

*** Final Report ***

Result type: History & Physical
Result date: January 26, 2023 11:31 EST
Result status: Modified
Result title: Admission H & P
Performed by: LAGO RES, NICHOLAS on January 26, 2023 11:31 EST
Encounter info: 232661810, NBMC, IP, 1/26/2023 -

*** Final Report *****Document Contains Addenda****Addendum by VEGA MD, JORGE on January 26, 2023 22:11:36 EST (Verified)****ATTENDING ATTESTATION:**

I evaluated the patient with the resident physician, and ICU team. Case discussed with the resident, ICU team and nurses. Management and plan of care discussed with resident physician and ICU team. I agree with the above findings and reviewed the above note by the resident. The patient was critically ill during the time of service, and systems based approach to patient care provided as described above. Patient with severe traumatic brain injury, arrived GCS3. Neurosurgery called from the trauma bay and notified. Orthopedic surgeon on call also called from the trauma bay and notified of open left tib fib fractures and right tib fib fractures. Patient given antibiotic prophylaxis, seizure prophylaxis, and hypertonic saline in trauma bay. Additional injuries found on imaging studies include: bilateral pulmonary contusions, bilateral small pneumothoraces, traumatic pneumatoceles bilaterally, rib fractures 1st and 8th, adrenal hemorrhage. The total critical care time was 55 minutes.

Signature Line

VEGA MD, JORGE

Electronically Signed Date/Time: 01/26/2023 22:15

Encounter Information

TRAUMA012623, IDA

MRN: 963711

FIN: 232661810

Location: Broward Health North

Registration Date and Time: 01/26/2023 09:34 EST

Primary Care Physician: UNKNOWN999 -UNKNOWN, UNKNOWN

Attending Physician: CARRALERO DO, CESAR W, (954) 939-5422

Chief Complaint

scooter vs car

History of Present Illness

Approximately 25-year-old female who presented to the emergency department as a level 1 trauma status post scooter versus motor vehicle. Patient was intubated and GCS 3 upon arrival and given ketamine and rocuronium in transit secondary to trismus. On evaluation, had decreased breath sounds on the left, x-ray confirmed right mainstem. This was drawn back and repeat x-ray showed appropriate positioning, no signs of obvious pneumothorax or other pathology. She was immediately hooked to the cardiac monitor revealing a blood pressure 130s over 90s and tachycardic 120s. Bilateral pupils were

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dilated and nonreactive to light. No hemotympanum appreciated. A right femoral a line and central line was placed. Fast was negative. Patient had 2 obvious lower leg extremities, left open severely comminuted displaced tibia-fibula fracture and right tibiofibular fracture with overlying laceration. Patient had dopplerable PT and DP signals bilaterally. Neurosurgery was immediately notified during initial trauma resuscitation. Patient remained GCS 3, but was hemodynamically stable, therefore it was decided to proceed for whole-body CT including CT angio from the neck with runoff to the bilateral lower extremities.

Review of Systems

Unable to obtain secondary to clinical status

Problem List/Past Medical HistoryOngoing

No qualifying data

Historical

No qualifying data

MedicationsInpatient

Colace, 100 mg= 10 mL, PO, BID

fentaNYL (Sublimaze) 1,000 mcg [50 mcg/hr] + NS 0.9% Premix Diluent for Fentanyl Titration 100 mL

fentaNYL (Sublimaze) 1,000 mcg [50 mcg/hr] + NS 0.9% Premix Diluent for Fentanyl Titration 100 mL

