

## Medical Chronology Analysis

### ### 1) CASE SUMMARY

- Date of Injury: 2013-04-29
- Mechanism: Not explicitly stated
- Primary Injuries: , And greater tuberosity fracture, And mini open rotator cuff tear (rct), Ballistic fragments projected over the right lateral shoulder, Ballistic injury with multiple fragments
- Total Surgeries: 4
- Major Complications: Infection
- Treatment Timeframe: 2013-04-29 -> 2013-11-12

### ### 2) INJURY SUMMARY

- 
- And greater tuberosity fracture
- And mini open rotator cuff tear (rct)
- Ballistic fragments projected over the right lateral shoulder
- Ballistic injury with multiple fragments
- Comminuted acromion fracture in
- Comminuted fracture of acromion
- Comminuted fracture of the distal acromion process
- Fracture at the base of the acromion process
- Fracture of the base and distal
- Fracture of the greater tuberosity and
- Fracture of the greater tuberosity without intraarticular extension
- Fracture of the lateral right humerus head
- Humeral head fracture
- Only
- Orif greater tuberosity fracture and rotator cuff repair
- Orif stabilizing greater trochanteric fracture without evidence of complication
- Right acromion fracture
- Right complete rotator cuff tear (chronic)
- Rotator cuff tear (rct)
- Stone noted ortho was consulted for acromion fracture

### ### 3) SURGICAL SUMMARY

- 2013-05-21 — Procedure not named  
Source: (p. 9)
- 2013-06-05 — Procedure not named  
Source: (p. 13, 14)
- 2013-10-10 — a right interscalene nerve block under ultrasound guidance without, orif greater tuberosity fracture and rotator cuff repair. retained metallic foreign bodies right, performed: right open rotator cuff repair (chronic), right complete rotator cuff tear (chronic). procedure performed: right open rotator cuff repair (chronic). right arthroscopic

limited debridement of labrum and synovium. removal of deep right shoulder hardware. records of harry potter from interim lsu public hospital.pdf\_page s 723-724 10/10/2013 jackie chan, m.d. (pathology) interim lsu public hospital surgical pathology consultation report, right open rotator cuff repair (chronic). right arthroscopic limited debridement of labrum and synovium. removal of deep right shoulder, right open rotator cuff repair (chronic). right arthroscopic limited debridement of labrum and synovium. removal of deep right shoulder hardware. records of harry potter from interim lsu public hospital.pdf\_page s 723-724 10/10/2013 jackie chan, m.d. (pathology) interim lsu public hospital surgical pathology consultation report, surgical hardware, removal, gross id only

Findings: only

Source: (p. 20)

- 2013-11-12 — status post right shoulder ats with hardware removal, and mini open rotator cuff tear (rct), three months status post right shoulder ats with hardware removal, and mini open rct

Findings:

Source: (p. 22, 23, 24)

#### ### 4) COMPLICATIONS / ADVERSE COURSE

- Infection

#### ### 5) CHRONOLOGICAL MEDICAL TIMELINE

2013-04-29 — IMAGING — f5e5837650e74141

Narrative: dr. dawson noted patient sustained a gsw to the right shoulder after an attempted robbery and presented as a room 4 activation with a glasgow. coma scale score (gcs) of 15. dr. dawson reported patient's pain was well controlled, localized to gsw site, and received intravenous. (iv) clindamycin in ed and tdap booster after a thorough bedside washout. vital signs: bp 116/74. pr 67. temp 96.6. rr. 18. right upper extremity revealed gsw to right superior aspect of shoulder with steady, small volume oozing, and appropriate tenderness to palpation around wound. patient received. clindamycin iv in the ed and tdap booster. dr. dawson reviewed serial x-rays of chest, shoulder x-rays which showed a severely comminuted acromial fracture and a gouge in the lateral greater tuberosity of the humerus, and a. ct angiogram which characterized the damage as not involving the glenohumeral joint. patient with gsw to right shoulder with no vascular injury, comminuted fracture of acromion, fracture of the greater tuberosity without intraarticular extension. dr. dawson noted no acute indication for washout of joint status post gsw to shoulder without intraarticular bullet per on-call staff, indicated oozing from bullet wound in a hemodynamically stable patient with a clean ct angiogram was unlikely to represent serious vascular pathology, recommended pressure dressing application, outpatient oral antibiotics, and close follow up in clinic on wednesday. bella stone, m.d. (surgery) interim lsu public hospital. surgery progress note dr. stone stated patient still had oozing from gunshot wound site, was hemodynamically stable, and neurovascularly intact. dr. stone reviewed repeat chest x-rays which revealed no evidence of ptx/cardiopulmonary abnormalities, and a cta of the right upper. dr. stone noted ortho was consulted for acromion fracture, humeral head fracture, and greater tuberosity fracture, indicated patient was cleared from general surgery standpoint, and deferred recommendations to ortho. ballistic fragments projected over the right lateral shoulder. fracture of the lateral right humerus head, fracture of the base and distal. comminuted fracture of the distal acromion process. fracture at the base of the acromion process. fracture of the greater tuberosity and. 1. right shoulder chapman 2. right acromion fracture. 3. no significant cardiopulmonary abnormality. sinus tachycardia, short pr interval, nonspecific. st elevation, and abnormal left axis deviation.

