

Participant Observer Case Report: Severe Head Trauma (Zombie Raccoon Syndrome) followed by complication of Subdural Hemorrhage

Robert Abrams, Jr., Ph.D.

5/24/2021¹



Executive Summary

- 1) An accidental head trauma on 3/17/2021 was judged clear and cosmetic in a CAT scan in the New York Presbyterian Hospital's Emergency Department and in in-person examination by three specialist doctors. (The small size photo from 3/18/2021 doesn't quite do the red in my eyes justice, and it is also important to note the red nasal discharge that happened for several days.) It seemed to have healed by 4/7/2021. However, two days later, severe headache and nausea sent me to the hospital, where a CAT scan showed a subdural hemorrhage double bleed. By 5/9/2021, I am mostly recovered, if still with some scabs on my head and more tiredness than usual. By 5/24/2021, most of the scabs are gone and I am more productive overall, but I am still periodically tired and am taking Tylenol.
- 2) This narrow but important slice of medicine could be improved by informing patients with similar head trauma that subdural hemorrhage is a possible complication for which to watch and that a CAT scan should be sought if severe headache and nausea arises. Release of a bulletin is proposed .
- 3) A Black Box research design is proposed to more deeply investigate the connection between head trauma and subdural hemorrhage.
- 4) Recovery after subdural hemorrhage surgery requires a lay flat period to drain remaining blood from around the brain. The first 24 hours were agonizing for various reasons. In the second day at night, I achieved a state of lucid resting that generated visions and the ability to slow the perceived speed of time. This resulted in better rests, without any change to the light and noise in the intensive care unit

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- room. It also helped reduce my anxieties. I can't completely explain why it happened, but it did. Further investigation is warranted because it could be a low cost way to improve patient rest and lower patient anxiety. It is hypothesized that lucid resting, if it can be replicated, will have a positive impact on patient rest and anxiety, and through this mechanism, could result in improved medical outcomes.
- 5) New York Presbyterian Hospital seems to be performing well, even under the strains created by the Covid-19 pandemic. That said, great organizations always strive to be better. Some areas to look for possible improvement are suggested, such as by creating a safer space for discussion across expertise-types (e.g., doctors and nurses), and by activating the warranty for the newer beds, which have electrical and motor-drive issues.
 - 6) All staff with whom I interacted at New York Presbyterian Hospital care about their patients.
 - 7) A positive review of New York Presbyterian Hospital's cheese pizza is provided, as well as other overall positive commentary on the hospital's food.
 - 8) A low cost innovation in post-discharge hair washing is described.
 - 9) Gratitude for my care is described, quantified as positive by a generous-relative-to-my-budget donation to Weill Cornell Medicine and New York Presbyterian Hospital, which donation was crafted to have a symbolic shape that matches my care in both the Emergency Department and the Neuroscience Department.
 - 10) Future hospital patients are encouraged to reflect on their experiences.

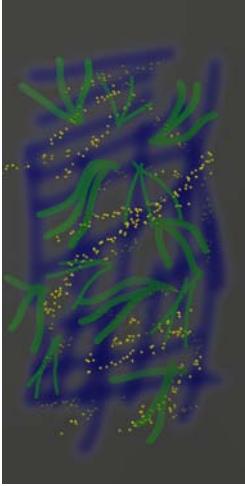
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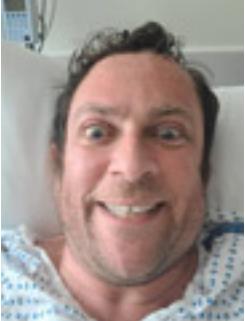
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Executive Summary, Visual

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| 3/17/2021 7:37 am |  | <p><i>In the Weill Cornell New York Presbyterian Emergency Department, about five hours after the head trauma accident that turned me into a Zombie Raccoon.</i></p> |
| 3/17/2021 10:20 am |  | <p><i>Just after my first Pfizer Covid-19 vaccine shot at the 168th street Armory/Track/Vaccine Center.</i></p> |
| 3/19/2021 7:47 pm |  | <p><i>One of the photos, from my phone, that Dr. Michael Kaplitt viewed, and then deduced the rest of his diagnosis regarding what had happened to me, that wasn't clear from the CAT scan and visual examination on 4/9/2021.</i></p> |
| 04/06/2021 6:38 pm |  | <p><i>One day before my 2nd Pfizer Covid-19 Vaccine Dose. As can be seen, my face and eyes look entirely or almost entirely healed. I thought I was in the clear, but little did I know what awaited me a few days later.</i></p> |

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| 4/10/2021 3:43 pm |  | <p><i>In the Neuroscience Intensive Care Unit, after surgery.</i></p> <p><i>The beginning of the lay-flat period.</i></p> |
| 4/11/2021 6:12 pm |  | <p><i>The oxygen mask.</i></p> |
| Late 4/11/2021 or early 4/12/2021 (I could pin the start time down more precisely if I could find out when the 2 nd CAT scan took place.) |  | <p><i>Starting with the 2nd CAT scan, I experienced Lucid Resting, characterized by an ability to slow down the perceived speed of time, and detailed visions with my eyes closed. This one is a very rough representation of foliage floating over a night sky seen from a plane.</i></p> <p><i>Lucid Resting helped me achieve better rest and lower anxiety in the 2nd and 3rd days of the lay-flat period, with no change in the light and sound in the ICU room.</i></p> |
| 4/12/2021 4:49 pm |  | <p><i>By the third day of recovery, the wrapping was off of my head.</i></p> <p><i>This shows the tubes that were continuing to drain blood from my head, and makes it clear why a lay-flat period was needed.</i></p> |

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| 4/13/2021 10:28 am |  | <p><i>The drains were removed. I no longer had to lay flat in bed.</i></p> |
| 4/13/2021 12:19 pm |  | <p><i>The Machine that Goes Beep stands watch.</i></p> |
| 4/13/2021 12:46 pm |  | <p><i>Tea, not coffee.</i></p> |
| 4/14/2021 1:29 pm |  | <p><i>Cheese pizza at New York Presbyterian Hospital. It was good. (Full food review can be found in the report.)</i></p> |
| 4/14/2021 9:47 pm |  | <p><i>Sitting up in a chair, not the bed.</i></p> |

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| 4/14/2021 10:17 pm |  | <p><i>The Machine that Goes Beep, at rest.</i></p> <p><i>I was transferred to the Neuroscience Step-down Unit late on 4/14/2021.</i></p> |
| 4/15/2021 8:13 am |  | <p><i>Breakfast in the Neuroscience Step-down Unit: Vegetable frittata.</i></p> |
| 4/15/2021 9:47 am |  | <p><i>In the Neuroscience Step-down Unit</i></p> |
| 4/15/2021 12:30 pm |  | <p><i>Lunch in the Neuroscience Step-down Unit: Chicken, mashed potatoes and carrots</i></p> |
| 4/15/2021 12:53 pm |  | <p><i>2nd Lunch in the Neuroscience Step-down Unit: Turkey, gravy, mashed potatoes, greens (a spare that otherwise would have gone to waste).</i></p> |

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| 4/15/2021 1:12 pm |  | <p><i>What can I say? I was hungry.</i></p> <p><i>Also, the simplest-to-analyze plate waste study I have ever conducted.</i></p> |
| 4/15/2021 2:36 pm |  | <p><i>Ready to leave the hospital from the Neuroscience Step-down unit.</i></p> |
| 4/15/2021 2:36 pm |  | <p><i>Rocking the metal hair style.</i></p> <p><i>(The dark row on my head is staples.)</i></p> |
| 4/15/2021 2:37 pm |  | <p><i>Shields up. Back to the pandemic world.</i></p> <p><i>Thank goodness I had both Covid-19 vaccine shots before being admitted to the hospital on 4/9/2021.</i></p> |
| 4/18/2021 2:49 pm |  | <p><i>Home from the hospital, still smiling.</i></p> <p><i>(I have a lot of these photos.)</i></p> |

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| | | <p><i>Innovations in hair washing.</i></p> <p><i>Two spray bottles, one with water and the other with a solution of baby shampoo and water, make post-discharge gentle hair washing much easier for me to do by myself, although I did need help to buy the bottles and shampoo.</i></p> |
| 4/21/2021 6:30 am | | <p><i>I'm a lifelong Cornellian. Literally.</i></p> <p><i>It's a long story.</i></p> |
| 4/22/2021 6:49 am | | |
| 4/25/2021 8:26 am | | <p><i>The staples are out of my head.</i></p> |
| 4/29/2021 1:47 pm | | <p><i>The staples were a source of strength, so I decided to keep them.</i></p> <p><i>I know it sounds like a paradox, but I feel stronger and more whole now than I have in a long time.</i></p> <p><i>Writing up my hospital experience as a case report has contributed to my feeling of strength and wholeness.</i></p> |

Letter of gratitude, with thank you-s to staff, and a donation to Weill Cornell Medicine and New York Presbyterian Hospital

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Augustine M. K. Choi, MD
Dean
Weill Cornell Medicine
New York, NY 10021

Steven J. Corwin, MD
CEO
New York-Presbyterian Hospital
New York, NY 10021

May 24, 2021

Dear Drs. Choi and Corwin:

I am extremely grateful to all of the staff of Weill Cornell Medicine and the New York Presbyterian Hospital (NYP) who assisted in my surgery and recovery, in the Emergency Department and Neuroscience Intensive Care and Step-down Units. I was admitted to NYP on 4/9/2021 and was discharged on 4/15/2021.

I did my best to prepare to write this letter while I was still in bed in the hospital, collecting as many names of staff involved in my care as I could. What follows in the Appendix is my best attempt at the full list, and is necessarily incomplete.

To quantify my gratitude, I have made a donation in the amount of \$2000 to Weill Cornell Medicine and the New York Presbyterian Hospital (\$1000 to each). This number is inadequate, in the sense that I believe Dr. Kaplitt and his vast team saved my life, but it is what I can afford at this time.

To make this a thoughtful donation, that has a symbolic shape similar to that of my care, after talking to staff in the development departments of Weill Cornell Medicine and the New York Presbyterian Hospital, I have specified \$1000 to Dr. Michael Kaplitt's research (to represent doctors' expertise, as well as the Neuroscience Department) – this supports the Weill Cornell Medicine side.

Then, to support the New York Presbyterian Hospital, I have specified \$1000 for the NYP side of the Emergency Department, and specifically for the Emergency Department's Quality Care Program (which represents the Emergency Department, as well as the integration of expertise-types {doctors, nurses, hospital leadership}, and continuous patient safety and quality improvement).

If there were a way to directly support nursing in both departments, that would give the donation a more fine-grained shape closer to that of my care, but with only \$2000 to give at the moment, slicing the donation into too many small parts would make each part not as meaningful. Hopefully I will have more to donate in future years.

While numbers are important, both for framing my experience as overwhelmingly positive and because a hospital needs to gather the beans and then count them to keep providing amazing care for patients, gratitude has no number. If it is possible for gratitude to be infinite, my gratitude for my care at the Weill Cornell New York Presbyterian Hospital is infinite, with my gratitude for the whole of my care also contained in each part.

Thank you.

Sincerely,
Robert Abrams, Jr.

Appendix: List of people to whom thanks are due

The surgery team was led by Dr. Michael Kaplitt, Neurosurgeon.

Neuroscience ICU

Dr. Kristen Barbour, Resident
Dr. Devin Burke, Fellow
Dr. Jon Rosenberg, Fellow
Dr. Lahm, Attending

Neurology Floor

Dr. Ali Seitz, Resident
Dr. Merkler, Attending
Dr. Judy Ch'Ang, Attending Provider,
Dr. Umberto Tosi, PGY-1 Resident

Liz Chen, Physical Therapy
Lindsay Steckler, Occupational Therapy

Neuroscience ICU, Nursing

Mary Kate (I don't remember her last name)
Night shift nurse who studied in Uganda during college
There were almost certainly other nurses in the Neuroscience ICU.

Neuroscience Step-down Unit

Antonia Dannibale, Night shift nurse
Kayla Karsten, Day shift nurse on day of discharge from hospital
Jeanmarie Fitch, Care Manager, Department of Care Coordination and Social Work

Emergency Department

Everyone in the Emergency Department, on both March 17 & April 9, 2021.

Other hospital staff not known by name, listed by role

CAT Scan staff
Transport staff
Aides
Food and nutrition department staff,
both those in the kitchen (Back of House) and
those delivering the food to me (Front of House)
Janitors
Behind the scenes staff, such as bed repair staff, grant-writers and accountants.

Post-discharge

Kristin Strybing, MS, FNP-BC, Chief Nurse Practitioner,
Department of Neurological Surgery
Visiting nurse and physical therapist

My regular doctor

Dr. Cindy Baskin, my general and coordinating physician

I think that is everyone, at least whose names I wrote down or remember. There were likely several others, including at least one person on Dr. Kaplitt's team.

Possible longer title for the report

Participant Observer Case Report: Zombie Raccoon Syndrome, accident, with follow-on complication of subdural hematoma or hemorrhage on both sides, requiring prompt procedure once it was discovered, and track-back using root cause analysis to understand how the entire problem could have been avoided, in the Covid-19 plague year of fear and exhaustion (Plus one to three black box research design hypotheses).

Description of events

Overview

There were two primary events:

- 1) March 17, 2021 at about 2:30 AM when I suffered an accidental, but severe head trauma that resulted in two black eyes.
- 2) April 9, 2021, when my severe headaches that started the previous day turned into severe headaches plus nausea and vomiting, and I eventually ended up in the Weill Cornell New York Presbyterian Hospital's Emergency Department, where a CAT scan showed a subdural hemorrhage double bleed, and shortly thereafter went into surgery to repair the problem.

That said, there were events preceding March 17, 2021 that I believe contributed to the head trauma incident.

This report is not an evaluation. It is a description of what happened, framed as overall and overwhelmingly positive by my \$2000 donation to Weill Cornell Medicine and the New York Presbyterian Hospital.

I include some suggestions for improvement as well, because, as someone who is personally and professionally driven to become better, I would be falling short of the mark to do otherwise. The suggestions should be understood as possible ways to get from 102% performance to 105%. Some of the most important suggestions are for the field of medicine in general, and would require very little in terms of cost and effort, for a large potential improvement in results (see Black Box). This is effectively an N=1 study, so any suggestions should be understood as hypotheses, not guaranteed solutions. Finally, I offer this report as an example of a way patients can reflect on their own hospital care experiences, if perhaps an excessively detailed example.

Root causes of the severe head trauma, prior to March 17, 2021

First, I had an injury to my right shoulder. This was likely partly because I was carrying my 12 year old daughter's crazy heavy back pack for her for a while as we headed to school or to her trainpool's rendezvous point (I am a nice dad), and since

her straps are shorter than mine would be, the backpack would normally be slung over my right shoulder.

Further, I wasn't taking as much self-care for this shoulder injury as I should have been, in part because of covid related exposure fears. The ideal self-care would have been attending physical therapy in person. Sometimes this was not possible, such as when my family was self-quarantining so we could visit my mother-in-law, or because someone I had interacted with had tested positive for Covid-19, and thus I had to self-quarantine due to that. This prolonged the shoulder injury impact more than it should have under "normal" conditions.

Then, one day, February 17, 2021, I had a morning appointment with my barber at their South Street Seaport area location. This was before my daughter was consistently joining her fellow students in the trainpool, without an accompanying adult. I took her to her school, and then proceeded downtown. Given the locations of school and the barber shop, the scheduling made logical sense. I arrived before my appointment, so I obtained some food and coffee at a Brazilian coffee shop. Except this was Covid, so I could neither eat nor drink inside anywhere in the area. And it was cold that morning. And I wasn't always sleeping well. Or to put it another way, I was generally feeling tired a lot of the time.

I had my hair cut with my barber. There are various reasons why I would be willing to go so far out of my way for a hair cut.

I left the barber shop and started walking up Fulton Street towards the subway station (for those readers not familiar with Fulton Street in Manhattan, when I say I was walking "up" I was walking on a part of Fulton street that goes uphill, fairly steeply). There was still some snow and ice on the ground. I was probably two or three blocks up when I felt myself losing my balance. I couldn't correct it, and fell, hitting my hands, knees and my left chest, but not my head. My coffee was a lost cause, looking like an impressive example of the splatter patterns seen on police procedural TV shows. Someone was rushing towards me to offer help up, but I waived her off. I got up, and continued home.

So now I had an injury on both my right and left sides. Physical Therapy for both were somewhat inhibited by Covid reasons of various kinds. I normally sleep on my side. Now I had to sleep on my back. This started to cause severe back tightness when I woke up. I started compensating by hooking my leg off the side of the bed to leverage myself up and get going. This wasn't a problem, until the morning when it was.

I should have addressed the back tightness more promptly, but I didn't. See self-care in a pandemic, or relative lack thereof.

After the zombie raccoon accident, I tried using a wedge pillow to sleep at a raised angle, if still flat. This seemed to help. I also resumed taking Flexeril, a drug for back

spasms, sometimes with the wedge pillow and sometimes without. This also seemed to reduce the back tightness.

Ongoing, neither of these interventions had a perfect impact on back tightness but they seemed at least good enough. (Good enough, at the time. More recently, post-discharge, I have had mornings where I have questioned whether either the Flexeril or the wedge pillow were really helping. A heating pad applied to the back seems to help remove some of the tightness, but that is also imperfect. The why of the back tightness and spasms needs more investigating as of 5/3/2021.)

Had I implemented either of these interventions before the accident, would the accident and the subdural hemorrhage complication been avoided entirely?

What root causes can be identified in the other proposed studies, which could then build a profile of smaller interventions that would reduce the accidents and delayed complications such as I experienced?

Head Trauma and First Emergency Department visit, March 17, 2021

At about 2:30 AM on the Wednesday morning I was scheduled for my first covid vaccine shot (March 17, 2021 at 10:00 am), I awoke because I needed to go to the bathroom. My back was completely stiff from sleeping on my back, flat. I remember raising myself up to a slight angle, and then either trying to lay back down, or get myself up. The next thing I remember, I had hit my head above my right eyebrow (as indicated by a moderately large scrape), my eyes had black circles as if I had been punched and the whites of my eyes were largely puffy red. I am referring to this condition as Zombie Raccoon, so as not to unfairly malign any actual raccoons.

