

**ST. EDWARD MERCY MEDICAL CENTER
FORT SMITH, ARKANSAS 72903**

NAME: Fennell, Sarah M MR#: 000729607 ACCT#: 00902500080
DOB: 05/16/1983 AGE: 25 SEX: F RACE: 3 PT TYPE: IPE RM#: 31E31321

PATIENT ADDRESS: 5100 S ZERO ST APT 2710
FORT SMITH AR 72903

ADMISSION DATE: 01/25/2009 DICTATED D/T: 02/09/2009 10:02 A
DISCHARGE DATE: 02/09/2009 TRANSCRIBED D/T: 02/09/2009 1:15 P
ATTENDING PHYS: Becky Yarborough, MD JOB #: 000027707
DICTATING PHYS: Emad A Al Ghussain, MD

DISCHARGE SUMMARY REPORT

The patient was admitted as unassigned by my colleague, Dr. Sumer Phillips.

HISTORY OF PRESENT ILLNESS: The patient is a 25-year-old lady who was found unresponsive by her husband and boyfriend. No information could be obtained. The patient was found covered with a blanket and pillow without any sign of struggle around the apartment. There was suspicion of probable intake of alcohol the night before. The patient was brought to the emergency room and she had a CT scan of the head which was unremarkable. It was noted that she has multiple bruises. The patient required to be intubated.

PAST MEDICAL HISTORY: None.

SOCIAL HISTORY: The patient is a nonsmoker, question of alcohol intake.

REVIEW OF SYSTEMS: Not obtainable.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION:

VITAL SIGNS: On admission, blood pressure 118/69, pulse 53 per minute, temperature 98.5 degrees Fahrenheit.

CENTRAL NERVOUS SYSTEM: The patient was unresponsive to any stimuli. Pupils were fixed and dilated, unresponsive to light.

HEART: No gallop.

LUNGS: Clear.

ABDOMEN: Soft and lax.

Preliminary tests done at admission showed the following: White blood cells 22.5, hemoglobin 14.2, platelet count 405. EKG normal sinus rhythm. Urinalysis unremarkable. Troponin 0.1. CK MB was 16.6. Sodium 140, potassium 3.1. Glucose 120. BUN 13, creatinine 1. Ethanol level less than 10. Salicylate and acetaminophen level was negative. CK fractionated was 1047, amylase 47, lipase 25. CT scan of the head was unremarkable.

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**DISCHARGE SUMMARY REPORT
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GENERAL APPEARANCE: Young, Caucasian female, who has some scratches over the face. She was nonresponsive and basically looks comatose. She has spontaneous breathing.

HEAD AND NECK: Her pupils are fixed, dilated, and nonresponsive to light. There is no blood in the external auditory canal. Her tympanic membranes are clear. She had a bruise in the right mastoid area. She has no gag reflex. She had some redness on the anterior neck area. She has multiple scratches over the face.

HEART: Regular rate and rhythm. Normal S1, S2, no murmurs.

LUNGS: Clear to auscultation bilaterally anteriorly. She has some gurgling sounds in the upper airway.

ABDOMEN: Nondistended. Bowel sounds are positive.

MUSCULOSKELETAL: She has some bruising over the extremities, mainly over the dorsum of the right hand, the knees, and the legs.

NEUROLOGIC: She has spontaneous breathing, but her Glasgow Coma Score is three. Her pupils are fixed, dilated, and nonresponsive to light.

SKIN: She has abrasions stated above. Scratches over the face, extremities, mainly the right hand, and lower extremities. She also had a little bruising over the anterior chest area over the sternum.

EMERGENCY ROOM COURSE: Since the patient was breathing on her own, we kept her on oxygen and she was saturating well. She remained unresponsive with a Glasgow Coma Score of three. Blood glucose was within normal. She did not respond to Narcan or Flumazenil. CT of the head was negative for any bleed. Blood work showed a sodium 140, potassium 3.1. Liver function tests are within normal limits. CPK is 1047, CK/MB is 16.6, troponin was less than 0.1. AST 63, ALT 42, blood alcohol level surprisingly was less than 10. CBC shows white count of 22.5, hemoglobin 14.2, hematocrit 41.7, platelets 405. Coagulation studies were normal. Urinalysis shows 5-10 WBC's and this is a cathed urinalysis. Salicylate and acetaminophen levels are undetectable. Urine drug screen was negative. Serum pregnancy test was negative.

Chest x-ray was negative. Cervical spine x-ray was negative.

After the blood alcohol level came back normal and although urine drug screen is not perfect and does not cover everything, obviously I was concerned because he stated that he thought she was drinking alcohol. **Those abrasions look like there was an altercation between the two of them.** Again, her pupils are fixed and dilated. After three hours of observation in the emergency department, I felt like she has a hypoxic brain injury. I decided to intubate her. Please refer to the intubation note below. She was starting to get a little bit bradycardic before intubation and we gave her atropine.

DESCRIPTION OF PROCEDURE: In the emergency department, the patient was put in the sniffing position, She was given some lidocaine as part of the rapid sequence intubation to increase her intracranial pressure. We also gave her 0.5 milligrams of atropine. She was easily intubated with a 7.5 endotracheal tube. The endotracheal tube placement was confirmed with five point auscultation with a CO2 detector. She remains saturating 100% on room air.

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HISTORY AND PHYSICAL
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IMPRESSION: Change in mental status, most likely hypoxic brain injury, rule out foul play.

PLAN: She will be admitted to the Intensive Care Unit in critical and guarded condition.
Overall I spent over 180 minutes of critical time managing the patient's condition.

Electronically Signed

Moussa Yazbeck, MD 01/26/2009 10:12 _____

Moussa Yazbeck, MD

MY/BM

Doc # 987795

cc: Unassigned Physician
Moussa Yazbeck, MD