

Emergency Department - May 11, 2023

at Kenmore Mercy Hospital Emergency



Notes from Care Team



ED Provider Notes

Raymond Kelly, MD at 5/11/2023 7:37 AM

Procedure Orders

1. Critical Care [93621239] ordered by Raymond Kelly, MD



Patient Name: Ioan Suiugan

Date of Birth: 2/27/1961

Medical Record #: 286095347

HPI

Chief Complaint

Patient presents with

- Cardiac Arrest

HPI

62-year-old male presenting by EMS with cardiac arrest. Unclear if he was true witnessed arrest or was found down, was in the parking lot at GM. He is from out of town, truck driver. Bystander CPR was started and patient received 3 shocks prior to EMS arrival. EMS continued CPR, patient in ventricular fibrillation and given 5-6 epis and defibrillated 3 more times. As he is from out of town, no clear

medical history. In route patient's primary rhythm change from ventricular fibrillation to PEA.

Patient History

Not on File

Prior to Admission

medications

Not on File

Past Medical History:

Diagnosis	Date
• Diabetes mellitus (CMS/HCC)	
• Renal disorder	

No past surgical history on file.

No family history on file.

Social History

Tobacco Use

- Smoking status: Every Day
Types: Cigarettes
- Smokeless tobacco: Not on file

Substance Use Topics

- Alcohol use: Not on file
- Drug use: Not on file

Review of Systems

Review of Systems

Unable to perform ROS: Intubated

Physical Exam

ED Triage Vitals

Temp	Pulse	Resp	BP
05/11/ 23	05/11/ 23	05/11/ 23	05/11/ 23
0546	0528	0528	0530
36.5 °C (97.7 °F)	(!) 55	18	(!) 131/114

SpO2	Temp src	Heart Rate Source	Patient Positio n
05/11/ 23	05/11/ 23	05/11/ 23	--
0545	0736	0553	
100 %	Rectal	Monitor	

BP	FiO2
Locatio n	(%)
--	05/11/ 23 0532 100 %

Physical Exam

Constitutional:

Appearance: He is toxic-appearing.

Interventions: He is intubated.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Comments: **Pupils enlarged and unresponsive**

Cardiovascular:

Rate and Rhythm: Regular rhythm. Bradycardia present.

Pulmonary:

Effort: He is intubated.

Comments: **Breathing over ventilator, coarse breath sounds**

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Musculoskeletal:

General: No deformity or signs of injury.

Skin:

Comments: **Mottled and cool**

Critical Care

Performed by: **Raymond Kelly, MD**

Authorized by: **Raymond Kelly, MD**

Critical care provider statement. Critical care time was exclusive of separately billable procedures and treating other patients.:

Critical care time (minutes): **75**

Critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: **Cardiac failure, circulatory failure and CNS failure or compromise**

Critical care was time spent personally by me on the following activities: **Development of treatment plan with patient or surrogate, ordering and performing treatments and interventions, ordering and review of laboratory studies, ordering and review of radiographic studies, pulse oximetry, re-evaluation of patient's condition, examination of patient, evaluation of patient's response to treatment, discussions with consultants and obtaining history from patient or surrogate**

BP: (!) **81/62** (0759)

Pulse: (!) **103** (0759)

Resp: (!) **26** (0759)

Temp: 36.2 °C (97.2 °F) (0736)

MAP (mmHg): 81 (0715)

Medical Decision Making

62 y.o. male presenting from home with concerns for cardiac arrest. ROSC achieved shortly after arrival, did lose pulses once more, patient with ventricular tachycardia at that time, improved with lidocaine, bicarb, epi, and 2 rounds of CPR..

Differential Diagnosis: MI, PE, electrolyte abnormality, cardiogenic shock, intracranial bleed

Started on Levophed and then dobutamine for pressure support.

MDM Data:

External documents reviewed: Unavailable as patient is from out of state

My EKG interpretation: Overall consistent with MI , likely diffuse ischemia but no significant changes noted inferiorly

My lab interpretation: Low potassium, may be dilutional but will give potassium. pH less than 6.9 likely secondary to prolonged code.

My X-ray interpretation: Tube in appropriate position, diffuse edema likely contusion versus pulmonary edema from cardiogenic shock

My CT interpretation: N/A

My Ultrasound interpretation: N/A

ED Course as of 05/11/23 0804

Thu May 11, 2023

0719 Patient signed out to me by emergency medicine colleague. Patient is presenting with a cardiogenic shock picture with STEMI. Patient is on Levophed and dobutamine. [MM]

0754 Spoke with Kiera at Buffalo Mercy Hospital who accepted patient in the intensive care unit. [MM]

0757 Patient does have moderate

blood coming from the NG and ET tube. This is a contraindication to heparin use for the STEMI. [MM]

ED Course User Index

[MM] Michael T Mangione Jr., DO

Clinical Impressions as of 05/11/23

0804

ST elevation myocardial infarction (STEMI), unspecified artery (CMS/HCC)
Cardiogenic shock (CMS/HCC)

Discussed with: Dr. Meltser, CVICU

Reassessment: Patient becoming more stable on 2 pressors. Family was contacted, driving from Michigan. CVICU

Final Impression: Cardiac arrest, likely cardiogenic

Social Determinants of Health that impact treatment or disposition:

N/A

Shared decision making: N/A

Code status and discussions: N/A

Dragon voice-recognition was used to prepare this note. Although notes are reviewed for syntactic and/or grammatical errors, unintended but conspicuous translational errors can occur. Please call if there are any questions about the contents of this note.

Decision rules/scores evaluated: N/A (Do not delete or document in below blank space)

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Electronically signed by:

Raymond Kelly, MD
05/11/23 0804

Progress Notes

[Kristin Lampka, RN at 5/11/2023 7:39 AM](#)

Thank you for this timely referral. At this time we will follow this patient daily. Please call with any of the following:

1. Neurological decline or change in patient status
2. Brain death testing is started or discussed
3. Family discussion regarding end of life decisions
4. Family inquires about donation

Thank you for your continued support
Kristin C McCarthy RN BSN
Clinical Donation Coordinator
ConnectLife
716-529-4300 ext 5

ED Triage Notes

[Rachel Santana, RN at 5/11/2023 5:14 AM](#)

Call went through to EMS for CPR in progress of man down at GM

plant. Originally EMS reports that patient was in v-fib- was shocked multiple times, given amnio x 2, epi 3-4 times, sodium bicarb and intubated. Upon arrival to ED patient PEA- CPR still in progress

Communication Note

Molly Golonka, RN at 5/11/2023 8:25 AM

	05/11/23 0825
Provider Notification	
Reason for Communication	Critical lab value
Critical Value Reporting (Test and Value)	pH 7.06
Provider Name	Mangione
Provider Role	Attending Provider
Method of Communication	Face to face
Response	In department
Notification Date	05/11/23
Notification Time	0825

Rachel Santana, RN at 5/11/2023 5:49 AM

	05/11/23 0549
Provider Notification	
Reason for Communication	Critical lab value
Critical Value Reporting (Test and Value)	pH <6.95
Provider Name	Kelly
Provider Role	Attending Provider
Method of Communication	Face to face
Response	In department
Notification Date	05/11/23
Notification Time	0551

