Ex. 42

BETH ISRAEL MEDICAL CENTER

FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003

DISCHARGE RESUME

PLEASE WRITE LEGIBLY

BRIEF HISTORY (specify patient's chief complaint):

26 y/o ♀ Pt admitted 7/20/90 s/p GSW close range c̄ small caliber handgun. No LOC. Pt transferred from Harlem Hospital using alias due to threat of bodily harm

PERTINENT EXAMINATION FINDINGS:

Fracture of (L) mandibular ramus
Serous fluid oozing through exit wound from bullet
(L) occiput - Parotid gland was struck by bullet

PERTINENT DIAGNOSTIC RESULTS (including Lab, Radiology, EKG, EEG, Etc.):

High amylase in serous fluid indicates + confirms parotid trauma
Radiographs confirm mand fx

3623

358

BETH ISRAEL MEDICAL CENTER

FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003

ALL ENTRIES MUST BE DATED AND SIGNED

PASCUAL, LYN
MR 1C75C91 5/DEN 6
RUTH, GARY J., DDS
AD 2044308 F/ 26 B
TEAM- 07-19-90

DATE: 7-20-90 **SOCIAL WORK ASSESSMENT**

REFERRAL: pt, plus nurse referral – high-risk & social

IDENTIFYING INFORMATION AND HOUSEHOLD COMPOSITION:

This pt is a 27 y/o Hisp ♀ adm on 7-19-90 GSW (close range). Pt. has h/o MUO GSW to face (L).

FINANCIAL STATUS: ✓

OUTSTANDING FINANCIAL PROBLEMS, IF ANY:

ASSESSMENT: (i.e. PSYCHOLOGICAL, EMOTIONAL, PHYSICAL, ENVIRONMENTAL, SOCIAL ATTITUDE TOWARD ILLNESS)

This pt was admitted under an assumed name for security reasons.

Pt asked to see social worker due anxiety and fear about noises in [illegible]. Pt is currently under security guard. She is victim of attempted murder [illegible] male companion.

This pt presented as highly anxious and confused about her immediate future [illegible] hospital.

2695

Pt is appropriate of affect and behavior [illegible] her current context.

BIMC 44.15

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BETH ISRAEL MEDICAL CENTER
FIRST AVENUE AT 16TH STREET NEW YORK NY 10003

ADMISSION EVALUATION

HISTORY Date 7/20/90

Source Patient Reliability

Patient's Age 27 Sex F Occupation

07-19-90

CHIEF COMPLAINT (S): (list in order of importance)

Pt. 27 y/o. hisp. ♀, S/P of Gun Shot wound

PRESENT ILLNESS:

Pt., 2 days S/P GSW, close range, small caliber hand gun; low velocity GSW. ⊖ LOC, pt. claims angiogram was ⊖ at Harlem hospital. Pt. was transfered to BIMC for definitive tx of facial injury.

1629

Adverse Drug Reactions:
Penicillin

360

ASSESSMENT AND PLAN (Summarize ... diagnostic impressions, state ... plan)

?Y O ... Hsp ... GSW at close range
small hand gun (caliber) ... alert ...
oriented x3
Swelling (+), Tenderness (+) Left Cheek (L) ...
area
— ecchymosis (L) neck (Post —)
(+) — (L) cheek — GSW — entrance (+) scar, wound healing (WNL)

P: Admit to OMS
IV Abx + fluid hydration
Vancomycin 1gm IOSS
OR to OR for Sx Repair, Facial Fx —

Judy Pedro 5353

House Officer (Print) ID#

Attending Physician (Print)

☐ Agree with the History & Physical as stated.
☐ Have corrections or additions as indicated above or as stated in my note(s) in the record.

JPedro DMD

House Officer Signature

1634

?/20/90 3:30 AM

Date & Hour

Attending Physician Signature Date

ID# 023756 Telephone #

90X

85

6 106

BETH ISRAEL MEDICAL CENTER

PROGRESS NOTES

MAYSUAL, LYN
PP 1275091 5/DEN 6LIOP
RUTH, GARY J., DDS
AD-2044308 F/ 26 B
TEAM- 07-19-90 JJE

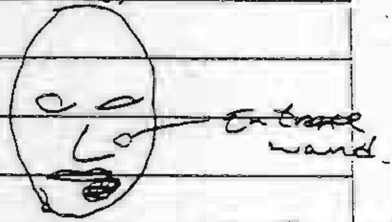
Date, Time and Title	Physicians: start notes at solid vertical line; All others: start at dotted line
7/20/90 2 am	Chief Resident's Note
	CC - 27 yo H ♀ 2d s/p GSW - close Range c̄ small caliber Handgun; No LOC.
	HPI - pt shot one time to (L) face as per pt. H/o Angiogram Yesterday at Harlem Hosp - "Neg" report from pt.
	PMH - Allergy (+) PCN
	meds - Vancomycin 500mg IVSS QID.
	Demerol ? Dose - @ Harlem Hosp
	Hosp - 1987 - C_6 + C_7 Herniated Disc s/p MVA.
	Syst Z/I - pt denies H/o RF, RHD, MI, HTN, Dysrhythmia, Asthma, TB, Kidney Dis, GI Dis, Hep, Jaundice, Bleeding Dis, Fainting, seizure all else neg.
	PE - Well devlp, well nourished 27 y.o. ♀; in NAD.
	HEENT - Head (+) (L) Infraorbital GSW - Entrance 1x1cm (+) (L) Pre-Auric swelling; + (L) occipital Exit GSW.
	Eyes (+) (L) Periorbital Ecchymosis. EOMI, No Diplopia, (–) subconj. Hem., PERRLA, supraorbital + other orbital rims - intact (+) Tender (L) Infra-orbital area)
	V_2 intact bilat.

