

Date	Time	Page #	Source/MD (if applicable)	Summary	Explanations
4/20/98		M0015	Rescue Squad	3-wheel vehicle rolled over, engulfed in flames, pulled from vehicle by bystanders, severe burns to face, neck, arms, legs, chest, head. Hair burned/melted to scalp, ears and nose burned, mouth with severe burns, black residue on tongue, throat burns, arms with severe burns to hands, forearms, and tight burned clothing. Patient screaming and thrashing. Placed in cervical collar on backboard.	<p>In any type of accident, patients are placed in cervical collar and backboard until x-rays are done and no fractures are seen.</p> <p>Black residue on tongue and throat burns indicates an inhalation injury.</p> <div data-bbox="1465 574 2053 846" style="border: 1px solid black; background-color: yellow; padding: 5px;"> <p>This is only the first two pages of a 38 page Pain & Suffering Report summarizing 2 years of medical records in a Products Liability case. This report assisted the attorney in obtaining a \$14,000,000 settlement, the largest in Virginia at the time.</p> </div>
4/20/98		M0016	ER Record (unable to read doctor's signature)	Chest x-ray, cervical spine, pelvic x-rays done. Head and abdominal CAT scan done. Foley catheter inserted into bladder and oral gastric tube inserted to remove stomach contents.	
4/20/98		M0024	ER Trauma Nursing Flowsheet	Involved in explosion resulting in burns > 50% of her body. Third degree burns to her head and face, second and third degree burns to extremities. There's charring around nostrils (inhalation injury). Breathing tube inserted and placed on ventilator. Immobilized on backboard. Transported to Burn ICU	<p>Amount of pain depends on depth of injury. <i>(Read Principles of Burn Care at the end of this report before reading further)</i></p> <p>2nd Degree burns- partial thickness injury, nerve endings are damaged and sensitive.</p> <p>3rd degree- full thickness burn, involves entire dermis down to subcutaneous tissue (see diagram) nerve endings are destroyed, complete absence of sensation, but margins of wound and adjacent areas are painful.</p>
4/20/98		M0028-9	ER Report/ Dr. M. G.	Charring on the face, trunk and legs. Second to third degree burns over face, trunk, and especially right arms and legs. Burns over front of thighs.	

J. C.
Medical Records Summary

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4/20/98		M0037	Occupational Therapy Note (OT)	Marked swelling of [r] hand with right fingers appearing deformed. Provided arm elevators to both arms to decrease swelling. Will require splint for positioning of upper extremities to maximize her function. She is at high risk for contractures (drawing up, decreases functioning)	Splint needed to keep in proper position. In this case, OT works with her upper body. Physical Therapy with her legs.
4/20/98	0815	M0021	Trauma Flowsheet	Intubated orally (breathing tube inserted through mouth into lungs) Central line inserted into femoral vein. Estimated 40% of body burned. Given IV medication to paralyze and sedated her. Warm blankets and heating blanket applied. Before she was intubated she was combative. Her clothing was cut off.	On page 22, there is injury graph that depicts her actual injuries. When she is paralyzed, every muscle is unable to move, including diaphragm (resp muscle), very frightening for patient, therefore they are usually placed on sedative medication also (Versed in this case). This is not a painkiller, just makes them less aware of situation.
4/20/98	1126	M1126	MD Orders (P.O.)	Morphine IV can adjust between 4-10mg/hr for pain, Vecuronium (paralyzing agent), Versed-2-4mg/hr (sedative) IV.	These are adjusted up and down by the RN's according to her condition-movement, increased resp and heart rate may indicate pain.
4/20/98	1200	M0042-3	Consult-GI Nutrition (Can't read name)	Stayput tube inserted into second portion of duodenum for feeding. This was done under endoscopy. (looking into stomach, small intestine with fiberoptic scope, must be sedated to do)	On page 44 there are general care instructions for the Stayput tube, as well as a diagram. This tube is inserted through the nose-has 2 ports, one goes to the stomach for medications and to remove stomach contents if needed, and remove stomach contents if needed, and the other goes to the small intestine to be given continuous tube feedings.

Principles of Burn care and Rehab/ Definitions

Source-Burn Care and Rehabilitation: Principles and Practice, by Reginald L. Richard and Marlys J. Staley, 1994.

This is only an excerpt from the references section.

