[redacted]

[redacted]
Emergency Medicine

ED Provider Notes
Signed

Date of Service: 6/3/2024 6:39 PM

Procedure Orders
Intubation [98977721] ordered by [redacted]
Critical Care [98979242] ordered b[redacted]

HPI

Chief Complaint
Patient presents with

- Cardiac Arrest
  EMS: coming from [redacted] Pt started having CP a few hours prior to arrival in [redacted]. He had stopped his Plavix and ASA about 1 week ago. Pt was STEMI activation, inferior MI. Approximately 15 minutes away from [redacted] pt coded, went into V-fib. Given 2 x epi, 150mg amiodarone, and shocked approximately 8-9x.

HPI

[redacted]s a 71 yr old male with HTN s/p TAVR and trhombus MI. He was brought in by EMS as a Heart One for an inferior MI with inferior ST elevation and reciprocal changes. EMS states he was having chest pain and called 911. He was alert and talking when they got to his home. He reported recently stopping Plavix and Eliquis. Unfortunately in route about 12-15 min prior to arrival he coded. Lucus device used for CPR. LMP placed for airway. He had shockable rhythms and was shocked 8-9 times prior to arrival with no ROSC.
No reported recent illness.

ED Critical Care bay 21

History from EMS

Patient History

Past Medical History:

Diagnosis	Date
Allergic rhinitis	
Anemia	
Angina pectoris (CMS/HCC)	09/2021
BPH (benign prostatic hyperplasia)	
Coronary artery disease	
COVID-19	07/2022

Treated w/ Paxlovid, no hospitalization required. All sx's fully resolved

[redacted]

[redacted]

- COVID-19 12/13/2022
  Assymptomatic- subsequent home testing per patient were all negative
- Depression
- ED (erectile dysfunction)
- Heart murmur
- History of lipoma
- Hyperlipidemia
- Hypertension
- Nonrheumatic aortic (valve) stenosis
- Nonrheumatic aortic valve stenosis 07/12/2021
  Note: aortic valve- moderate calcific stenosis and trace tricuspid regurge
- Peripheral neuropathy
  BLE
- Psoriatic arthritis (CMS/HCC)
- Pulmonary hypertension (CMS/HCC)
- Spinal stenosis, lumbar region, with neurogenic claudication 02/2022

Past Surgical History:

Procedure	Laterality	Date
• ANGIOGRAM CORONARY ARTERY WITH LV & RIGHT HEART *Performed by* [redacted]	N/A	9/2/2021
• APPENDECTOMY		
• CATARACT EXTRACTION	Bilateral	
• CORONARY ANGIOGRAPHY W LEFT HEART CATH *Performed by* [redacted]	N/A	11/25/2022
• CORONARY ANGIOGRAPHY W LEFT HEART CATH *Performed by* [redacted]	N/A	8/3/2023
• FORAMINOTOMY MINIMALLY INVASIVE OF CERVICAL SPINE W/ C-ARM		
• NECK SURGERY *growth removed*		11/2020
• PERCUTANEOUS CORONARY INTERVENTION (PCI) *Performed by* [redacted]	N/A	8/3/2023
• REPLACEMENT TRANSCATHETER AORTIC VALVE ENDOVASCULAR (TAVR) WITH TEE *Performed by* [redacted]	N/A	12/28/2022
• SOFT TISSUE TUMOR RESECTION *benign tumor*		
• TONSILLECTOMY		

Family History

Problem	Relation	Age of Onset
• Rectal cancer	Mother	
• Other *valve surgery, ?BAV*	Father's Brother	

Social History

Tobacco Use	
• Smoking status:	Never
Passive exposure:	Past
• Smokeless tobacco:	Never
Vaping Use	
• Vaping status:	Never Used
Substance Use Topics	

[redacted]

- Alcohol use: Yes
  - Alcohol/week: 5.0 standard drinks of alcohol
  - Types: 5 Standard drinks or equivalent per week
- Drug use: Never

