutured to the skin and attached to suction.

JFM/mlk
D: 2/22/xx
T: 2/22/xx

Dr. *John F. McIntyre*
Signature

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

2/22/xx

Surgeon	Dr. John F. McIntyre
Assistant	
Operation	Right internal jugular central venous line.
Anesthesia	
Preoperative Diagnosis	Cardiopulmonary arrest.
Postoperative Diagnosis	Cardiopulmonary arrest

Findings: The patient has undergone cardiopulmonary arrest following chest trauma. He was in the process of being resuscitated with a peripheral IV which was lost. A central line was inserted through the internal jugular vein for further resuscitative efforts.

Narrative: With the patient in the supine position, the right side of the neck was appropriately prepped with betadine solution and draped. The internal jugular vein was punctured but I was unable to pass the guide wire as some kinking of the wire developed. I repunctured the vein more laterally and reversed the wire. I was the able to pass the central line which was taped to skin and used for administration of drugs during resuscitation.

JFM/lsa
D: 2/22/xx

Dr. *John F. McIntyre*
Signature

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-aa

DOCTOR McIntyre DATE 2/22

REGION EXAMINED CT Head without IV Contrast

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Isotope

CT Head without IV Contrast

Head CT was done with 8 mm contiguous cuts from the foramen magnum to the vertex. In the posterior fossa, the fourth ventricle is midline with no lesions.

Supratentorially there is no evidence of hemorrhage seen. The upper most films show a small defect in the scalp on the left. This could be traumatic or an artifact.

Impression: Noncontrast head CT shows no evidence of hemorrhage.

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-bb

DOCTOR McIntyre DATE 2/22

REGION EXAMINED CT Abdomen with IV Contrast

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

CT abdomen with IV contrast

Abdominal CT was done following intravenous contrast enhancement using 8 mm contiguous cuts from the diaphragm to the symphysis. The liver, spleen and pancreas are intact. Major vessels are normal. There is a little subcutaneous air along the right side of the abdomen. There is a large amount of air in the stomach and colon immediately under the anterior abdominal wall.

The kidneys concentrate and excrete the opaque medium symmetrically showing no significant abnormalities. The upper urinary bladder is quite irregular, but this is probably because it is not completely distended. A Foley catheter is in place.

Impression: Normal abdominal CT.

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-cc

DOCTOR McIntyre DATE 2/22

REGION EXAMINED Chest and Pelvis

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Chest: There are multiple rib fractures on the right and considerable subcutaneous free air on that side. The heart is normal size.

Pelvis: Negative for fractures.

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-dd

DOCTOR McIntyre DATE 2/22

REGION EXAMINED CT cervical spine

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

CT cervical spine: Cervical Ct was done with 8 mm contiguous cuts from the base of the skull to the first ribs and no significant osseous abnormalities are encountered.

Impression: Normal cervical spine.

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-ee

DOCTOR McIntyre DATE 2/22

REGION EXAMINED Repeat Chest and Pelvis

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Chest X-ray: The thoracotomy tube remains in place. There is a small apical pneumothorax. Small amount of fluid in the right base and the diaphram is markedly splinted.

Pelvis: Negative for fracture

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-ff

DOCTOR McIntyre DATE 2/22

REGION EXAMINED Abdomen flat plate, one view

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Chest: Abdomen flat plate, one view

A thoractomy tube is in place on the right and the lung is expanded. Considerable free air is present on the right and over the anterior chest.

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-gg

DOCTOR McIntyre DATE 2/22

REGION EXAMINED Chest and cervical spine

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Chest one view: There is an increase in collection of fluid in the right pleural space, especially over the apex.

Spine, cervical: Lateral neck: The upper four cervical vertebrae are intact. The lower three could not be satisfactorily filmed.

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems
Painted Valley, USA

NAME Jesse B.Stewart X-RAY NO. 1573-hh

DOCTOR McIntyre DATE 2/22

REGION EXAMINED CT of chest with IV contrast

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

CT chest with IV contrast: Chest CT was done with 8 mm contiguous cuts from the inlet to the diaphragm with a bolus of intravenous contrast at the aortic arch.

