

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT**ED Provider Note****ED Provider Notes by Keith A Marill, MD at 1/4/2023 1408**

Author: Keith A Marill, MD

Filed: 1/5/2023 7:42 AM

Editor: Keith A Marill, MD (Physician)

Service: Emergency Medicine

Date of Service: 1/4/2023 2:08 PM

Author Type: Physician

Status: Signed

ATTENDING NOTE

No chief complaint on file.

History of Present Illness**Electronic Medical Records Reviewed:** Yes**Medical Interpreter Used:** No

Unknownwww Maize is a 122 y.o. male, h/o unknown, who presents with CC gunshot wound x5 per EMS with decreased responsiveness in the field.

Patient presented unresponsive unable to provide further history.

Past Medical/Surgical History

No past medical history on file.

Past Surgical History:

Procedure	Laterality	Date
• EXPLORATORY LAPAROTOMY	N/A	1/4/2023
<i>Procedure: EXPLORATORY LAPAROTOMY, thoracotomy right, total hepatic isolation; Surgeon: Jonathan J Parks, MD; Location: MGH OR; Service: Emerg/Urg Surgery</i>		

Medications

There are no discharge medications for this patient.

Allergies

Not on File

Social History**Family History**

No family history on file.

Review of Systems

Please see H & P findings and pertinent negative.

Physical Exam

Blood pressure (!) 118/92, pulse (!) 144, SpO2 (!) 70 %.

General: Patient is unconscious without clear spontaneous respirations.*Head/Eyes:* The head is normocephalic and atraumatic. PER.*ENT:* There is blood in the oropharynx, uncertain source.*Neck:* The neck is remarkable for superficial lacerations vertically oriented. *Chest/Respiratory:* Gunshot wound to anterior right chest.*Cardiovascular:* Heart sounds are not clearly heard, but there is a carotid pulse after initial resuscitation.*GI/Abdomen:* Abd soft, not grossly distended.*Musculoskeletal:* Gunshot wound left upper arm.

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)
ED Provider Note (continued)

Tourniquets present on bilateral upper extremities.

*Skin:*The patient's skin is intact. Cool pale skin.

Neurologic: Face symmetric. Patient with some movements of upper extremities initially upon arrival.

Labs/Imaging

EDTHISVISIT Lab studies:

Results for orders placed or performed during the hospital encounter of 01/04/23

Prepare RBC

Result	Value	Ref Range
Product Code	E0023V00	
Unit Number	W061722013988-9	
Product Status	Emergency Issued	
ABO/Rh of Unit	OPOS	
Expiration Date/Time	202301112359	
Unit Barcode		
Product Code	E0023V00	
Unit Number	W061722013993-F	
Product Status	Emergency Issued	
ABO/Rh of Unit	ONEG	
Expiration Date/Time	202301112359	
Unit Barcode		
Product Code	E0023V00	
Unit Number	W061722013981-N	
Product Status	Emergency Issued	
ABO/Rh of Unit	ONEG	
Expiration Date/Time	202301112359	
Unit Barcode		
Product Code	E0023V00	
Unit Number	W061722014327-U	
Product Status	Emergency Issued	
ABO/Rh of Unit	OPOS	
Expiration Date/Time	202301132359	
Unit Barcode		
Crossmatch Interpretation	Compatible	
Crossmatch Interpretation	Compatible	
Crossmatch Interpretation	Compatible	
Crossmatch Interpretation	Compatible	

XR RETAINED OBJECT - ABDOMEN & PELVIS
Final Result

No unexpected radiopaque foreign body.

Findings discussed with Robert Sinyard p20411 at 3:50PM

ATTESTATION: I, Dr. Madeleine Sertic as teaching physician, have reviewed the images for this case and if necessary edited the report originally created by

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)
ED Provider Note (continued)

Priyanka Khavita Naik.

XR Retained Object - Chest (Results Pending)

Assessment and Plan
Critical Care:
Total Critical Care Time (minutes) 45 is exclusive of otherwise billable procedures.

Services: Respiratory. Hemodynamics

Adult male arrives in extremis status post reported gunshot wound x5 by report and possible fall from height. Detailed history uncertain at present. Patient seen in concert with trauma team.

