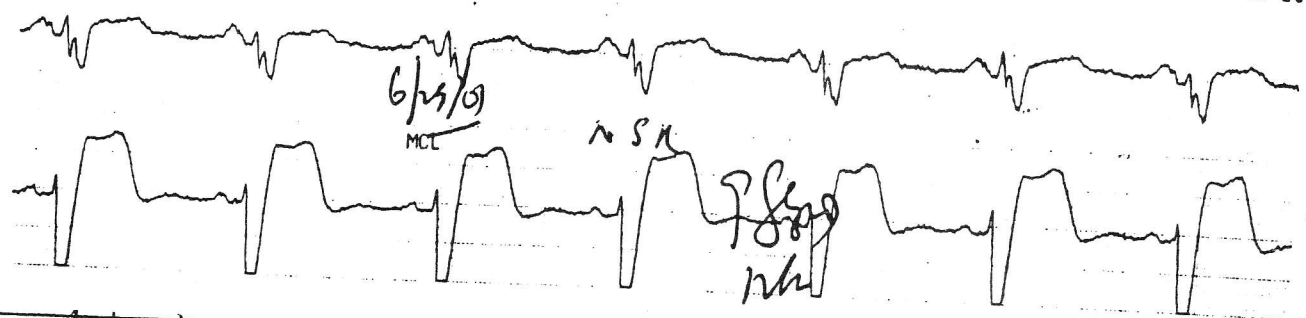


CLARK, HENRY 6/27 GLAZIER TEL 134 29 JUN 01 16.04 HR 59 VPB 0 SINUS BRADY 25 mm/sec (8AMIA10)IG-20
II



6/27 Nursing Entry - Post op - Cholecystectomy
1840 abd dressing changed by surgical
Resident this evening, No Uapex C/O
at this time, IV's continued vs
stable, O2 2L on N/C telemetry
showing sinus brady is 50'
Resting,

1/2/01

6/26

SACC

10:30 p

Hematoma - stable

Ø ↑ in size

UO ↓ Foley - 380cc

All- with slightly ↑ IVF 2° to CHF and

poor EF

Encourage PO

Repair pressure dressing

M R 7/1/01

0054



Harper Hospital

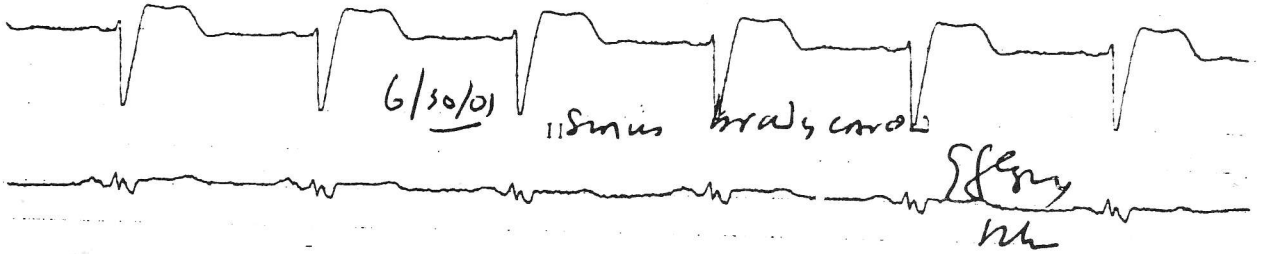
Detroit Medical Center/Wayne State University

PROGRESS NOTES

(PLEASE SIGN ALL ENTRIES)

DATE

8407-1 CLARK, HENRY 6/27 GLAZIER TEL 134 30 JUN 01 14 57 HR 57 VPB 0 SINUS BRADY 25 mm/sec MCL



6-30-01 Neg: Monitor showing SB factor 1930 H&E 50's

Clark, Henry

Pharmacy Anticoagulation Service Harper Hospital / RIM

Heparin 800 units/hr. Warfarin on hold. For: LV thrombus/CVA/AB.

