

patient transferred from hospital ward name 289 11 with change in mental status and n changes on ct scan nlast name problem pneumocephalus n assessment n patient lethargic but has increased wakefulness as shiftprogresses n follows commands pupils pearla orientated to self only heart rate n sinus rhythm with lots ofectopy systolic b p 90 130 ns over 50 ns foley n patent draining clear yellow urine lumbar drain clamped siteintact n full strength all extremities n action n echocardiogram done by fellow npo n response n plan n lastname problem pneumocephalus n assessment n early am placed on open face mask for humidification wfi02 100 and n 15! abg wnl n weak cough rhonchi in upper lobes minimal secretions dry mucosa n continuedwith purposeful mvt but nonverbal no obeying of commands n this afternoon pt presenting with a worseningrespiratory picture hr n 120 ns 130 ns rr 30 40 ns labored with abdominal breathing agitated n sbp 140 ns160 n action n placed back on bipap n mso4 0 3mg x2 for dyspnea ativan 0 25mg for agitation x3 n albuminas ordered for low u o and tachycardia n lopressor dose increased to 10mg hr q6 n seroquel 50mg to rectifysleep schedule per neuro surgery n md last name titles 8721 bedside for sustained hr 120 ns 130 ns and rr30 40 fellow n md doctor last name 8817 and doctor last name 3965 made aware of developing situation nfamily 4 daughters and wife made aware of option fro bronch bedside n and intubation n response n familydoes not want intubation or invasive treatment n last p02 80 on bipap n cmo with mso4 git when familyarrives n plan n 05 mg of mso4 hourly until pt is officially cmo md doctor last name 8721 made aware n ofcontinuing hr in 130 ns and rr 30 n non invasive ventilation n pastoral care bedside n family believes pt iscurrently comfortable and awaiting family before n mso4 gtt n name8 md 883 md doctor last name 8721when is ready to be cmo n tracheal tear n assessment n intubated on mmv d t periods of apnea n suctionedfor bloody secretions n location un 1083 j collar on n sbp pressor dependent n urine output borderline nappears very fluid overloaded with generalized anasarca n no contact with son overnight n action n name nicultures obtained from left femoral line n suctioning minimized n weaned levophed as tolerated at beginningof shift with n small wean of levo sbp down to 70 milrinone stopped per sicu fellow n dt no significant changed