propofol (Diprivan) 1,000 mg [10 mcg/kg/min] + Premix Diluent Sedation 100 mL

propofol (Diprivan) 1,000 mg [10 mcg/kg/min] + Premix Diluent Sedation 100 mL

Senokot 1.76 mg/mL oral Liquid, 17.6 mg= 10 mL, PO, Daily

Sodium Chloride 0.9% (Flush), 3 mL, IVP, Q8H

Sodium Chloride 0.9% (Flush), 3 mL, IVP, Q5Mins, PRN

Sodium Chloride 0.9% intravenous solution 1,000 mL, 1000 mL, IV

Sublimaze, 50 mcg= 1 mL, IVP, Q15Mins, PRN

Sublimaze, 50 mcg= 1 mL, IVP, Q15Mins, PRN

Home

No active home medications

Allergies

NKA

Social History**Alcohol**

01/26/2023 **Use:** Never

Substance Use

01/26/2023 **Use:** Never

Tobacco

01/26/2023 **Smoking Tobacco use** Not obtained due to cognitive impairment

Smokeless tobacco use: Not obtained due to cognitive impairment

Immunizations

Vaccine	Date	Status
tetanus-diphth toxoids (Td) adult/adol	01/26/2023	Given

Physical ExamVitals & Measurements

Temperature Oral (DegC) 36.2 DegC 01/26/2023 11:27

Blood Pressure Systolic 127 mmHg 01/26/2023 11:27

Blood Pressure Diastolic 91 mmHg 01/26/2023 11:27

Heart Rate 71 bpm 01/26/2023 10:58

Resp Rate Spontaneous 13 br/min 01/26/2023 11:27

SPO2 100 % 01/26/2023 10:58

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Body Mass Index 18.47 kg/m2 01/26/2023 10:58**CLINICALHEIGHT** 172.72 cm 01/26/2023 10:58**CLINICALWEIGHT** 55.1 kg 01/26/2023 10:58**General:** Well-nourished appearing female, intubated**HEENT:** Bilateral dilated pupils, nonreactive to light, no obvious injury to the face or scalp, ET and OG tube in place, small laceration to the chin**Neck:** C-collar in place, trachea midline**Cardiac:** Heart rate 110, systolic 170-190 over 90s.**Respiratory:** Mechanical ventilation, equal bilateral chest rise, saturating well**Gastrointestinal:** soft, non distended, unable to assess tenderness. Previous scar over the right lateral abdomen**Musculoskeletal:** Open severely comminuted and displaced left tibiofibular fracture with dopplerable DP and PT signals distally. Right tibiofibular fracture with dopplerable DP and PT signals. Bilateral palpable femoral pulses and radial pulses. No obvious injury to the back including step-offs or lacerations.**Skin:** warm, dry**Neurological:** GCS 3**Psychiatric:** Unable to assess**Lab Results****Labs** (Resulted within last 24hrs & prior 3 charted values)**WBC** 7.64 (01/26/2023 09:51)**Hgb** L 10.0 (01/26/2023 09:51)**Hct** L 30.9 (01/26/2023 09:51)**Plt** 221 (01/26/2023 09:51)**Na** 139 (01/26/2023 09:51)**K** L 3.4 (01/26/2023 09:51)**Cl** H 109 (01/26/2023 09:51)**CO2** L 20 (01/26/2023 09:51)**BUN** 13 (01/26/2023 09:51)**Cr** 0.8 (01/26/2023 09:51)**Glucose** H 152 (01/26/2023 09:51)**Ca** 8.8 (01/26/2023 09:51)**PT** H 14.9 (01/26/2023 09:51)**PTT** 32.6 (01/26/2023 09:51)**INR** 1.2 (01/26/2023 09:51)**Diagnostic Results**

Rad Report # 1 Date/Time: 01/26/2023 10:12 Rad Report EXAM: . RA CHEST PORTABLE. . CLINICAL HISTORY: . Injury Of Chest Wall. . COMPARISON: . CT ANGIO ABDOMEN AORTA W/RUNOFF dated 1/26/2023; CT ANGIO CHEST W/WO CONTRAST dated 1/26/2023. . TECHNIQUE: . Single portable AP radiograph.. . FINDINGS: . The ET Tube tip is located 3.0 cm above the carina.. . Heart size is normal.. . There is opacity in the perihilar regions as well as in the lower lobes. Additional ill-defined opacity in the right upper lobe.. . There are no pleural effusions or pneumothorax.. . Bones are intact.. . IMPRESSION: . . 1. ET TUBE IN PLACE.. 2. BILATERAL LUNG OPACITY. DIFFERENTIAL CONSIDERATIONS INCLUDE CONTUSIONS AND/OR

ASPIRATION PNEUMONIA.. . Dictated at Broward Health Coral Springs 33065 Rad Report # 2 Date/Time:

01/26/2023 10:16 Rad Report EXAM: . RA PELVIS PORTABLE. . CLINICAL HISTORY: . Injury To Hip And Thigh. .