636

BIMC 27-61 UARCO 470 11-86

Date, Time and Title	Physicians: start notes at solid vertical line; All others: start at dotted line

Airway – clear
Ears –
Nose – No Fx, obstruction, crepitus, Epistaxis.
Throat – No Uvula Deviation, No Lateral Pharyngeal / Tonsillar swelling
(+) (L) Soft Palate & Buccal Ecchymosis.
Zygomas – (R) – intact, (L) (+) Pre-Auricular Edema & Tender to palpation, difficult to assess. Tongue (+) (L) Parasthesia.
Max – grossly intact
Mand – Dentate seg intact, (L) Ramus, X (+) crepitus.
occlusion (+) (L) Apertognathia
Max open – 19mm s̄ deviation.
V_3 = (+) (L) V_3 ↓ Tested c̄ sterile needle pinprick
Lingual n. (+) (L) ↓, Tested c̄ Sterile needle



Dentition – grossly intact. TMJ – (L) (+) Tender palp. no translation opening
Neck (+) firm swelling (L) Neck & lateral Ramus area of mandible. from X mandible to (L) clavicle
No Neck Erythema.
X-Ray – CT Head & Neck – Done at Harlem Hosp. pending Films.
Pending – Labs, CXR, C-spine, facial, mand, CT neck & Face.
IMP – (1) (L) Mandibular Ramus Fx 2° to #2.
(2) GSW – low Velocity (L) Face
Plan – (1) Admit → OMS.
(2) IV Abx & Fluid Hydration.
(3) w/u Facial Bone Injuries.
(4) pt to OR for Sx Repair Facial Fxs.

Probable 22 cal

3037

163

BIMC 27-61 UARCO 470 11-88

Date, Time and Title	Physicians: start notes at solid vertical line; All others: start at dotted line
1/ /90	Neg 28. ē drd from pharmacy. Pt suctions her own oral cavity & small amts of blood & mucous returns. Precautions taken to protect pt from unauthorized visitors by security — R[illegible] RN
1/20/90	Dental Resident
5:20 PM	27 yo H ♀ s/p GSW close range ē small caliber (22?) handgun. No LOC pt shot one time to Ⓛ face ⊖ Angiogram from Harlem Hospital
	Pt allergic to PCN, pt taking Vancomycin 500 mg IVSS q1D Demerol unknown dosage at Harlem Hosp.
	Pt Hospitalized in 1987 for C6+C7 Herniated Disc
	⊕ Ⓛ Infraorbital GSW entrance ⊕ Ⓛ infraorbital swelling
	⊕ Ⓛ occipital exit GSW ⊕ Ⓛ periorbital Ecchymosis
	⊖ Diplopia, ⊕ PERLA ⊕ Hypesthesia of V_2 - ⊕ paresthesia of V_3
	⊖ normal occlusion ⊖ nose deviated to the right. ⊕ paresthesia of Ⓛ tongue
	Continue antibiotics, NPO - Melvin Massoum 4923
7/20/90 7:30 pm	On bed; HOB ↑ 30°; awake alert moving all extremities; L face swollen + ecchymotic; resp even self suction done; no acute resp distress; IV of D5 ½ NS infusing - [illegible] — [illegible]
	ē security officer by the door for protection — [illegible]
9pm	To Xray via stretcher ē security officer — 2511 [illegible]
10:00	Returned from Xray via Stretcher Alert oriented x3; complained
10:30	of pain; Indicated as ordered ē

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SMC 27-61 UARCO 470 11-86

BETH ISRAEL MEDICAL CENTER

FIRST AVENUE AT 16TH STREET NEW YORK, NY 10003

CONSULTATION REQUEST AND REPORT

PASCUAL, LYN
RP 1075391 S/DEN 6LIOP
FUTH, GARY J., DDS
PC-2044308 F/ 26 B
TEAM- 07-19-90 LCA

FROM: PHYSICIAN H. Cho

SERVICE

TO: PHYSICIAN

SERVICE EMG (Rehabilitation)

☐ In patient ☐ Out patient

Date of O P D Appointment Tues 7/31

REASON FOR REFERRAL

Gun Shot wound on left cheek that left her complete left facial paralysis

Date of Request 7/30 for EMG. - SIGNATURE OF REFERRING PHYSICIAN H Cho M D

CONSULTANT'S REPORT: This 26 y/o F. with history of S/P gun shot wound at close range on 7/17/90, entrance wound Ⓡ cheek and exit wound Ⓛ posterior neck.
On 7/22/90 she underwent maxillomandibular fixation application of maxillo mandibular arch bar for comminuted fx Ⓡ condyle & ramus, comminuted fx mandible.
Patient has Ⓡ facial weakness (peripheral)
PH - S/P MVA 1987 c̄ C6-C7 Herniated Disc.
PE - She is alert & cooperative. There is severe Ⓡ peripheral facial weakness. 7 mm Ⓡ lagophthalmus
She is unable to raise Ⓡ eyebrow, whistle.
Bullet wound noted at Ⓡ cheek. Ⓡ lower ~~lower~~ 2/3 of her face swollen. Ⓡ hemifacial sensory deficit (~~severe~~ partial sensory deficit)

Nerve conduction studies. 368.1

Ⓡ facial nerve - nasalis muscle - Distal latency 3.56 ms
Amplitude 1.88 mV

Ⓛ facial nerve - nasalis muscle - Distal latency 3.50 ms
Amplitude 870 uV

Please record time and date of this consultation in the progress notes.

SIGNATURE OF CONSULTANT M D Time Date

365

BIMC 25-3 REV. 12/87
UARCO 241

IF NECESSARY PLEASE USE SECOND SHEET

CONSULTATION