The airway is bloody and patient is not clearly breathing and not protecting his airway. Patient was intubated emergently with direct laryngoscopy with 7.5 tube with bilateral breath sounds and CO2 color change. No apparent complications. OG tube placed as well with confirmation of placement via gastric sounds.

Right subclavian central line placed emergently with immediate transfusion of uncrossed packed red blood cells. Bilateral thoracostomy tubes placed emergently with copious blood draining from right tube.

Patient lost his pulse shortly after arrival and thus left chest thoracotomy was performed emergently. No evidence of blood in the pericardial sac. Cardiac massage was performed by the surgical team. Aorta was subsequently crossclamped.

Left femoral arterial line was also placed emergently. Patient taken to the operating room expeditiously for definitive care.

I spent approximately 45 minutes critical care time caring for this patient with multiple gunshot wounds at high risk of further cardiovascular decompensation.

ED Course
Vitals:

	01/04/23 1354	01/04/23 1358
BP:		(!) 118/92
Pulse:		(!) 144
SpO2:	(!) 56%	(!) 70%

Clinical Impressions as of 01/05/23 0740

Multiple lacerations
 Gunshot wound of right side of chest, initial encounter
 Gunshot wound of multiple sites of left upper extremity, initial encounter
 Gunshot wound of right lower extremity, initial

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)**ED Provider Note (continued)**

encounter

Consults ordered in the ED: None

Clinical Impression

Final diagnoses:

Multiple lacerations

Gunshot wound of right side of chest, initial encounter

Gunshot wound of multiple sites of left upper extremity, initial encounter

Gunshot wound of right lower extremity, initial encounter

I personally saw the patient as part of a shared visit with the advanced practice practitioner. I performed a substantive portion of the visit including all aspects of the medical decision making as documented.

Keith A Marill MD, MS
Emergency Medicine Attending
MGH ED

Keith A Marill, MD
01/05/23 0742

Electronically signed by Keith A Marill, MD at 1/5/2023 7:42 AM

ED Provider Notes by Chelsea Elisabeth Dwyer, PA-C at 1/4/2023 1414

Author: Chelsea Elisabeth Dwyer, PA-C
Filed: 1/5/2023 12:23 PM
Editor: Chelsea Elisabeth Dwyer, PA-C (Physician Assistant)

Service: Emergency Medicine
Date of Service: 1/4/2023 2:14 PM

Author Type: Physician Assistant
Status: Signed



MASSACHUSETTS
GENERAL HOSPITAL

EMERGENCY MEDICINE

History of Present Illness

Unknown male who presents to the ED s/p multiple gunshot wounds. Per EMS, he reportedly jumped from a 2nd or 3rd story window, had multiple self inflicted lacerations to neck and wrists, and then sustained multiple gunshot wounds. Patient was unresponsive and unable to provide further history.

Physical Exam

**Temp HR (!) 144 BP (!) 118/92 RR Sat (!) 56 % on
Physical Exam**

General: Unconscious, no spontaneous respirations.

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)
ED Provider Note (continued)

Head/Eyes: The head is normocephalic and atraumatic.

ENT: There is blood in the oropharynx.

Neck: Multiple lacerations.

Chest/Respiratory: Gunshot x1 wound to anterior right chest.

Cardiovascular: Initially palpable left femoral pulse, then lost. Cardiac activity witnessed by surgery team after thoracotomy.

GI/Abdomen: Abd soft, not grossly distended.

Musculoskeletal: Gunshot wound x2 to left upper extremity, 1 to RLE. Lacerations to bilateral wrists.

Skin: The patient's skin is intact. Cool pale skin.

Neurologic: Face symmetric.

Labs/Imaging

Labs Reviewed

CBC - Abnormal; Notable for the following components:

Result	Value
WBC	3.72 (*)
RBC	3.98 (*)
HGB	11.8 (*)
HCT	39.6 (*)
PLT	32 (*)
MCHC	29.8 (*)
RDW	14.9 (*)
NRBC	0.50 (*)
ABSOLUTE NRBC	0.02 (*)

All other components within normal limits

PTT - Abnormal; Notable for the following components:

APTT >150.0 (*)

All other components within normal limits

FIBRINOGEN - Abnormal; Notable for the following components:

FIBRINOGEN <60 (*)

All other components within normal limits

BASIC METABOLIC PANEL - Abnormal; Notable for the following components:

SODIUM 147 (*)

POTASSIUM 8.4 (*)