There is a modest right pneumothorax with considerable subcutaneous air on the right and across the front of the entire chest. There is a moderate amount of fluid in the right chest in the dependent portion and a small amount on the left. There are multiple fractures of the right upper ribs. The left lung is expanded.

The mediastinum is clear with the aorta intact.

William C. Roentgen M.D.
RADIOLOGIST'S SIGNATURE

Sundance HealthCare Systems **Painted Valley, USA**

Patient Family Name	First Name	Age	Room No.	Hosp. No.
Stewart,	Jesse B.	40	212	681944
Attending Physician			Date	Lab. No.
John F. McIntyre			2/22/xx	53.b

Component	Normal	First	Second	Third	Fourth
		Date 02/22		02/22/xx	
Chemistry 10				Blood gases:	
Sodium	135 - 145	139		pH of 7.18,	
Potassium	3.5 - 5.3	4.1			
Chloride	100 - 110	107		pCO2 of 64	
CO2	23 - 29	27		pO2 of 89	
Glucose	80 - 116	129			
BUN	12 - 20	16			
Creatinine	0.6 - 1.3	1.1			
Total Bili	0.0 - 1.3				
Albumin	3.5 - 5.0				
Calcium	8.2 - 10.1				
ALP	56 - 112				
AST	0 - 27				
ALT	14 - 26				
Total Protein	6.0 - 8.0				
Theo	10.0 - 20.0				
TSH	0.4 - 6.2				
Lipid Profile					
Total Choles	100 - 200				
HDL	40 - 80				
LDL	66 - 130				
Triglycerides	50 - 150				
HG A1C	4.0 - 6.0				
PSA	0.0 - 4.0				

Sundance HealthCare Systems **Painted Valley, USA**

Patient Family Name	First Name	Age	Room No.	Hosp. No.
Stewart,	Jesse B.	40	212	681944
Attending Physician			Date	Lab. No.
John F. McIntyre			2/22/xx	53.a

Component	Normal		First	Second	Third	Fourth
		Date	02/22	08/15		
Hematology						
WBC (x 10^3)	M/F	4.3 - 11.0	8.4	16.4		
RBC (x 10^3)	M	4.6 - 6.2	4.53	4.16		
	F	4.2 - 5.4				
Hgb (g/dl)	M	12 - 18	13.5	12.4		
	F	12 - 16				
HCt (%)	M	40 - 54	40.2	36.5		
	F	36 - 47				
MCV (x 10^3)	M	80 - 94	88.3	84.3		
	F	82 - 100				
MCH (x 10^3)	M/F	26 - 33	29.7	29.9		
MCHC (%)	M/F	31 - 36	33.4	34.0		
PLT (x 10^3)	M/F	150 - 375				
Differential						
Band	0	- 6%	0.7	0.0		
Seg	46	- 82%	62.7	85.4		
Lymph	13	- 37%	28	4.1		
Mono	4	- 12%	6	10		
Eosin	0	- 5%	3	1		
Baso	2	- 2%	1	0		
NRBC						
Atyp Lymph						
Meta						
Myelo						
Pros						
Blast						

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Medication and Date of Order											
2/22 Buprenex 0.15 m IV p.r.n..	Date	2/22	2/22	2/22	2/22	2/22					
	Time	0500	0800	1335	1615	1900					
	Dose	0.15	0.15	0.15	0.15	0.15					
	Route	IV	IV	IV	IV	IV					
	Init	GB	MD	MD	ES	ES					
	Date										
	Time										
	Dose										
	Route										
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	Route										
	Init										

MEDICATION PROFILE

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
681944

Date / Time	2/22 3 6 9 12 15 18 21 24	3 6 9 12 15 18 21 24	3 6 9 12 15 18 21 24	3 6 9 12 15 18 21 24
105				
104				
103				
102				
101				
100				
99				
98				
97				
96				
95				

Pulse	132 130 128 120			
Resp.	32 28 28 26			
B/P	142/96 | 131/88 | 147/89 136/72 | ___/___ | ___/___	___/___ | ___/___ | ___/___ ___/___ | ___/___ | ___/___	___/___ | ___/___ | ___/___ ___/___ | ___/___ | ___/___	___/___ | ___/___ | ___/___ ___/___ | ___/___ | ___/___
In	643 | 1824 | 1600	| |	| |	| |
Out	590 | 266 | 160	| |	| |	| |
Weight:	94.2 kg |	|	|	|
Diet	| |	| |	| |	| |
Appetite	| |	| |	| |	| |