Review of Systems

Unable to perform ROS: Patient unresponsive

Physical Exam

ED Vitals

Date/Time	Temp	Pulse	Resp	BP	SpO2	Who
06/03/24 2010	--	105	--	**83/53** !	--	SEP
06/03/24 2005	--	**111** !	--	96/64	100 %	SEP
06/03/24 2000	--	**117** !	24	137/80	100 %	SEP
06/03/24 1955	--	**113** !	--	143/108	100 %	SEP
06/03/24 1950	--	**113** !	--	**196/86** !	94 %	SEP
06/03/24 1945	--	103	--	180/105	**69 %** !	SEP
06/03/24 1940	**35.7 °C (96.3 °F)** !	98	--	**68/30** !	98 %	SEP
06/03/24 1935	--	103	--	155/72	99 %	SEP
06/03/24 1930	--	**120** !	--	**87/54** !	100 %	SEP
06/03/24 1925	--	80	--	--	96 %	SEP
06/03/24 1920	--	78	--	--	97 %	SEP
06/03/24 1915	--	105	--	--	**60 %** !	SEP
06/03/24 1910	--	**122** !	--	123/57	**58 %** !	SEP
06/03/24 1905	--	**138** !	--	147/63	**65 %** !	SEP
06/03/24 1900	--	**123** !	--	109/75	**79 %** !	SEP
06/03/24 1855	--	103	--	124/53	**58 %** !	SEP
06/03/24 1850	--	104	--	**194/87** !	**61 %** !	SEP
06/03/24 1845	--	101	--	**193/89** !	**77 %** !	SEP

Physical Exam

Constitutional:

General: He is in acute distress.

Appearance: He is toxic-appearing.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal. No congestion.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

General: No scleral icterus.

[redacted]

Right eye: No discharge.
Left eye: No discharge.
Comments: **2 mm pupils, nonreactive**

Cardiovascular:
Comments: **Pulseless - CPR in progresses with Lucas device. Strong femoral pulse with chest compressions**

Pulmonary:
Comments: **LMA in place, being bagged by RT. Breath sounds equal with bagging.**

Abdominal:
General: There is no distension.
Tenderness: There is no guarding.

Musculoskeletal:
General: No swelling or signs of injury.

Skin:
Coloration: Skin is pale.

Neurological:
Comments: **Obtunded and non-responsive, no spontaneous movement, no movement to painful stimuli. No gag reflex. No verbal sounds. No eye opening. GSC 3.**

ED Course & MDM

Labs:

Labs Reviewed

CBC WITH AUTO DIFFERENTIAL - Abnormal

Result	Value
WBC Count	14.7 (*)
RBC	3.86 (*)
HGB	14.2
HCT	42.7
MCV	110.6 (*)
MCH	36.8 (*)
MCHC	33.3
RDW	14.2
Platelets	160
MPV	8.7 (*)
Neutrophils %	36.5 (*)
Lymphocytes %	48.7 (*)
Monocytes %	11.7
Eosinophils %	0.4
Basophils %	0.2
Immature Granulocyte %	2.5 (*)
NRBC %	0.2
Neutrophils Absolute	5.4
Lymphocytes Absolute	7.1 (*)
Monocytes Absolute	1.7 (*)
Eosinophils Absolute	0.1
Basophils Absolute	0.0
Immature Granulocyte (Abs)	0.36 (*)
NRBC Absolute	0.0

COMPREHENSIVE METABOLIC PANEL - Abnormal

Sodium	138
Potassium	3.7

[redacted]

[redacted]

Chloride	97
CO2	17 (*)
Calcium	8.9
Glucose	165 (*)
Creatinine	1.1
BUN	26 (*)
AST	130 (*)
ALT	129 (*)
Alkaline Phosphatase	74
Bilirubin, Total	0.3
Protein, Total	6.4
Albumin	3.8
Anion Gap	24.0 (*)
eGFR	>60

PROTIME-INR - Abnormal

Protime	15.0 (*)
Inr	1.2

Narrative:
INR is valid for patients on coumadin therapy, or may be useful in the
context of massive transfusion protocol.
Recommended INR Therapeutic Range for Coumadin Therapy:

Prophylaxis and treatment of venous thrombosis or pulmonary embolism	*2.0 - 3.0*
Tissue heart valves	*" "*
Acute MI	*" "*
Valvular heart disease	*" "*
Atrial fibrillation	*" "*
Mechanical prosthetic valves (high risk)	*2.5 - 3.5*