CHLORIDE 112 (*)

CO2 14 (*)

GLUCOSE 298 (*)

CALCIUM 25.0 (*)

ANION GAP 21 (*)

All other components within normal limits

PHOSPHORUS - Abnormal; Notable for the following components:

PHOSPHORUS 9.3 (*)

All other components within normal limits

VENOUS BLOOD GAS PLUS - Abnormal; Notable for the following components:

PH 6.98 (*)

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)

ED Provider Note (continued)

PCO2 141 (*)
HCO3, unspecified 32 (*)
SODIUM 153 (*)
POTASSIUM 7.0 (*)
IONIZED CALCIUM 1.97 (*)
Glucose, whole bld 282 (*)
HGB (BG) 12.3 (*)
SO2-VENOUS (SO2, venous) 54.7 (*)

All other components within normal limits

ARTERIAL BLOOD GAS PLUS - Abnormal;

Notable for the following components:

PH 7.03 (*)
PCO2 65 (*)
PO2 253 (*)
HCO3, unspecified 17 (*)
SODIUM 148 (*)
POTASSIUM 10.7 (*)
IONIZED CALCIUM 1.08 (*)
Glucose, whole bld 383 (*)
HGB (BG) 12.6 (*)

All other components within normal limits

HEPATITIS C VIRAL LOAD (PCR)

PT-INR

MAGNESIUM

CBC AND DIFFERENTIAL

BASIC METABOLIC PANEL

LFTS (HEPATIC PANEL)

MAGNESIUM

PT-INR

URINALYSIS

VENOUS BLOOD GAS PLUS

LACTATE

ARTERIAL BLOOD GAS PLUS

LACTATE (BLOOD GAS)

PREPARE RBC

PREPARE RBC

PREPARE PLASMA

PREPARE PLATELETS

PREPARE RBC

TYPE AND SCREEN (ABO,RH,ANTIBODY
SCREEN)

PREPARE RBC

PREPARE RBC

PREPARE RBC

ABO AND RH

MGH ANESTHESIA BLOOD TRANSFUSION
RECORD

Narrative:

Massachusetts General Hospital

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)**ED Provider Note (continued)**

55 Fruit Street, Boston, MA 02114 Tel (617)
726-2000

Blood Transfusion Report
RBC 6 unit (1800 mL)
FFP 1 unit (250 mL)
Total 7 units (2050 mL)

**TYPE AND SCREEN (ABO,RH,ANTIBODY
SCREEN)****XR RETAINED OBJECT - ABDOMEN & PELVIS****Final Result**

No unexpected radiopaque foreign body.

Findings discussed with Robert Sinyard p20411 at
3:50PM

ATTESTATION: I, Dr. Madeleine Sertic as teaching
physician, have reviewed the images for this case and
if necessary edited the report originally created by
Priyanka Khavita Naik.

XR Retained Object - Chest (Results Pending)

ED Consults and Medications/Therapeutics

(If consults were ordered, please refer to the consult documentation for additional information)

No consults were ordered.

ED Medications/Therapeutics:**Medications**

sodium chloride (NS) 0.9 % syringe flush 3 mL (
Intravenous MAR Hold 1/4/23 1410)
EPINEPHrine (ADRENALIN) injection (1 mg
Intraosseous Given 1/4/23 1403)

Assessment/Plan (MDM) and ED Course**MDM**

Unknown male who presents to the ED s/p multiple gunshot wounds. He reportedly jumped from a 2nd or 3rd story window, had self inflicted lacerations, and then sustained multiple gunshot wounds. Trauma STAT was activated and trauma team at bedside at patient arrival. Patient was intubated by attending ED physician upon arrival. OG tube placed. Bilateral chest tubes placed by surgery- right chest tube immediately put out dark blood. Subclavian central line as well as femoral arterial line placed by surgery. Pulse was lost so surgery performed emergent thoracotomy which showed cardiac activity per surgery. Cardiac massage performed and aorta clamped by surgical team. Massive transfusion protocol initiated and patient transferred to the OR.