(Sima, my wife, recounts that she had heard a "thump, thump" and remembers a short period of time, somewhere between seconds to minutes, that I do not. This suggests that I had two impacts, although one of them may not have been to my head. There were no markings on my body, other than the scrape above my right eyebrow. There were also no blood marks on any furniture or other objects, that either of us could see when we looked later. As such, we can speculate as to where the impact(s) occurred, but we do not have hard evidence that would pin it down.)

After a little indecision, Sima and I took a Lyft to the Weill Cornell New York Presbyterian Hospital Emergency Department (I usually call it the Emergency Room or ER, but the staff at the hospital all call it the Emergency Department, so I am trying to retrain myself to use the more proper terminology). Because of Covid, Sima could not be in the Emergency Department with me. They checked me out visually. They had a CAT scan done. The general indication was that there was no permanent damage, although different people gave me somewhat inconsistent messages.

I had told the Emergency Department staff specifically that I needed to be at the 168th Street and Broadway Armory/Track Center for my first Covid vaccine shot. When things were dragging on to the point that I was likely to be late for the vaccine

appointment, and the Emergency Department staff wanted to do an EKG that seemed irrelevant to my accident, I insisted on leaving the Emergency Department Against Medical Advice (AMA), and signed a form to that effect. I then left the hospital, took a Lyft to 168th street and had my shot. No one at the vaccine center said a word about how I looked.

Zombie Raccoon photos

I took the photos, shown below in the Zombie Raccoon sequence, partly because I knew the severity had to be seen to be believed. And because I can be an obsessive documenter (with a sense of humor). An early zombie raccoon photo helped Dr. Kaplitt figure out a part of my subdural hemorrhage diagnosis that had baffled him, until he saw the photo and could from that guess with high confidence what else had been injured and then healed. (Plus I confirmed the red nasal discharge, which isn't visible in the photos, but the neurologist had told me to expect and what it meant - it also could have been the other two specialists). This seemed to give Dr. Kaplitt extra confidence that he was taking the right course of action. (One moral of this part of the story is that even if you look awful, and maybe because you look awful, take some photos because it may help medical diagnosis later. You don't, though, need to take quite as many photos as I did, although one reason I did was to make sure the viewer could fully see the red in my eyes that wouldn't be visible in just one view.)

The photos also potentially give a serious medical and research issue a sheen of art, if a morbid sheen. Given the current enthusiasm for collecting high quality Non-Fungable Tokens (NFTs), we might be able to fund these proposed studies that way (except that NFTs apparently require an enormous amount of energy to create, so maybe NFTs are not such a good idea).

After 1st Covid-19 Vaccine shot

After the Covid-19 vaccine shot, I saw a neurologist. The day after, I saw my eye doctor, who I trust completely regarding eye health. The following Monday, March 22, 2021, I saw a specialized ear nose and throat doctor (ENT). The assessments were that I had had a concussion. My eyes looked bad, but it was all cosmetic and would heal - and that I was lucky I didn't hit a corner a few inches over. The ENT said that I had a small suborbital fracture, but it would not require any surgery.

I was advised that while I should take it a little easy, I could use screens.

My face steadily improved, as the mostly daily photos show. (See the file Zombie Raccoon Photo Sequence 4-20-21.)

Second Covid-19 Vaccine Shot on Wednesday, April 7, 2021

Three weeks later, by my appointment for my second Covid-19 vaccine shot (Pfizer), my face was mostly cleared up. I had needed cold compresses the first few days to avoid the urge to scratch my eyes, but by a week or so I no longer needed the compresses all the time - basically wet cold washclothes.

I had taken the Subway to my second shot.

After the second shot, I took the Subway to Crepes on Columbus for breakfast (a restaurant I go to frequently). I felt fine, but I knew people could have reactions to the second shot.

The next day, Thursday, starting around Noon, I started to have what I thought was a horrific reaction to the shot, including waves of headaches that forced me to lay in bed. In the morning of Friday, I seemed better, but then the headaches came back, also around Noon. Friday soon added nausea and eventually yellow bile vomiting, which felt good (comparatively). We got an ambulance, but they thought it was likely the shot, but I could get a scan just in case. By that point I was feeling a lot better, so we decided not to take the ambulance.

The headaches soon started to get bad again. We then went to a City MD urgent care center. We had to wait on a line outside in the cold. I had a nylon bag and sat on it, moving it as the line moved. I was too woozy to stand for long, and there was no good place to sit. The City MD staff also thought it was probably the 2nd Covid-19 vaccine shot, but were more insistent on getting a scan to be sure. The PA at City MD had very cool pink sneakers. (This sounds like an irrelevant detail, but it will make it easier to find his name so I can thank him later. And the shoes were seriously cool.) It took a while to get an ambulance. They were okay going to Cornell Hospital, even though it wouldn't have been the closest hospital. Since they agreed to take me to Cornell, I agreed to go. Otherwise, I would have refused and taken a Lyft to Cornell Hospital (Weill Cornell New York Presbyterian Hospital, but as a literal lifelong Cornellian, I usually refer to it as the Cornell Hospital for short). All or nearly all of my doctors are affiliated with Cornell Hospital, my medical records are in the Cornell Connect portal and I have high confidence in the work of the Cornell Hospital. Plus, the hospital privileges system is a mess, in general, but that is a topic for a different day.

In the Cornell Emergency Department, 2nd time, Friday, April 9, 2021

I was admitted to the Emergency Department quickly, probably because I had arrived by ambulance. The Emergency Medical Technician (EMT) in the ambulance was doing a regular double shift that night, although she was working at full abilities as far as I could tell.

I was sent for a CAT scan fairly quickly. Then things slowed down.

They wanted to take an EKG. This time I was okay with it, since I wasn't under the Covid-19 vaccine time pressure I had on March 17, 2021, and I needed to figure out what was going on.

For the EKG, I was moved to a divided room, with a male patient I think was Black and his Hispanic girlfriend sitting with him. The man was arguing about getting an EKG, but not blood work, emphatically but respectfully. I understood where he was coming from. It sounded like he had a possible medical issue triggered by a \$20

incident at a corner store, with the shortchanged money in question perhaps being as little as \$1 or \$5, whatever a candy bar costs these days. It sounded like it could have turned into another police-involved George Floyd type of incident, except his girlfriend had the level head to have him walk away from the \$20 issue, and stay calm. She was not actually supposed to be in that Emergency Department bay with him under current policy (any other bay would have been fine for her to be present). She was talking, wearing a mask, but not wearing it properly. On the other hand, she was probably keeping the man calmer than he would have been otherwise, so the flexibility of allowing her to be there was warranted.

Despite the validity of their needs, it was stressing me out, even with two Covid-19 vaccine shots in my arm. I tried to quietly ask the EKG technician, a woman wearing what might have been a turban, not that it matters, except to try to identify her later for the purpose of including her in a thank you note, to move me to a different room. She was handling the male patient. She is in training to be a therapist, as it happens, but is not certified yet. (I was having headaches, to some extent at that point, felt weak, and was still trying to make positive conversation. It came much easier for my mother. I have to work at it.) She was the only staff there, so she had to improvise. I thought she talked to the man with great diplomacy, and respect both for him and for the bounds of the Emergency Department's role.

She soon moved me to a different little room. I made sure to compliment her on her tact with the man, and my appreciation for being moved.

Soon after the EKG she gave me, I got confirmation that the CAT scan showed a worrisome bleeding, and the doctors felt I should be admitted to the hospital. I agreed, the bed I was in was raised (a little bumpy on the rise as it was a manual foot lever system), and was moved to the 2 Neuroscience ICU (the entrance sign was large and clearly visible as they wheeled me in). (It is possible that I went from the Emergency Department to surgery, and then to the Neuroscience ICU, or from the Emergency Department to the Neuroscience ICU, then to surgery and then back to the Neuroscience ICU.)

The lay-flat period

When I was returned from surgery to the Neuroscience ICU, I was told I needed to lay flat for 24 hours. Part of the problem with the initial 24 hour lay flat period was that I didn't fully understand what was going on. I thought they had cut two holes in my skull and drained all the blood, and then plugged me up, maybe with bolts like Frankenstein's monster. I didn't understand that the 24 hour lay flat period included two active actual drains from my head to drain boxes. (Not sure if this is the correct term.)

I ultimately had to lay flat for about three days, but I didn't know that initially, and likely the doctors didn't either. (This isn't a spoiler. This is me being more Brecht-ian than Stanislavski-ist, in terms of drama theory. This allows the reader to concentrate on how events happen, rather than on what happens.)

I don't know that not fully knowing what was going on in the lay flat period really mattered. I may have also been too tired, stressed and just plain woozy to comprehend any better than I did. But, this is a possible place to look for modest improvements in patient understanding of the procedure.

The initial part of the lay flat period was agonizing at times, partly because laying flat is not good for my back, and did contribute to the March 17, 2021 accident, which has triggered fears about laying flat since then.

The oxygen mask was not a problem but sometimes felt claustrophobic. Other times later in the middle of the lay flat period, when I better understood the oxygen mask and its purpose (replacing air in my skull with oxygen to aid healing, I think), it was disciplined and liberating. Towards the end of its use it felt constricting again. Some of this may have been due to the plastic edge of the mask digging into my cheeks.

The lack of sleep both prior to ICU admission and during the first day and night in the ICU didn't help.

Breakthrough to lucid resting

The breakthrough to lucid resting (which will be discussed in more detail below), while it didn't dramatically improve sleep, did improve rest and reduced restlessness related anxieties that I was experiencing and often do experience under normal conditions. It is also a little bizarre, as I don't quite know where some of the images were coming from, and were not what I usually think about when going to sleep. There seemed to be a noticeable difference in images excited in or near the CAT scan, either due to the CAT scan radiation, or the bright ambient light in the CAT scan room as experienced through closed eyelids.

People already think I am strange enough, being both a social dancer and a Person Who Stutters, without adding discussion of what feels like semi-controllable slowing of the passage of time, or even time dilation (which I do realize that in this context, it is a science fiction metaphor for a perceived experience, and not a real phenomenon like the episode where the humanoid Replicators in the TV show Stargate SG-1 were temporarily controlled - and even this once again gives the best lines to the villains).

Now, you, dear reader, may be feeling some confusion or anxiety about the abruptly introduced references, and most of all the way that lucid resting is introduced without being defined. If it helps to reference literary theory, think of this section as following the advice of the writer Pushkin, who argued that novels should start *in media res* (Latin for "in the middle of things"). Then, if you want to jump straight to the Lucid Resting section of this report, you can. Or just keep going straight through. It will make sense in the end. I can't explain why the lucid resting happened, but it did.

Even more middle period

Dr. Umberto Tosi has superb skills in the use of talk aloud protocol. He wasn't familiar with the term from Education. He described what he was doing as he was doing it, in this case, 4/13, removing a dressing on my head, including two drains. This gave me extra confidence in his work because I understood what was happening, without excessive detail. Dr. Tosi's bedside manner is in general calm and reassuring.

On 4/14, 5 am, I drank a lot of water to initiate urine flow. Nothing much was coming. The nurse recommended a straight catheter, saying that urinary difficulties are common post-operative. This relieved my bladder. There was a liter plus of urine. Who knew the bladder could hold so much? (Maybe the ancient Romans, who used components of urine to clean togas.)

More lay flat comments – lucid resting

The initial 24 hours after the surgery was agonizing. Not painful, just slow. I had to lay flat in the bed. This is not my best sleeping position, and is partly what triggered the zombie raccoon accident that led to the surgery in the first place. I would stare at the analog clock on the wall, willing it to move another five minutes. It mostly ignored me, moving ahead when it wanted to. Plus, the clock hadn't been adjusted for Daylight Savings Time because of Covid, so I could improve my time remaining by an hour, but then worry that I was being overly confident that I was reading the clock correctly.

I don't sleep well in a room with light and noise, so the ICU room was not at all conducive to sleep. Plus, I had had little good sleep for a day or three prior.

I made it to the goal line a few hours early, being told by Dr. Tosi that the scan looked great and they could start liberalizing my restrictions that day. Then a different doctor came in and cheerfully said I would continue to need to lay flat for the day. My hope of removing the catheter and going to the toilet like a normal person was dashed.

That night I had a breakthrough. After the second CAT scan, I had started seeing images with my eyes closed. When I was in my ICU room, I tried to rest by focusing on the images, and trying to slow time down, rather than try to hurry time along. I found I could slowly float over the images, one of which was a sort of sand lion. I wasn't asleep, so I can't claim this was lucid dreaming, but calling it lucid resting seems fair.

I tried to represent what I was seeing using ArtRage software on my Android phone, while still in the hospital. I have the drawing ability of an advanced six-year year old. The software gets me to a solid nine year old painter. What you see here are crude representations of what I saw (Appendix D). You also have to imagine the much better and more detailed versions of these pictures moving and shifting, a little like the moving photos and paintings in the Harry Potter novels.

One small way to improve one Neuroscience ICU room

If there was one fix my ICU room needed, it was a way to securely lock the otherwise magical sink that opens to reveal the toilet. As I had been told by both nurses and others, I needed to hold the secure grab bar. The sink itself should lock in place and be equally secure as the wall mounted grab bar on the other side for a potentially physically wobbly patient, but it didn't. Likely a competent engineer or plumber could devise a \$20 per sink fix, which would be more than worth the expense. Or call the manufacturer and tell them they need to address the problem. We got Apollo 13 back to Earth safely. The transforming sink should be a cinch to fix by comparison. I do recommend sending both the sales team, the customer support team and the engineering team of the manufacturer a nice, but not overly opulent basket of fruit, cheese, crackers and chocolate. Check for food allergies and gluten-free needs, if possible without showing one's hand ahead of time. This should provide positive motivation.

Still in the Neuroscience ICU, but past the lay flat period, probably day four and five

My notes said:

"I am now just completed some OT. Am sitting waiting for PT to start.

"In the morning had trouble with urination, despite drinking a lot of fluid. The night nurse used a straight catheter. She says this is common post-op. Later with the OT, I went to the toilet and was able to urinate with relatively no problem. I have not had a bowel movement yet. Not really worried.

"I am sitting in a chair, not the bed. Waiting for the PT. Talked to the nurse. Filled out the menu for tomorrow. The food is fine, actually more complete meals than I have at home. [This is meant to be a value-neutral, no-fault observation. I'll willingly take my share for this one.] Some of the dishes are very well done, delicious even, and appropriately simple in preparation."

More still in the Neuroscience ICU, but past the lay flat period, probably day four and five

I had a session with Physical Therapist Liz Chen.

The next day I had a session with Occupational Therapist Lindsay Steckler.

I did second Physical Therapy session on 4/14 at 3:00 pm. (That's what my notes say.)

My bathroom urine start was good and quick. (I was using the opportunity of having the physical therapist there to both practice moving around, and to go to the toilet with help nearby just in case. In case you are thinking, There is a name for this, but I can't remember it, there is: Vygotsky's Zone of Proximal Development.)

I did several Physical Therapy exercises that felt [good]. I used some caution since I am starting to feel confident. I was more independent.

I made a second toilet attempt, and had a small bowel movement with minimal difficulty. (After the first three lay flat days with a strategic, mostly liquid diet, followed by a shift to a more normal diet, a bowel movement was an accomplishment.)

We discussed in-home Physical Therapy. Ms. Chen advised that I make sure the in-home therapist is doing real Physical Therapy, not foot wiggling, and to get a new PT if needed. (The in-home Physical Therapist with whom I eventually worked after discharge from the hospital was quite competent.)

They wanted another CAT scan sometime today. They didn't say when. I was sitting in the chair, not the bed, waiting for the call.

I hadn't worn my corrective glasses in a week. I had been okay, since I spent most of it in a highly monitored bed. I noted that "It will take some getting used to returning to eyeglass use."

4/14, 4:00 pm. I didn't feel quite ready to go home yet, as much as I whiningly wanted to in the first day or two (hopefully in a low enough voice that no one could hear). This is partly because my wife, Sima, is currently not at home and is experiencing Pfizer Covid-19 vaccine shot two reactions.

I noted that:

"Another day or two of strengthening first is probably justified, and I probably should experience the step down floor to have a fuller experience of everyone who is helping me.

"I am making good progress but I don't want to get over-confident.

"Money is a little tight right now, but I feel like I should make some donation to put a reasonably sized pin into my gratitude and appreciation for the help from many people. (I have a partial list.) This would apply to both the Emergency Department and the Neuroscience ICU department, for improvements or care for those with less resources, or just better coffee for the staff. Maybe I could get a repeat of the brain Kickstarter planetarium show for the Neuroscience ICU staff when Covid-19 is over?"

Late in ICU stay

I was told that it may take a few days to get a bed on another floor. If that is the case, I stay in the ICU. [They found a Neuroscience step-down bed faster than anyone expected.]

Neuroscience Step-down Unit

Night nurse was Antonia Dannibale, RN, a fundamentally nice and caring person and medical professional.

Kayla Karsten was the day nurse.

There were several people in the room in the Neuroscience Step-down Unit, divided by curtains. I overheard several nurses and others using a translation service through their phones with a patient who appeared to only speak Russian. My point here is that when NYP Hospital says that "amazing things are happening here" this is one example. Any NYP staff person can communicate with any patient, or perhaps almost any patient, regardless of the language the patient speaks. This, I think, improves patient care, is responsive to when communication needs to happen, and also likely reduces costs (and fits within Covid requirements). I think it is amazing, in any case.

Home after discharge from the hospital

Notes from Friday 4/16.

Got home yesterday (4/15/2021).

Today, rested but still tired.

I am doing an activity, and then resting again. Repeat. Structured activity to avoid over extending myself now, which could lead to error of judgment or balance and an accident.

The post-discharge printed packet was very useful, including the list of medications I was prescribed and when to take each. I used the pages to write down the day and time I took each medication, and was 100% compliant, or very close, at least through 4/24/2021, when the special medications (Dexamethasone and Keppra) stopped. It would have helped me if a blank row had been printed between each medicine so that I would have had more space to note each time I took a medicine, but I managed. I would also suggest that some patients might want an app, especially those who are on the younger side of the up/down linguistic inversion (older = "I am *up* for pizza." / younger = "I am *down* for pizza." Both mean the person wants or is open to pizza. See also the inversion of the meaning of the "thumbs up/thumbs down" gestures in Ancient Rome versus present day.).