Source: (p. 3, 4, 5, 6, 7)

2013-05-21 — SURGERY — 1e32f1d416554731

Narrative: shoulder appeared located. orif stabilizing greater trochanteric fracture without evidence of complication. comminuted acromion fracture in.

Source: (p. 9)

2013-05-29 — IMAGING — f4530f5eb44f4a77

Narrative: healing fracture of the greater tuberosity of the right humeral head fixed with 2 cortical screws. ballistic injury with multiple fragments.

Source: (p. 12)

2013-06-05 — SURGERY — f5e5837650e74141

Narrative: patient presented for a follow up and was approximately 4 weeks status post open reduction internal fixation of right greater tuberosity fracture and approximately 2 weeks status post. i&d; of superficial infection of surgical incision and initiation of rifampin and minocycline. had some hypertrophic granuloma at incision. patient had been going to hyperbaric oxygen treatments, had been doing pendulum exercises, and stated that percocet made the stomach hurt. bp 116/68, pr 80, temp 97.7. rr 19. right upper extremity revealed sutures in place in surgical incision, which was healing well, one less than 0.5 cm area of small granulomatous exudates on lateral aspect of incision. minimal external rotation past neutral. about 30 degrees of passive abduction and forward flexion. sutures were removed. dr. dawson noted would allow granulomatous area to declare a little more, if necessary would apply silver nitrate at next appointment, recommended to continue pendulum exercises, begin gentle range of motion exercises, continue antibiotics per id, referred to. occupational therapy, and advised follow up in. dawson noted patient had some hypertrophic granuloma at incision, rest of incision looked quite good, and sutures were removed without. external rotation to neutral, internal rotation to hip, and abduction to 30 degrees. dr. dawson believed patient would have significant loss of range of motion and function of this shoulder given the amount of trauma and debris, noted concern at that point was to have the greater tuberosity heal and eradicate or control any infection, indicated in the future patient might benefit from further procedures to help with range of motion. dr. dawson recommended to start some gentle range of motion beyond pendulums, referred to. occupational therapy, and advised patient to continue antibiotics and to follow up in 3 weeks. s 143-144, 147two screws with washers were again noted in the proximal humerus, apparently stabilizing a fracture of the proximal humerus involving s to help with range of motion. dr. dawson recommended to start some gentle range of motion beyond pendulums, referred to occupational therapy, and advised patient to continue antibiotics and to follow up in 3 weeks. records of harry potter from interim lsu public hospital.pdf\_page s 143-144, 147- 148.

Source: (p. 13, 14)

2013-08-27 — ED — f4530f5eb44f4a77

Narrative: patient requested not wanting a catheter during surgery and also requested that no resident physician be involved in the surgery and wanted only dr. hunter to do the surgery.

Source: (p. 18)

2013-10-10 — SURGERY — f4530f5eb44f4a77

Narrative: patient underwent a right interscalene nerve block under ultrasound guidance without. michael hunter, m.d. interim lsu public hospital operative report. gunshot wound right shoulder status post prior. orif greater tuberosity fracture and rotator cuff repair. retained metallic foreign bodies right. right complete rotator cuff tear (chronic). right open rotator cuff repair (chronic). right arthroscopic limited debridement of labrum and synovium. removal of deep right shoulder. jackie chan, m.d. interim lsu public hospital surgical pathology consultation report. surgical hardware, removal, gross id only. gross diagnosis only. two metallic screws and washers (medical devices) identified. interim lsu public hospital physician discharge summary report. patient was discharged home in a good condition with discharge diagnoses of right shoulder gunshot wound, and right shoulder posttraumatic stiffness, rotator cuff tear (rct). dr. hunter recommended to continue clindamycin 150 mg,. oxycodone-acetaminophen 10/325 mg, pendulum exercises to right shoulder, active range of motion (arom) to elbow, wrist, and hand, regular diet, dressing change after 3 days, keep clean/dry, okay to shower once dry, and advised to follow up within 2 weeks. right complete rotator cuff tear (chronic).

procedure performed: right open rotator cuff repair (chronic). right arthroscopic limited debridement of labrum and synovium. removal of deep right shoulder hardware. records of harry potter from interim lsu public hospital.pdf\_page s 723-724 10/10/2013 jackie chan, m.d. (pathology) interim lsu public hospital surgical pathology consultation report. right open rotator cuff repair (chronic). right arthroscopic limited debridement of labrum and synovium. removal of deep right shoulder hardware. records of harry potter from interim lsu public hospital.pdf\_page s 723-724 10/10/2013 jackie chan, m.d. (pathology) interim lsu public hospital surgical pathology consultation report.