GRAPHIC SHEET

Sundance HealthCare Systems
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308
#681944

Date Time	Start (s) or Add (a)	Description (blood, plasma, D5)	Site	Rate	Amt Given	Tube Change	Drg Change	Initials
2/22/xx 0150	S	LR	Lt Hand	150	1000	-	-	*GB/ RN*
0230	A	LR	Lt FA	150	1000	-	-	*GB/ RN*
0300	A	LR	Lt FA	150	1000	-	-	*GB/ RN*
1040	A	LR	Lt FA	150	1000	-	-	*MD/RN*
2/22/xx 1500	A	LR	Lt FA	150	1000			*LS/RN*
2/22/xx 1920	A	LR	Lt FA	150	1000	-	-	*LS/RN*

Initials	Nurse's Signature/Title	Initials	Nurse's Signature/Title
GB	*Ginger Bayliss, RN*		
MD	*Maggie Dish, RN*		
LS	*Leslie Scorch, RN*		

Nsg 2822

PARENTERAL FLUID SHEET

Sundance Medical Center
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308

Nursing Progress Notes

Date/ Time	
2-22-xx	1:40 am 45-year-old patient admitted to ICU after MVA in which was driving. Patient states
	that he had a couple of beers but doesn't remember where. He doesn't remember much about
	the accident. Is oriented to time and place. Breath sounds are diminished with crackles on right
	side. Laceration on right upper eyelid with scattered facial scratches and bruises. Small
	abrasion on right hand and several abrasions on his shins which he says are from his dog
	jumping on him. Feet are very crusty and dirty. States that he goes bare foot most of the time.
	Leslie Scorch, RN
5:00am	Left chest clear. Right chest has occasional crackle. Called out stated, "I can't get my breath".
	Sat 94. Air exchange is the same. Patient turned to left side with improvement. R 24. Color is
	pale. Frequently grunts with his expirations. Medicated with Buprenex for pain. Questionable
	improvement. Much less edema over right eye with ice pack. Now able to open eye.
	Leslie Scorch, RN
8:00 am	Has discomfort on right side. Medicated with Buprenex. Has chest tube right side. Dark red
	drainage in chest tube. Will check for air leaks every 2 hours. Asks for water continually.
	Will give ice chips.
	Margaret Houlihan, RN
10:00 am	IV started to run over 2 hours per order.
	Margaret Houlihan, RN
10:30 am	Is somewhat more comfortable now.
	Margaret Houlihan, RN
1:00 pm	Helped to chair with 3 nurses. Moves well but has pain. More comfortable in chair.
	Margaret Houlihan, RN
1:25 pm	States that he is "lightheaded" and "feels dizzy". Diaphoretic. BP decreased to 106/70.
	P 136. Put back to bed. Feeling better. BP increased 155/90. Head of bed raised.
	Margaret Houlihan, RN
1:35 pm	Pt states that he has pain on the right side. Medicated with Brenex.
	Margaret Houlihan, RN