Labs: Date 6/30 @ 1700 PTT = 42.5 secs INR = 1.29 PT = 12.1 secs 74/36 118/36 Bun/Cr.

Assessment:

Heparin: Target PTT: 48-71 Warfarin: Target INR:

Comments: Discontinue heparin + coumadin therapy. Provided coumadin teaching booklet. Reinforced importance of notifying HCP of SIS bleeding.

Plan:

- 1. heparin 900 units/hour. Next PTT @ 2 am labs
2. on hold, warfarin. Next PT/INR in AM.
3. Primary team to monitor for signs and symptoms of bleeding.
4. Other: Primary team to assess when to restart Coumadin therapy.

Pharmacist # 9578 Date 6/30/01 Time 1900

Contact pager # 9578 with questions at any time. Contact 745-INR-9 for referral to coumadin clinic.

0059

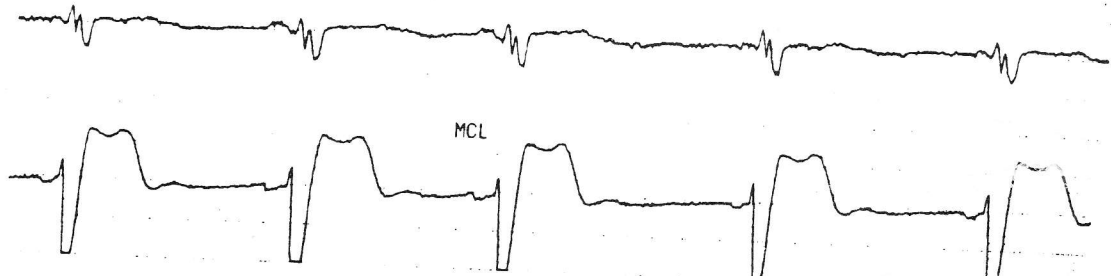


PROGRESS NOTES
(PLEASE SIGN ALL ENTRIES)

7-1 CLARK, HENRY 6/27 GLAZIER TEL 134 29 JUN 01 23 10 HR .48 VPB 1 SINUS BRADY VPBs
II

DATE

6/30/01
0330



Pt resting comfortably. Pt denies pain in abdominal area, pt states "It doesn't hurt, it just is uncomfortable", 1mg morphine given. Pt ambulated and tolerating well, pt drinking + O5 1/2 c 20KCl infusing @ 63cc/hr urine output after Foley placed 300cc 1900-2300. Abdominal dressing D/E. Monitor shows SB 50's, fully Moore RN

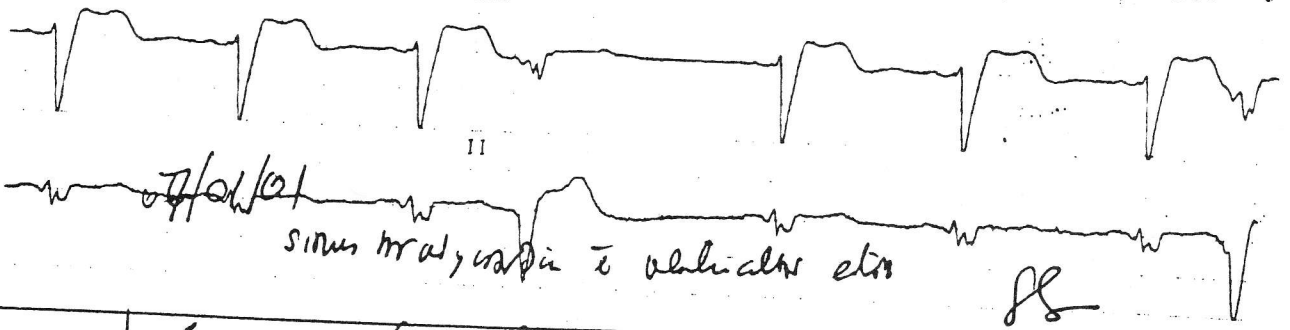
6/30/01
9 AM

Sun
Pneumothorax retention -
S - No complaint R/V.
D AVSS - wounds 3 evid of bleeding or hematoma this on D
Abd soft
Ext Neg
GU - Foley intact
A doing well No evid active bleed
P - Hep -> contusion
V CBC. 0057 would R/E Foley in the
Monitor Coags + Ith.
soft low fat diet Jor Banned 4447