Source: (p. 20)

2013-11-12 — SURGERY — 8e03335d309748a5

Narrative: patient was seen in follow up for evaluation of the right shoulder pain rated at 4/10, and had been performing pendulum exercises up to that. oxycodone-acetaminophen 7.5/325 mg, renewed. diazepam 5 mg, to continue passive supine forward elevation and passive supine external rotation exercises, and to perform some active assisted wall climbs, and to follow up in 4-6. potter harry lsu client provided medicals.pdf\_page. lsu healthcare network/st. charles multi-specialty follow up evaluation. patient had a follow up visit and reported a sharp pain rated 4/10 towards the distal end of incision, and had been performing pendulum and passive range of motion exercises. !patient presents with • gun shot wound hpi comments: hoi i rm 4 activation: 42m with single gsw seen at 4:58 with staff present. a- phonating, protecting airway b- breath sounds present and equal. c- rrr no murmur d- gcs 15, single gsw to the right shoulder. l- greater than 5 hours e- no past surgeries. history reviewed. no pertinent past medical history. hent: negative for neck pain. eyes: negative for visual disturbance. respiratory symptom: respiratory: negative for shortness of breath. cardiovascular: negative for chest pain and palpitations. gastrointestinal: negative for abdominal pain and abdominal distention. skin: positive for wound. gsw to the right shoulder bp 116/74 pulse 67 temp(src) 96.6 of (35.9 oq (oral) 1 resp 181 ht 1.676 m (5' 6") 1 wt 68.04 kg (150 lb) 1 estimated blood loss: specimens removed: postoperative diagnosis:. degrees and externally rotated to 20 degrees. status post right shoulder ats with hardware removal, and mini open rotator cuff tear (rct). dr. hunter recommended patient to continue. degrees and externally rotated to 20 degrees, and had weakness in elevation and external. three months status post right shoulder ats with hardware removal, and mini open rct. dr. hunter advised patient to start gentle rotator cuff and deltoid strengthening exercises, to continue diazepam 5 mg, and to follow up in 3.

Source: (p. 22, 23, 24)

### ### 6) TREATMENT SUMMARY

- (See Timeline)

### ### 7) DAMAGES / PERMANENCY INDICATORS

- (See Summary)

## Clinical Timeline

### 2013-04-29 (time not documented) — Inpatient Daily Note

Provider: orthopedic surgery | Author: RR | Source: sample-medical-chronology172.pdf p. 3, sample-medi...

- Dr. Dawson noted patient sustained a GSW to the right shoulder after an attempted robbery and presented as a room 4 activation with a Glasgow (p. 6)

- Coma Scale score (GCS) of 15. Dr. Dawson reported patient's pain was well controlled, localized to GSW site, and received intravenous (p. 6)
- (IV) clindamycin in ED and Tdap booster after a thorough bedside washout. (p. 6)
- Vital signs: BP 116/74. PR 67. Temp 96.6. RR (p. 6)
- 18. Right upper extremity revealed GSW to right superior aspect of shoulder with steady, small volume oozing, and appropriate tenderness to palpation around wound. Patient received (p. 6)
- Clindamycin IV in the ED and TDAP booster. (p. 6)
- Dr. Dawson reviewed serial x-rays of chest, shoulder x-rays which showed a severely comminuted acromial fracture and a gouge in the lateral greater tuberosity of the humerus, and a (p. 6)
- CT angiogram which characterized the damage as not involving the glenohumeral joint. (p. 6)
- Patient with GSW to right shoulder with no vascular injury, comminuted fracture of acromion, fracture of the greater tuberosity without intraarticular extension. (p. 6)
- Dr. Dawson noted no acute indication for washout of joint status post GSW to shoulder without intraarticular bullet per on-call staff, indicated oozing from bullet wound in a hemodynamically stable patient with a clean CT angiogram was unlikely to represent serious vascular pathology, recommended pressure dressing application, outpatient oral antibiotics, and close follow up in clinic on Wednesday. (p. 6)
- Records of Harry Potter from Interim Hospital.pdf\_Page (p. 6)
- Bella Stone, M.D. (Surgery) Interim LSU Public Hospital (p. 6)
- Surgery Progress Note Dr. Stone stated patient still had oozing from gunshot wound site, was hemodynamically stable, and neurovascularly intact. (p. 6)
- Dr. Stone reviewed repeat chest x-rays which revealed no evidence of ptx/cardiopulmonary abnormalities, and a CTA of the right upper (p. 6)
- Dr. Stone noted Ortho was consulted for acromion fracture, humeral head fracture, and greater tuberosity fracture, indicated patient was cleared from General Surgery standpoint, and deferred recommendations to Ortho. (p. 6)
- Records of Harry Potter from Interim Hospital.pdf\_Page (p. 6)
- Ballistic fragments projected over the right lateral shoulder. Fracture of the lateral right humerus head, fracture of the base and distal (p. 3)
- Comminuted fracture of the distal acromion process. Fracture at the base of the acromion process. Fracture of the greater tuberosity and (p. 4)
- 1. Right shoulder Chapman 2. Right acromion fracture. (p. 5)
- 3. No significant cardiopulmonary abnormality (p. 5)
- Sinus tachycardia, short PR interval, nonspecific (p. 7)
- ST elevation, and abnormal left axis deviation. (p. 7)

### 2013-05-21 (time not documented) — Imaging Study

Provider: dawson | Author: Unknown | Source: sample-medical-chronology172.pdf p. 9

- Shoulder appeared located. ORIF stabilizing greater trochanteric fracture without evidence of complication. Comminuted acromion fracture in (p. 9)

### 2013-05-29 (time not documented) — Imaging Study

Provider: interim lsu public hospital | Author: Unknown | Source: sample-medical-chronology172.pdf p. 12

- Healing fracture of the greater tuberosity of the right humeral head fixed with 2 cortical screws. (p. 12)
- Ballistic injury with multiple fragments (p. 12)

### 2013-06-05 (time not documented) — Inpatient Daily Note

Provider: orthopedic surgery | Author: Unknown | Source: sample-medical-chronology172.pdf p. 13, sample-med...