Schedule II medications prescribed upon discharge: patient transferred to OR

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)

ED Provider Note (continued)

Dispo at the end of my shift: to OR with trauma surgery

Clinical Impressions as of 01/04/23 1929

Multiple lacerations
Gunshot wound of right side of chest, initial encounter
Gunshot wound of multiple sites of left upper extremity, initial encounter
Gunshot wound of right lower extremity, initial encounter

Clinical Impression

Final diagnoses:

Multiple lacerations
Gunshot wound of right side of chest, initial encounter
Gunshot wound of multiple sites of left upper extremity, initial encounter
Gunshot wound of right lower extremity, initial encounter

Chelsea Dwyer, PA-C

Chelsea Elisabeth Dwyer, PA-C
01/05/23 1223

Electronically signed by Chelsea Elisabeth Dwyer, PA-C at 1/5/2023 12:23 PM

H&P Notes

H&P by Luckmini N Liyanage, MD at 1/4/2023 1504

Author: Luckmini N Liyanage, MD	Service: GGI Surgery	Author Type: Resident
Filed: 1/4/2023 4:17 PM	Date of Service: 1/4/2023 3:04 PM	Status: Cosign Needed
Editor: Luckmini N Liyanage, MD (Resident)		Cosign Required: Yes
Cosigner: Jonathan J Parks, MD		

Churchill White Trauma Surgery Service History and Physical Note

Name: Unknownwww Maize **MRN:** 7948814 **Date:** 1/4/2023

Trauma Attending: Dr. Parks

ED Surgery Senior: Dr. Luckmini Liyanage

ED Surgery Junior: Dr. Orit Abraham

Churchill Resident: Dr. Sinyard

Churchill Intern: Dr. Parker

Type of Activation: Stat

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)
H&P Notes (continued)
Reason for Consultation:

[REDACTED]

Unknownwww Maize is a 122 y.o. male with no known medical history who presented as a trauma stat after multiple gun shot wounds.

Per report from the EMS, the patient may have jumped off 2-3 floors, stabbed himself, and was either shot multiple times or shot himself.

On arrival to the trauma bay, EMS reported they could not secure an airway and the patient was unresponsive. He was immediately intubated and bilateral chest tubes were placed. Massive transfusion protocol was started with the Belmont. The right sided chest tube immediate put out dark blood. We lost pulses in the trauma bay, so a left sided ED thoracotomy was performed. The heart showed good contractility. The aorta was clamped and the pericardium was incised when no carotid pulses were felt. Tourniquets that were applied to the RLE and bilateral upper extremities were taken down.

He was taken to the operating room emergently with the Trauma Surgery Team.

Review of Systems:

All systems reviewed with pertinent positives and negatives to the chief complaint noted in HPI and are otherwise negative.

Medical History:

PMH	PSH
Not obtained	Not obtained
Social History	Family History
Not obtained	Not obtained

Prior to Admission Medications

Not obtained

Allergies

Not on File

Primary Survey

Airway:	secured with ETT
Breathing:	Equal and symmetric bilaterally
Circulation:	Initially palpable left femoral pulse, pulses lost in the bay.
GCS:	3 (=E1V1M1) Eyes: 4/spont, 3/command, 2/pain, 1/none Verbal: 5/oriented, 4/confused, 3/inappropriate, 2/incomprehensible, 1/none, t/intubated M: Motor 6/obeys, 5/localizes, 4/withdraws, 3/flexes, 2/extends, 1/none
FAST Exam:	Not performed

Initial Vitals in the Trauma Bay: BP (!) 118/92 | Pulse (!) 144 | SpO2 (!) 70%

Secondary Survey

Secondary survey unable to be performed in the trauma bay.

Slash wounds along neck noted as well as along bilateral wrists.

Multiple gunshot wounds present (6 total) in LUE (x2), below right nipple, behind the ear on the right side, left flank, and right thigh

Labs

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)
H&P Notes (continued)
Recent Labs

	01/04/23 1427
WBC	3.72*
HGB	11.8*
HCT	39.6*
PLT	32*

No results for input(s): NA, K, CL, CO2, BUN, GFR, CRE, GLU, CA, PHOS, MG, ALB, TP, SGPT, SGOT, ALKP, TBILI, DBILI, AMY, LIPS, CRPT, FAMY in the last 72 hours.

Recent Labs

	01/04/23 1427
PT	No clot obtained, STAT peripheral vein redraw needed to determine if due to compromised specimen or a true markedly prolonged clotting time.
PTT	>150.0*

Recent Labs

	01/04/23 1501
APH	7.03*
APCO2	65*
APO2	253*
FIO2	UNSPEC.

