



Mercy Hospital

1567 Broadway, Ruston, Major

To: Defendant Attorney/Plaintiff Attorney
From: Rose Gadfly
Mercy Hospital
1567 Broadway
Ruston, Major

Records
Department

October 1, 20XX

Dear Attorneys:

As per your mutual request, I am enclosing the hospital records of Mr. Bruno Summers.
The documents requested include:

1. Emergency Department Records – 1 page
2. Nursing Record – 5 pages

Sincerely,

A handwritten signature in cursive script that reads "Rose Gadfly".

Rose Gadfly
Chief Records Clerk
Mercy Hospital

Entry 11: Letter and Hospital Records of Bruno Summers-2 of 7

DESCRIBE INJURY (WHEN, WHERE, & HOW) OR ILLNESS:


9/3/20XX Gunshot Wound (GSW) at close range. Entered chest (abdomen). Shot at approx. 9:00 p.m.


ALLERGIES:


NA


PREV. TETANUS DATE			GIVEN THIS VISIT?			HEIGHT	WEIGHT	LMP
NA			NO			6' 4"	219	
TIME	TEMP.	PULSE	RESP.	BLOOD PRESSURE	I.V.S.			
22:20	/	124	40/ Labored	40/ Unobtained	Ringers lactate at 5 amps			
MEDICATIONS TAKEN:								
None								
MEDICATIONS GIVEN:								
None								
HISTORY & PHYSICAL FINDINGS:								
(1) This 30 year old 20:20 ♂ sustained a .22 caliber GSW to his thoracic area. The bullet penetrated the lower chest cavity and may have struck the liver; other abdominal traumas may be found. No bullet exit. (2) Pt. conscious and in extreme pain. (3) Respiration labored (4) Pt. says he was in "perfect" health. (5) Pt. has alcohol smell on his breath. (6) Pt. states, "I should have left when I saw him."								
TREATMENT & ORDERS:								
* Surgery recommended								
___ Procedure and rules explained to Pt. and he understands and agrees to proceed								
___ Immediate surgery for removal of bullet ordered								
BROUGHT TO HOSPITAL BY:			ACCOUNT NO.		ADMIT DATE		ADMIT TIME	
Ambulance			1717		9/3/20XX		22:15	
DISPOSITION & CONDITION ON DISCHARGE:			ADMIT DIAGNOSIS				RM - BED	
Transfer to IC			GSW of Chest				201	
DIAGNOSTIC IMPRESSION:			PATIENT NAME (LAST, FIRST, MI)					
GSW Trauma causing thoracic and abdominal distress			Summers, Bruno E.					
			STREET ADDRESS					
			1962 N.E. 64th					
			CITY, STATE		ZIP	PHONE		
			Ruston, Major		98139	433-1112		
NURSE (SIGNATURE)			RELIGION		PHYSICIAN			
Betty Frank, R.N.								
			DIET	COND.	AGE	SEX	BIRTH DATE	
			3	3	30	M	7/16/20XX-34	
PHYSICIAN (SIGNATURE)			NEAREST RELATIVE					
[Signature]			Mrs. Deborah Summers					
			STREET ADDRESS					
			Same					
EMERGENCY ROOM REPORT			CITY, STATE, ZIP			PHONE		
MERCY HOSPITAL			Same			Same		
			GUARANTOR NAME			PHONE		
			Hans Summers			756-3560		
			EMPLOYER & CITY					
			Retired					



DATE	TIME	PROBLEM	PATIENT PROGRESS NOTES
9/4/20xx	00:45	NEW TRANSFER	Pt. White male 30 year old
			transferred from ER
			G SWT post-surgery <u>N.F.</u>
		P#1	Please see doctor's summary (incl.)
			for appropriate details of ER +
			Surgery report.
		VS HR 110 BP 40/20	MEDS-NONE ENT-NORM <u>N.F.</u>
			No Volume Overload = IV of ringers
			Lactate Continued ($\frac{\text{Saups}}{\text{xopen}}$)
9/4/20xx	04:30	P#1	G SN
			1. VS's returning to normal
		VS HR 80 BP 80/60	2. Blood Volume replacing adequately
			3. Pt.'s Arterial Blood Gases
			Improving
			PCO2 = 31
			PO2 of 50 with 90% saturation
			<u>N.F.</u>
PATIENT NAME: ADDRESS: PHYSICIAN ADMIT DATE: ADMIT TIME:			NURSING CARE RECORD Mercy Hospital Ruston, Major 