I haven't been able to induce or experience the same lucid resting as in the hospital, especially the ICU room and scanner room the second to last time. If there is imagery, it is very flat. This is okay. I know it can exist.

Available evidence so far suggests the imagery is not due to scanner radiation itself. This is just as well. We wouldn't want a phenomenon that encourages people to be exposed to radiation they do not need for medical purposes.

My guess is that the imagery was a result of ambient light of specific kinds, filtered by the closed eyelids, and then reaching the optic nerves. The body may also need to

be in the right level of tiredness, which would be conducive to the brain misinterpreting the stimulus, and then generating images. The ICU had a device on the ceiling, possibly a WiFi extender, that emitted an almost pinpoint blue light. This blue light is worth investigating. And what does the box do anyway?

Post-discharge I had a video visit with my general and coordinating physician, Dr. Cindy Baskin, to bring her up to date. I had two visits from a visiting nurse, and one visit from a visiting physical therapist. I also had a phone call from a United Health Care nurse.

Removal of staples by Dr. Kaplitt's Chief Nurse Practitioner, Kristin Strybing, MS, FNP-BC

On Thursday April 22, Chief Nurse Practitioner Kristin Strybing removed my staples. The removal of the staples was a little painful, but tolerable. It helps that I have a high threshold for pain.

I had her put the staples in an empty gelato container I had brought for that purpose.

I then went to AstroWest to look for a better container, but didn't find one. I did find an elegant and reasonably priced Ammonite fossil. I like these because of the way that they suggest continual growth. I bought it as a gift to myself to mark the occasion. I later found an old-fashioned looking, but new, specimen jar on eBay, and put the staples (and a few stitches and dried scabs for completeness) in it as a memento or talisman², to remind me of how the staples and the whole experience paradoxically made me feel stronger and more whole than I have for a long time, predating the March 17, 2021 head trauma accident. The pandemic has left me feeling drained, but I now feel I am rising back up, with purpose.

After staple removal

Over the week or so after the staples were removed, I went from feeling mentally strong with rocking the metal hair style to feeling in a more depressive state, not depression per se, but feeling tired more often than I was expecting. As time has gone on, though, I have been feeling a little less tired overall, and as this report feels more edited, my confidence has been rising. Some days have been more productive than others, but I think I am generally heading in the right direction.

² Less in the magic sense, and more in the sense of "the ancient Greek verb *telein*, which means 'to initiate into the mysteries.'", but with an understanding that beginning a research project is just as much an initiation into mysteries. (<https://www.merriam-webster.com/dictionary/talisman>; downloaded 5/4/2021)

Various Topics, Non-timeline

Lucid Resting

After I was moved from surgery to the Neuroscience Intensive Care Unit, I was told I had to lay flat for 24 hours. This was anxiety producing for two reasons: I couldn't imagine how I could possibly make a bowel movement while laying flat, and it was laying flat that caused my back to seize in the first place, which then caused the accident that eventually lead to the subdural hemorrhage (See March 17, 2021's severe head trauma or Zombie Raccoon Syndrome).

As day turned into night, I was staring at the analog clock, in dim light that made it hard to read, trying to will it to go faster, trying to calculate that because the clock hadn't been changed for daylight savings time because of Covid, I was actually an hour farther through my ordeal than I was, or maybe two hours farther. Staring at the clock just made the time crawl all the slower, and thus made the ordeal feel longer.

In the middle of the first night of the lay flat period, I also tried listening to music using the Bandcamp app on my phone: Sima Abrams' album *Mix It Up* (my wife), some of Ashley Bathgate's contemporary cello, and some of Grant Glidden's music. The latter two musicians are friends of mine. I was trying to relieve anxiety and make the time pass during the lay flat period. Normally, *The Rainbow Connection* on *Mix It Up* (also featuring my daughter, Sarah) is an uplifting song. Some of Ashley's music is so therapeutic it can overcome the excessive noise of gas-powered leaf blowers. Unfortunately, it didn't work well. My lay flat anxiety was too strong. Sometimes music just amplifies whatever emotion you are already experiencing, rather than guiding that emotion in a different direction inherent to the music. Sima's *Sons Of*, which is normally lyrical if a little sad, was agonizingly sad in the middle of the night awash in lay flat anxiety. I went back to willing the clock to move faster without music. Maybe people should take music appreciation classes with simulated lay flat restrictions to prepare them for potential future hospital stays?

Finally, one doctor came in a few hours ahead of the 24, and told me that they were going to liberalize my restrictions. Except that shortly thereafter, another doctor came in and said that I needed to lay flat longer. Argh!

Sometime in the evening of the second day, I was taken to the scan room for a CAT scan. During or just after the CAT scan, I had a vision of watching the inside of the space dock as the NSEA-Protector is launched, as if seen from the bridge of the NSEA-Protector. Or an abstraction of that. (For readers who are scratching their heads, this is a reference to the movie *Galaxy Quest*.) A series of visualizations or visions followed.

Somewhere in the midst of these visions, I had a moment of clarity.

I realized that I felt like I had the ability to slow down time while I was viewing the images, or could maintain a slow sense of time. This helped immensely in controlling my anxiety as I needed to lay mostly flat for an extended time (days) so that the drains could do their job and remove the remaining blood from around my brain. This also helped me get more rest than I would have otherwise, in a standard ICU room: standard in the sense that the room inevitably had more light at night than I can normally tolerate when trying to sleep, and had the ever-assertive Machine That Goes Beep, plus nurses who periodically come in and tell you to take pills, put on a oxygen mask or just come in to tell you that they care about you, usually in a non-verbal sense of doing their job (but I think all of the nurses really do care about all of their patients, and I think that matters in both medical and personal senses).

The images that came to me were detailed, and tended to either gently move or were floating above me, or both. The images seemed to help me control the apparent speed of the flow of time.

After I left the ICU, including in the Neuroscience Step-down Unit, and at home, I haven't been able to reproduce the lucid resting or the images, and not for lack of trying.

More recently, meaning the mid-morning of May 3, 2021, I had another realization. Instead of trying to create detailed images, which just resulted in the normal flat imagery, I tried focusing on the speed of the images that were there, which were mostly looking like random noise or Brownian motion (effectively a random walk of particles suspended in a medium, such as a liquid or gas). This seemed to work, allowing me to lay in bed resting for about 40 minutes without looking at my smart phone more than two or three times when it beeped at me, but then putting it down again without feeling tempted to try to do anything. I was also using a heating pad for my back, which may or may not have contributed to it.

Keep in mind that I have had no meditation training, so how the lucid resting came to be, I can't fully explain. I do know, with 100% confidence, that it did happen, and that it improved my rest in an environment that is normally not conducive to rest.

If we can figure out how to help patients achieve lucid resting or something like it, in hospital rooms with the normal excesses of light, noise and interruptions, patients could achieve better rest, with no changes in the built or operational environment (and thus no increased costs other than some patient training). If patients can achieve better rest in an ICU recovery room, it would be reasonable to hypothesize that patients would also achieve better medical outcomes. It would then logically follow that the National Institutes of Health, and other funders, should provide a team of researchers and medical practitioners with a large grant (pending having graduate students conduct a literature review, of course).

If I can find an artist to collaborate with, I might try creating more detailed versions of the ones I drew, or virtual reality versions of the images.

See document "Lucid Resting Digital Paintings 4-19-21" for representations of the images I saw in the ICU, as well as some commentary on the images.

Last CAT Scan

There was no particular excitation of closed eyes imagery with this CAT scan (4/14/2021, which I think was my last scan in the hospital). It may be more the ambient light, which this time was dimmer than last time, or I may have been distracted with thoughts and was not open enough, or was too rested. I think I was in the Neuroscience Step-down Unit by this point.

Either way, the scanning staff said I kept my head still, and they got a perfect study, so that's what is important.

More discussion of lucid resting and associated images can be found in Appendix D.

Black Box Research Design Opportunity – Initial severe head trauma (Zombie Raccoon Syndrome) to subdural hemorrhage complication 3.5 weeks later

Initial thoughts on research design

Between my zombie raccoon accident just prior to my first Covid-19 vaccine shot, and then to the three weeks just after I obtained my second Covid-19 vaccine shot, we are presented with at least one Black Box research design question. Given the potential severity of both the original injury and the subdural hemorrhage complication three weeks later, the Black Box is worth contemplating. Especially since the box has been found at such great cost.

After my March 17, 2021 Emergency Department visit, I saw three reputable doctors of three different medical specialities, who I either have long association with and trust, or who were recommended by a doctor I trust. None foresaw or thought to warn me about potential delayed subdural hemorrhage. And no one advised me to submit to any rest regime more than a little lightening up of work. A literature review would be warranted here, but regardless of what that might find, I start by regarding the original three assessments in a no-fault and non-judgment capacity.

I see two possible ways to approach crafting the research questions for this study.

First, we could ask, Should a rest regime have been proposed? What should that rest regime have contained? To what extent would the results, in terms of avoidance of subdural hemorrhage or reduction of subdural hemorrhage and treatment, have been realized, relative to my actual outcome?

Evidence that perhaps a rest regime should have been proposed include some headaches in the three weeks after my initial head trauma that seemed to occur when I moved my head too quickly. There were also instances, around the start of Passover, I think, where I was driving from Manhattan to Paramus, NJ. Normally this is an easy 20 to 40 minute drive, depending on traffic. I don't really like driving in general, but this drive is fine, including in the dark. This time, though, there were one or more drives where I felt compelled to pull over more than once, to take a break, get snacks or coffee or water, and then keep going. This qualifies as Not Good. There is a confounding variable in that I have some Tinnitus, and this can impact driving on some rare bad instances. Still, the driving evidence seems like it could be plausibly linked in a theory of action to head trauma.

Second, a study of an intervention with more non-emergency CAT scans could be conducted to attempt to identify potential subdural hemorrhage earlier. Patients with head trauma similar to mine could be identified and provided with preventative CAT scans at one, two and three weeks from the head trauma. The number of patients in whom subdural hemorrhage or other complications were found, before symptoms arose that would have led to Emergency Department scans, could be reported. Improvements in mortality and morbidity relative to likely Emergency Department scenarios could be calculated. Cost savings relative to likely Emergency Department scenarios could be calculated.

Discussion of sample size and methodology for a full study

This is, for now, for a rest regime study or a more CAT scans study, but not both at once. One could propose both, but the study becomes larger and more complicated in design, and more expensive.

Sample size: While I would want to eventually run a formal Power Analysis, as a general rule of thumb, a minimum sample is $N = 20$. You can sometimes get away with $N = 10$ in especially difficult circumstances, at least if you report the caveats honestly.

A sample of $N = 100$ or more would be better. The rule of 20 also applies to sub-groups in your sample. This study is likely to need sub-groups, since demographic characteristics are likely to be more opportunistic than not, and are likely to be broad in multiple ranges.

Now, an obvious problem is that we need to find cases that match my accident, using some reasonable criteria. My accident was severe, so there will be fewer cases to find (we hope).

Costs: Because the reference condition was severe, treatment will be expensive, whether we are talking about a rest regime intervention, or more CAT scans (or possibly MRIs to reduce radiation exposure, which likely raises the medical procedure costs), or more of both.

Possible research questions: We might want to ask, How much rest regime will reduce incidence or severity of subdural hemorrhage by 50%?

If more scans are being assessed, how many more are needed, and when relative to the original injury and my reference complication would identify the subdural hemorrhage complication, perhaps to reduce medical costs and personal health impacts by 50%? Maybe we need to start with one scan every four days, and then iterate the intervals until we find an optimum, although this may be excessive.

Finally, or maybe not finally, if our goal is to essentially find matching cases in the population epidemiologically, but we want a semi-experimental intervention, we need to find and enroll participants with almost lightning speed. And since the severe nature of the cases is hopefully sufficiently sparse, we will end up with treatment in multiple hospitals, with the numerous potential confounding variables this implies.

A simple approach – a bulletin based on currently available evidence

An alternative to these potentially expensive studies would be to simply release a bulletin based on the available N = 1 evidence.

We can say with 100% confidence that I had a severe head trauma presenting double black eyes. (Or go ahead and call it Zombie Raccoon Syndrome, because it is fun, if distressing, and accurately descriptive.) How and why the head trauma happened doesn't really matter for this purpose. The key decision point here is that a head trauma happens, it seems to resemble the kind and severity of mine, and what actions are recommended in response to make sure best treatment is provided.

Initial CAT scan of my head in the Emergency Department, as well as examination by three highly qualified specialists in the few days after the initial accident showed damage, but only cosmetic damage that would heal.

No substantial activity restrictions were proposed. I wasn't playing contact sports, but I was trying to work, which in my case is mostly computer screens and keyboards, my smartphone and the never ending organizing of my apartment. I was running cable in my apartment for a few hours on one day, which involved a certain amount of moving furniture and twisting in narrow spaces.

Three to 3.5 weeks later, I was apparently recovered, at least visually in my eyes (see photos), but now had severe periodic headaches, often starting about Noon of each day after a semi-productive morning, and the next day, the headaches plus nausea and bile-type vomiting. A CAT scan revealed subdural hemorrhage on both sides, sufficiently worrying that an almost immediate surgery procedure was recommended, agreed to, and performed.

I survived.

The bulletin would advise that if a case presents with head trauma similar to that described here and in the photos, CAT scans should be taken as a precaution at 1, 2, 3 and 4 weeks from the initial trauma to check for subdural hemorrhage. This might be excessive, so if there is a concern about total radiation exposure or expense, CAT scans at 2 and 3 weeks might be sufficient for an early warning system.

In addition, while we do not have direct evidence of a causal mechanism for why my initial head trauma showed clear, but led to subdural hemorrhage later, I am willing to hypothesize that excessive head movement may have contributed. I would advise under these circumstances reducing screen use by a somewhat arbitrary 50% for four weeks, and to pay extra awareness to avoiding any sudden head movements during those four weeks.

The potential for a subdural hemorrhage after a head trauma with a clear CAT scan should be communicated to the patient within days of the first scan and the two precautions, early warning scans and reduced screen use with extra care about sudden head movements, should be discussed with the patient.

The beds at New York Presbyterian Hospital

Issues with driving the newer beds in NYP Hospital

Based on a conversation with a doctor, as well as with transport staff and others, it is clear that it is common knowledge in the hospital that the new beds are problematic. Two main concerns expressed were that the beds are too heavy, and that power drains too quickly.

There was one point where two transport staff were trying to push me in a new bed up an inclined hallway. I felt like I should have offered to get out of the bed and help push it. At least it wasn't a mountain pass with snow in Winter. If the beds worked to spec, they would be very nice.

A transport staff person commented that the new beds have drive and electric problems. This was definitely true of my bed on the way to and from the scanning room. The bed required two driver staff (where it is supposed to be easily driven by one staff person, and can be driven by one person when the bed is working), and was balky, starting and stopping. Not terrible, not dangerous, at least for me now, but clearly not meeting specs. This should be a manufacturer and warranty contract issue.

The likely culprits, based on staff comments, are the beds' electrical and motor-drive systems. These beds are, as I understand it, practically brand-new. There is no reason for this level of equipment failure. Who ever is responsible for the beds should have firm discussions with the manufacturer of the beds to see that the beds are repaired, or replaced, under the warranty.

Bed-driving skills

The New York Presbyterian Hospital does have staff with superior bed-driving skills, so the Bed-Driving National Championship trophy is within reach.

On 4/12 or 4/13, I had a bed-driver with superior bed-driving skills. I think this was the nurse who studied in Uganda. She was super smooth and fast in driving the bed. (This was one of the newer fancy powered beds.) She said she had learned the skill of bed-driving, and the importance of bed-driving skills, from a hospital colleague mentor. I had another nurse bed-driver previously who, while not problematic, did not have the same expert and assured bed-driving talent. I think that NYP Hospital has the internal training capacity to upgrade staff skills in bed-driving. By 2023, I would be willing to wager a set of Cornell and Stanford undivided back postcards that Cornell Hospital will best Stanford Hospital in the Bed-Driving National Finals.³

Emergency Department Beds

The beds in the Emergency Department were not as fancy. A real issue for head trauma patients is that raising or lowering these older more manual beds requires a certain amount of jerking motions, kind of like a car with a poor suspension. Whether it makes a meaningful difference, I don't know, but it could be worth some thought. Also, NYP Hospital has its full allocation of 42 heaping wads of privilege, especially under these difficult covid conditions that have stressed the entire health care system. Better beds in the Emergency Department may be a lower priority. And they likely don't want the more expensive beds, as those have their own issues, and I think occupy a larger footprint in square feet, so likely wouldn't work in an Emergency Department, where every square inch counts (just like in much of NYC).

Food

I am a school food researcher, with 5+ years of experience developing, implementing and analyzing taste surveys and taste test data (reports available on request). I also periodically review food and restaurants.

I didn't order the pizza for 4/14 lunch, but that's what they sent. In the classic NYC lingo, where Not Bad is high praise, this pizza was Not Bad. The formal term is Delicious, and I will go with that too, using the kind of rapid response three point scale I tend to favor. (The other two points on the current scale are Okay and Unsatisfying. This is a test tasting methodology on which I have been working for about five years. The questions have been adjusted a number of times.)

The pizza had a soft, chewy crust, that gave just enough resistance. Pizza people can be very particular, so it might not be to everyone's taste, but I liked it. The pizza had a satisfying and moderate balance of cheese and tomato sauce, with an Italian style spice tang, but not so strong that people who need to dial back their flavor profile in a hospital would have a problem or would object.

³ Of course, since I graduated from both Stanford and Cornell (undergraduate and graduate studies respectively), I may have to root for both teams.

I don't recommend enduring head trauma to try the cheese pizza, but if you had head trauma anyway, or are admitted to the hospital for something else, the cheese pizza is worth a try.