DATE

PROGRESS NOTES (PLEASE SIGN ALL ENTRIES)

107-1 CLARK, HENRY 6/27 GLAZIER TEL 134 01 JUL 01 10:48 HR 62 VPB 6 SINUS BRADY FREQUENT VPBs 6
MCL



7-1-01 1145°
 Nsg: clo incisional pain. Given
 TAP #3 II Tabs + MS 2mg IVP
 relief. V.S.S. Up to chair
 on own tolerating activity
 but becomes diaphoretic at
 moving around T 98. Vitals
 per within in adq amt.
 Heparin ↓ 700 with BIT 106.
 Monitor showing SR & occasional
 PVCs HR 60c — J. V. N. (N)

07/01/01

Glynn MD

140 pm
 S: Still has some incisional pain —
 but relieved by Tylenol 3 + morph
 sulfate

got dyspnea while up today
 BP had ↓ to 98 mmHg.

O:

0062

Br n = 120/70



Harper Hospital

Detroit Medical Center / Wayne State University

PROGRESS NOTES

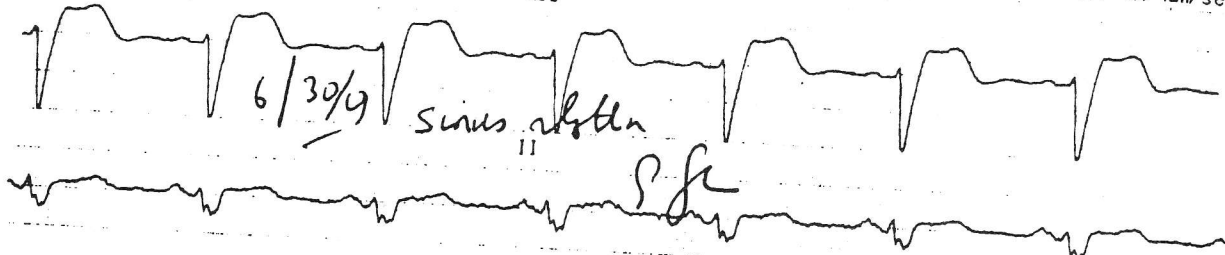
(PLEASE SIGN ALL ENTRIES)

GLAZIER, JAMES J.
8WS 840701

CRD

DATE

8407-1 CLARK, HENRY 6/27 GLAZIER TEL 134 30 JUN 01 23:28 HR 66 VPB 0 SINUS RHYTHM 25 mm/sec (8)



07/01/01 Nsg: monitor shows SR HR in the 60's
 0245. N.S.S. @ 1100 Pm SOB Heparin 1 to 900/hr
 Nurse abd. dxg D+I Resting quietly @ present.
 PIPER Will continue to monitor
 INCREASE THE PIPER *J. J. R.*

WHO GAVE HER PERMISSION TO DO SO? HER ACTION LED TO THE BLEED.
 CLARK, HENRY
 Pharmacy Anticoagulation Service
 Harper Hospital / RIM

Heparin 106 Warfarin -
 For: LV THROMBUS, CVA, Afib.
 Labs: Date 7/1/01 @ 0530 PTT = 106 secs INR = - PT = - secs 5.8 ~~11~~ 157 Bun/Cr. 33.7

Assessment:
 Heparin: Target PTT: 48-71
 Warfarin: Target INR: -
 Comments: -

- Plan:
1. Hold heparin for 1 hr, then DECREASE heparin to 700 units/hour. Next PTT @ 1600 hrs
 2. - warfarin - Next PT/INR in AM.
 3. Primary team to monitor for signs and symptoms of bleeding.
 4. Other: Primary team to determine when warfarin is to be restarted.