1. All open wounds contract.
2. Wound cleansing is necessary to help wound heal faster, which minimizes contraction (drawing up, shrinking). Range of motion is done early and through out all phases of wound healing to stretch out scar tissue and minimize contraction of scars.
3. Debridement-removing dead tissue from the wound to allow for better wound healing.
4. Eschar- burned tissue.
5. Hydrotherapy- whirlpool or tub bath. Cleanses wound, washing burn after removal of old dressing, placed on a tank stretcher and suspended above the tank by electric hoist. Gently washes to remove remaining creams and ointments. Partially immersed for bathing, then suspended above the tank for rinsing with hand held shower, covered with dry blankets and dried thoroughly. New dressing applied one area at a time. Lasts 15-30 mins, usually 1-3 times/day.
6. Physical and Occupational Therapy- needed for proper positioning, range of motion (ROM), stretching exercises with massage, scar massage (softens scar tissue by freeing restrictive bands and increase circulation). Should be done 3-6 times/day for 5-10 mins.
7. Splinting during rehab- to aid in preventing contraction or reduce contractures, prevent deformity, maintain natural body contours, and complement pressure therapy.
8. Scar development and contracture-ongoing process that is managed by sustaining stretch to scar tissue. Exercise may achieve normal ROM, splinting can maintain the range gained. Frequent adjustments needed as range increases.
9. Compression therapy-devices that are worn to compress or hold pressure against a body part. Has a thinning effect on the dermis, accelerates scar maturation process, flattens scar, decreases swelling, decreases rate collagen is made. Face mask- rigid, exerts pressure against face, must be worn 22-23 hours day.
10. Longer a wound is left open, greater chance of infection.
11. Skin grafting- skin transferred from one source/site (either skin from a tissue bank or patient' own skin) to cover the wound. New capillaries penetrate into the graft to start to revascularize. Must maintain the delicate vascular connections until graft becomes more firmly attached, because may bleed, cause collection or blood under the skin or loss of graft. (This is what is meant by a graft not taking) Most grafted areas are immobilized with splints to protect the blood supply and allow it a better chance to take.

Pain Medication and Sedatives/Dosages for J. C.'s Initial Hospitalization

<u>Date</u>	<u>Morphine IV</u> <u>/Dilaudid</u> <u>Mg/hr</u>	<u>Versed IV</u> <u>Mg/hr</u>	<u>Vecuronium</u> <u>IV</u> <u>Mg/hr</u>	<u>Fentanyl IV</u> (For Wound Care- mcg/dose)	<u>Other</u>
4/20/98	5-10	5	5		
4/21/98	5-10	5-8	10-12		
4/22/98	10	8	12-14		
4/23/98	Missing				
4/24/98	5	5	7.7		
4/25/98	5	5	7.4		
4/26/98	5	5	7.4		
4/27/98	Missing				
4/28/98	5	5	9.8		
4/29/98	5	5	9.8		
4/30/98	5	2-5	9.8, off		
5/1/98	4	2			
5/2/98	4	2			
5/3/98	4	2		100	
5/4/98	4	2		100, 150 x2 due to shaking with 2 nd wound care	
5/5/98	4	2-4		150 x2	
5/6/98	4-6	4		150 x2	
5/7/98	4	4		200	
5/8/98	4, off, changed to Dilaudid at 1mg/hr (hereafter this column is Dilaudid)	2-4		100 x2	
5/9/98	1	2-4		150 x1	
5/10/98	2-4	4		100, 200,150	
5/11/98	4	10	5	150, 200,150	
5/12/98	4	10	5		
5/13/98	2	10	5-7	200	
5/14/98	2	10	7,off	200	
5/15/98	2-5	5-10		150 x2	
5/16/98	3	10			
5/17/98	3	10			
5/18/98	3	8-10			
5/19/98	3	10		200 x2	
5/20/98	3	10-12		100 x2	
5/21/98	3	12		100, 150	
5/22/98	3	12		100 x2	