DATE	TIME	PROBLEM	PATIENT PROGRESS NOTES
9-4	10:36	P#1	$US = \frac{HR}{30} \quad \frac{BP}{140/80} \quad \frac{R}{Norm} \quad \frac{T}{99^{\circ}F}$
			① Pt. complains of pain
			② Pt. neuro = alert, OX3
			③ Renal = clear, >150 cc/hr
	OK		A/P ① No painkillers Allowed at this time to stabilize respiration.
			② Pt. is looking better
			③ No volume overload
			LA six 40mg. IV x 2 for urine < 150 cc/hr
9/4/20xx	17:10	P#1	
		VS $\frac{HR}{30}$	BP/130/80 $\frac{R}{labored \rightarrow norm}$ $\frac{T}{99^{\circ}F}$
			T _m 38 $\frac{+}{-}$ 6200 / 3700
			looks great w/o extreme
		OK	discomfort/pain.
			Pt. neuro-oriented x3, Follows commands + cooperative
			Pt. Pulm. Clear upper BS ↓ BSSFT
			ABG 7.46/38/89 40% MA SAT Ø SPUTUM
			CXR = no volume overload GI -
			ABd - soft BS ⁺ , tube feeds c ²⁵⁰ cc/hr
			1/2 strength
	OK		renal → 200 cc/hr clear
			* no lasix now
			A/P overall, looks great
PATIENT NAME: ADDRESS: PHYSICIAN ADMIT DATE: ADMIT TIME:			NURSING CARE RECORD Mercy Hospital Ruston, Major 

DATE	TIME	PROBLEM	PATIENT PROGRESS NOTES
9/5/20XX	00:30	P#1 vs BP 130/70 HR 24 T 98°F R labored	Hemo -28 (N.F.)
			c/o still in Pain
			T is spiking
9/5	11:45	vs BP 120/60 HR 25 T 102°F R labored	Pt. c/o extreme pain in chest.
		(N.F.)	x-ray shows re-expanded lung.
			hemothorax reduced to insign size
			P. NERO-ALERT, OX3 distracted
			by pain. COV-HSR 5 Ectopy
OK			Renal OK LA Six Pro Urine 200 cc/hr metabolic 142/2.6 178 T.B. -0.7 clear 97/35 15 M&T 31
		A/P	overall doing well, T problem
			still showing evidence of distress
			2. volume excess, will force distress
9/6/20XX	00:30	P#1 (N.F.)	vs BP 100/50 HR 30 R labored T/101°F
			*increasing (20 40 mg/hr) SERSANG
			Drain from Drain Tubes (thoracic)
			NOTIFIED DR. DAY
			(N.F.)
PATIENT NAME: ADDRESS: PHYSICIAN ADMIT DATE: ADMIT TIME:			NURSING CARE RECORD Mercy Hospital Ruston, Major 

DATE	TIME	PROBLEM	PATIENT PROGRESS NOTES
9/6/ 20XX	07: 00	P#1	VS/BP HR TC T/100°F 110/50 30 22 labored
			Some increasing consolidation
			In right lower lobe.
			- extends to right middle lobe.
			Etiology - Unknown at this time.
			① Preliminary Diagnosis of PNEUMONITES (P#2)
			② work-up of SPUTUM + B cultures IMMEDIATELY
			③ CEFALOTHIN - 1g 4th GENTAMICIN
			④ Culture of Serous Drain NOW
			VS/BP/100/50 HR/32 R/20 labored T/105°F
9/6/ 20XX	20: 35	N.F.	* T SPIKE
		Pt. #1	P. NEURO-LETHARGIC, ODIENT ^{POOR} +2
		Pt. #2	<u>DEMON TOXICITY</u>
			X-ray reveals consolidation in right lung
			middle lobe entirely involved
			RIGHT - UPPER - INVOLVED
			- SAME LEFT LOWER
			IAB SPUTUM : 6 cultures are
			Ø growth in 24 hrs.
			{NEXPG.}
PATIENT NAME: ADDRESS: PHYSICIAN ADMIT DATE: ADMIT TIME:			NURSING CARE RECORD Mercy Hospital Ruston, Major 

DATE	TIME	PROBLEM	PATIENT PROGRESS NOTES
9/6/ 20XX	20: 35	P#1	A/P
		P#2	Diff Differ Diag - Staph Pneumonia ① Probably NOT Stress Lung SXN
			② Consultation request + infections disease consult
			③ NAFCILLIN IV 2gm q 4h
			④ <u>IMMEDIATELY</u> Blood IV. to Stable
9/7/20XX	00: 30	P#1	VS/HR BP R T 32 100/40 labored 104°F
		P#2	PE. NOT RESPONDING TO MEDS.
			A/P ① Continue meds.
			② Consult Pulmonary
9/7/20XX	01:30	P#1	VS/BP/N/A HR/N/A R/N/A T/N/A
		P#2	A/P
			- Pt. EXPIRED
			- Autopsy ORDERED
			(N.F.)
PATIENT NAME: ADDRESS: PHYSICIAN ADMIT DATE: ADMIT TIME:			NURSING CARE RECORD Mercy Hospital Ruston, Major 