V. J. R. 7/1/01 0908
 Pharmacist Date Time 006
 Contact pager # 9578 with questions at any time.
 Contact 745-INR-9 for referral to coumadin clinic.

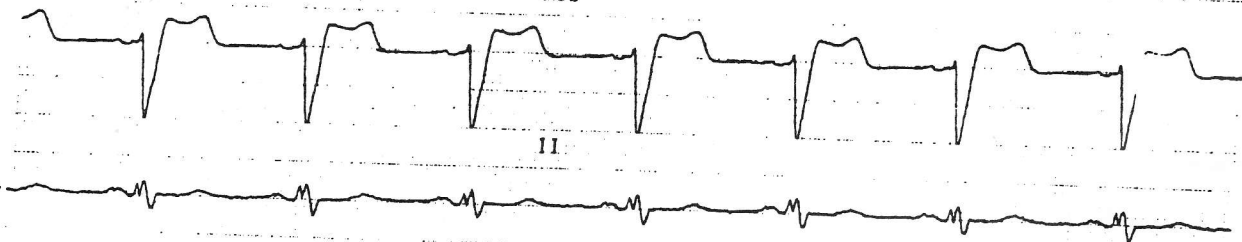
DATE

PROGRESS NOTES (PLEASE SIGN ALL ENTRIES)

Abd - soft
mp - 8 pulses
7/25 - well continue to follow
Recommend - keeping apt in
therapeutic range.

[Signature]
2005

CLARK, HENRY 6/27 GLAZIER TEL 134 01 JUL 01 15:00 HR 69 VPB 0 SINUS RHYTHM 25 mm/sec
MCL



7/01
18:50

Msg: Pt. - episodes of dizziness
while up at bedside to
urinate B/P ↓ 98/60 - 88/60.
B Service notified & en to
see pt x II also notified
of episodes x 3 of N/V.
Dr. Glazier int. see pt
Lasix put on hold x 24°
& pt Tigson IM started. No
further N/V since 1630°
B/P remains low IV D5 1/2 NS
@ 20 kcal @ 100cc/h patient
Foley inserted. Bedrest main-
tained. Monitor showing

NURSE WENO
STATED TO
ME THAT →
LASIX WAS
NOT GIVEN
TO HENRY



Harper Hospital
Detroit Medical Center / Wayne State University

I WAS IN THE ROOM

PROGRESS NOTES
(PLEASE SIGN ALL ENTRIES)

GLAZIER, JAMES J.
840701

DATE	
20:10	SR DeLong HR 60's - V. Wrist Called fast intubation. At intubation 1st attempt 5 problems p. pre o. Inset c # 8 radial tube. BS = Biv e good chest expansion & excursion. Dentition unchanged Easy intubation. P. Zelnick chest 0.1002 / R/L
07/10/01	Neg. RN called to room. Pt c/o severe SOB. 8:20 POx 98% on 4L O2. Pt. e very labored breathing. B Service notified ↑ to see pt NURSE PIPER WOULD NOT GIVE AN HENRY OXYGEN MASK. HE ASKED FOR IT.
	EKG done. Surgery ↑ to see pt. anesthesia paged Pt intubated atropine & epinephrine used Pt SB. BP. uninterpretable 2.9 NS. Dopamine started HR ↑ 70's. Report called to SICU. & Pt transferred in bed. Super RN
2/1/01	Surgery STAFF
15:00	n & DeLong 8:05 entered pt's room - breathing - labored to agonal. At not responsive, pulse 42 & pt was pale SBP - 60's. Heparin & c/c fluids opened to full flow & Trendelenburg position assumed. Pt intubated immediately Pt became alert & labored. commands - Pulse - still @ 40's pulse was nonpalpable. Pt was given Atropine, O2 line established and ABG sent. Rd was built red. O2 line - out line established. ^{9:05} Pt was given 1 amp Epi Pulse ↑ to 70's Pulse - nonpalp. At remained