- Patient presented for a follow up and was approximately 4 weeks status post open reduction internal fixation of right greater tuberosity fracture and approximately 2 weeks status post (p. 13)
- I&D; of superficial infection of surgical incision and initiation of Rifampin and Minocycline. Had some hypertrophic granuloma at incision. Patient had been going to hyperbaric oxygen treatments, had been doing pendulum exercises, and stated that Percocet

made the stomach hurt. (p. 13)

- BP 116/68, PR 80, Temp 97.7. RR 19. Right upper extremity revealed sutures in place in surgical incision, which was healing well, one less than 0.5 cm area of small granulomatous exudates on lateral aspect of incision. Minimal external rotation past neutral. About 30 degrees of passive abduction and forward flexion. (p. 13)
- Sutures were removed. Dr. Dawson noted would allow granulomatous area to declare a little more, if necessary would apply Silver Nitrate at next appointment, recommended to continue pendulum exercises, begin gentle range of motion exercises, continue antibiotics per ID, referred to (p. 13)
- Occupational Therapy, and advised follow up in (p. 13)
- Records of Harry Potter from Interim Hospital.pdf\_Page s 141, 144-145, (p. 13)
- Dawson noted patient had some hypertrophic granuloma at incision, rest of incision looked quite good, and sutures were removed without (p. 13)
- External rotation to neutral, internal rotation to hip, and abduction to 30 degrees. (p. 13)
- Dr. Dawson believed patient would have significant loss of range of motion and function of this shoulder given the amount of trauma and debris, noted concern at that point was to have the greater tuberosity heal and eradicate or control any infection, indicated in the future patient might benefit from further procedures to help with range of motion. Dr. Dawson recommended to start some gentle range of motion beyond pendulums, referred to (p. 13)
- Occupational Therapy, and advised patient to continue antibiotics and to follow up in 3 weeks. (p. 13)
- s 143-144, 147Two screws with washers were again noted in the proximal humerus, apparently stabilizing a fracture of the proximal humerus involving s to help with range of motion. Dr. Dawson recommended to start some gentle range of motion beyond pendulums, referred to Occupational Therapy, and advised patient to continue antibiotics and to follow up in 3 weeks. Records of Harry Potter from Interim LSU Public Hospital.pdf\_Page s 143-144, 147- 148 (p. 13, 14)

### 2013-08-27 629 — Inpatient Daily Note

Provider: interim lsu public hospital | Author: Unknown | Source: sample-medical-chronology172.pdf p. 18

- Patient requested not wanting a catheter during surgery and also requested that no resident physician be involved in the surgery and wanted only Dr. Hunter to do the surgery. (p. 18)
- Records of Harry Potter from Interim Hospital.pdf\_Page (p. 18)

### 2013-10-10 (time not documented) — Hospital Discharge

Provider: interim lsu public hospital | Author: Unknown | Source: sample-medical-chronology172.pdf p. 20

- Patient underwent a right interscalene nerve block under ultrasound guidance without (p. 20)
- Records of Harry Potter from Interim Hospital.pdf\_Page (p. 20)
- Michael Hunter, M.D. (p. 20)
- Interim LSU Public Hospital Operative Report (p. 20)
- Gunshot wound right shoulder status post prior (p. 20)
- ORIF greater tuberosity fracture and rotator cuff repair. Retained metallic foreign bodies right (p. 20)
- Right complete rotator cuff tear (chronic). (p. 20)
- Right open rotator cuff repair (chronic). Right arthroscopic limited debridement of labrum and synovium. Removal of deep right shoulder (p. 20)
- Records of Harry Potter from Interim Hospital.pdf\_Page (p. 20)
- Jackie Chan, M.D. (p. 20)
- Interim LSU Public Hospital Surgical Pathology Consultation Report (p. 20)
- Surgical hardware, removal, gross ID only (p. 20)
- Gross diagnosis only. (p. 20)
- Two metallic screws and washers (medical devices) identified. (p. 20)
- Records of Harry Potter from Interim Hospital.pdf\_Page (p. 20)
- Michael Hunter, M.D. (p. 20)
- Interim LSU Public Hospital Physician Discharge Summary Report (p. 20)
- Patient was discharged home in a good condition with discharge diagnoses of right shoulder gunshot wound, and right shoulder posttraumatic stiffness, rotator cuff tear (RCT). Dr. Hunter recommended to continue Clindamycin 150 mg, (p. 20)

- Oxycodone-Acetaminophen 10/325 mg, pendulum exercises to right shoulder, active range of motion (AROM) to elbow, wrist, and hand, regular diet, dressing change after 3 days, keep clean/dry, okay to shower once dry, and advised to follow up within 2 weeks. (p. 20)
- Records of Harry Potter from Interim Hospital.pdf\_Page (p. 20)
- Right complete rotator cuff tear (chronic). Procedure performed: Right open rotator cuff repair (chronic). Right arthroscopic limited debridement of labrum and synovium. Removal of deep right shoulder hardware. Records of Harry Potter from Interim LSU Public Hospital.pdf\_Page s 723-724 10/10/2013 Jackie Chan, M.D. (Pathology) Interim LSU Public Hospital Surgical Pathology Consultation Report (p. 20)
- Right open rotator cuff repair (chronic). Right arthroscopic limited debridement of labrum and synovium. Removal of deep right shoulder hardware. Records of Harry Potter from Interim LSU Public Hospital.pdf\_Page s 723-724 10/10/2013 Jackie Chan, M.D. (Pathology) Interim LSU Public Hospital Surgical Pathology Consultation Report (p. 20)

## 2013-11-12 (time not documented) — Inpatient Daily Note

Provider: hunter | Author: Unknown | Source: sample-medical-chronology172.pdf p. 22, sample-med...

