demonstrated very satisfactory reduction alignment and hardware placement. The quad insertion site was repaired with 0 Vicryl deep dermis closed with 2-0 Vicryl. All locking screw sites were closed with staples as were the was the quad wound. The traumatic wound was then closed in a layered fashion with 0 Vicryl in the deep subcutaneous 2-0 Vicryl in the deep dermis with a couple sutures and then staples spaced well for adequate drainage. The wounds were clean and dry dressing bacitracin Adaptic 4 x 4's warble padding as a posterior and U-splint was applied to the lower leg and Kling around the knee. Sponge and needle counts were correct and completion of procedure postoperative plan the patient be nonweightbearing right lower extremity for approximately 7-10 days then initiating touch or partial weightbearing.

Indication for Surgery
This 24-year-old males past instructed with open tibia-fibula fractures a right lower leg. Recommendation is for operative repair including debridement irrigation and intramedullary nailing and possible wound closure. Emergency consent was required as the patient is intubated and sedated.

Findings
Very satisfactory reduction alignment and hardware placement.

Specimen(s)
Debrided skin subcutaneous tissue muscle and bone, not sent to pathology

Estimated Blood Loss
400 mL

Complications
None

Copy To
Riaz Bokhari

Primary Care Physician
Primary Physician: Out of Area

Electronically Signed By: Matthew Harris ., *M.D.* *07/25/16 05:01*

Discharge Documentation

Discharge Summary
Service Date/Time:
Signed Information:

Auth (Verified)
8/24/2016 11:35 PDT
Ryan Miller ,M.D.(8/25/2016 08:53 PDT); Ethan Brown ., NP (8/24/2016 11:50 PDT)

Transcription Information:

Date of Admission
07/24/2016 23:57

Date of Discharge
08/24/2016

Admission Diagnosis(es)
Motor vehicle collision with pedestrian

Type I or II open fracture of shaft of right tibia and fibula

Complex open wound of left eyelid

Discharge Disposition
Other, reuperative care

Follow-up Instructions to Patient/Family
Who: Daniel Smith Within: 1 to 2 weeks
Who: Felix Kramer By: 08/12/2016 09:25

Follow-up Care
You may start Showering in
Resume Regular Hygiene.
Notify Physician if you experience; Increasing pain and tenderness around a surgical or wound area.

Depression

Suicidal ideation

Discharge Diagnosis(es)
Motor vehicle collision with pedestrian
Type I or II open fracture of shaft of right tibia and fibula
Complex open wound of left eyelid

Depression

Suicidal ideation

History of Present Illness
The patient is a 24 years old Male who was hit at about 50mph with significant windshield damage. He was transported to Palomar Medical Center as a trauma activation, Upon arrival GCS 12 and hemodynamically stable. He was intubated for airway protection.

Hospital Course
Admitted to the intensive care unit for ventilator support, pain control and further management of injuries. Orthopedic and plastic surgery were consulted and he underwent the below mention procedures. He was weaned and extubated. Clinically remained stable and was progressed to out of bed activities and diet. Psychiatry was consulted for management of depression and suicidal ideation, he was started on zyprexa and cleared for follow up as outpatient. Hospital course was prolonged due to patient being homeless and inability to secure placement for him. He was eventually accepted to recuperative care and deemed stable for discharge. At time of discharge he was ambulating with a walker, tolerating diet, pain controlled with tylenol. All incisions were healed. Left eye without drainage and mildly pink.

Lab Abnormalities and Pertinent Diagnostics

NONDISPLACED RIGHT POSTERIOR FIRST RIB FRACTURE SUBTLE SMALL CONTUSIONS OF THE RIGHT UPPER LOBE AND RIGHT LOWER LOBE. NO PNEUMOTHORAX.

NO EVIDENCE OF SOLID ORGAN INJURY WITHIN THE ABDOMEN.

NO EVIDENCE OF ACUTE DISPLACED FRACTURE OF THE THORACIC OR LUMBAR SPINE.