Nursing Progress Notes

Sundance Medical Center
Painted Valley, USA

Stewart, Jesse B.
Dr. John F. McIntyre
Room 308

Date/ Time	Nursing Progress Notes
2:00pm	Has taken water and apple juice well. Denies nausea.
	Margaret Houlihan, RN
3:00 pm	Complains of pain. Medicated with Buprenex. Resting better.
	Margaret Houlihan, RN
4:00 pm	Pt. seems to have considerable pain and is very uncomfortable. Chest tube and right rib area
	is the site of the discomfort. Pt. breathing in short rapid shallow breaths. Seems fearful of
	deep breaths. Pt. seems to dwell on the thoughts of water to drink and death. "I'm going to die,
	aren't I"? Stressed to pt. that he will be in pain but he is not going to die. Pt. wants water and
	ice frequently. Have to limit his oral intake since the IV is running. Stress to pt. that he was
	doing OK.
	Brenda Kellye, RN
5:30 pm	Pt. transferred to chair. Complains of slight dizziness but not noted to be unsteady. Family
	here. Up in chair for meal. Pt. still complains of dizziness but no other problems. Was very
	diaphoretic. "I'm always sweaty".
	Brenda Kellye, RN
7:00 pm	Pt. complains of pain. Given Buprenex. Now seems more comfortable.
	Brenda Kellye, RN
8:00 pm	Pt. more quiet. Still mumbles some.
	Brenda Kellye, RN
8:30 pm	Color paler. Pt. quieter but seems distressed. Chest tube output increased to 750cc. VSS.
	Brenda Kellye, RN
9:00 pm	Dr. in. New chest tube.
	Brenda Kellye, RN
9:55 pm	Started prep for Central Venous Line when pt. went into respiratory arrest.
	Brenda Kellye, RN
10:00 pm	Pt. expired. Family called and came. Autopsy is planned. Body to morgue.
	Brenda Kellye, RN

Nursing Progress Notes

Patient Family Name	First Name	Age	Room No.	Hosp. No.
Stewart,	Jesse B.	45	308	# 681944
Attending Physician			Date of Expiration	Autopsy No.
Dr. John F. McIntyre			2/22/xx at 10:00	53-a

DEATH OCCURRED AT: Sundance HealthCare System

DATE: 2/22/xx TIME: 10:00 p.m.

AUTOPSY PERFORMED AT: Sundance HealthCare System

DATE: 2/23/xx TIME: 9:30 a.m.

AUTOPSY REQUESTED BY: Son - James Stewart

PROVISIONAL ANATOMIC DIAGNOSES

History of automobile accident resulting in:

1. Multiple rib fractures on the right side.
2. Fracture of the sternum.
3. Laceration of the right upper orbital area.
4. Bruises and ecchymosis of the right flank and abdominal wall.
5. Bruises and superficial lacerations of lower extremities.
6. Right hemothorax due to laceration of pleura.
7. Soft tissue hermorrhage of the posterior mediastinum.
8. Mild laceration of inferior surface of liver.
9. Pulmonary hemorrhage and edema, bilateral.
10. Dilatation of the heart.
11. Fatty liver.

Death is believed to be the result of pulmonary hemorrhage and edema.

AUTOPSY REPORT

The case is that of a 45-year-old white male who was involved in an vehicle accident on 2/22/xx and was brought to the Emergency Department. Examination showed multiple rib fractures on the right with some hemothorax and cutaneous emphysema. The patient was admitted and a chest tube was inserted. CT scan of the chest and abdomen did not reveal significant chest or abdominal lesions. The patient was doing well until early evening when he developed respiratory difficulty. Because of the possibility of further intrathoracic hemorrhage another intrathoracic tube was inserted. The patient's hemoglobin had dropped and endotracheal tube was inserted to ease his respiratory difficulty. His condition deteriorated rapidly, he became unresponsive and expired on 2-22-xx at 10:00 p.m. An autopsy was requested by the family and was performed on 2/23/xx. The history and physical as well as the discharge summary are present in the autopsy file and the details will not be reiterated here.

Patient Family Name	First Name	Age	Room No.	Hosp. No.
Stewart,	Jesse B.	45	308	# 681944
Attending Physician			Date of Expiration	Autopsy No.
Dr. John F. McIntyre			2/22/xx at 10:00	53-b

GROSS ANATOMICAL DESCRIPTION

The body is that of a well-developed, well-nourished, moderately obese white male appearing to be the stated age of 45. Lividity is present in the dependent portions of the body and rigidity is noted in the extremities, neck, and jaw. An endotracheal tube is present and two intrathoracic tubes are present on the right side. A subclavian catheter is also present. A laceration is noted above the right orbit and it has been sutured. Ecchymosis is present in the right flank and abdominal wall. Bruises and superficial lacerations are present in both lower extremities, which are otherwise unremarkable. Genitalia are within normal limits. There is moderate distention of the abdomen. There are no visible or palpable neck lesions and there are no outwardly present pathological changes to the head. A regular Y-shaped incision is used to open the body.

The peritoneal cavity shows a scant amount of blood. All organs were normally disposed. No adhesions are present.