- Patient was seen in follow up for evaluation of the right shoulder pain rated at 4/10, and had been performing pendulum exercises up to that (p. 22)
- Oxycodone-Acetaminophen 7.5/325 mg, renewed (p. 22)
- Diazepam 5 mg, to continue passive supine forward elevation and passive supine external rotation exercises, and to perform some active assisted wall climbs, and to follow up in 4-6 (p. 22)
- Potter Harry LSU client provided medicals.pdf\_Page (p. 22)
- Michael Hunter, M.D. (p. 22)
- LSU Healthcare Network/St. (p. 22)
- Charles Multi-Specialty Follow up Evaluation (p. 22)
- Patient had a follow up visit and reported a sharp pain rated 4/10 towards the distal end of incision, and had been performing pendulum and passive range of motion exercises. (p. 22)
- !Patient presents with • Gun Shot Wound HPI Comments: HOI I Rm 4 activation: 42M with single GSW seen at 4:58 with staff present. (p. 23)
- A- phonating, protecting airway B- breath sounds present and equal (p. 23)
- C- RRR no murmur D- GCS 15, single GSW to the right shoulder (p. 23)
- L- greater than 5 hours E- no past surgeries (p. 23)
- History reviewed. No pertinent past medical history. (p. 23)
- No past surgical history on file. (p. 23)
- No family history on file. (p. 23)
- Review of Systems Constitutional: Negative for diaphoresis and fatigue. (p. 23)
- HENT: Negative for neck pain. (p. 23)
- Eyes: Negative for visual disturbance. (p. 23)
- Respiratory Symptom: Respiratory: Negative for shortness of breath. (p. 23)
- Cardiovascular: Negative for chest pain and palpitations. (p. 23)
- Gastrointestinal: Negative for abdominal pain and abdominal distention. (p. 23)
- Skin: Positive for wound. (p. 23)
- GSW to the right shoulder BP 116/741 Pulse 671 Temp(Src) 96.6 oF (35.9 oq (Oral) 1 Resp 181 Ht 1.676 m (5' 6") 1 wt 68.04 kg (150 lb) 1 Estimated Blood Loss: Specimens Removed: Postoperative Diagnosis: (p. 23, 24)

## 2013-11-12 100 — Inpatient Daily Note

Provider: hunter | Author: Unknown | Source: sample-medical-chronology172.pdf p. 22

- degrees and externally rotated to 20 degrees. (p. 22)
- Status post right shoulder ATS with hardware removal, and mini open rotator cuff tear (RCT) (p. 22)
- Dr. Hunter recommended patient to continue (p. 22)

## 2013-11-12 110 — Inpatient Daily Note

Provider: erick brick md radiology | Author: Unknown | Source: sample-medical-chronology172.pdf p. 151

- Temp: 97.4 F, Oral, (p. 151)

Provider: past medical history | Author: Unknown | Source: sample-medical-chronology172.pdf p. 114, sample-me...

