

HOLY CROSS HOSPITAL

PATIENT: Neustadter, Israel
ACCOUNT #: 0306900162
ATTENDING: Ahmed Nawaz, MD
Dictated BY: Ahmed Nawaz, MD

MR #: 00815510
PT TYPE: I/P
ROOM:

DISCHARGE SUMMARY

DATE OF ADMISSION: 03/10/2003

DATE OF DISCHARGE: 03/27/2003

FINAL DIAGNOSES: Aspiration pneumonia; Sepsis; Multiple electrolyte imbalance; Difficulty swallowing; Large Zenker's diverticulum; Status post percutaneous endoscopic gastrostomy tube placement; Respiratory insufficiency leading to failure on ventilator for quite some time during his stay in the hospital. Mild to moderate dementia; Degenerative arthritis; Status post permanent pacemaker placement; Hypothyroidism

CONSULTATION: Dr. Jay Weiner, pulmonary and critical care, Dr. Milton Koch, gastrointestinal, Dr. Chanales second opinion for pulmonary and critical care, Dr. Herman Segal cardiology

HISTORY OF PRESENT ILLNESS: The detailed history and physical have already been dictated and will not be repeated here.

This elderly gentleman was admitted to the hospital with suspected aspiration pneumonia and sepsis. He was initially kept in the telemetry unit. He was started on intravenous antibiotics along with minimal intravenous fluid support. We continued the other medications on this patient except for the blood pressure medications which he was taking at home because of hypotension. The very next day, the patient's condition got worse and his respiratory status became decompensated. Pulmonary, who was already on the case, spoke with the patient's son about the code status standpoint because the patient was developing respiratory failure. He was intubated and was transferred to the Intensive Care Unit for further management.

His antibiotics were changed on numerous different occasions. We had a second opinion from Dr. Chanales who also had a long conversation with the patient's son about the patient's condition. The son's wishes were to continue the aggressive measures on him. The patient was volume resuscitated. Aggressive suctioning was done in the Intensive Care Unit on this patient and secretions were suctioned on different occasions. The patient did

A. Nawaz
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hospital case.

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respond to a certain extent and was successfully extubated some times. The patient's swallowing was very poor. He failed the swallowing evaluation. We had a conversation with the patient's son again and he wishes to pursue with a percutaneous endoscopic gastrostomy tube. The patient was on a nasogastric tube at the time. Finally, gastroenterology was consulted and with some difficulty, the percutaneous endoscopic gastrostomy tube was placed. *error*

The patient stayed in the Intensive Care Unit for a couple of weeks and was transferred down to the CIC where the patient again developed aspiration and went into respiratory distress. The case was discussed with the patient's son by Dr. Shamim, by Dr. Kariya on numerous different occasions. At that time, the decision was made to continue the aggressive medical therapy but do not reintubate the patient again. We honored the patient's family wishes and on the 27th of March, the patient was found to be unresponsive without any breathing, no pulse, no blood pressure and he was pronounced by the house staff. The patient expired due to respiratory failure because of aspiration pneumonia and multiple other medical problems with sepsis.

Signed

A. Nawaz 7/3/03


Erroneous date. I retrieved these records on 7/2/03.

Ahmed Nawaz, MD 06/29/2003 11:28

Ahmed Nawaz, MD

D: 06/19/2003

T: 06/19/2003 4:24 P

AN/cn

Doc #: 353992

cc: Ahmed Nawaz, MD