In the thoracic cavity both lungs are moderately collapsed and there is a moderate amount of clotted blood in the right cavity. The intrathoracic tubes are in place. Approximately 50 cc. of blood is present on the left side of the thoracic cavity. The pericardium is unremarkable except for removal of the heart. The descending portion of the aorta were examined and no rupture was noted. There was a moderate amount of recent hemorrhage around the aorta and paravertebral soft tissue.

The heart is globular and weighs 349 gms. The surface is smooth and shiny. The coronary arteries show a mild degree of atherosclerotic changes. All chambers are moderately distended. The endocardium is smooth and shiny. The valves reveal no gross abdnormal changes. The heart tissue is serially sectioned and no fibrosis, necrosis, or other pathological changes are grossly identified.

The lungs have a combined weight of 1,131 gms. The lung surface is dark red, smooth and shiny. The lungs are non-crepitant. The cut section is diffusely hemorrhagic and moderately to markedly edematous. The tracheobronchial tree contains a moderate amount of mucoid material. No thromboemboli are present.

The abdominal organs show no gross abnormal changes except for a fatty appearing liver with a superficial laceration in the superior surface of the right lobe. This is most likely the source of blood in the right side of the peritoneal cavity. The right kidney was removed and found to be within normal limits. No pathological changes were noted in the other organs and samples only were taken from the liver and right kidney.

There was no brain examination as the autopsy was limited to the examination of the thorax and abdomen only.

Patient Family Name	First Name	Age	Room No.	Hosp. No.
Stewart,	Jesse B.	45	308	# 681944
Attending Physician			Date of Expiration	Autopsy No.
Dr. John F. McIntyre			2/22/xx at 10:00	53-c

MICROSCOPIC EXAMINATION

Sections from the right and left ventricles of the heart show minimal degree of interstitial fibrosis. The epicardium of the left ventricle shows focal lymphocytic infiltration. Multiple sections from the lungs show atelectatic changes with areas of diffuse alveolar hemorrhage and diffuse vascular hyperemia. Focal interstitial fibrosis is noted with chronic inflammatory reaction. Edema fluid is not conspicuous microscopically because of escape of fluid during processing. The kidneys show postmortem autolytic changes associated with focal interstitial fibrosis and chronic inflammatory reaction. A section from the liver shows mild degree of fatty change with some increase in the portal lymphocytic infiltration. Specimens from the chest wall show necrosis and hemorrhage of the pleural associated with acute inflammatory reaction.

SUMMARY:

The case is that of a 45-year-old male who was involved in a vehicle accident on 2-22-xx and brought to the Emergency Department. Examination at that time revealed multiple rib fractures on the right with some hemothorax and cutaneous emphysema. A copy of the discharge summary is present in this file and therefore will not be reiterated at this time. The patient, expired unexpectedly and an autopsy was performed to determine the exact cause of death.

Postmortem examination revealed multiple rib fractures on the right side with a laceration of the pleura. There was also a fracture of the sternum and this could have resulted from resuscitative measures. There is a laceration in the right upper orbital area. Bruises and ecchymoses were noted in the right flank and abdominal area as well. Mutliple bruises and superficial lacerations were also noted in the lower extremities. A right hemothorax was noted due to the laceration of the pleura. Hemorrhage was also noted in the posterior mediastinum. The liver showed a small superficial laceration which did not result in massive hemorrhage. The lungs were partially collapsed and a moderate amount of blood was present in the right cavity. The left cavity contained a lesser amount of blood which amounted to approximately 50 cc. The lungs weighed 1,131 gms. The cut section was diffusely hemorrhagic and moderately edematous. On microscopic examination diffuse hemorrhage was noted but edema was not conspicuous. This is not unusual as the edema escapes during processing of the tissue. The abdominal organs were grossly examined. Except for a mild laceration, no serious liver injuries were noted. Specimens from the right kidney were examined and showed postmortem changes with some focal chronic inflammatory changes. The liver was unremarkable except for some fatty changes.

Death appears to have resulted from diffuse pulmonary hemorrhage and edema which is most likely traumatic in nature.

RTP/ert
D: 2/26/xx
T: 2/27/xx

Robert T. Penneypacker