- is a 43 y.o. male patient. (p. 114)
- Past Medical History • GSW (gunshot wound) (p. 114)
- Gunshot wound • rifampin (RIFADIN) 150 MG capsule Take 150 mg by mouth daily. (p. 114)
- Unknown dosage, but takes 2 times • minocycline (MINOCIN,DYNACIN) Take 100 mg by mouth 2 (two) times (p. 114)
- oxyCODONE-acetaminophen Take 1 tablet by mouth every 6 (six) 35 tablet (p. 114)
- (PERCOCET) 10-325 mg per tablet hours as needed. (p. 114)
- Bactrim (Sulfamethoxazole-Trimethoprim) (p. 114)
- \* No active hospital problems. \* Blood pressure 111/72, pulse 73, temperature 98.8 oF (37.1 oC), temperature source Oral, resp. rate 20, height (p. 114)
- 1.651 m (5' 5"), weight 63.504 kg (140 lb). Subjective: First visit to wound care. GSW 4/29 right shoulder in French Quarter in robbery. Taken to UH. (p. 114)
- Discharged and operated upon 1 week later. Two weeks later thought to be infected with drainage. Admit, I & (p. 114)
- D, hospitalized x 6d, one colony of staph on culture. Has two screws in humerus. Left hospital AMA on antibiotics. Came to Family Physicians Center and saw (p. 114)
- HBOT started. Wound reopened two weeks ago and suture was expressed. Has been draining since then. Slightly yellow, clear discharge. No (p. 114)
- F,C. Seen in PT on Tuesday and patient was walked over to ortho to be seen. Seen in Ortho yesterday one week before routine F/U and patient brought to wound care for appointment today. Still on antibiotics. (p. 114)
- Objective: Right shoulder: scar with 5 x 10 mm protruding fatty/granular bubble of tissue. Slightly tender. (p. 114)
- Epithelium growing on tissue protuberance from medial aspect of wound, cleft on lateral aspect. No pus, discharge, erythema, signs of infection or necrosis. Very limited ROM of shoulder: 15 degrees active, 40 degrees passive. Distal motor normal. 2 +radial pulse. AgN03 to tissue. (p. 114)
- Assessment & Plan: 1. S/p right shoulder GSW with FB reaction vs. Sinus tract. (p. 114)
- Plan: Local wound care, PT. (p. 114)
- Reason for Visit Post-operative state - Primary (p. 115)
- Fracture of acromion of scapula Humeral head fracture (p. 115)
- Bact rim (Sulfamethoxazole-Trimethoprim) (p. 115)
- Vitals - Last Recorded Noted - Resolved 1.651 m (5' 5") 63.504 kg (140 lb) Visit Summary (continued) ~ ~ ~~~~~ Sexual Activity Sexually Active Medications at Start of Encounter minocycline (MINOCIN,DYNACIN) 100 MG Sig - Route: Take 100 mg by mouth 2 (two) times daily. - Oral Class: Historical Med oxyCODONE-acetaminophen (PERCOCET) 10-325 mg per tablet (Discontinued) Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed. -Oral Reason for Discontinue: Therapy completed rifampin (RIFADIN) 150 MG capsule Sig - Route: Take 150 mg by mouth daily. Unknown dosage, but takes 2 times daily- Oral Discontinued Medications Reason for Discontinue 1 0-325 mg per tablet Therapy completed Ordered Medications oxyCODONE-acetaminophen (ROXICET) 5-325 mg Sig - Route: Take 1 tablet by mouth every 8 (eight) hours as needed for Pain. -Oral Ordered Facilit -Administered Medications silver nitrate applicator 75-25 % stick Telephone Encounter Call Information The patient is st... (p. 115, 116, 117)
- He reports he changes the bandage 3 times per day, with drainage on each bandage. (p. 117)

- He is currently on minocycline 1 OOmgs and rifampin daily. (p. 117)
- The patient was seen and evaluated by The incision remains with a central area measuring approximately 1 cm with tissue protruding, slight drainage. (p. 117)
- He is able to actively abduct the shoulder to approximately 45 degrees, forward flexion to approximately 90 (p. 117)
- The plan for the patient is to continue antibiotic until course is complete. (p. 117)
- Will refill pain medication stepping the patient down to percocet 5/325 mg. (p. 117)
- Return to clinic in 4 weeks for re evaluation. (p. 117)
- Care Advice Given No Care Advice given for this encounter. (p. 117)

## 04/29 234 — Inpatient Daily Note

Provider: erick brick md radiology | Author: End | Source: sample-medical-chronology172.pdf p. 117

- Underwent ORIF right greater tuberosity fracture, open rotator cuff repair, ORIF scapula and acromion fractures. Developed wound infection and underwent Irrigation and debridement on (p. 117)
- He is currently being followed in OT and wound care for continued drainage. (p. 117)

## 05/05 (time not documented) — Hospital Discharge

Provider: erick brick md radiology | Author: Unknown | Source: sample-medical-chronology172.pdf p. 25, sample-med...

- Pain control with dilaudid 2mg. Tetanus updated and antibiotics with clinda 600mg IV per ortho recs due to anaphylactic penicillin allergy. Pt has fracture at base of acromion, comminuted fracture of distal acromion, and fracture of lateral humeral head. Discussed case with ortho and he will review films and give formal recs after conference. Dispo currently pending these recs and 4 hour CXR at 9:30. If this is negative for (p. 25)
- Disposition: heme/pneumothorax, will likely wash out wound and discharge home with sling and outpatient ortho appointment unless they call back with other instructions for caring for pt's fracture. (p. 25)
- AOC HO III Note: Patient has good distal pulses on the right ext. Unable to range the right shoulder, but 5/5 at elbow and wrist. Wound is no longer bleeding. Ortho called back would like him to have a CT of his right arm. (p. 25)
- Will do CT, clean around the wound, and give pain control. (p. 25)
- Pt had ct-angio as well as ct of shoulder, ortho has been to bedside. Spoke with trauma surg intern to see if there is anything they would like and to talk about the CT. They are waiting to talk with their upper level. We are in a holding pattern on the patient's dispo. He continues to be neurovascularly intact, the dressing is soaked, but no symptoms of acute blood loss. Will continue to monitor. (p. 25)
- Surgery has seen the patient, they feel comfortable with him being discharged, however ortho is still unsure if he needs to be washed out at bedside or if he needs OR. They have call back expressing the confusion. We are awaiting their final recs before discharging the patient. Ortho is aware that surgery is ready for discharge as well as the ER. (p. 25)
- 1. Will be seen in clinic on at Sam. Will discharge. (p. 25)
- Diagnoses that are still under consideration: (p. 25)
- Fracture of acromion of scapula Humeral head fracture (p. 25)
- Humeral head fracture Fracture of acromion of scapula (p. 25)
- GSW (gunshot wound) Vitals Reviewed? (p. 25)
- Pain status post procedure? (p. 25)
- Pain status post medication? (p. 25)
- Attending Provider: No att. providers found (p. 25)
- Will be seen in clinic on arranged by one of his friend which performs hyperbaric wound care. Reports continued mechanical pain and irritation from implanted hardware (p. 52, 156)
- Prep: ChlorPrepPatient Location is post-op and PACU. (p. 157)
- Preanesthetic Checklist Completed: patient identified, site marked, surgical consent, pre-op evaluation, timeout performed, IV checked, risks and benefits discussed, monitors and equipment checked, at surgeon's request, post-op pain management and anesthesia consent given (p. 157)
- Monitoring with cardiac monitor, continuous pulse oximetry, heart rate and blood pressure. (p. 157)
- 1. Gunshot wound right shoulder status post prior ORIF greater tuberosity fracture and rotator cuff repair (p. 158)
- 2. Retained metallic foreign bodies right shoulder (p. 158)