At one point, I don't remember exactly when, I ate the hospital's oatmeal. The oatmeal could have used some butter for that evolutionary fat satiation feeling, but I probably had to specify that butter in advance. The oatmeal was still fine. The vegetable frittata has a nice creamy but solid texture. (My notes said fritters, but I think it was supposed to be frittata. I was typing on my phone's on-screen keyboard, so typos happen.) I added the supplied ketchup to good effect. I could have used hot sauce too, but I wouldn't have anticipated that the previous day when I had to order the meal, and this is a hospital, not a restaurant.

4/15 at 1:00 pm. The nurse found me a second lunch dish that would have otherwise been a spare going to waste. Basic turkey, mashed potatoes and gravy. It was basic, but that's okay. I was ravenously hungry, and ate all of it. I was grateful to the nurse for suggesting the extra meal. Intuition is as important to a hospital as science. The nurses here are all really competent, and really caring.

In general, people seem to start from an assumption that hospital food is bad. As far as the food at New York Presbyterian Hospital is concerned, I thought the food overall was good. My suggestions for improvement of the food relate to food-medical interactions, and a dish I need to try again.

- 1) Sometimes food should be bite-sized. The nurse or patient can cut it, but it might be better to shift this to the back of the house (the kitchen).
- 2) Watch the caffeine. Patients can order coffee. Some patients need to avoid all caffeine for blood pressure reasons, including precise maintenance of blood pressure after surgery (that applied to me in this case). Increased ICU-Kitchen communication should be considered.
- 3) There was what I think was a pork and rice dish I need to try again. This is not as much of a craving as the Devils on Horseback at Linger in Denver, but maybe 0.5 craving, on a normalized craving scale where Devils on Horseback at Linger = 1.0, which, given what people often think of hospital food, is a high craving.

Alcohol

It should be noted that because my neurologist told me to have no alcohol for a month after he saw me on Wednesday, March 17 at 2:00 pm, I entered "No Alcohol" into each day in my phone calendar for the 30 days after, through April 17, 2021. Other than a little ceremonial Passover wine on two days, I did not drink any alcohol during this period. I don't drink very much alcohol anyway. On average, about one sipping glass of spirits, often with ice and no mixers, one evening per two weeks, and often less. It is 4/20/2021 as I write this. Since I now have staples in my head

from the operation that would come, I haven't had any alcohol past the original month, and am not going to until I am advised otherwise.

I have also been avoiding coffee as instructed, post-discharge. I have had some decaf coffee, although there seems to be a decaf shortage in New York City, because decaf coffee has been very difficult to find.

Consent

I felt that consent issues were handled well. There were multiple and valid consent points, such as for the use of platelets blood product. I didn't actually read the consents I signed, but they were reasonably explained in one or two sentences, and anyway I had come to a hospital in which I have and had high general confidence.

There was one consent I did not sign, but this apparently was handled by my wife, so that was fine. In fact, given how all of these decisions were moving quickly in the middle of the night or early morning, with myself much less than fully functional, and my wife not physically present having to communicate via cell phone, I think the early process communications were handled very well and smoothly.

Dental care

If the Neuroscience ICU had a care blindspot, it was related to dental care. I went a few days without either brushing my teeth or having anyone in the ICU suggest that I should.

I raised a question of dental care with Dr. Umberto Tosi on 4/14 6:20 am, and he raised my need for a toothbrush with the nurse. The nurse was easily able to supply a toothbrush and toothpaste. (For the first two or three days, I couldn't have brushed my own teeth, given how many things to which I was hooked up. And the Machine that Goes Beep would have had a fit.)

I used their toothbrush and toothpaste. I needed a timer. I then realized my phone has one. I brushed gently for two minutes plus. It felt good. I had to ask for dental care, but it was easy to obtain the help and brushing my teeth in the bed was simple as well. This dental care could be easily be upgraded in standard operating procedures, within sensible constraints that might impact dental care from other kinds of higher priority care needs. Missing a few days of brushing and flossing, while not good, won't harm my teeth much, especially considering the context of care.

In the grand scheme of recovering from a head injury, missing a few days of dental care probably won't adversely impact me much, and it is also possible, at least in the first few days in the ICU, that proper dental care (tooth brushing and flossing) might not be compatible with the demands of draining blood from a patient's head. Plus, the extraordinary demands of Covid-19 on the hospital generally have to be taken into account: I know the nursing staff at the hospital can be short-staffed, so if some

relatively lower priority elements of care get dropped sometimes, relative to the main care objective, allowances can and should be made.

I mention dental care here, not so much as a complaint, as a place to look for possible improvements. I'm always driven to improve myself, which is probably why I ended up as a program evaluator and a researcher.

Post-discharge hair washing

When I came home from the hospital, I needed a way to gently wash my hair. The visiting nurse suggested using the hand-held showerhead. That worked, but was not something I could do by myself. I then came up with the idea of using two spray bottles, one with water and the other with a shampoo and water solution.

The spray bottles cost \$4.49 plus tax each my local Rite Aid. They are 24 ounce bottles. These happened to be a Rite Aid brand called Daylogic. They also had 12 ounce spray bottles for about the same price.

I have most recently been using a relatively natural shampoo from my barber shop (Fellow Barber), but it turned out that when the instructions said to massage the shampoo into the hair and scalp, they really meant it. Normally this isn't a problem, but with staples in my head, massaging my head wasn't an option. Their Winter Wash shampoo doesn't dissolve well in water. I didn't have any mostly natural shampoo in the apartment. My wife and I went to Rite Aid and bought some Babyganics shampoo + body wash. This dissolved well in water. (Just as a proviso, if you have a product which you call "natural" and you are selling it in California, you are likely to get sued. Be prepared to defend what you mean by the term "natural" – in my case here, I mean avoiding ingredients that seem industrial or harsh, and looking for ingredients made from plants, without or with minimal pesticides.)

I had actually started using the handheld shower head that I coincidentally had installed in the shower during a previous renovation. This was suggested by the visiting nurse as a good way to wash my hair with the staples in it. While I thought this was a good suggestion, and it worked, with the help of my wife, we couldn't get the spray from the hand held shower head gentle enough.

By using these two spray bottles, I can wash my hair by myself if I need to. I have taken to spraying first with just water to get the hair wet (Bottle W). I then spray with the water and shampoo solution (Bottle S). (We marked the bottles with a sharpie, but then had to redo them because we made the mistake of trying to mark them while the bottles were wet.) I then spray again with the just water to rinse out the hair. I might brush my teeth at this point, to let some time for the water to run out of the hair. Then I might very gently pat the hair dry with a towel. The rest I can let air dry.

Assuming the NYP teams agree with this approach to washing metal heads like mine, the bottles are not expensive and should be relatively easily obtainable, at

least with unsnarled, non-Covid supply chains. That said, I did need help from my wife to go out and find the spray bottles and shampoo.

One option could be for NYP Hospital to buy spray bottles like this in bulk, put an NYP label on them, and give them to patients who need them, so they have them right from the start at home. Or charge some nominal amount for them. Maybe also supply appropriate shampoo solutions, as needed.

I used to be the senior program evaluator for a non-profit called Care for the Homeless. One problem with being homeless, among many others, is difficulty finding somewhere to take a shower or otherwise wash one's hair. Two spray bottles plus water and a water+shampoo solution could possibly make it easier for homeless people to clean their hair, reduce disease, increase their confidence and break the cycle. I'm still Housing-First when it comes to homelessness solutions, but sometimes small solutions are worth a look, and a grant proposal, too.

The post-discharge instructions also said to use a hair dryer on the cool setting, and indicated that this would help the healing of my scalp. The instructions didn't say why this would help. Since I don't normally use a hair dryer, ever, I was mystified as to why I would want to use one now. I eventually did start using the hair dryer when I felt strong enough or awake enough to handle it. At a later post-discharge appointment, I was told that I needed to keep my hair dry. I originally thought the goal of the hair washing was to keep my hair clean, which is why I would sometimes wash my hair with the spray bottles twice or three times a day if my hair started feeling sweaty or unkempt. Once I understood that the point of the hair dryer was to make sure my hair was dry after washing it, I did use the hair dryer consistently. My experience regarding the hair dryer suggests that some small adjustments in the post-discharge instructions regarding hair washing and hair dryer use would make the communications clearer. A video of how to wash one's hair post-discharge, both with staples and after staple removal, would also be useful: especially in the beginning after getting home from the hospital, I wasn't sure whether I was being too gentle or not gentle enough when washing my hair.

Covid-19 issues

More first Emergency Department visit, March 17, 2021

If I had not left the Emergency Department AMA when I did, I would have not had the second shot in time to allow me to be in the hospital with lower anxiety and lower risk of Covid-19 infection when I had to be admitted for the subdural hemorrhage.

It is worth remembering that at the time I signed up for my first Covid-19 vaccine shot, the vaccine was in limited supply in NYC, and signing up was a difficult process. Had I missed my first shot appointment, there was no guarantee I would have gotten another appointment any time soon.

Notes on gratitude and expertise

Ideally, I would send each person who contributed to my care a handwritten note. I would also be open to creating a kind of professional-platonic, weak-network series of coffee conversations (when I am allowed to have coffee again) to thank each in person, at least those who are interested. Further, I think it could be useful, both from a gratitude perspective and from a hospital morale perspective to support a similar weak-network of conversations among staff who were connected to me, but who might not be connected to each other. The latter is also concerned with finding connections and opportunities for growth within expertise-types and across expertise-types.

The metaphorical jelly donut of my hospital stay

In addition to the surgery, the recovery and everything else, my hospital stay included a metaphorical Jelly Donut. In an episode of Sesame Street, Grover (I think, it has been a long time since I have seen it) runs a four minute mile. When he gets back to the start, the human actor in the scene notices that Grover has jelly on him. It turned out that Grover not only ran a four minute mile, he also had time to stop and eat a jelly donut. My hospital Jelly Donut was figuring out how to watch FiOS TV on my phone. I ended up watching the movie *The Truth About Cats and Dogs*.

Guesstimate of NYP Hospital operational capacity and opportunities for growth

I would guesstimate that NYP Hospital is running at 102% capacity. There is some tension, which is good because it indicates that the staff is striving to improve. If I were to pick one place to tap, I would look at validating and acknowledging nurse expertise. For example, a doctor moved the drain boxes lower to the floor on the pole so they would more effectively drain. Later after s/he had left, nurses saw this and were concerned that the drain boxes could now be accidentally stepped on or put in an unsanitary state. I don't have the expertise to know who was right. My point is that if a safer space for interchange between different types of expertise can be created, I think advances in treatment and procedures could be found. This could also raise staff morale, especially nurse morale, at a time when Covid-19 has strained everyone. There was one night where the ICU was short staffed by two nurses, and I could feel the legitimate emotions on both sides of the conversation just outside my room. There were also overheard conversations indicating a camaraderie among staff that suggests the NYP Hospital whole is greater than the sum of its parts, and thus has the capacity to weather these current pandemic strains on workload. Maybe provide the nurses with better coffee: a relatively inexpensive way to activate the Hawthorne Effect and make people feel special and motivated⁴. None of the staff showed any arrogance or attitude issues. There was some normal intra-institutional friction (frisson?), but there is also the capacity to turn friction/frisson into smooth progress.

⁴ I am developing a blind taste test of an entrepreneurial brand of coffee, so if some hospital staff wanted to participate, the coffee could be free – to them, I am going to act like the New York Times and pay for it myself.

Combined staff-type expertise development also has the potential to be an effective marketing aspect for the hospital, consistent with its current tagline "Amazing things are happening here."

Tests of lucidity

As an undergraduate at Stanford University, when I was a resident and eating associate at the Hammarskjöld House Cooperative, we used to play volleyball behind the house before and after dinner. Once, the ball rolled under a fire escape. I went to retrieve it, and lifted my head too soon. I hit my head on the fire escape. My head started to bleed, in the profuse way a head can bleed. To test whether I was lucid at that time, I was asked to spell Hammarskjöld, which I did successfully.

During my stay in the New York Presbyterian Hospital Neuroscience ICU, I was repeatedly asked tests of lucidity, such as where I was. Since I had seen the sign to the ICU as I was first rolled in, I responded "2 Neuroscience ICU" – which seemed to impress the questioners. It was only later that I realized I was actually in "2 South Neuroscience ICU" – if I am going to have my lucidity tested, let's have some accuracy.

In an attempt to self-impose a more difficult lucidity test, after the questioner got done with the basic questions, I would often offer to spell Hammarskjöld (it's not complete if you forget the umlaut above the "o"). Not only did the staff often not know how to spell Hammarskjöld, they often didn't know that Dag Hammarskjöld was the first Secretary General of the United Nations. Partly out of a sense of humor, since patients need humor in an ICU to recover well, and partly out of all seriousness, What are the schools teaching these days?!?!

There was only one thing I could do: train myself to spell Hammarskjöld *backwards*. Dlöjksrammah. This is not easy. The part that kept making me pause was trying to reverse the skj to jks in the middle of his name.

Later on, at home, I realized that there is a word that relates directly to head injuries, and which could serve as an advanced lucidity test: Hemorrhage. How many m-s? How many r-s? Does it have an h in the middle? Now that I have written Hemorrhage over and over again in this report, and in various emails to people, I think I have the spelling down, even without spellcheck, but it took a lot of repetition.

Closing thoughts

Sometimes pressure breaks you; sometimes pressure forges you.

The experience of recovering from my subdural hemorrhage has forged me for the better, particularly because I have taken the time to write up and share my experience. Hopefully this report will benefit others, and will encourage other hospital patients to reflect on their own experiences.

Appendix A: Art can happen anywhere, including in an ER

In the first Emergency Department visit a new Troubadour Doggerel came to me: "Your eyes shine like freshly polished stethoscopes." This is an active compliment, but it is also absurd because stethoscopes are for listening, not seeing.

Troubadour Doggerel is a project I am working on to elevate discourse on appearances. It would be better if we could mostly talk about people's skills and effort, but we live in a society that is obsessed with appearances. Since it seems like comments about appearances are inevitable, can we avoid simplistic comments like "You are so beautiful."? (Some of which, it turns out, are automatically suggested by social media platforms.) Instead, if one must make an appearance-based comment, at least make it sound poetic. If you are an actual poet, great. If not, write doggerel: bad or imperfect poetry, and then own it. Just as appearance does not need to be perfect (and claims that a person's appearance is perfect can often be more harmful than helpful), poetry doesn't have to be perfect.

Troubadours were professional poets and singers in Medieval Europe who wrote courtly love poems, and other art, about people they were not themselves romantically involved with or interested in. That's my understanding, anyway.

So, you are laying in bed for three days, a nurse stops by and you think her eyes are beautiful. You have no interest in her (or him, Troubadour Doggerel can work to and from any gender), other than a little conversation to pass the time, and perhaps to boost her self-esteem. Should you tell the nurse, "Your eyes shine like freshly polished stethoscopes."? Probably not, unless you have superior conversation skills and/or can find an appropriate conversational context.

Do nurses deserve Troubadours? Yes, absolutely. Just imagine if the hospital hired poets to do rounds where they would serenade nurses during slow times to boost their self-esteem with skills-based poetry? For example, "Your skill with a straight-cat helps patients feel happiness equal to a housecat in full purr." (Ridiculous? Yes. But true? Also yes. I speak from personal experience. And not a single reference to appearance! Follow the path of greatest resistance, and your poetry will likely find greater depth. People will probably still think you have two heads, but in a neuroscience unit, that should be a plus.) In addition, I have observed women greet other women with appearance-only compliments (Mostly in coffee shops. I suspect that this focus on appearance is also unhelpful, even if not intended as such). So, perhaps at a change of shift, one nurse could greet another (and also independent of gender, since nurses can be any gender), by saying, "Your eyes shine like freshly polished stethoscopes." And then the other nurse could say the same back. Or s/he could transcend appearances entirely by saying, "Your professionalism is as confident as The Machine that Goes Beep in the middle of a blood pressure check." Or, "Your confident care is as radiant as a thousand perfect CAT scan studies."

Appendix B: Photographic sequence, mostly daily, showing the initial severe head trauma (Zombie Raccoon Syndrome), and subsequent three week recovery

5/24/2021 Draft

March 17, 2021, was a day that will live, if not in infamy, in a forever memory of two black eyes that looked like the patterns that ring raccoon eyes, and red puffy blood sacs where the whites of my eyes were supposed to be. The red instead of white eyes led me to think that while I did resemble a raccoon, calling myself a raccoon would be disrespectful to actual raccoons, so I have adopted the term Zombie Raccoon as a short hand for the result of the severe head trauma I experienced. Also, zombies, in addition to being fictional and unlikely to take offense at anything, are marketable, and thus can be used to "sell" ideas related to what happened to me in a manner both serious and humorous.

The photos are presented here in a smaller size, mostly to preference the sequence over the details of any one photo. Larger versions may be made available later, and certainly can be provided upon request. A few photos will be presented larger because they have special significance to the overall narrative.

Dates for these photos are from the file names.

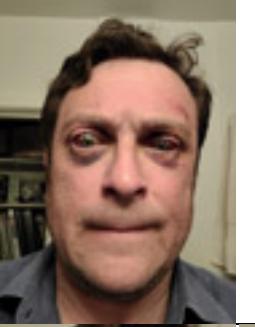
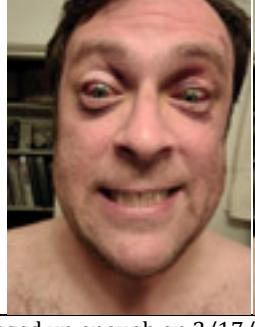
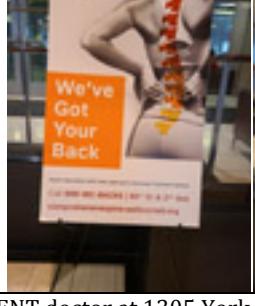
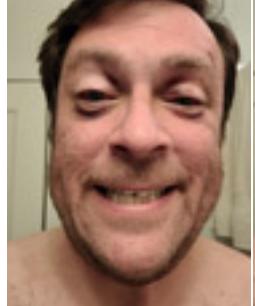
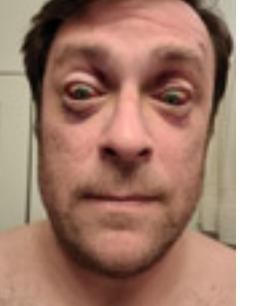
| | |
|--|--|
| 3/17/2021 | |
| These photos are full size. The next row are the same photos auto-resized to a smaller file size in PhotoShop. | |

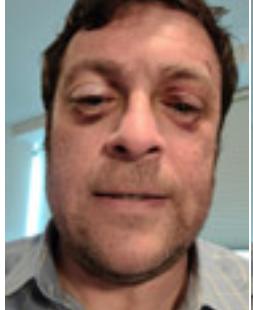
File names in the first column allow for specific photos to be found on my computer and used individually at full or other sizes. These smaller versions usually end in _r_SmTry3 meaning rotated & small file size, 3rd attempt at a standardized resizing method. The date and time the photo was taken are embedded in the file names.

