Progress notes show experts recommending treatment; no intention of letting my father die.

March 22, Saturday night

(Tube feeding just started.)

"Lethargic but easily arousable."
"From a pulmonary standpoint continue antibiotics for aspiration pneumonia."

- Dr. Heinz, pulmonologist in Dr. Weiner's practice.

March 23, Sunday

"Patient is alert following commands."

"Social Services consult for placement."

- Dr. Nawaz, admitting & attending physician.

HOLY CROSS HOSPITAL

PHYSICIAN PROGRESS NOTES

Are these assessments consistent with a terminal patient for whom no further treatment is planned?

Why was treatment withheld on March 25?

DATE	TIME	
03/22/03 9:40 PM		PULMONARY / CRITICAL CARE
		PEG tube was inserted yesterday. Patient is extubated. Lethargic but easily arousable
		BP: 144/53 P: 94 T: 97.3 R: 17 [illegible] 4L/min nasal O_2
		LUNGS: B/L inspiratory crackles HEART: RRR
		ABDOMEN: soft, nontender BS ⊕ EXTREMITIES: No edema
		From pulmonary standpoint continue antibiotics for aspiration pneumonia, [illegible] FiO2 for O_2 sat > 92%. Agree with PT consult
		[signature]
3/23.		meds :-
		- Pt is alert following commands
		v/s :- B.P - 155/70 RR - 20 HR - 90
		chest :- bibasilar rhonchi
		Cvs :- S1S2, SEM [illegible] abd :- soft, nontender,
		Ψ [illegible] 9.8 / 29.4 (400) 139 / 4.2 105 / 30 26 / 0.7 (119
		- Pneumonia - stable - cont suctioning
		- WBC ↓
		- SS consult for placement
		- cont TF.
		[signature]

March 23, Sunday afternoon

"Tolerating tube feeds. Oral hygiene improved. I discussed Peg care with son. If improves, may have speech reevaluated for comfort foods. If improves substantially, may have surgery evaluation for Zenkers."

- Dr. Diamond, gastroenterologist.

March 23, Sunday evening

"Patient is more awake today." "Tolerates tube feeding." "From pulmonary standpoint will need to complete 2-week antibiotic course. Will need to repeat chest x-ray in 4 weeks."

- Dr. Heinz, pulmonologist in Dr. Weiner's practice.

Are these assessments consistent with a terminal patient for whom no further treatment is planned?

Why was treatment withheld on March 25?

I/P 815510
UNIV BLVD W
20902

DATE	TIME	
3/23/03	12:50 pm	GI Peg site OK. Tolerating tube feeds. Oral hygiene improved. I discussed Peg care with son. If improves, may have speech reeval for comfort foods. If improves substantially, may have surgery eval for Zenkers. Please call if we can assist further [signature]
03/23/2003	6:40 pm	PULMONARY / CRITICAL CARE Patient is more awake today. No SOB. Tolerates tube feeding. BP: 151/99 P: 82 T: 98.3 R: 15 O2 sat: 95% 4L [illegible] LUNGS: B/L inspiratory crackles HEART: Regular rate and rhythm ABDOMEN: Soft, nontender, BS ⊕, PEG in place EXTREMITIES: No edema From pulmonary standpoint will need to complete 2 week antibiotic course. Will need to repeat CXR in 4 weeks. Will taper [illegible] FiO2 for O2 sat > 92%. D/W son. Dr [illegible]

From Nurses Notes

Holy Cross Hospital

From: 10-Mar-2003 at 13:55
To: 27-Mar-2003 at 18:51

Printed: 06-May-2003 at 09:33

Progress Notes

03/18 13:45 — MD — Susan L. Snyder, RN

Seen by Dr.Nawaz, who spoke, at length, with son.

03/19 01:14 — Cough — susan d. willoughby

Problem: Impaired Airway Clearance

received pt.awake,mental state unchanged. patient's son remains @ bedside. pt. coughs frequently however unproductive. deep oral suctioning tried x 2 using suction kit unable to pull out sufficient amt. pt. son voiced his concern and disapointment re. lack of precribed respiratory therapy, states he will speak with md. regarding options. pt. has been turned from side to side and given cpt x1. .40 02 remains in use via hhfm.observed no resp. distress or symptoms of pain, morphine given x 1 for restlessness.

Son wants aggressive treatment for his recovering father.

03:00 — Respiratory — susan d. willoughby

pt. cont. to sound coarse with unproductive cough. resp. notified to replace 02 humidification. therapist N/T suctioned pt. pulling out large amt. of thick creamy tanish secretion. pt. sounds much better and coughing has stopped.

16:23 — Case Mgmt-Progress Note — Stella R. Ross, RN/CM

Problem: Potential Need for Post Acute Care

Chart reviewed. Pt remains in ICU/extubated,, son at bedside. Pending PT consult. Continue with currentplan of care. CMC will continue to follow.

03/20 02:58 — Mentation — susan d. willoughby

received pt.awake in bed,son at bed side. pt. appears more alert and active today; reaching and trying to talk. his breathing is more relaxed with the nc,he continues to sat. in mid./high 90"s. nt suctioning is effective for airway clearance. pt. was given 2mg morphine x1 @ approx. midnight. for restlessness and removing his nc. lopressor was held at 2000 due to low bp and hr.