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<u>Date</u>	<u>Morphine IV</u> <u>/Dilaudid</u> <u>Mg/hr</u>	<u>Versed IV</u> <u>Mg/hr</u>	<u>Vecuronium</u> <u>IV</u> <u>Mg/hr</u>	<u>Fentanyl IV</u> (For Wound Care- mcg/dose)	<u>Other</u>
5/23/98	3	12		100 x4	
5/24/98	3	12		100	
5/25/98	3	12		150 x2	
5/26/98	3	12		100 x3	
5/27/98	3	12		100 x3	
5/28/98	3	12			
5/29/98	3	10-7 (means decreased)			
5/30/98	3	7-6		100 x3	
5/31/98	3	6-5		100 x2	
6/1/98	3	5		150	
6/2/98	3	5		150	
6/3/98	3	5		100 x2	
6/4/98	3-1.5 (decreased)	5-2.5		200 x2	1.5
6/5/98	1.5	2		200	
6/6/98	1.5-1	2		200 x2	
6/7/98	1-.75	1.5		200 x2	
6/8/98	1	1.5-1		100 x2	
6/9/98	1	Off		200 x2	
6/10/98	1, off			100, 200	
6/11/98				200 x2	Ambien, 10mg, (sleeping pill)
6/12/98				100 x2	Ativan 2mg IV x4
6/13/98				150 x2	Ativan 2mg IV, x6
6/14/98				200 x2	Ativan x11, Percocet, 2, x3
6/15/98				200 x2	Ativan x1
6/16/98				200 x2	Ativan x2
6/17/98				150	Ativan x1, Percocet x1
6/18/98				100,150	Percocet x1
6/19/98				150	Ativan 1mg, x4
6/20/98					Ativan 1mg, x3
6/21/98				100	Ativan 1mg x3
6/22/98				150	Ativan 1mg, x2, Percocet, 2, x1
6/23/98					Ativan, 1mg, x2, Percocet x1
6/24/98					Ativan 1mg, x2,

Total Medications by Date for the 1st 6 weeks of Hospitalization

<u>Date</u>	<u>Morphine IV</u> <u>Total Mg</u>	<u>Versed IV</u> <u>Total Mg</u>	<u>Dilaudid</u> <u>Total Mg</u>
4/20/98	172	100	
4/21/98	160	118	
4/22/98	240	192	
4/23/98			
4/24/98	120	120	
4/25/98	120	120	
4/26/98	120	120	
4/27/98			
4/28/98	85 (but in Operating Room-OR)	85 (in OR)	
4/29/98	120	120	
4/30/98	123	65	
5/1/98	80 (in OR)	48	
5/2/98	96	48	
5/3/98	100	48	
5/4/98	100	48	
5/5/98	144	62	
5/6/98	126	96	
5/7/98	96	96	
5/8/98	52 mg Morphine	2-4	?
5/9/98		44 (in OR for 10 hours)	20 (in OR)
5/10/98		96	45.5
5/11/98		240	48
5/12/98		240	48
5/13/98		240	48
5/14/98		240	48
5/15/98		180 (in OR)	80
5/16/98		240	72
5/17/98		240	72
5/18/98		222	72
5/19/98		240	72
5/20/98		280	72
5/21/98		288	72
5/22/98		288	72
5/23/98		288	72
5/24/98		288	72
5/25/98		288	72
5/26/98		288	72
5/27/98		288	72
5/28/98		278	72

<u>Date</u>	<u>Morphine IV</u> <u>Total Mg</u>	<u>Versed IV</u> <u>Total Mg</u>	<u>Dilaudid</u> <u>Total Mg</u>
5/29/98		198	72
Date	Morphine IV (Total Mg)	Versed IV (Total Mg)	Dilaudid (Total Mg)
5/30/98		146	72
5/31/98		123	72
6/1/98		120	72
6/2/98		120	72
6/3/98		120	72
6/4/98		73	48.5
6/5/98		48	36
6/6/98		48	29
6/7/98		37	24
6/8/98		25	24
6/9/98		1	24
6/10/98			5
Totals	2134	4755	1896
			1896mg Dilaudid = 1264 mg Morphine

See Reference Table Provided

4mg Morphine IV =10mg Morphine IM (injection into muscle)
4mg Morphine IV=1.5 mg Dilaudid IV
4mg Morphine IV=100 mcg of Fentanyl

4 mg Morphine IV relieves the pain of a heart attack or 2-4 hours of labor (**GOLD Standard**)
 Research studies have calculated the amount of analgesic drugs expected to relieve pain in common clinical conditions.

Reference-"Pharmacy Law: Litigating Pharmaceutical Cases" by Lawyers & Judges Publishing Company [out of Arizona]; 602-751-1500. Chapter on Pain Equilibration

Ms. C. received enough pain medicine in her first 6 weeks to relieve the pain of 850 heart attacks or 1700-3400 hours of labor pains.