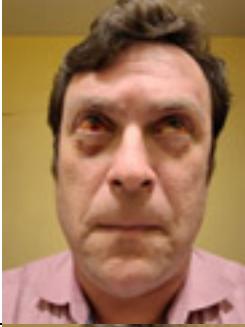
| | |
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| 3/17/2021 7:31 | |
| 20210317_073128r 20210317_073141r 20210317_073152r 20210317_073715r | |

Taken in the same morning as the accident. Taken at the Cornell NYP Hospital Emergency Department, before leaving for my Pfizer Covid-19 Vaccine Shot at the 168th Armory Track, Columbia Hospital vaccination center.

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|---|---|---|--|--|
| 3/17/2021 7:37 am 20210317_0737 |  | | | |
| 3/17/2021 10:20 am Photographs were not allowed in the vaccine center. This was just outside of the vaccine center, where people put their vaccine stickers, creating a collective collage. 20210317_1020 |  | | | |
| 3/17/2021 4:51 pm 20210317_165144r_SmT ry3 20210317_165153r_SmT ry3 20210317_165200r_SmT ry3 |  |  |  | |
| 3/18/2021 2:21 pm 20210318_142133r_SmT ry3 20210318_142135r_SmT ry3 20210318_142138r_SmT ry3 |  |  |  | |
| 3/19/2021 7:47 pm 20210319_194726r_SmT ry3 20210319_194730r_SmT ry3 |  |  | | |

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|--|---|---|---|---|
| <p>3/20/2021 9:10 pm</p> <p>20210320_210629r_SmT ry3 20210320_210633r_SmT ry3</p> |  |  | | |
| <p>3/21/2021 11:11 pm</p> <p>20210321_231107r_SmT ry3 20210321_231109r_SmT ry3 20210321_231114r_SmT ry3 20210321_231115r_SmT ry3</p> |  |  |  |  |
| <p>Note that while I looked banged up enough on 3/17/2021, it seems to have taken a few days for the red to replace the white in my eyes. I only spotted this in the photos on 5/5/2021. Before this, I thought the apparent damage was more of a straight sequence.</p> | | | | |
| <p>3/22/2021 3:08 pm</p> <p>20210322_150819r_SmT ry3 20210322_150824r_SmT ry3 20210322_150833r_SmT ry3</p> |  |  |  | |
| <p>At an appointment with an ENT doctor at 1305 York Avenue: posters I thought might be useful later.</p> | | | | |
| <p>3/23/2021 10:05 pm</p> <p>20210323_220556r_SmT ry3 20210323_220559r_SmT ry3</p> |  |  | | |

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| 3/27/2021 6:11 pm 20210327_181125r_SmT ry3 20210327_181127r_SmT ry3 20210327_181129r_SmT ry3 20210327_181131r_SmT ry3 |  |  |  |  |

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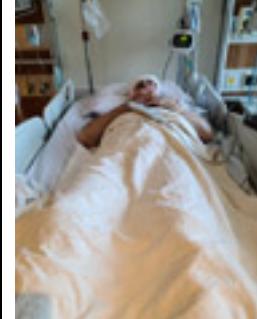
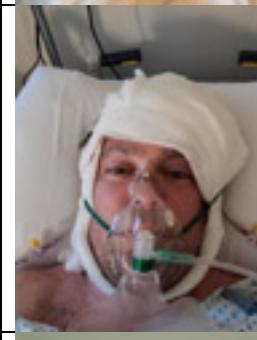
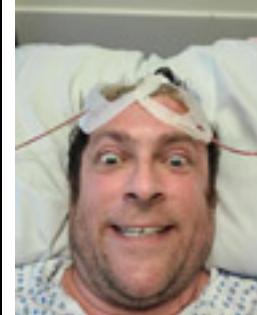
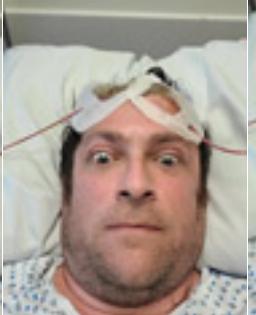
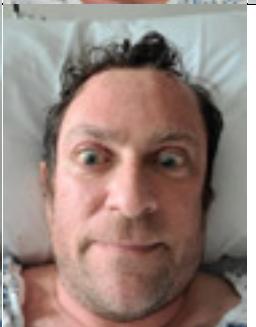
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| 3/31/2021 6:32 am 20210331_083255r_SmT ry3 20210331_083256r_SmT ry3 20210331_083301r_SmT ry3 20210331_083302r_SmT ry3 |  |  |  |  | |
| 3/31/2021 6:33 am 20210331_083303r_SmT ry3 |  | | | | |
| 03/31/2021 10:15 am 20210331_101513r_SmT ry3 |  | | | | |
| Oeufs Columbus (Poached Eggs and Potato Pancakes with Goat Cheese) at Crepes On Columbus Restaurant, eaten outside. The Pfizer Covid-19 Vaccine effectiveness from my first shot on 3-17-21 was at 50% as of this breakfast, more or less. | | | | | |
| 4/1/2021 9:38 pm 20210401_213823r_SmT ry3 20210401_213824r_SmT ry3 20210401_213827r_SmT ry3 20210401_213829r_SmT ry3 |  |  |  |  | |
| 4/4/2021 5:18 pm 20210404_171857r_SmT ry3 20210404_171858r_SmT ry3 20210404_171905r_SmT ry3 20210404_171907r_SmT ry3 |  |  |  |  | |

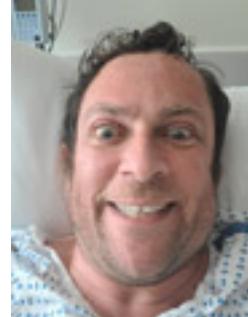
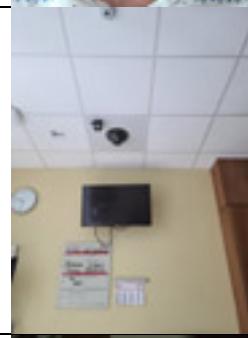
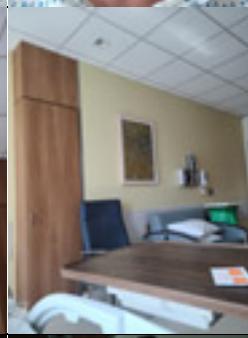
| | | | | |
|---|---|---|--|---|
| 4/4/2021 9:38 pm 20210404_213837r_SmT ry3 20210404_213842r_SmT ry3 20210404_213845r_SmT ry3 20210404_213848r_SmT ry3 |  |  |  |  |
| 4/4/2021 9:38 pm 20210404_213849r_SmT ry3 |  | | | |
| 04/05/2021 12:26 pm 20210405_122611r_SmT ry3 20210405_124849r_SmT ry3 20210405_124852r_SmT ry3 20210405_124900r_SmT ry3 |  |  |  |  |
| Lunch at Harlem Tavern with a close friend. Two days before my 2 nd Pfizer Covid-19 Vaccine Dose. | | | | |
| 04/06/2021 6:38 pm 20210406_183801r_SmT ry3 20210406_183803r_SmT ry3 20210406_183806r_SmT ry3 20210406_183807r_SmT ry3 |  |  |  |  |
| One day before my 2 nd Pfizer Covid-19 Vaccine Dose. This is the last sequence of selfies I took, before the next phase kicked in. As can be seen, my face and eyes look entirely or almost entirely healed. I thought I was in the clear, but little did I know what awaited me a few days later. | | | | |

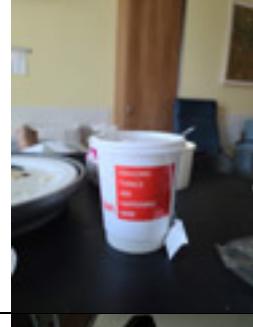
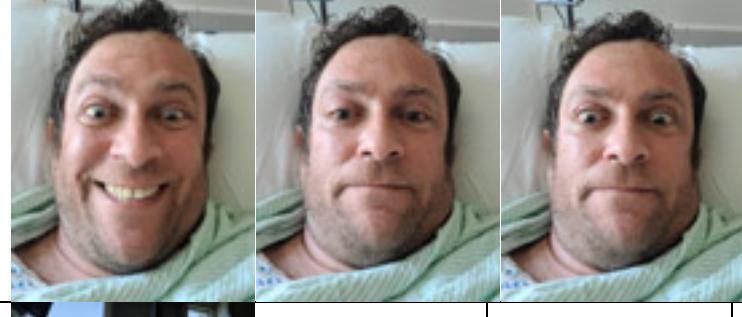
Appendix C: Subdural Hemorrhage Hospital Photos

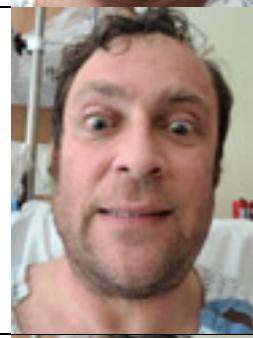
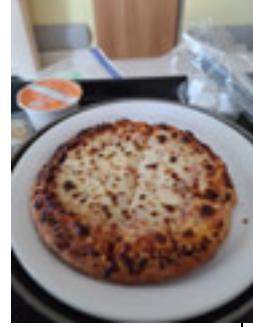
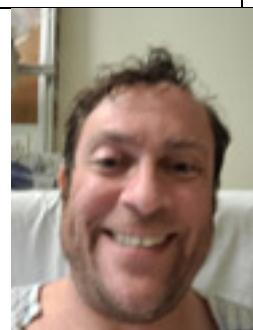
5/7/2021 Draft

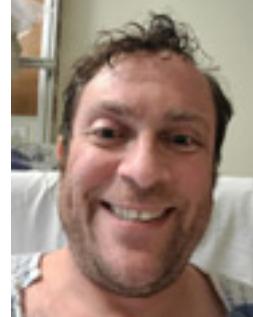
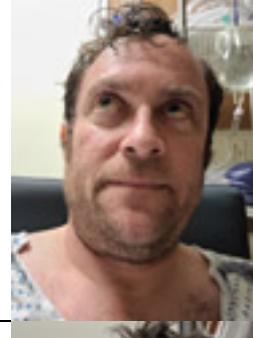
The first sequence of photos was taken by my wife. The rest are selfies, and food photos because, well, of course.

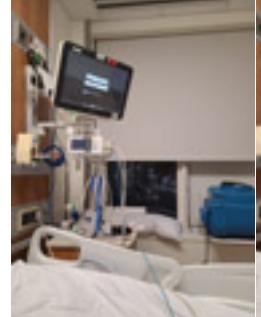
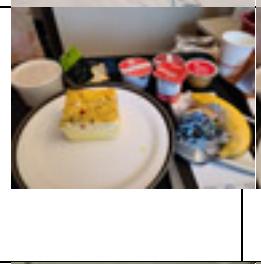
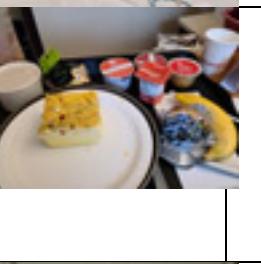
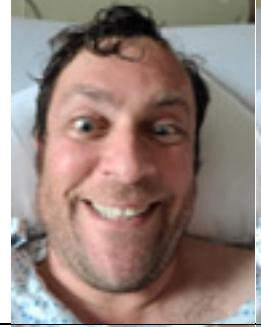
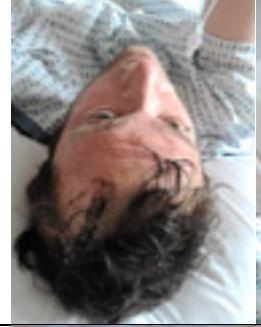
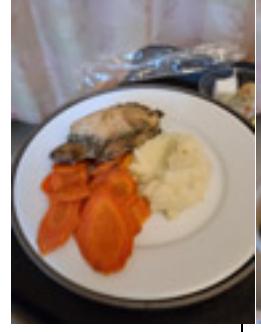
| | | | | |
|---|---|---|--|---|
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| 4/11/2021 6:12 pm 20210411_181228_r_Sm Try3 20210411_181230_r_Sm Try3 |  |  | | |
| 4/12/2021 4:49 pm 20210412_164927_r_Sm Try3 20210412_164929_r_Sm Try3 20210412_164933_r_Sm Try3 20210412_164935_r_Sm Try3 |  |  |  |  |
| 4/13/2021 9:37 am 20210413_093755_r_Sm Try3 20210413_093757_r_Sm Try3 |  |  | | |

| | | | | |
|---|---|---|--|---|
| <p>4/13/2021 10:28 am</p> <p>20210413_102823_r_Sm Try3 20210413_102825_r_Sm Try3</p> |   | | | |
| <p>4/13/2021 10:30 am</p> <p>20210413_103034_r_Sm Try3 20210413_103051_r_Sm Try3</p> |   | | | |
| <p>4/13/2021 12:19 pm</p> <p>The Machine that Goes Beep stands watch.</p> <p>20210413_121931_r_Sm Try3 20210413_121940_r_Sm Try3</p> |  |  | | |
| <p>4/13/2021 12:33 pm</p> <p>20210413_123333_r_Sm Try3 20210413_123445_r_Sm Try3 20210413_123452_r_Sm Try3 20210413_123458_r_Sm Try3</p> |  |  |  |  |
| <p>4/13/2021 12:35 pm</p> <p>20210413_123504_r_Sm Try3 20210413_124543_r_Sm Try3 20210413_124548_r_Sm Try3 20210413_124602_r_Sm Try3</p> |  |  |  | |

| | |
|---|--|
| <p>4/13/2021 12:46 pm</p> <p>20210413_124606_r_Sm Try3</p> <p>20210413_124619_r_Sm Try3</p> <p>20210413_124623_r_Sm Try3</p> <p>20210413_124701_r_Sm Try3</p> |  |
| <p>4/13/2021 12:47 pm</p> <p>If you are thinking that I intentionally faced the cup of tea for the benefit of the NYP marketing department, you would be correct.</p> <p>20210413_124705_r_Sm Try3</p> |  |
| <p>4/13/2021 1:01 pm</p> <p>20210413_130100_r_Sm Try3</p> |  |
| <p>4/13/2021 2:30 pm</p> <p>20210413_143008_r_Sm Try3</p> <p>20210413_143013_r_Sm Try3</p> <p>20210413_143014_r_Sm Try3</p> |  |
| <p>4/13/2021 2:56 pm</p> <p>20210413_145607_r_Sm Try3</p> |  |

| | | | | |
|--|---|---|--|---|
| <p>4/13/2021 9:13 pm</p> <p>20210413_211336_r_Sm Try3 20210413_211339_r_Sm Try3 20210413_211344_r_Sm Try3 20210414_102242_r_Sm Try3</p> |  |  |  |  |
| <p>4/14/2021 10:22 am</p> <p>20210414_102245_r_Sm Try3 20210414_102248_r_Sm Try3 20210414_102254_r_Sm Try3 20210414_102255_r_Sm Try3</p> |  |  |  |  |
| <p>04/14/2021 10:22 am</p> <p>20210414_102257_r_Sm Try3</p> |  | | | |
| <p>4/14/2021 1:29 pm</p> <p>Cheese pizza at NYP.</p> <p>20210414_132936_r_Sm Try3 20210414_132941_r_Sm Try3 20210414_132946_r_Sm Try3 20210414_132948_r_Sm Try3</p> |  |  |  |  |
| <p>4/14/2021 5:54 pm</p> <p>20210414_175459_r_Sm Try3 20210414_175502_r_Sm Try3 20210414_175503_r_Sm Try3 20210414_175505_r_Sm Try3</p> |  |  |  |  |

| | | | | |
|--|---|---|---|---|
| <p>4/14/2021 5:55 pm</p> <p>20210414_175516_r_Sm Try3 20210414_175524_r_Sm Try3 20210414_175531_r_Sm Try3 20210414_175540_r_Sm Try3</p> |  |  |  |  |
| <p>4/14/2021 5:55 pm</p> <p>20210414_175550_r_Sm Try3 20210414_175604_r_Sm Try3</p> |  |  | | |
| <p>4/14/2021 9:46 pm</p> <p>20210414_214632_r_Sm Try3 20210414_214634_r_Sm Try3 20210414_214636_r_Sm Try3 20210414_214644_r_Sm Try3</p> |  |  |  |  |
| <p>4/14/2021 9:46 pm</p> <p>20210414_214647_r_Sm Try3 20210414_214659_r_Sm Try3 20210414_214706_r_Sm Try3 20210414_214712_r_Sm Try3</p> |  |  |  |  |
| <p>4/14/2021 9:47 pm</p> <p>20210414_214730_r_Sm Try3 20210414_214732_r_Sm Try3 20210414_214735_r_Sm Try3</p> |  |  |  | |

| | | | | |
|---|---|--|---|---|
| <p>4/14/2021 10:17 pm</p> <p>The Machine that Goes Beep, at rest</p> <p>20210414_221756_r_Sm Try3 20210414_221757_r_Sm Try3</p> |  |  | | |
| <p>4/15/2021 8:13 am</p> <p>Vegetable frittata.</p> <p>20210415_081350_r_Sm Try3 20210415_081358_r_Sm Try3</p> |  |  | | |
| <p>4/15/2021 9:46 am</p> <p>20210415_094638_r_Sm Try3 20210415_094700_r_Sm Try3</p> |  |  | | |
| <p>4/15/2021 9:47 am</p> <p>20210415_094700_r_Sm Try3 20210415_094724_r_Sm Try3 20210415_094731_r_Sm Try3 20210415_094747_r_Sm Try3</p> |  |  |  |  |
| <p>4/15/2021 12:30 pm</p> <p>Chicken, mashed potatoes and carrots</p> <p>20210415_123050_r_Sm Try3 20210415_123058_r_Sm Try3 20210415_123100_r_Sm Try3 20210415_123103_r_Sm Try3</p> |  |  |  |  |