COMPARISON: . No comparisons. . TECHNIQUE: . Single AP projection.. . FINDINGS: . Iliac bones: Unremarkable. . Sacrum: Unremarkable. . SI joints: Unremarkable. . Pubic symphysis: Unremarkable. . Hip

joints: Unremarkable. . Lower lumbar spine: Unremarkable. . Other: None.. . IMPRESSION: . NO ACUTE OSSEOUS ABNORMALITY.. . Dictated at Broward Health Coral Springs 33065 Rad Report # 3 Date/Time: 01/26/2023 10:32

Rad Report EXAM: . CT BRAIN W/O CONTRAST. . CLINICAL HISTORY: . Head trauma, moderate-severe. . COMPARISON: .

No comparisons. . TECHNIQUE: . Axial images were obtained from the vertex through the skull base without intravenous contrast material.. . To meet ALARA guidelines, this CT scan was performed with multiple dose reduction techniques. In addition to imaging protocols developed to minimize patient dose, the study images were also generated with Iterative Reconstruction techniques which allows reduction of patient exposure without compromising image quality or diagnostic content.. . FINDINGS: . There is an acute hemispheric subdural hematoma on the left measuring up to 8 mm in thickness spanning the left frontal to the left parietal lobe. There is compression of the left lateral ventricle with an 8 mm midline shift to the right. Mild sub fall seen

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herniation. There is diffuse effacement of the basilar cisterns suggesting impending transtentorial herniation. There is diffuse loss of the normal sulci consistent with diffuse cerebral edema with loss of gray-white matter differentiation. Para there is a small focus of hemorrhage posterior left temporal lobe measuring 8 mm best appreciated on image 18 series 2 which could be a small focus of subarachnoid hemorrhage or a small left posterior temporal intra-axial hematoma. The calvarium is intact with no evidence of fracture. The sinuses reveal a tiny air-fluid level within the right maxillary sinus. The mastoid air cells are clear. . . .