COMMINUTED FRACTURE OF THE LEFT DISTAL CLAVICLE WHICH DEMONSTRATES ADJACENT PRESUMED CALLUS FORMATION AND IS PRESUMED SUBACUTE OR CHRONIC.. CORRELATE FOR FOCAL POINT TENDERNESS IN THIS REGION. [1]

SUSPECTED NONDISPLACED LEFT FRONTAL CALVARIAL FRACTURE WITH ASSOCIATED BLOOD PRODUCTS IN THE LEFT FRONTAL SINUS AND EXTENSIVE LEFT PERIORBITAL AND EXTRACONAL SOFT TISSUE

Discharge Medications
Maxitrol ophthalmic ointment, 1 Appl, Eye-Left, TID
Tylenol 325 mg oral tablet, 650 mg, 2 tab, PO, q4hr, PRN
ZyPREXA 5 mg oral tablet, 5 mg, 1 tab, PO, qBedtime

Code Status
1. Full Resuscitation

Copy To
Smith
Felix Kramer

Primary Care Physician
Primary Physician: Patient States None

HEMATOMAS. NO EVIDENCE OF OVERT RETROBULBAR PROCESS, HOWEVER THERE IS PROPTOSIS OF THE LEFT ORBIT WITH INWARD DEVIATION OF THE MEDIAL AND SUPERIOR RECTUS MUSCLES DUE TO EXTRACONAL HEMATOMA. CORRELATE WITH OPHTHALMOLOGIC EXAMINATION. [2]

COMMINUTED, DISPLACED TIBIAL AND FIBULAR SHAFT FRACTURES. [3]

Procedures during Hospitalization

07/25/2016
Debridement irrigation skin, subcutaneous tissue, muscle and bone right open tibia-fibula fractures
Intramedullary nailing right tibial shaft fracture
Closed treatment right fibular shaft fracture with manipulation
Repair intermediate right leg wound 10 cm
Fasciotomy right calf deep and superficial posterior compartments. [4]

07/25/2016
Surgical excision and preparation of the 8.7 x 1 cm complex open wound of the left upper eyelid and eyebrow (8.7 cm^2)
Extremely complicated reconstruction of the left upper eyelid using adjacent tissue transfer and complex repair
Removal of multiple foreign bodies of dirt and debris from the extremely deep complicated wound of the left upper eyelid and brow.

08/21/2016
Debridement and complex repair of the 2.6 cm open wound in the right upper eyelid [5] Surgical excision and preparation of the 1.1 x 1 cm complex open wound at the ciliary margin of the left upper eyelid (1.1 cm^2)
Complex repair with undermining of the 1.1 x 1 cm complex open wound at the ciliary margin of the left upper eyelid [6]

[3]DI Tibia/Fibula Right; Isabella Taylor 07/25/2016 00:21
[4]Operative Report (Full); Amelia Harris M.D. 07/25/2016 04:51
[5]Operative Report (Full); Ethan Brown MD 07/25/2016 07:18
[6]Operative Report (Full); Ethan Brown MD 08/21/2016 15:20

Electronically Signed By: Matthew Harris , *NP* *08/24/16 11:50*
Electronically Signed By: Ryan Miller , *M.D.* *08/25/16 08:53*

Other Physician Note

Other Physician Note
Service Date/Time: Auth (Verified) 7/25/2016 14:24 PDT
Signed Information: Abigail Thompson ,M.D.(7/26/2016 11:54 PDT)
Transcription Information: Miller ,Transcriptionist (7/26/2016 04:30 PDT)

DICTATING PHYSICIAN: Abigail Thompson, MD

DATE OF SERVICE: 07/25/2016

RADIOLOGIC STUDIES INTERPRETATION AND REPORT

The following radiologic studies were directly reviewed and interpreted by me. As the treating physician, I relied upon my interpretation to determine the diagnosis and plan of care. Additionally, at the time of my evaluation and treatment, there often is no radiologist's interpretation and report available for review; or I, as the physician treating the condition for which the radiologic studies were ordered, disagree with the radiologist's interpretation and find that their interpretation was not useful for the diagnosis and treatment of this patient. My interpretation (and not the radiologist's) documented in the report below directly contributed to the diagnosis and treatment of this individual patient:

STUDY:
CT head without contrast performed 07/25/2016 at 0027.

REASON FOR EXAM:
Trauma.

HISTORY:
Trauma.

COMPARISON:
None.

TECHNIQUE:
Standard multidetector CT of the head without contrast.

FINDINGS:
No evidence of acute intracranial hemorrhage. No midline shift. Basal cisterns are patent. Sulci and gyri are visible. No evidence of cerebral edema. No skull fractures noted. Left frontal scalp and periorbital soft tissue swelling.

IMPRESSION:
Negative CT of the head without any evidence of acute traumatic injury.

STUDY:
CT scan of the cervical spine without contrast performed 07/25/2016 at 0031.

REASON FOR EXAM:
Trauma.

HISTORY:
Trauma.