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|--|---|
| <p>4/15/2021 12:53 pm</p> <p>Plate waste study – Before</p> <p>Turkey, gravy, mashed potatoes, greens (second lunch that was a spare that otherwise would have gone to waste).</p> <p>20210415_125311_r_Sm Try3 20210415_125314_r_Sm Try3 20210415_125315_r_Sm Try3</p> |  |
| <p>4/15/2021 1:12 pm</p> <p>Plate waste study – After</p> <p>20210415_131229_r_Sm Try3</p> |  |
| It took me about 19 minutes to inhale this second lunch. Plate waste was close to 0%. Consumption was close to 100%. | |
| <p>4/15/2021 2:36 pm</p> <p>Ready to leave the hospital from the Neuroscience Step-down unit.</p> <p>20210415_143643_r_Sm Try3 20210415_143646_r_Sm Try3</p> |  |
| <p>4/15/2021 2:36 pm</p> <p>Rocking the metal hair style.</p> <p>20210415_143653_r_Sm Try3 20210415_143654_r_Sm Try3</p> |  |

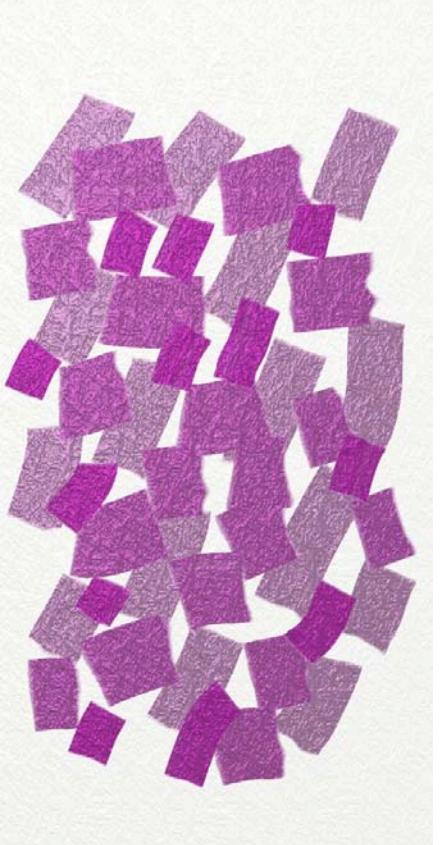
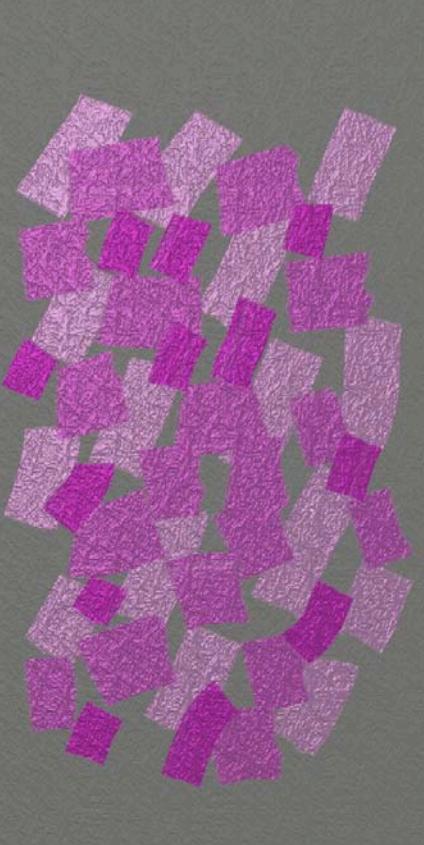
| | | | | |
|---|---|--|--|--|
| 4/15/2021 2:37 pm Shields up. 20210415_143732_r_Sm Try3 |  | | | |
| 4/15/2021 2:49 pm 20210415_144914_r_Sm Try3 |  | | | |

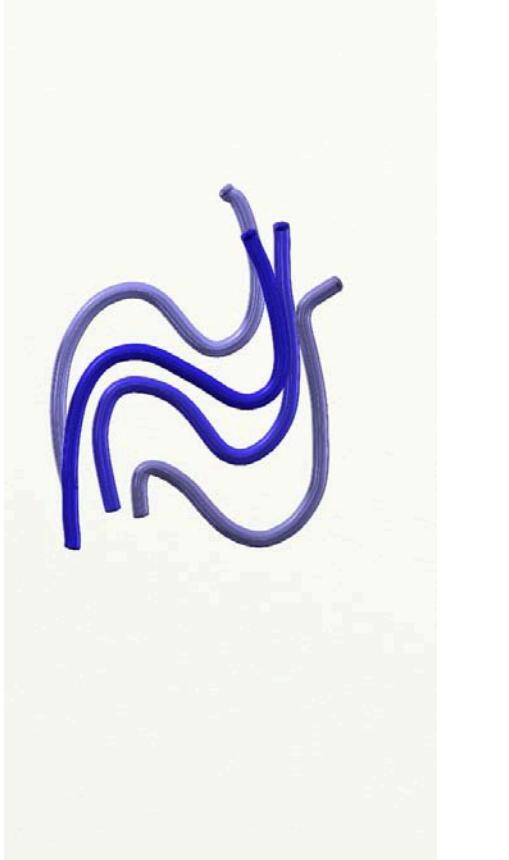
Appendix D: Digital paintings representing Lucid Resting images that came to me during a moment of clarity in the Neuroscience ICU and which helped me achieve greater rest

5/24/2021 Draft

This is a gallery of the digital paintings I created using ArtRage software on my Android phone, all but one created in the hospital. They should be understood as crude representations of what I saw in the hospital ICU room. The actual images I saw were detailed, tended to either gently move or were floating above me, or both. I felt like I had the ability to slow down time while I was viewing the images, or could maintain a slow sense of time. This helped immensely in controlling my anxiety as I needed to lay mostly flat for an extended time (days) so that the drains could do their job and remove the remaining blood from around my brain. This also helped me get more rest than I would have otherwise, in a standard ICU room: standard in the sense that the room inevitably has more light than I normally can sleep with, and has the ever-assertive Machine That Goes Beep, plus nurses who periodically come in and tell you to take pills, put on a oxygen mask or just come in to tell you that they care about you, usually in a non-verbal sense of doing their job (but I think all of the nurses really do care about all of their patients, and I think that matters in both medical and personal senses). I have the drawing ability of an advanced six year old. ArtRage makes my look like a solid nine year old graphic artist. If I can find artist partners, I may try to have better versions of these digital paintings created.

(Blue text has already been used in the main report now.)

| | |
|---|--|
|  |  |
| <p>In the CAT Scanner room, "Inside of the Galaxy Quest Space Dock"</p> <p>You know the scene in the movie <i>Galaxy Quest</i> where Laredo is trying to take the ship out of the space dock for the first time, and he scrapes the paint?</p> <p>The images started in the Scanner room, during the second to last time I had a CAT scan. These images were generally bright. They only occurred when my eyelids were closed.</p> | <p>This version is too dark for what I saw in the scanner room. If the image had recurred in my ICU room, though, it might have been about the right darkness.</p> |

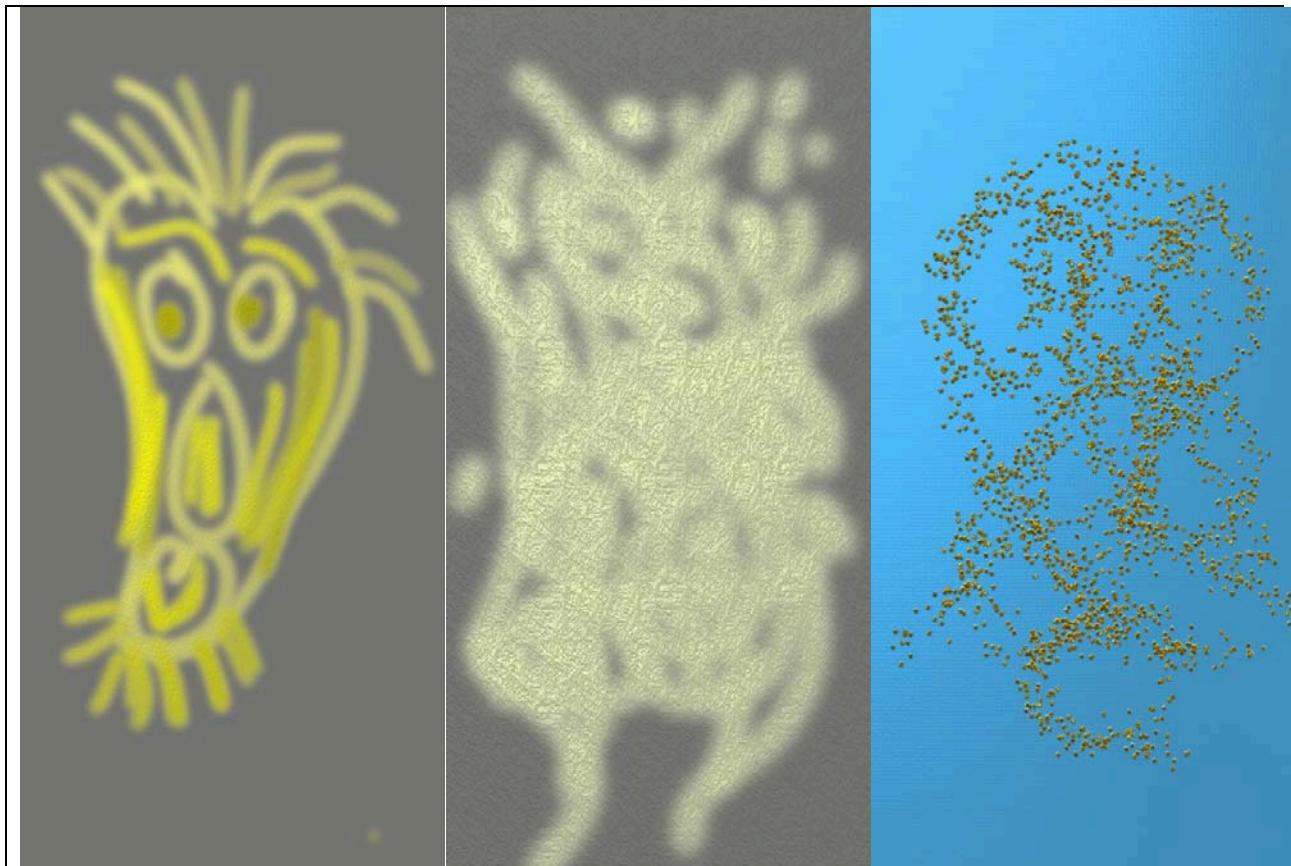


In the CAT Scanner room, "Blue and silver metallic tubes that formed ever-changing images"

The first of these images was of a man's face, formed from blue and silver metallic tubes. The image was very bright. The image was constantly moving. It shifted from the man's face to other forms, exactly what those where I can't recall right now.

Again, this image occurred in the Scanner room, during the second to last time I had CAT scan. These images were generally bright. They only occurred when my eyelids where closed.

This version is not as good as the one on the left, but I managed more 3D tube-like tubes here. See especially the upper right ends of the lines.



Majestic serene cloud lion that looks nothing like a lion 1, think Columbia U. or NYPL for a better image

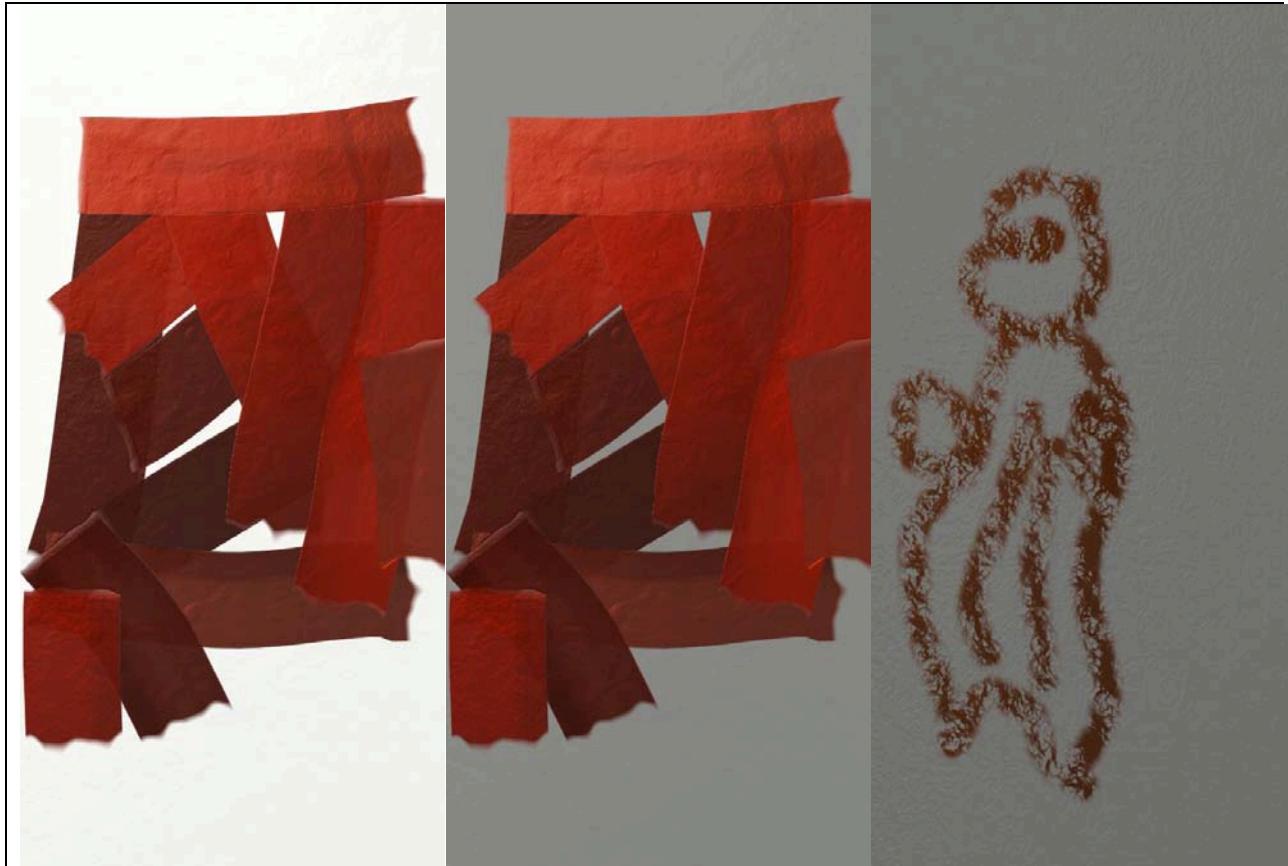
If you take the idea of a welcoming lion, such as those at the main branch of the New York Public Library or on the Columbia University campus (where I am affiliated with Dr. Pam Koch's school food and nutrition research and policy group),

Snowscape floating caves 1

combine it with the kind of softer representation in this digital painting that did happen and is supposed to be snowscape caves you can float in and above and explore,

Not a vision just doodling with two tools 1

plus the kind of particulate sand representation in this image, which isn't a representation of anything I saw, just some doodling to play with the ArtRage tools, you will have a better sense of what the lion images were like. The relative darkness of the backgrounds of the first two are more accurate, although the images themselves tended to be bright, if soft.

**Red ceiling 1_001**

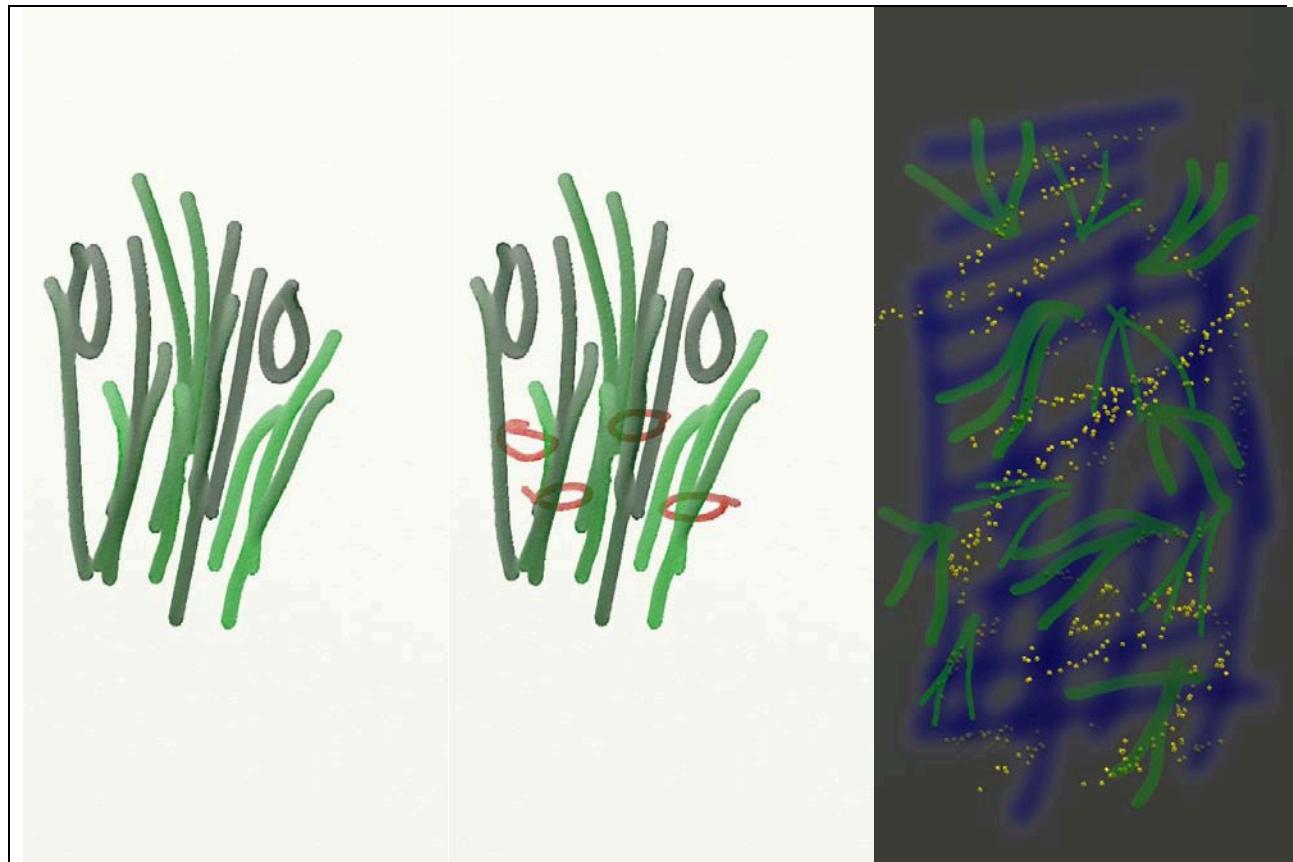
So I was laying flat on my back for a long time, and sometimes, with my eyelids closed, the décor of the room would change. Maybe this was peaceful and meditative because I am often into interior design?