POCT VENOUS BLOOD GAS (SCHS, HDH) - Abnormal

pH (37C), Venous	7.21 (*)
pCO2 (37C), Venous	58 (*)
pO2 (37C), Venous	<22 (*)
Base Excess Calc, Venous	-5.0 (*)
HCO3 Calc, Venous	23
TCO2 Calc, Venous	25
Patient Temperature	
pH Temp Corrected, Venous	
pCO2 Temp Corrected, Venous	
pO2 Temp Corrected, Venous	
FIO2%	
LPM Flow	
O2 Sat Calc, Venous	

HS-TROP 0 HR (SCHS) - Normal

hs-Trop Series	14

Narrative:
Troponin lab results suggest an indeterminate diagnosis. Correlate with clinical presentation.

APTT - Normal

Aptt	34.9

Narrative:

APTT RESULT	*HEPARIN THERAPY*	*ACTION*
<71 seconds	*-Subtherapeutic*	*Increase Dose*
71-104 sec.	*-Therapeutic*	*Maintain Dose*

[redacted]

[redacted]

105-139 sec. -High Reduce Dose
>=140 sec. -Critical Hold Dose

POCT SODIUM VEN (FOR SCHS, HDH LAB USE ONLY) - Normal
Sodium, POC 136
POCT POTASSIUM VEN (FOR SCHS, HDH LAB USE ONLY) - Normal
Potassium, POC 3.9
POCT CALCIUM IONIZED VEN (FOR SCHS, HDH, SAN LAB USE ONLY) - Normal
Calcium Ionized, POC 1.28
POCT HEMATOCRIT VEN (FOR SCHS, HDH LAB USE ONLY) - Normal
Hematocrit, POC 41.0
POCT GLUCOSE VEN (FOR SCHS, HDH LAB USE ONLY) - Normal
Glucose, POC 115
POCT CREATININE VEN (FOR SCHS, SAN LAB USE ONLY) - Normal
Creatinine Blood, POC 1.1
HEPARIN ANTI-XA, PLASMA (IN HOUSE)
Heparin Anti-Xa <0.10
Narrative:
Adult Therapeutic Range

UFH therapeutic range: 0.30-0.70 IU/mL
(6 hours following initiation or dose adjustment)

*LMWH therapeutic range: 0.50-1.00 IU/mL for twice daily dosing**
*LMWH therapeutic range: 1.00-2.00 IU/mL for once daily dosing**
*(*sample obtained 4-6 hours following subcutaneous injection)*

LMWH prophylactic range: 0.10-0.30 IU/mL

Imaging:
X-ray chest 1 view portable
Final Result
Diffuse left greater than right airspace opacities suggesting pulmonary edema or ARDS pattern.

Electronically signed by: [redacted] on 6/3/2024 7:28 PM at workstation CSW-271-701

EKG:
12 lead ECG interpreted by myself contemporaneously. Agree with interpretive statements below.
Results for orders placed or performed during the hospital encounter of 06/03/24
ECG 12 lead Reason for Exam: arrest Status: None
Narrative
[redacted]

[redacted]

[redacted]

[redacted]

Measurements

Intervals		*Axis*	
Rate:	*93*	*P:*	*0*
PR:	*200*	*QRS:*	*113*
QRSD:	*158*	*T:*	*-43*
QT:	*388*		
QTc:	*482*		

Interpretive Statements

Sinus rhythm with premature supraventricular complexes
Right bundle branch block
Septal infarct , age undetermined
T wave abnormality, consider inferior ischemia
Compared to ECG 08/03/2023 14:23:51
Atrial premature complex(es) now present
Right bundle-branch block now present
Myocardial infarct finding now present
T-wave abnormality now present
Possible ischemia now present
Electronically Signed On 6-3-2024 19:23:24 PDT by [redacted]

ECG 12 lead Reason for Exam: arrest Status: None

Narrative

[redacted]

Test Date: 2024-06-03

[redacted]