- To improve pain and function Post-Operative Diagnosis: (p. 158)
- 1. Right complete rotator cuff tear (chronic) (p. 158)
- 2. Gunshot wound right shoulder status post prior ORIF greater tuberosity fracture and rotator cuff repair (p. 158)
- 1. Right open rotator cuff repair (chronic) (p. 158)
- 2. Right arthroscopic limited debridement of labrum and synovium (p. 158)
- 3. Removal deep hardware right shoulder Arthrex 5.5 Biocorkscrew suture anchors x 3 (p. 158)
- The patient was first identified in the pre-operative holding area. The correct extremity was marked with a surgical pen. Informed consent was verified. The patient was taken into the operating room. General anesthesia was administered. The patient was placed into a lateral decubitus position on a bean bag. All bony prominences were well padded. The head was secured with the neck in a neutral position. The right shoulder was prepped and draped in the usual sterile fashion. A surgical timeout was performed to verify the correct extremity and pre-op administration of IV antibiotics within 1 hour of surgical start time. (p. 158)
- The arthroscopic portion of the procedure was commenced. The posterior portal was established in the usual manner. The scope was introduced into the glenohumeral joint. Using an outside in technique, the anterior portal was established. Diagnostic arthroscopy was performed. The chondral surfaces were found to be smooth tendon was intact. The articular aspect of the rotator cuff demonstrated tearing in the supraspinatus and infraspinatus. An arthroscopic shaver was introduced into the anterior portal and utilized to debride the synovium and multiple frayed areas of the labrum. The scope was then removed from the joint and redirected into the subacromial space. (p. 158, 159)
- Once in the subacromial space, maneuverability was difficult because the overlying skin was puckered into the subacromial space. I was able to maneuver enough to confirm that there was full thickness tearing of the supraspinatus and infraspinatus. I started to perform a subacromial bursectomy but kept encountering the overlying skin. At this point, I made the decision to proceed to the open portion of the procedure. (p. 159)
- As the split in the deltoid was made, I had to be very meticulous because the deltoid was adhered to the underlying greater tuberosity and cuff. After splitting the deltoid, the screws and the rotator cuff tear were revealed. The screws were still in place but the underlying greater tuberosity had resorbed. The cuff was torn medial to the screws. It appeared that the cuff tore medially along the screws and did not avulse off of the tuberosity. The screws were easily removed. After removing the screws, I prepared the remaining bony bed down to a bleeding surface with a rongeur and a bur. The rotator cuff edge was tagged. In order to obtain a repair with the least possible tension, I released the capsule between the labrum and the cuff. I released the bursal tissue on its superior surface and released the coracohumeral ligament to the base of the coracoid. The cuff now had good mobility. However, the cuff that was remaining was not very good tissue. It appeared that the bullets may have had c... (p. 159)

## 05/05 1253 — Inpatient Daily Note

Provider: erick brick md radiology | Author: Unknown | Source: sample-medical-chronology172.pdf p. 157

- This order was created via procedure documentation right interscalene nerve block (p. 157)

## 98/68 1029 — Inpatient Daily Note

Provider: erick brick md radiology | Author: Unknown | Source: sample-medical-chronology172.pdf p. 156

- 43 y/o M s/p ORI F Right Shoulder Greater Tuberosity fx w/ RTC repair (p. 156)
- -- To OR for shoulder arthroscopy, 1&0 with possible HWR and RTC repair (p. 156)
- 44 y/o M s/p R shoulder arthroscopy, limited synovectomy, and open rotator cuff repair (p. 156)
- Patient doing well post op, no acute issues. Awake and alert in PACU, able to comply with exam. Awaiting anesthesia for local block. (p. 156)
- Awake alert NAD R shoulder sling in place (p. 156)
- Surgical dressing in place, COI Light touch and sensation intact axillary, radial, median, ulnar, musculocutaneous (p. 156)

## — Hospital Admission

Provider: erick brick md radiology | Author: Unknown | Source: sample-medical-chronology172.pdf p. 28, sample-med...