IMPRESSION: . 8 MM THICK HEMISPHERIC ACUTE LEFT SUBDURAL HEMATOMA WITH MILD SUBFALCINE HERNIATION AND 8 MM MIDLINE SHIFT TO THE RIGHT. . DIFFUSE CEREBRAL EDEMA WITH EFFACEMENT OF THE BASILAR CISTERNS CONSISTENT WITH IMPENDING TRANSTENTORIAL HERNIATION.. . 8 MM FOCUS OF POSTERIOR LEFT TEMPORAL LOBE HEMORRHAGE. . PLEASE NOTE THAT DR. VEGA AT BROWARD HEALTH NORTH TRAUMA SERVICE WAS NOTIFIED VERBALLY THE RESULTS AT 10:37 A.M. 01/26/2023. . Dictated at Broward Health North 33064_____Rad Report # 4 Date/Time: 01/26/2023 10:39 Rad Report EXAM: . CT CERVICAL SPINE W/O CONTRAST. . CLINICAL HISTORY: . Polytrauma, blunt, pain. . COMPARISON: . CT ANGIO NECK W/O CONTRAST dated 1/26/2023; CT BRAIN W/O CONTRAST dated 1/26/2023. . TECHNIQUE: . Transaxial imaging acquired of the spine from the occiput to T1 without contrast. Coronal and Sagittal reconstructed images were then created and also reviewed.. . FINDINGS: . Fracture: Acute, minimally displaced fracture left occipital condyle.. Mass: No pathologic lesion seen.. Alignment: Anatomic.. Disc levels: No significant degenerative disease.. . Additional Significant Findings: None.. . IMPRESSION: . ACUTE, MINIMALLY DISPLACED LEFT OCCIPITAL CONDYLE FRACTURE. CERVICAL SPINE MRI RECOMMENDED TO EVALUATE FOR LIGAMENTOUS INJURIES AT THE CRANIOCERVICAL JUNCTION.. . . Dictated at Broward Health North 33064_____Rad Report # 5 Date/Time: 01/26/2023 10:59 Rad Report EXAM: . CT ANGIO CHEST W/O CONTRAST. . CLINICAL HISTORY: . TRAUMA ; pain. . COMPARISON: . No comparisons. . TECHNIQUE: . Transaxial images obtained from the base of the neck to the upper abdomen with and without contrast in arterial phase. Coronal and Sagittal reconstructed images reviewed. Additional 3-D data sets were created and interpreted by the radiologist, utilizing shaded surface display (SSD) and/or volume rendering technique (VRT).. . FINDINGS: . Neck Base: No significant pathology.. Mediastinum: No significant pathology.. Aorta: No significant pathology.. Pulmonary Arteries: This exam was not tailored for evaluation of the pulmonary arterial system, but no central filling defect seen.. Heart: No significant pathology.. Upper Abdomen: Abdomen CT. Lymphadenopathy: None.. Lungs: Extensive bilateral pulmonary contusions with multiple lacerations greatest in the lingula and right lower lobe. Trace bilateral pneumothoraces, less than 5%. No significant pleural fluid. Contusions are worst in the lower lungs. Endotracheal tube in place in good position.. Bones: Acute, nondisplaced fracture of the right 1st rib. Chronic appearing deformity of the right 5th rib with punctate metallic shrapnel in the adjacent intercostal space. Acute nondisplaced fracture right 8th lateral rib.. Additional Findings: No significant additional findings.. . IMPRESSION: . EXTENSIVE BILATERAL PULMONARY CONTUSIONS WITH MULTIPLE LACERATIONS, WORST IN THE LINGULA AND LOWER LOBES. TRACE BILATERAL PNEUMOTHORAX, LESS THAN 5%. COMPONENT OF BILATERAL LOWER LOBE OPACITIES COULD BE FROM ASPIRATION AS WELL.. . ACUTE NONDISPLACED FRACTURES RIGHT 1ST AND 8TH RIBS.. . CHRONIC APPEARING DEFORMITY ALONG THE INFERIOR ASPECT OF THE RIGHT 5TH RIB WITH ADJACENT PUNCTATE METALLIC SHRAPNEL. CORRELATE FOR HISTORY OF REMOTE TRAUMA.. . Dictated at Broward Health North 33064_____ADDENDUM: . Discussed by telephone with referring physician 11:15 a.m. 01/26/2023.. . Dictated at Broward Health North 33064ocf_blob_____

Assessment/Plan

Fracture of left occipital condyle S02.113A
Fracture of tibia and fibula, open S82.209B
Fracture, tibia and fibula S82.209A
Hemorrhage of temporal lobe I61.1
Motorbike accident 435BEE70-6BF9-404E-B7A2-6F08BEAE1F6D (Complaint of)
Subdural hemorrhage I62.00

Orders:

Colace, 100 mg = 10 mL, PO, LIQ, BID, Start: 01/26/23 17:00:00 EST
Sublimaze, 50 mcg = 1 mL, IVP, INJ, Q15Mins, PRN Titration Protocol, Start: 01/26/23 11:30:00 EST, Re-bolus 50 mcg BEFORE each rate increase every 15 minutes as needed per titration protocol.
Sublimaze, 50 mcg = 1 mL, IVP, INJ, Q15Mins, PRN Titration Protocol, Start: 01/26/23 11:01:00 EST, Re-bolus 50 mcg BEFORE each rate increase every 15 minutes as needed per titration protocol.
fentaNYL (Sublimaze) 1,000 mcg [50 mcg/hr] + NS 0.9% Premix Diluent for Fentanyl Titration 100 mL, Titrate to: RASS (-2)
Light Sedation, 100 mL, IV, IV SOLN, Rate: 5 mL/hr, Start: 01/26/23 11:30:00 EST, Titrate per protocol unless otherwise ordered by the physician.
fentaNYL (Sublimaze) 1,000 mcg [50 mcg/hr] + NS 0.9% Premix Diluent for Fentanyl Titration 100 mL, Titrate to: NVPS (0-3), 100 mL, IV, INJ, Rate: 5 mL/hr, Start: 01/26/23 11:01:00 EST, Titrate per protocol unless otherwise ordered by the physician.
propofol (Diprivan) 1,000 mg [10 mcg/kg/min] + Premix Diluent Sedation 100 mL, Titrate to: RASS (-2) Light Sedation, 100 mL, IV, IV SOLN, Rate: 3.31 mL/hr, Start: 01/26/23 11:30:00 EST