Measurements

Intervals		*Axis*	
Rate:	*75*	*P:*	*70*
PR:	*192*	*QRS:*	*105*
QRSD:	*146*	*T:*	*-33*
QT:	*390*		
QTc:	*435*		

Interpretive Statements

Undetermined rhythm
Nonspecific intraventricular block
Possible Right ventricular hypertrophy
Cannot rule out Septal infarct , age undetermined
T wave abnormality, consider inferior ischemia
T wave abnormality, consider anterior ischemia
Compared to ECG 06/03/2024 19:12:31
Sinus rhythm no longer present
Atrial premature complex(es) no longer present
Right bundle-branch block no longer present
Myocardial infarct finding still present
T-wave abnormality still present
Electronically Signed On 6-6-2024 8:39:59 PDT by [redacted]

ECG 12 lead Reason for Exam: arrest Status: None

Narrative

[redacted]

[redacted]

[redacted]

Test Date: 2024-06-03

[redacted]

Measurements

Intervals		*Axis*	
Rate:	*99*	*P:*	*83*
PR:	*186*	*QRS:*	*91*
QRSD:	*88*	*T:*	*46*
QT:	*356*		
QTc:	*456*		

Interpretive Statements

Critical Test Result: STEMI
Sinus rhythm with sinus arrhythmia with occasional and consecutive premature ventricular complexes and fusion complexes
Rightward axis
Septal infarct , age undetermined
Inferior injury pattern
ACUTE MI / STEMI
Consider right ventricular involvement in acute inferior infarct
Compared to ECG 06/03/2024 19:20:24
Fusion complex(es) now present Ventricular premature complex(es) now present
Right-axis deviation now present
T-wave abnormality no longer present Possible ischemia no longer present
Myocardial infarct finding still present
Electronically Signed On 6-6-2024 8:39:27 PDT by [redacted]

ED Course as of 06/06/24 0842

Mon Jun 03, 2024

1919 ROSC and discussion with wife, [redacted]
CXR with proper ETT placement, can advance by 1 cm.

1930 CODE - CPR

1958 [redacted] at the bedside, discussed case and care transferred. [redacted] so at the bedside.

Intubation

Date/Time: **6/3/2024 7:27 PM**

Performed by: [redacted]
Authorized by: [redacted]
Consent:
Consent obtained: **Verbal**
Consent given by: **Patient**
Risks, benefits, and alternatives were discussed: **yes**
Risks discussed: **Death**
Alternatives discussed: **No treatment**
Universal protocol:

[redacted]

[redacted]

Patient identity confirmed: **Arm band**
Pre-procedure details:
Indications: **cardio/pulmonary arrest**
Patient status: **Unresponsive**
Hyoid-mental distance: **3 or more finger widths**
Hyoid-thyroid distance: **2 or more finger widths**
Obstruction: **none**
Pharmacologic strategy: **none**
Procedure details:
Preoxygenation: **Supraglottic device**
CPR in progress: **yes**
Number of attempts: **1**
Successful intubation attempt details:
Intubation method: **Oral**
Intubation technique: **endoscope assisted**
Laryngoscope blade: **Mac 3**
Bougie used: **no**
Grade view: **I**
Tube size (mm): **8.0**
Tube type: **Cuffed**
Tube visualized through cords: **yes**
Placement assessment:
ETT at teeth/gumline (cm): **22**
Tube secured with: **ETT holder and adhesive tape**
Breath sounds: **Equal**
Placement verification: **chest rise**, **colorimetric ETCO2**, **CXR verification**, **direct visualization** and **equal breath sounds**
CXR findings: **High**
Post-procedure details:
Procedure completion: **Tolerated well, no immediate complications**

Critical Care

Performed by: [redacted]
Authorized by
Critical care provider statement:
Critical care time (minutes): **122**
Critical care time was exclusive of: **Separately billable procedures and treating other patients and teaching time**
Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: **Cardiac failure, circulatory failure and respiratory failure**
Critical care was time spent personally by me on the following activities: **Blood draw for specimens, development of treatment plan with patient or surrogate, discussions with consultants, discussions with primary provider, evaluation of patient's response to treatment, examination of patient, obtaining history from patient or surrogate, ordering and performing treatments and interventions, ordering and review of laboratory studies, ordering and review of radiographic studies, pulse oximetry, re-evaluation of patient's condition, ventilator management and review of old charts**
I assumed direction of critical care for this patient from another provider in my specialty: **no**
Care discussed with: **admitting provider**
Comments:

[redacted]

[redacted]

71 yr old who had a inferior MI on EKG for EMS at home who coded on his way to the ED and came in after ACLS protocols followed.
Intubated by me.
Critical care and CODE by me and [redacted] (please see his note) he was present for the initial care and code of patient while I was intubating the patient.
Intubation by me.
ACLS followed with multiple rounds of epi and pulseless VF.
I dicussed with consultant, [redacted] several times at the bedside cardiac cath and treatment options.
Patient was coded for about 40 minutes (field time and ED) and comfort care was considered, discussed with family [redacted] and morphine and versed ordered should they choose this.
Patient regained ROSC several times and [redacted] again consulted by me.
Planned to go to the cath lab if he can maintain ROSC
Heparin gtt started.
Norepi to maintain BP
BP dropped and he coded again
Again ACLS protocol followed
He had already been given amiodarone bolus and gtt, lidocaine bolus, magnesium bolus, multiple rounds of epi and multiple shocks for VF arrest.
Lidocaine gtt added.
He showed breathing over the vent and movement, ketamine bolus given and gtt.
BP was unsteady.
Changed from norepi to epi.
[redacted] from the ICU called for admission with the plan to go to cath if he remained stable with out ongoing codes as had been the case previously.

Patient unfortunately coded again in the ED as he was boarding in the ED. I came as did [redacted] again.
ACLS followed, family involved in decision making for what is a poor prognosis.
Patient eventually was given comfort care and natural death at the families wishes.

<u>Medical Decision Making</u>
71 yr old heart one with EMS, coded in the field. Code continued in the ED.
LMA changed to ETT 8.
ACLS protocol followed - see code sheet.
Patient was shocked many times in AF.
ROSC occurred several times and then the patient arrested multiple times.
Cath lab was called, and I consulted with Dr. Raphael several times over the course of care in the ED at the bedside of the patient.
Care and decision about care made with the wife.
Patient was never stable enough to go to the cath lab.
He eventually was made comfort care as his prognosis for survival was very poor.
This was a very sad case.
Chaplin was called for the family.

<u>Amount and/or Complexity of Data Reviewed</u>
Independent Historian: spouse and EMS

[redacted]

[redacted]

Details: Hx from EMS

Wife was on her way home and had talked to him on his cell, he did not mention any chest pain or symptoms so this was a surprise to her.

External Data Reviewed: notes.

Details: Cardiology notes - prior thrombus and TVAR - recently off eliquis and plavix

Labs: ordered. Decision-making details documented in ED Course.

Radiology: ordered and independent interpretation performed.

Details: CXR shows no pneumothorax - bil pulmonary edema likely pulm contusions from CPR

ECG/medicine tests: ordered.

Discussion of management or test interpretation with external provider(s): [redacted] cardiology interventionalist came to the bedside to consult and discuss care options.

[redacted] kindly came to assume care and support this sweet family, admitting to ICU

Risk

OTC drugs.

Prescription drug management.

Decision regarding hospitalization.

Hydration

No documentation.

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking ?	Authorizing Provider
atorvastatin (Lipitor) 40 mg tablet	Take 1 (one) tablet (40 mg total) by mouth daily.				Historical Provider, MD
carboxymethylcellulose sodium (REFRESH TEARS OPHT)	Administer 2 drops into both eyes daily.				Historical Provider, MD
diclofenac sodium (Voltaren) 1 % gel	Apply 2.25 (two and one-quarter) inches (2 g total) topically daily as needed for pain. Up to 4x daily				Historical Provider, MD
escitalopram (Lexapro) 10 mg tablet	Take 1 (one) tablet (10 mg total) by mouth daily.	4/28/21			Historical Provider, MD
fluticasone propionate (Flonase) 50 mcg/actuation nasal spray	Administer 2 (two) sprays into each nostril 2 (two) times a day as needed for rhinitis or allergies.	3/23/20			Historical Provider, MD
hydroCHLOROthiazide (Hydrodiuril) 25 mg tablet	Take 1 (one) tablet (25 mg total) by mouth daily.	2/5/24			Historical Provider, MD
lisinopriL (Zestril) 40 mg tablet	Take 1 (one) tablet (40 mg total) by mouth				Historical Provider, MD