Patient apparently not terminally ill. Why was treatment withheld?

07:30 — OT Evaluation — Richard J. Holley, OT

Problem: Impaired Functional Mobility

This patient is referred to OT for Evaluation/treatment and discharge planning

Diagnosis: Septicemia NOS

Precautions: Fall, aspsiartion

Unauthorized, expired DNR. Patient was Full Code.

Noted: DNR, Physician Cert. of Incapacity

PMHX: Demantia, Macular Degeneration, Anemia, HTN, Zenkes Diveticular, CAD, S/P ACID, H/O Pneumonia, H/O Sepsis

Prior to this admission, the patients level of function in ADLs was with minimal assist of family/ caregiver
- used cane during ambualtion
- dependent: transportation

Prior Rehab: The pt has not received OT in the past

EVALUATION
Upon evaluation the patient demonstrates the following:
Feeding: NPO

-- Continued on next page --

From Nurses Notes

Holy Cross Hospital

From: 10-Mar-2003 at 13:55
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Page 12 of 17

Progress Notes

03/20 07:30

-- Continued from previous page -

education will include patient/family/caretaker/staff education, exercise program, ADL's/self-care training, functional activities/exercises, cognitive training, adaptive equipment training, balance & gross coordination activities, compensatory techniques, energy conservation, discharge planning, joint protection, positioning, ROM exercises/activities, strengthening exercises/activites, safety screening, functional mobility training, fine motor training

Patient will be seen 4-6 times a week for OT treatment.

If pt is discharged from HCH causing STGs not to be met, defer unmet goal achievement to follow up care/facility.

Thank you for this referral

08:55

PT Re-eval Laura R. Heughens, PT, 20326

Problem: Impaired Functional Mobility

Database:Pt evaluated by PT on 3-11-03. Pt placed on hold on 3-14-03 for a change in medical status. Pt transfered fo ICU for respiratory distress. Pt intubated then extubated on . Please refer to initial eval for further info.
S: Pt is non verbal but does opens eyes to commands & tactile stimuli.
O:ROM:BUE:less than 1/4 AROM at shoulders, 1/2 AROM at elbows and 3/4 AROM at hands. PROM:shoulder flex=90deg B, elbow and hand WFL B. Increased resistance noted during all PROM at B UEs.
BLe:1/2 AROM at hip and knees, <1/4 AROM at ankles.
PROM: WFL overall.

Bed mobility:rolling to L & R maxA. sup-sit, sit-sup maxA.

Balance: sitting at edge of bed c BUE support minA.
Pt abe to dangle ~10-15min.

Rx: BUE & BLE:PROM/AAROM in all planes 10x.

A:Pt presents to PT c impaired functional mobility, decreased strength, endurance and balance. Pt would benefit from cont PT to work on above functional problems. Pt demonstrates ability to participate in PT. Pt's rehab potential is fair.
Currently reccommend STNH for cont PT.
STGs:5-6 sessions:
1. Pt will perform sup-sit c modA.
2. Pt will transfer sit-stand c RW modA.
3. Pt will transfer from bed-chair c modA.
4. Pt will participate in ther exs program, AAROM > PROM.
LTGs:12 sessiosn:
1. Pt will perform sup-sit c minA.
2. Pt will transfer sit-stand c RW minA.
3. Pt will amb 15 ft x2 c RW minA.

P: Pt to be seen by PT 4-6 x per week for functional mobility/transfers, balance, bed mobility, ther exs, eduction and ongoing assessment.

09:28

assessment Irene C. Wosu-Asuru, RN

Problem: Potential Need for Post Acute Care

pt awake, non-verbal and unable to follow instructions. lung sounds clear and improved , no respiratory distress noted. o2 sat at 98% on 6 liters of o2. afebril, vital signs stable, less than 50% paced on the telemonitor. TPN infusing at 83cc/hr, IV NS at kVO. full bath given , skin and oral care done. will continue to monitor pt's status. plan of care continues.

Patient apparently not terminally ill.
Why was treatment withheld?

0000815510 M 14-Apr-1911 Age: 91

I MT

NEUSTADTER, ISRAEL Wt: 61.900Kg

Admit Physician: NAWAZ AHMED MD Attending: NAWAZ AHMED MD

Holy Cross Hospital

Progress Notes

Chart Copy

Requested by:
WHITLV

Attending physician Dr. Shamim testifies that 2 days prior to death my father was improving; certainly not terminal.

(unintelligible).

Q And so, you were under the impression at that time that he still needed some recovery, but he was recovering well?

A He was recovering well, yes.

Q This is your abdominal exam, isn't it?

A Yes.

Q And that indicates he had a PEG tube in for feeding?

A Yes.

Q And then, your last one is your extremities examination, right?

A Yes.

Q And that means your arms, and his legs?

A Mostly legs.

Q It indicate, indicated he had some swelling?

A It says negative edema meaning no swelling.

Q Okay. So, negative that's that little sign right there --

A Yes.

Q -- which indicates that there was none of that there?

A Yeah.

Q And then, in the bottom part of this is your plan for treatment, is that what this is referencing?

A Yes.

Q And these were the items that you still thought had to be addressed?