propofol (Diprivan) 1,000 mg [10 mcg/kg/min] + Premix Diluent Sedation 100 mL, Titrate to: RASS (-4) Deep Sedation, 100 mL, IV, IVPB, Rate: 3.31 mL/hr, Start: 01/26/23 10:58:00 EST, Titrate per protocol unless otherwise ordered by the physician.
Senokot 1.76 mg/mL oral Liquid, 17.6 mg = 10 mL, PO, SYRUP, Daily, Start: 01/27/23 9:00:00 EST
Sodium Chloride 0.9% (Flush), 3 mL, IVP, INJ, Q5Mins, PRN Line Care, Start: 01/26/23 11:16:00 EST
Sodium Chloride 0.9% (Flush), 3 mL, IVP, INJ, Q8H, Start: 01/26/23 14:00:00 EST
Sodium Chloride 0.9% intravenous solution 1,000 mL, 1,000 mL, IV, IV SOLN, Rate: 100 mL/hr, Start: 01/26/23 11:16:00 EST
Arterial Blood Gas
Basic Metabolic Panel
Cardiac Monitor
CBC w/Auto Diff
Cervical Spine Precautions
Consult Physician
Consult Physician
Elevate Head of Bed
Feeding Tube Insertion
Initiate Skin and Wound Management Protocol
Intake and Output
Neuro Check
Notify Provider Vital Signs
Physical Therapy IP Referral
Pneumatic Compression Devices
Pulse Ox Continuous
RA Chest Portable
Resuscitation Status
Urinary Catheter Care
Vital Signs
Vital Signs
Vital Signs
Vital Signs
VTE Quality Measures

Approximately 25-year-old female who presented to the emergency department as a level 1 trauma status post scooter versus motor vehicle who presented intubated with a GCS of 3.

Injuries:

Left-sided 8 mm thick acute left subdural with mild subfalcine herniation and 8 mm midline shift to the right
Diffuse cerebral edema with effacement of the basilar cisterns consistent with impending transtentorial herniation
8 mm focus of the posterior left temporal lobe hemorrhage
Left open severely comminuted and displaced tibia-fibula fracture
Right displaced tibia fibula fracture
Displaced left occipital condyle fracture

Plan:

Given 3% hypertonic saline
Neurosurgery immediately notified, state that this injury is futile and a craniectomy will not benefit this patient.
Orthopedics consulted, appreciate recommendation. Bilateral lower extremity fracture splinted in trauma Bay
Admit to ICU.
Given ceftriaxone, Keppra, and tetanus in trauma Bay
Right femoral A-line and central line placed
Propofol and fentanyl
Neurochecks
SCD for dvt ppx

Signature Line

LAGO RES, NICHOLAS

Electronically Signed Date/Time: 01/26/2023 11:31

Completed Action List:

- * Perform by LAGO RES, NICHOLAS on January 26, 2023 11:31 EST
- * Sign by LAGO RES, NICHOLAS on January 26, 2023 11:31 EST
- * VERIFY by LAGO RES, NICHOLAS on January 26, 2023 11:31 EST
- * Modify by VEGA MD, JORGE on January 26, 2023 22:15 EST
- * Sign by VEGA MD, JORGE on January 26, 2023 22:15 EST Requested by LAGO RES, NICHOLAS on January 26, 2023 11:31 EST