[redacted]

[redacted]

	daily.			
montelukast (Singulair) 10 mg tablet	Take 1 (one) tablet (10 mg total) by mouth daily.	7/5/21		Historical Provider, MD
multivitamin capsule	Take 1 (one) capsule by mouth daily.			Historical Provider, MD
predniSONE (Deltasone) 1 mg tablet	Take 3 (three) tablets (3 mg total) by mouth daily.			Historical Provider, MD
metoprolol succinate XL (Toprol-XL) 50 mg 24 hr tablet	Take 1 (one) tablet (50 mg total) by mouth daily. Hold until after you are seen at your one week follow up appointment with Structural Heart clinic	1/5/23	6/4/24	[redacted]
nitroglycerin (Nitrostat) 0.4 mg SL tablet	Place 1 (one) tablet (0.4 mg total) under the tongue every 5 (five) minutes as needed for chest pain. Patient not taking: Reported on 5/23/2024	8/31/21	6/4/24	[redacted]

ED Medication Administration

Date/Time	Order	Dose	Route	Action
06/03/2024 1842	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1846	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1846	**sodium bicarbonate 8.4 % 8.4 % (1 mEq/mL) injection**	50 mEq	intravenous	Given
06/03/2024 1849	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1851	**amiodarone (Nexterone) 360 mg/200 mL (1.8 mg/mL) infusion**	1 mg/min	intravenous	New Bag
06/03/2024 1851	**magnesium sulfate 500 mg/mL (50 %) injection**	2 g	intravenous	Given
06/03/2024 1853	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1857	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1903	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1907	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1912	**norepinephrine (Levophed®) 4 mg in NaCl 0.9 % 250 mL (16 mcg/mL) infusion (premix)**	0.05 mcg/kg/min	intravenous	New Bag
06/03/2024 1916	**ketamine (Ketalar) 10 mg/mL injection 100 mg**	100 mg	intravenous	Given
06/03/2024 1921	**heparin (porcine) 1,000 unit/mL injection 4,000 Units**	4,000 Units	intravenous	Given
06/03/2024 1927	**EPINEPHrine (Adrenalin) injection**	1 mg	intravenous	Given
06/03/2024 1929	**norepinephrine (Levophed®) 4 mg in NaCl 0.9 % 250 mL (16 mcg/mL) infusion (premix)**	0.1 mcg/kg/min	intravenous	Rate/Dose Change
06/03/2024 1931	**ketamine (Ketalar) 10 mg/mL injection**	100 mg	intravenous	Given
06/03/2024 1932	**EPINEPHrine (Adrenalin) injection**	1 mg	intrav [redacted]	Given

[redacted]

[redacted] [redacted]

Date/Time	Order	Dose	Route	Action
06/03/2024 1940	**sodium chloride 0.9 % bolus 1,000 mL**	1,000 mL	intravenous	New Bag
06/03/2024 1943	**EPINEPHrine in 0.9 % NaCL SYRINGE 10-50 mcg**	50 mcg	intravenous	Given
06/03/2024 1946	**EPINEPHrine 1 mg in dextrose 5 % 250 mL (4 mcg/mL) infusion (Standard Strength)**	0.5 mcg/kg/min	intravenous	New Bag
06/03/2024 1946	**EPINEPHrine in 0.9 % NaCL SYRINGE 10-50 mcg**	50 mcg	intravenous	Given
06/03/2024 1953	**lidocaine infusion 8 mg/mL**	1 mg/min	intravenous	New Bag

Clinical Impression

Final diagnoses:

STEMI involving oth coronary artery of inferior wall (CMS/HCC)
Cardiopulmonary arrest (CMS/HCC)

Disposition
Admit

[redacted]
06/06/24 0842

ED on 6/3/2024

Clinical Impressions

STEMI involving oth coronary artery of inferior wall (CMS/HCC) I21.19
Cardiopulmonary arrest (CMS/HCC) I46.9