Red ceiling 1

The brighter image makes for better art, per se, but this one is closer to what I actually saw.

Woodblock person 1

Here, imagine dark red wall panels, with woodblock people carved into them. The central figure was often moving. I realize this one looks more like a bear, but it is supposed to be a person, maybe with a hat.



Dense foliage 1

The nurses in the 2 Neuroscience ICU are all very caring, but do they expect the room to fill with dense foliage? This is a representation of the foliage that was sometimes floating above me. It was darker, and a lot denser, more complex and it tended to sway.

Dense foliage 2 with Koi

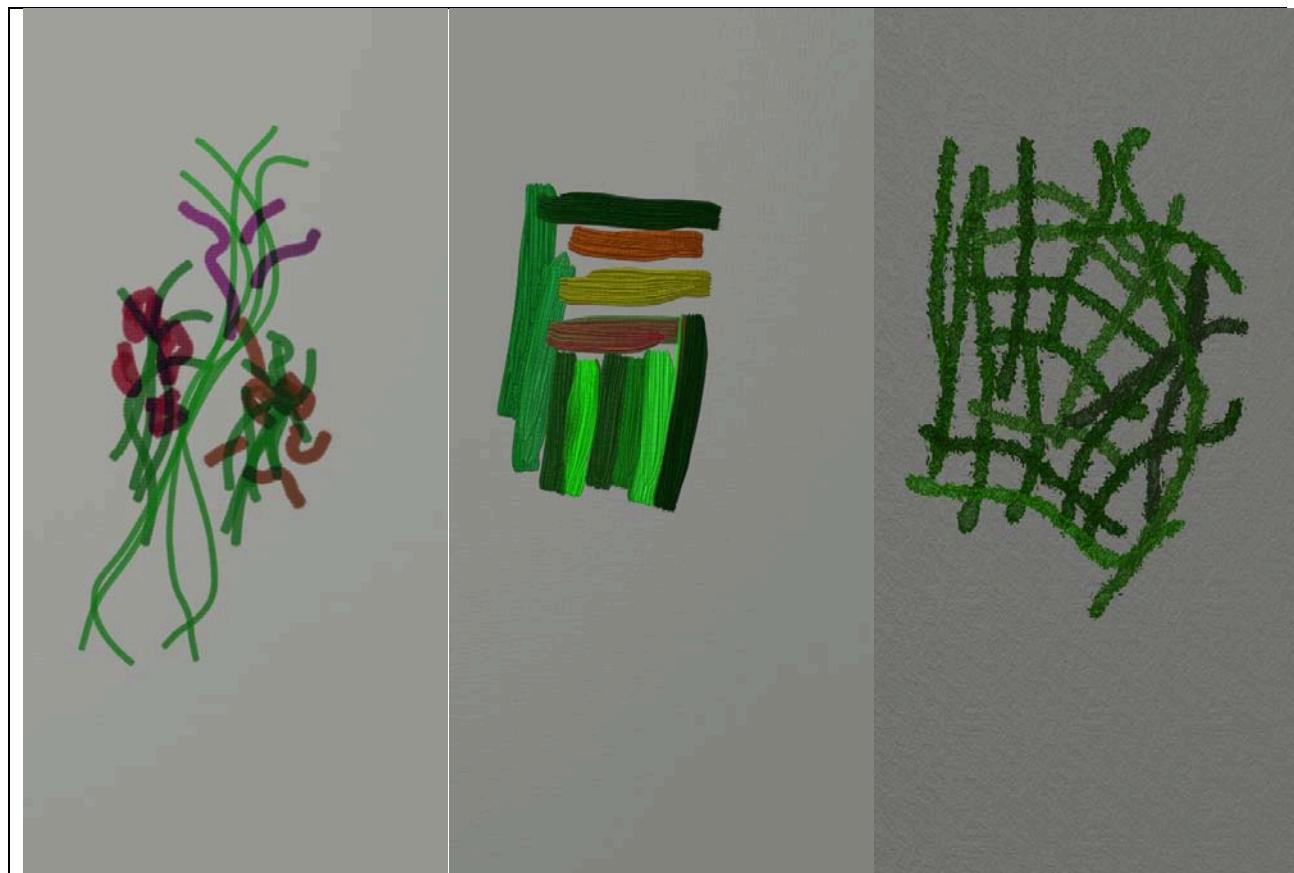
And then, sometimes, the foliage became a little less dense. I could see orange-red-white Koi swimming below the plants. Also a darker image than this digital painting suggests.

This is probably from the fact that I kept a classic goldfish, named Goldy, alive for over five years. Goldy suffered from a hereditary cancer. At one point, she (we don't actually know the gender of the goldfish – very difficult to determine) was bleeding out. Fortunately, a staff person from Manhattan Aquariums happened to be at my place on a housecall. (Yes, expert fishkeepers do make housecalls.) He took Goldy out of the tank, put her on a small table, and performed surgery, stopping the bleeding with a combination of Neosporin and hydrogen peroxide. It was an inspired leap in veterinary medicine. I was a nervous wreck and left the room so I wouldn't disturb his work. Goldy lived several more years, probably the longest of any of the goldfish obtained at that fair in Riverside Park.

Floating foliage over night sky seen from a plane 1

Have you ever looked out the window of an airplane at night, while flying over small towns? This is that, except that between the plane and the ground were floating foliage. I think there may have been pinpoint lights getting through my closed eyelids, to create the excitation that resulted in what looked like ground lights. Or the blue pinpoint light of what I think is the router.

I've had both Covid-19 Pfizer vaccine shots now, so one of these days I might actually get on a plane going somewhere.



Papier Mache interweaved foliage 1

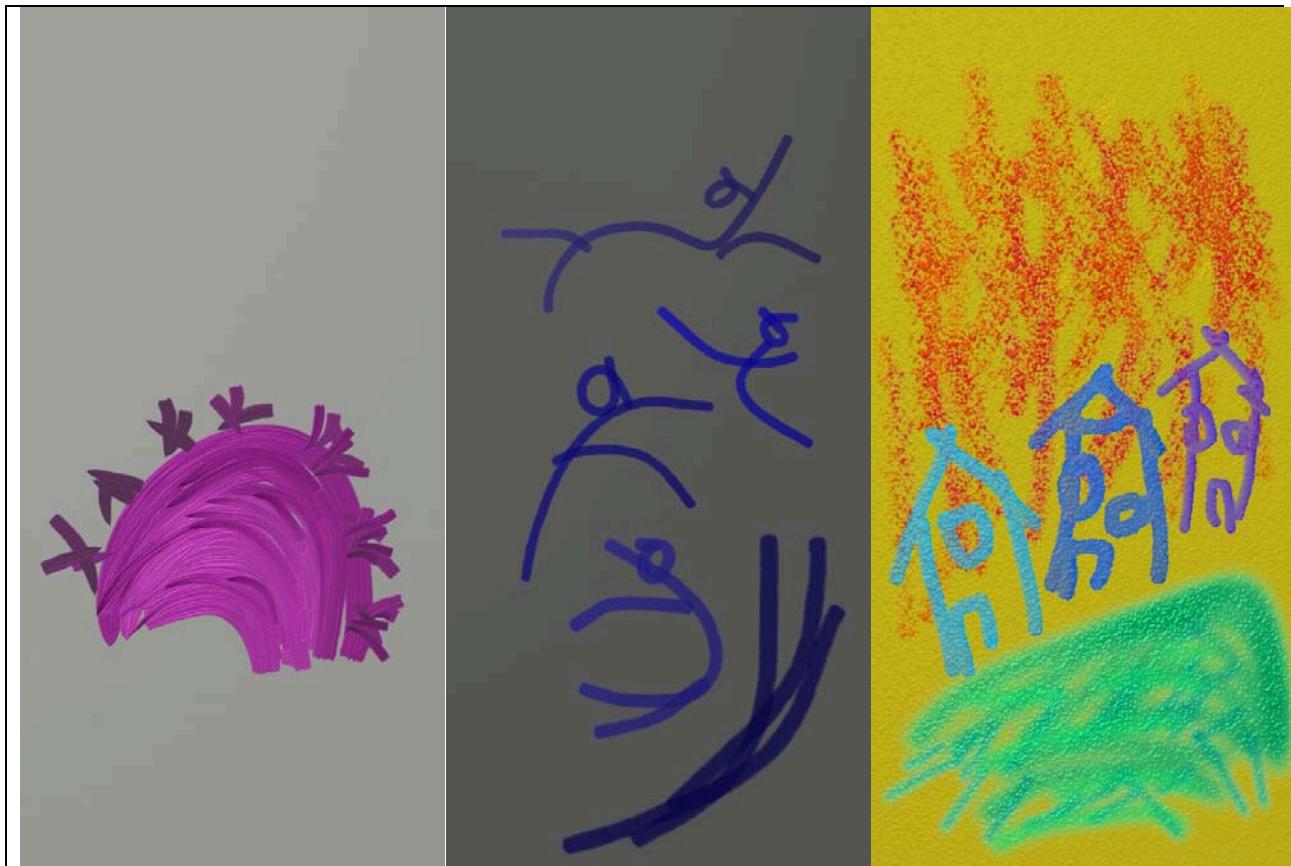
This one was foliage, but it was clearly papier-mâché, not live foliage.

Red and green pattern 1

This one is just a pattern, I think. Maybe for a ceiling or a wall. If you use this to decorate your apartment, invite me over for coffee or cocktails and I will say something intelligent about it. Or about how your baseboards are so elegant. I did that once. The person took it as a compliment, but was a little mystified. What can I say, I like interior design.

Dense green ceiling 1

This was kind of like one of those richly sculpted ceilings made of tin (which, by the way, were a cheaper alternative to doing the same kind of design in leather), but it was dense, dark plant life. Not foliage exactly, more like dense algae colonies forming intricate 3D shapes. I am going to presume this was inherently sanitary algae, or maybe lichen, because if it wasn't, the nurses or the aides would have to clean it off of the ceiling, and they are all already a little overtaxed, what with Covid-19.



| Almost blueberry under microscope raw skin vision 1 | Dancers in air or water 1 | Houses with fire in the background Houses with non-burning fire drawn based on seen in hospital but drawn week or two later 1_001 |
|--|--|--|
| <p>And then sometimes things just get weird. I realize this one looks a little like a virus particle, or a cell with receptors on it, but it is not. It is a blueberry, seen under a low power microscope. How do I know this? I have a portable low power microscope with a built in camera, which I got with frequent flyer miles, back when I was still flying frequently, or was, and had to use the miles before they expired. Blueberries, and other food, photographed under a microscope can look seriously weird. The raw skin idea is probably from laying on my back for over a day and feeling a little stressed, even with this Lucid Resting meditative state.</p> | <p>I am a dancer. Ex-competitive Ballroom, Westie. Also taken a little Flamenco. Seen and written about 800 or more dance shows, dance socials and the occasional dance fashion editorial article, among others. ExploreDance.com, if you need something to read. 5000+ pages! Been the President of the Dance Critics Association (DCA) since 2008, trying to revive it. You want to be the Vice President of the DCA, let me know.</p> <p>There was this dance performance, in three dimensions, in either air or water or both.</p> | <p>I also remember seeing an image sort of like houses with fire in the background. I didn't get around to trying to paint that one at the hospital. I drew the image above some days after I got home, so my memory of the vision was less fresh. Mind you, the houses were not <i>on fire</i>, so no one was getting hurt. Just houses, maybe blue, with orange or yellow patterns jumping around behind them.</p> |

I wasn't able to recreate the Lucid Resting outside of the Neuroscience ICU, neither in the 2 West Neuroscience Step Down Unit, nor at home. Maybe I was able to get more sleep in these spaces, and couldn't generate the Lucid Resting because I didn't need it as much. And I was allowed to get up and use a toilet like a human by this point, although once the alarm went off when I tried to get out of bed in the Neuroscience Step-down Unit. I have kept

trying to generate the Lucid Resting images, but any images I am getting tend to be mostly flat.

I know I did generate these images, that I was able to effectively slow down the apparent passage of time, which then helped me last as long as I needed to on my back with much less anxiety. By contrast, staring at the clock in the first 24 hours, especially at night, trying to will it to go faster, trying to calculate that because the clock hadn't been changed for daylight savings time because of Covid, I was actually an hour farther through my ordeal than I was, or maybe two hours farther, just made the time crawl all the slower, and thus make the ordeal feel longer.

I feel that further exploration of Lucid Resting could be a way of enhancing rest and the general experience of patients in ICU rooms which are less than conducive to rest (see excess light and The Machine That Goes Beep), without having to change anything about the rooms themselves or the way that nurses and others assist patients with recovery in those ICU rooms.

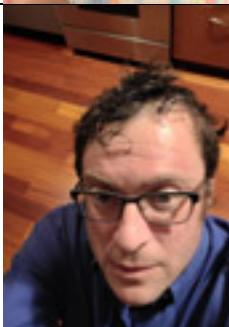
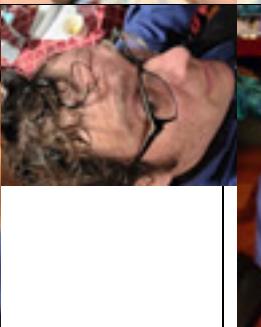
Postscript. I have more recently had some success at home. Instead of trying to find images, I have been concentrating on whatever presents itself with my eyelids closed, even if it is just random noise or Brownian Motion dots, and trying to focus on keeping the felt experience of that slow or slowed down. I wouldn't call it full lucid resting, but it is closer.

The evening of 5/5/2021, I started seeing more imagery, some in color, than recently. It was still not lucid resting, but was closer.

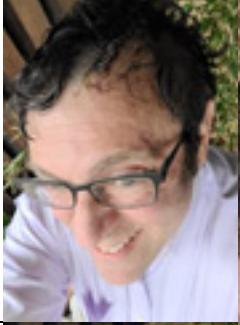
Appendix E: After Hospital Photos

5/24/2021 Draft

These are a series of photos to document my recovery from surgery after I was discharged from the hospital. Plus a few relevant food photos, because food photos are always relevant, even when they are not.

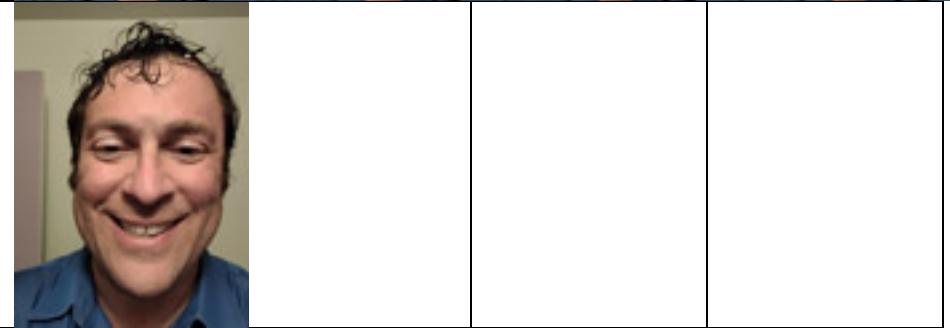
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| 4/15/2021 8:02 pm 20210415_200255_r _SmTry3 |  | | | |
| 4/15/2021 9:26 pm 20210415_212652_r _SmTry3 20210415_212702_r _SmTry3 20210415_212713_r _SmTry3 20210415_212720_r _SmTry3 |  |  |  |  |
| 4/15/2021 9:27 pm 20210415_212722_r _SmTry3 20210415_212726_r _SmTry3 |  |  | | |
| 4/15/2021 10:04 pm 20210415_220446_r _SmTry3 20210415_220534_r _SmTry3 20210415_220551_r _SmTry3 |  |  |  | |
| 4/16/2021 7:52 pm 20210416_195257_r _SmTry3 20210416_195303_r _SmTry3 20210416_195447_r _SmTry3 |  |  |  | |

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| <p>4/16/2021 7:54 pm</p> <p>20210416_195452_r _SmTry3 20210416_195456_r _SmTry3 20210416_195502_r _SmTry3</p> |  | |
| <p>4/16/2021 10:35 pm</p> <p>20210416_223546_r _SmTry3 20210416_223556_r _SmTry3 20210416_223600_r _SmTry3 20210416_223608_r _SmTry3</p> |  | |
| <p>4/17/2021 10:44 am</p> <p>Breakfast crepe from Crepes on Columbus, delivered.</p> <p>20210417_104431_r _SmTry3 20210417_104436_r _SmTry3</p> |  | |
| <p>4/17/2021 8:14 pm</p> <p>20210417_201435_r _SmTry3 20210417_201442_r _SmTry3</p> |  | |
| <p>4/18/2021 2:49 pm</p> <p>20210418_144907_r_SmallTry3 20210418_144909_r_SmallTry3 20210418_144912_r_SmallTry3 20210418_144918_r_SmallTry3</p> |  | |