### [Admission Summary]

- I concur with her documentation of !Patient presents with • Gun Shot Wound (p. 36, 44)
- 44 y.o. male c single GSW to R shoulder after attempted robbery. Presented as a room 4 activation with GCS 15, no hemodynamic instability. Serial CXRs showed no evidence of pneumothorax. Shoulder XRs showed a severely comminuted acromial fracture and a gouge in the lateral greater tuberosity of the humerus. CT angiogram this morning further characterized the

damage as not involving the glenohumera e, I concur with her documentation of except as noted below: (p. 44, 48)

- Patient presents with • Gun Shot Wound Pt with GSW shoulder. Seen by ortho and trauma surgery. A&O; RRR CTA Soft +wound rt shoulder ant and posterior. No bruit. No active bleeding. Decreased ROM. CT shoulder reviewed by ortho. D/W plan of care with both surgery and ortho staff. Plan: wound care, ortho fup. (p. 50)
- 43 y/o M 2 weeks s/p ORI F Right Shoulder Greater Tuberosity fx w/ RTC repair (p. 61)
- • dextrose 5% and 0.45% NaCl with KCl 20 mEq (p. 61)
- 2. Status post gunshot wound to right shoulder on (p. 64)
- 3. Status post open reduction and internal fixation of right greater (p. 64)
- I concur with her/his Medications at Start of Encounter (continued) (p. 75, 85)
- Shoulder osteomyelitis, right CT Shoulder With and Without IV contrast; Future (p. 86)
- Shoulder osteomyelitis, right [730.21] Shoulder osteomyelitis, right [730.21] Future 43 y.o. male with s/p gunshot wound on after he underwent an armed robbery. On the patient underwent the following procedures 1 . Open reduction and internal fixation of right greater tuberosity fracture. (p. 88)
- Diagnosis: SURGERY [SHX686] I !Provider Family Problem !cancer Family Status Relation IF ather Tobacco Use Smoking Status Source as of Name Relation Name (p. 91)
- Comminuted acromion and greater tuberosity s/p GSW with postoperative wound infection. (p. 95)
- Follow up with us in one week for suture removal. Follow up with 10 as scheduled. Discussed with patient important of keeping with abx regimen and he is in agreement. (p. 95)
- Condition: In stable condition. (L anterior shoulder healed. (p. 123)
- No fluctuance, no warmth, no TTP. (p. 123)
- Diagnosis: Shoulder arthroscopy Family History !Problem • Cancer colon History !Social History • Marital Status: Spouse Name: Number of Children: • Years of (p. 165)
- • GSW (gunshot wound) • Gunshot wound and otherwise negative. (p. 165, 166)
- re!Ums today for his suwre removal. lie reports that he is doing fairly well. His pain today is re!Ums today for his suwre removal. lie reports that he is doing fairly well. His pain today is 3/ 10. PHYSICAL EXAMfNATION GENERAL: Alert male in no acu1e distress. SKIN: Surgical incision clean, dry. and intact with surures in place. IMPRESSION: Two weeks status post rig III shoulder arthroscopy with open rotator culT repair and hardware removal. PLAN: The patient will participa1c in pendulum su (p. 170)
- Two weeks status post rig III shoulder arthroscopy with open rotator culT repair and hardware removal. (p. 170)
- One month s/p right shoulder ATS with hardware removal. mini open RTC repair. (p. 171)
- . In addition, I have instructed him in passive supine forward elevation and passive supine external rotation exercises. (p. 171)
- In nddition. he is going to perfonu some active assisted wnlI climbs. Return in (p. 171)
- Three month s'p right shoulder ATS with hardware removal. mini open RTC repair. (p. 172)
- Extremities- peripheral pulses normal, no pedal edema, no clubbing or cyanosis (p. 31)
- Xray Scapula AP & Lat or complete per radiology protocol (Final result) (p. 32)
- Laterality->Right Clinical History Comminuted fracture of the distal acromion process. Fracture at the base of the acromion process. Fracture of the greater tuberosity and lateral head of the humerus. Multiple surrounding ballistic (p. 38, 39)
- 1. Right shoulder Chapman. (p. 40)
- 2. Right acromion fracture. (p. 40)
- 3. No significant cardiopulmonary abnormality is identified. (p. 40)
- No acute cardiopulmonary or pleuroparenchymal finding. (p. 55)
- Chronic appearing right shoulder and scapular fractures with surgical (p. 55)
- Xra Ext/Int Rotation or Min 2 views hardware placement, as above. (p. 55, 56)
- Healing fracture of the greater tuberosity of the right humeral head fixed with 2 cortical screws. (p. 94)
- Ballistic injury with a cutaneous and bone defects identified as (p. 94)
- 1. Right proximal humerus fracture with intact hardware and no evidence of loosening, defect, or complication (p. 138)

## — Hospital Admission

Provider: erick brick md radiology | Author: Unknown | Source: sample-medical-chronology172.pdf p. 28, sample-med...

### [Orders & Meds]

- 1,000 ml ( 1. Right shoulder wound infection. (p. 61, 64)
- 1 0-325 mg per tablet and associated orders for this visit: (p. 85, 86)
- Respiratory Symptom: sp. rate 14. Subjective: Symptoms: Resolved. No shortness of breath, chest pain or chest pressure. Diet: Adequate intake. Activity level: Normal. Pain: He reports n (p. 123)
- Renew Oxycodone-Acetaminophen 7.5-325 .\1G Oral Tablet:T;\KE I TO 2 TABLETS EVERY 6 HOURS AS (p. 171)
- or movement disorder noted Musculoskeletal - Swelling to R. Shoulder, no expanding hematoma, single GSW (p. 31)

## Appendix: Treatment Gaps

- 2013-06-05 → 2013-08-27 (83 days)