Disposition

Admit
Diagnosis: STEMI (ST elevation myocardial infarction) (CMS/HCC) [313373]
Hospital Area: [redacted]101001]

Medication Changes

As of 6/4/2024 12:34 AM

None

Care Timeline

06/03
06/03 1838 **Code** start

[redacted]

[redacted]

06/03 1839 Critical Care

06/03 1839 Critical Care

06/03 1839 Arrived

06/03 1842 epinephrine 1 mg

06/03 1846 Venous Blood Gas (Abnormal)

06/03 1846 Hematocrit, POC

06/03 1846 Sodium, POC

06/03 1846 Potassium, POC

06/03 1846 Calcium Ionized, POC

06/03 1846 Glucose, POC

06/03 1846 epinephrine 1 mg

06/03 1846 sodium bicarbonate 50 mEq

06/03 1848 Creatinine, POC

06/03 1849 epinephrine 1 mg

06/03 1851 magnesium sulfate 2 g

06/03 1851 amiodarone in dextrose,iso-osm 1 mg/min

06/03 1853 epinephrine 1 mg

06/03 1857 Comprehensive Metabolic Panel (Abnormal)

06/03 1857 CBC Auto Differential (Abnormal)

06/03 1857 hs-Trop Series (SCHS)

06/03 1857 epinephrine 1 mg

06/03 1901 Protime-INR (Abnormal)

06/03 1901 APTT

06/03 1901 Heparin Anti-Xa, Plasma (In House)

06/03 1903 epinephrine 1 mg

06/03 1907 epinephrine 1 mg

06/03 1912 norepinephrine bit/0.9 % NaCl 0.05 mcg/kg/min

06/03 1912 ECG 12 lead Reason for Exam: arrest

[redacted]

[redacted]

06/03 1916 ketamine HCl 100 mg

06/03 1917 X-ray chest 1 view portable

06/03 1920 ECG 12 lead Reason for Exam: arrest

06/03 1921 heparin sodium,porcine 4000 Units

06/03 1927 Intubation

06/03 1927 epinephrine 1 mg

06/03 1931 ketamine HCl 100 mg

06/03 1932 epinephrine 1 mg

06/03 1938 ECG 12 lead Reason for Exam: arrest

06/03 1940 0.9 % sodium chloride 1000 mL

06/03 1943 epinephrine HCl in 0.9 % NaCl 50 mcg

06/03 1946 EPINEPHrine 1 mg in dextrose 5 % 250 mL (4 mcg/mL) infusion (Standard Strength) 0.5 mcg/kg/min

06/03 1946 epinephrine HCl in 0.9 % NaCl 50 mcg

06/03 1952 hs-Trop 1 hr (Panic)

06/03 1953 lidocaine HCl/dextrose 5 %/PF 1 mg/min

06/03 1954 Venous Blood Gas (Panic)

06/03 1956 EPINEPHrine 2 mg in dextrose 5 % 250 mL (8 mcg/mL) infusion (Double Strength) 0.1 mcg/kg/min

06/03 1958 midazolam HCl,midazolam HCl/PF 5 mg

06/03 2003 ketamine (Ketalar) 500 mg in sodium chloride 0.9 % 250 mL (2 mg/mL) 0.25 mg/kg/hr

06/03 2015 Admitted (ED Boarder)

06/03 2022 aspirin 300 mg

06/03 2027 Ringer's solution,lactated 1000 mL

06/03 2038 morphine sulfate 2 mg

06/03 2041 Arterial Blood Gas (Panic)

06/03 2056 epinephrine 1 mg

06/03 2058 epinephrine 1 mg

06/03 2100 lidocaine HCl/PF 100 mg

06/03 2111 midazolam HCl,midazolam HCl/PF 4 mg

[redacted]

[redacted]

06/03 2118 magnesium sulfate in water 4 g

06/03 2119 Percutaneous coronary intervention

06/03 2127 Code end

06/03 2136 Transthoracic echo (TTE) limited with or without micro-bubble contrast as needed per protocol

06/04

06/04 0034 Discharged

06/04 0101 Arterial Line

[redacted]