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|--------------------------|--|--|
| 4/18/2021 2:49 pm | 20210418_144920_r_SmallTr y3 20210418_144926_r_SmallTr y3 20210418_145011_r_SmallTr y3 20210418_145012_r_SmallTr y3 |     |
| 4/18/2021 2:50 pm | 20210418_145014_r_SmallTr y3 20210418_145016_r_SmallTr y3 20210418_145018_r_SmallTr y3 20210418_145019_r_SmallTr y3 |     |
| 4/18/2021 2:50 pm | 20210418_145056_r_SmallTr y3 20210418_145057_r_SmallTr y3 20210418_145058_r_SmallTr y3 20210418_145100_r_SmallTr y3 |     |
| 4/18/2021 2:51 pm | 20210418_145101_r_SmallTr y3 20210418_145102_r_SmallTr y3 20210418_145103_r_SmallTr y3 20210418_145104_r_SmallTr y3 |     |
| 4/18/2021 2:51 pm | 20210418_145106_r_SmallTr y3 20210418_145107_r_SmallTr y3 20210418_145109_r_SmallTr y3 20210418_145110_r_SmallTr y3 |     |

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| <p>4/18/2021 2:52 pm</p> <p>20210418_145218_r_SmallTry3 20210418_145219_r_SmallTry3 20210418_145220_r_SmallTry3 20210418_145221_r_SmallTry3</p> |  |
| <p>4/18/2021 2:52 pm</p> <p>20210418_145224_r_SmallTry3 20210418_145225_r_SmallTry3 20210418_145226_r_SmallTry3 20210418_145227_r_SmallTry3</p> |  |
| <p>4/18/2021 2:52 pm</p> <p>20210418_145228_r_SmallTry3 20210418_145229_r_SmallTry3 20210418_145231_r_SmallTry3 20210418_145233_r_SmallTry3</p> |  |
| <p>4/18/2021 2:52 pm</p> <p>20210418_145234_r_SmallTry3 20210418_145234(0)_r_SmallTry3 20210418_145236_r_SmallTry3</p> |  |
| <p>4/19/2021 7:18 am</p> <p>20210419_071800_r_SmallTry3</p> |  |

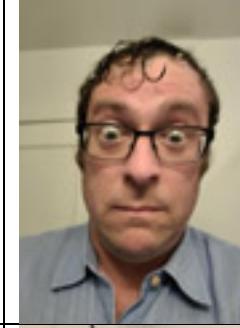
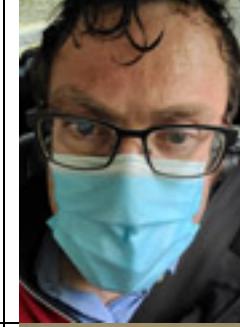
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|---|--|
| <p>4/19/2021 6:23 pm My brother-in-law's family sent these lovely yellow roses.</p> <p>20210419_182316_r_SmallTr y3 20210419_182323_r_SmallTr y3 20210419_182345_r_SmallTr y3 20210419_182352_r_SmallTr y3</p> |  |
| <p>4/21/2021 6:30 am</p> <p>20210421_063027_r_SmallTr y3 20210421_063034_r_SmallTr y3 20210421_063043_r_SmallTr y3 20210421_063049_r_SmallTr y3</p> |  |
| <p>These spray bottles cost \$4.49 plus tax each my local Rite Aid. They are 24 ounce bottles. These happened to be a Rite Aid brand called Daylogic. They also had 12 ounce spray bottles for about the same price.</p> | |
| <p>I have most recently been using a relatively natural shampoo from my barber shop (Fellow Barber), but it turned out that when the instructions said to massage the shampoo into the hair and scalp, they really meant it. Normally this isn't a problem, but with staples in my head, massaging my head isn't an option. Their Winter Wash shampoo doesn't dissolve well in water. I didn't have any mostly natural shampoo in the apartment. My wife and I went to Rite Aid and bought some Babyganics shampoo + body wash. This dissolved well in water. (Just as a proviso, if you have a product which you call "natural" and you are selling it in California, you are likely to get sued. Be prepared to defend what you mean by the term "natural" – in my case here, I mean avoiding ingredients that seem industrial or harsh, and looking for ingredients made from plants, without or with minimal pesticides.)</p> | |
| <p>I had actually started using the handheld shower head that I coincidentally had installed in the shower during a previous renovation. This was suggested by the visiting nurse as a good way to wash my hair with the staples in it. While I thought this was a good suggestion, and it worked, with the help of my wife, we couldn't get the spray from the hand held shower head gentle enough.</p> | |
| <p>By using these two spray bottles, I can wash my hair by myself if I need to. I have taken to spraying first with just water to get the hair wet (Bottle W). I then spray with the water and shampoo solution (Bottle S). (We marked the bottles with a sharpie, but then had to redo them because we made the mistake of trying to mark them while the bottles were wet.) I then spray again with the just water to rinse out the hair. I might brush my teeth at this point, to let some time for the water to run out of the hair. Then I might very gently pat the hair dry with a towel. The rest I can let air dry.</p> | |
| <p>Assuming the NYP teams agree with this approach to washing metal heads like mine, the bottles are not expensive and should be relatively easily obtainable, at least with unsnarled, non-Covid supply chains. That said, I did need help from my wife to go out and find the spray bottles and shampoo.</p> | |
| <p>One option could be for NYP Hospital to buy spray bottles like this in bulk, put an NYP label on them, and give them to patients who need them, so they have them right from the start at home. Or charge some nominal amount for them. Maybe also supply appropriate shampoo solutions, as needed.</p> | |
| <p>I used to be the senior program evaluator for a non-profit called Care for the Homeless. One problem with being homeless, among many others, is difficulty finding somewhere to take a shower or otherwise wash one's hair. Two spray bottles plus water and a water+shampoo solution could possibly make it easier for homeless people to clean their hair, reduce disease, increase their confidence and break the cycle. I'm still Housing-First when it comes to homelessness solutions, but sometimes small solutions are worth a look, and a grant proposal, too.</p> | |

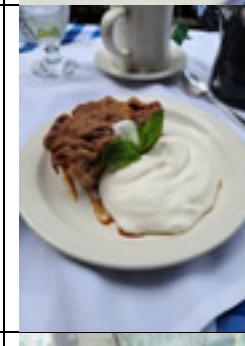
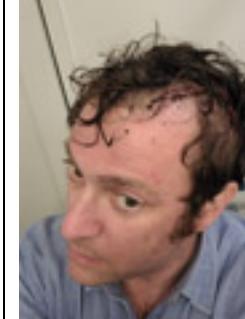
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| <p>4/21/2021 7:37 am</p> <p>20210421_073758_r_SmallTry3 20210421_073800_r_SmallTry3 20210421_073802_r_SmallTry3 20210421_073812_r_SmallTry3</p> |  |
| <p>4/21/2021 7:38 am</p> <p>20210421_073814_r_SmallTry3 20210421_073821_r_SmallTry3 20210421_073822_r_SmallTry3 20210421_073824_r_SmallTry3</p> |  |
| <p>4/21/2021 7:38 am</p> <p>20210421_073825_r_SmallTry3</p> |  |
| <p>4/21/2021 10:45 am</p> <p>Very Berry Smoothie at Effy's Cafe</p> <p>20210421_104532_r_SmTry3 20210421_104538_r_SmTry3</p> |  |
| <p>4/21/2021 10:45 am</p> <p>20210421_104545_r_SmTry3 20210421_104555_r_SmTry3 20210421_104606_r_SmTry3</p> |  |

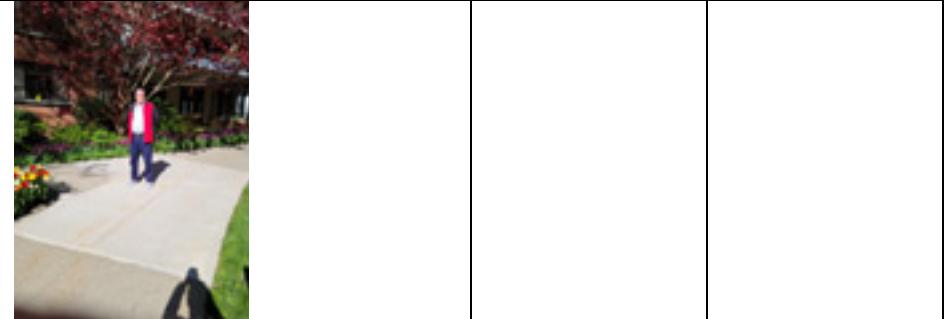
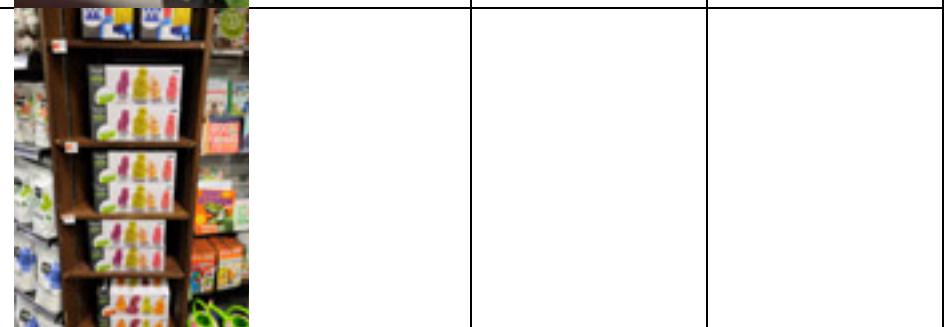
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| <p>4/21/2021 10:52 am</p> <p>California Omelet at Effy's Cafe</p> <p>20210421_105237_r_SmTry3 20210421_105242_r_SmTry3 20210421_105246_r_SmTry3 20210421_105252_r_SmTry3</p> |  |
| <p>4/21/2021 11:37 am</p> <p>Chocolate cake from Make My Cake, a Black-owned business</p> <p>20210421_113722_r_SmTry3 20210421_113729_r_SmTry3</p> |  |
| <p>4/21/2021 6:02 pm</p> <p>20210421_180201_r_SmTry3 20210421_180222_r_SmTry3 20210421_180224_r_SmTry3</p> |  |
| <p>4/22/2021 6:39 am</p> <p>20210422_063939_r_SmTry3 20210422_063940_r_SmTry3 20210422_063941_r_SmTry3 20210422_063943_r_SmTry3</p> |  |
| <p>4/22/2021 6:39 am</p> <p>20210422_063944_r_SmTry3 20210422_063945_r_SmTry3 20210422_063946_r_SmTry3 20210422_063948_r_SmTry3</p> |  |

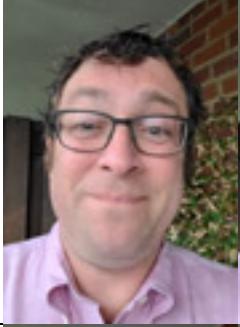
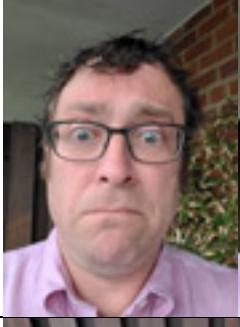
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| 4/22/2021 6:39 am | 20210422_063958_r_SmTry3 20210422_064000_r_SmTry3 20210422_064001_r_SmTry3 20210422_064005_r_SmTry3 | |
| 4/22/2021 6:40 am | 20210422_064007_r_SmTry3 20210422_064022_r_SmTry3 20210422_064024_r_SmTry3 20210422_064025_r_SmTry3 | |
| 4/22/2021 6:40 am | 20210422_064026_r_SmTry3 20210422_064042_r_SmTry3 20210422_064043_r_SmTry3 20210422_064044_r_SmTry3 | |
| 4/22/2021 6:49 am | 20210422_064938_r_SmTry3 20210422_064939_r_SmTry3 20210422_064940_r_SmTry3 20210422_064941_r_SmTry3 | |
| 4/22/2021 6:49 am | 20210422_064942_r_SmTry3 20210422_064944_r_SmTry3 20210422_064945_r_SmTry3 20210422_064947_r_SmTry3 | |

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| <p>4/22/2021 6:49 am</p> <p>20210422_064951_r_SmTry3 20210422_064954_r_SmTry3 20210422_064956_r_SmTry3 20210422_064958_r_SmTry3</p> |  |
| <p>4/22/2021 6:50 am</p> <p>20210422_065001_r_SmTry3 20210422_065002_r_SmTry3 20210422_065003_r_SmTry3 20210422_065006_r_SmTry3</p> |  |
| <p>4/22/2021 6:50 am</p> <p>20210422_065007_r_SmTry3 20210422_065008_r_SmTry3 20210422_065009_r_SmTry3 20210422_065013_r_SmTry3</p> |  |
| <p>4/22/2021 6:50 amß</p> <p>20210422_065015_r_SmTry3 20210422_065017_r_SmTry3 20210422_065019_r_SmTry3 20210422_065310_r_SmTry3</p> |  |
| <p>4/22/2021 6:57 am</p> <p>20210422_065727_r_SmTry3 20210422_065730_r_SmTry3 20210422_065732_r_SmTry3 20210422_065733_r_SmTry3</p> |  |

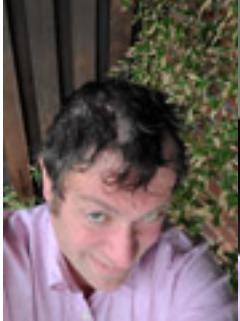
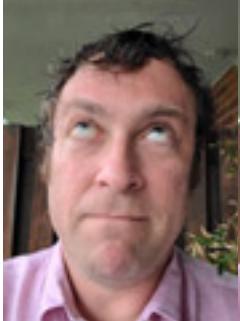
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| <p>4/22/2021 6:57 am</p> <p>20210422_065742_r_SmTry3 20210422_065743_r_SmTry3 20210422_065744_r_SmTry3 20210422_065745_r_SmTry3</p> |  |  |  |  |
| <p>4/22/2021 6:58 am</p> <p>20210422_065807_r_SmTry3 20210422_065808_r_SmTry3 20210422_065811_r_SmTry3 20210422_065813_r_SmTry3</p> |  |  |  |  |
| <p>4/22/2021 11:56 am</p> <p>20210422_115625_r_SmTry3</p> |  | | | |
| <p>4/22/2021 12:23 pm</p> <p>20210422_122328_r_SmTry3 20210422_122333_r_SmTry3 20210422_122337_r_SmTry3</p> |  |  |  | |

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| <p>4/22/2021 1:43 pm</p> <p>20210422_134317_r_SmTry3 20210422_134322_r_SmTry3</p> |  | | |
| <p>4/22/2021 2:06 pm</p> <p>20210422_140649_r_SmTry3 20210422_140658_r_SmTry3 20210422_140659_r_SmTry3</p> |  |  |  |
| <p>4/22/2021 2:24 pm</p> <p>20210422_142418_r_SmTry3 20210422_142423_r_SmTry3</p> |  |  | |
| <p>4/22/2021 3:42 pm</p> <p>20210422_154235_r_SmTry3 20210422_154246_r_SmTry3 20210422_154252_r_SmTry3 20210422_154259_r_SmTry3</p> |  |  |  |
| <p>4/22/2021 3:43 pm</p> <p>20210422_154313_r_SmTry3 20210422_154329_r_SmTry3 20210422_154330_r_SmTry3 20210422_154332_r_SmTry3</p> |  |  |  |

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| <p>4/22/2021 3:43 pm</p> <p>20210422_154333_r_SmTry3 20210422_154334_r_SmTry3 20210422_154335_r_SmTry3 20210422_154336_r_SmTry3</p> |  |
| <p>4/22/2021 3:43 pm</p> <p>20210422_154337_r_SmTry3 20210422_154338_r_SmTry3 20210422_154350_r_SmTry3 20210422_154352_r_SmTry3</p> |  |
| <p>4/22/2021 3:43 pm</p> <p>20210422_154354_r_SmTry3 20210422_154355_r_SmTry3</p> |  |
| <p>4/23/2021 4:53 pm</p> <p>20210423_165357_r_SmTry3</p> |  |
| <p>4/23/2021 6:37 pm</p> <p>Zombie ice pop molds. Would these help promote risk-reduction for head injuries? Discuss among yourselves.</p> <p>20210423_183755_r_SmTry3</p> |  |

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| 4/25/2021 8:23 am |  |  |  |  |
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| 4/25/2021 8:24 am |  |  |  |  |

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| <p>4/25/2021 8:24 am</p> <p>20210425_082451_r_SmTry3 20210425_082454_r_SmTry3 20210425_082455_r_SmTry3</p> |  |  | | |
| <p>4/25/2021 8:25 am</p> <p>20210425_082540_r_SmTry3 20210425_082541_r_SmTry3 20210425_082542_r_SmTry3 20210425_082543_r_SmTry3</p> |  |  | |  |
| <p>4/25/2021 8:25 am</p> <p>20210425_082545_r_SmTry3 20210425_082546_r_SmTry3 20210425_082548_r_SmTry3 20210425_082549_r_SmTry3</p> |  |  | |  |
| <p>4/25/2021 8:25 am</p> <p>20210425_082552_r_SmTry3 20210425_082558_r_SmTry3 20210425_082604_r_SmTry3 20210425_082607_r_SmTry3</p> |  |  | |  |
| <p>4/25/2021 8:26 am</p> <p>20210425_082610_r_SmTry3 20210425_082611_r_SmTry3 20210425_082612_r_SmTry3 20210425_082612(0).r_SmT ry3</p> |  |  | |  |

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| 4/25/2021 8:26 am |  |  |  |  |
| 4/25/2021 8:26 am |  |  |  |  |
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| 4/25/2021 8:26 am |  |  |  |  |
| 4/25/2021 8:26 am |  |  |  |  |

4/29/2021 1:47 pm

20210429_134725_r_SmTry3
20210429_134734_r_SmTry3
20210429_134747_r_SmTry3
20210429_134757_r_SmTry3



I brought a clear plastic, empty gelato jar to my appointment to have my staples removed. The nurse put the staples in the jar (along with a few stray stitches and scab material just for completeness). I later obtained a nicer looking sample jar, new but with an old school look, and put the staples etc. in to the glass sample jar. The staples were a source of strength when they were in my head, so I figure I will keep them as a memento or talisman for the same purpose now that they are out of my head.