Luckmini Liyanage, MD
 PGY-3, General Surgery
 p27148

This patient will be covered by the inpatient surgical team as listed in the header of the note. Please contact the team via paging directory for the appropriate responding clinician.

Electronically signed by Luckmini N Liyanage, MD at 1/4/2023 4:17 PM

Other Clinical Notes
Op Note
Anahita Dua, MBChB at 1/4/2023 1413

Author: Anahita Dua, MBChB
 Filed: 1/5/2023 7:16 AM
 Editor: Anahita Dua, MBChB (Physician)

Service: Vascular Surgery
 Date of Service: 1/4/2023 2:13 PM

Author Type: Physician
 Status: Signed

Full Operative Note

Patient Name: Unknownwww Maize

MRN: 7948814

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)**Other Clinical Notes (continued)**

Date of Surgery: 1/4/2023

Preop dx: GSW to abdomen

Post op dx: same

Procedure(s):

EXPLORATORY LAPAROTOMY, thoracotomy right, total hepatic isolation

Surgeon(s):

Jonathan J Parks, MD

Anahita Dua, MBChB

George Velmahos, MD, PhD

Resident: Amber Marie Parker, MD; Luckmini N Liyanage, MD; Robert D Sinyard, MD; Sarah E Rudasill, MD

* No surgical staff found *

Anesthesia Attending: James Creswell Simpson, MD

CRNA: Mary Katherine Rezendes, CRNA

Anesthesia Technician: Delmy Leonor Contreras

Anesthesia Type: Anesthesia type not filed in the log.

ASA Code: ASA status not filed in the log.

Description of Procedure: Unknownwww Maize is a 122 y.o. male with no known medical history who presented as a trauma stat after multiple gun shot wounds.

Per report from the EMS, the patient may have jumped off 2-3 floors, stabbed himself, and was either shot multiple times or shot himself.

Procedure Findings: Vascular surgery was called intraoperatively to evaluate the patient. When we arrived we was getting cardiac massage and attempts to control the bleeding were underway by our trauma colleagues. We assist with cardiac massage and confirmed appropriate placement of the aortic clamp.

The patient was declared deceased.

I was present for the vascular portion of the procedure

Estimated Blood Loss: per trauma note

Specimen: * No specimens in log *

Drains: * No LDAs found *

Packs/Other:

Per trauma note



01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)

Other Clinical Notes (continued)

Electronically signed by Anahita Dua, MBChB at 1/5/2023 7:16 AM

Robert D Sinyard, MD at 1/4/2023 1413

Author: Robert D Sinyard, MD
Filed: 1/5/2023 4:09 PM
Editor: Robert D Sinyard, MD (Resident)
Cosigner: Jonathan J Parks, MD

Service: Surgery
Date of Service: 1/4/2023 2:13 PM

Author Type: Resident
Status: Cosign Needed
Cosign Required: Yes

Full Operative Note

Patient Name: Unknownwww Maize

MRN: 7948814

Date of Surgery: 1/4/2023

Pre-operative Diagnosis: gunshot wound to chest, abdomen

Post-operative Diagnosis: same as above

Procedures: clamshell thoracotomy, exploratory laparotomy, total hepatic isolation

Surgeon(s):

Jonathan J Parks, MD

Anahita Dua, MBChB

George Velmahos, MD, PhD

Resident: Amber Marie Parker, MD; Luckmini N Liyanage, MD; Robert D Sinyard, MD; Sarah E Rudasill, MD

Anesthesia Attending: James Creswell Simpson, MD

CRNA: Mary Katherine Rezendes, CRNA

Anesthesia Technician: Delmy Leonor Contreras

Anesthesia Type: General

Indication for Procedure:

This patient is a male of unknown age but appearing between mid to late 20s and mid to late 30s who presented after suffering multiple gunshot wounds during an altercation with law enforcement officials. He was brought to the emergency room in extremis but did have a palpable pulse. Bilateral chest tubes were placed in the trauma bay and a considerable amount of blood was obtained from the right chest. The patient lost pulses at this point so an emergent left thoracotomy was performed. The pericardium was opened and there was no evidence of blood or fluid within it. Direct cardiac massage was performed and a right subclavian line was placed. With resuscitation and direct cardiac massage, organized electrical activity was obtained and there continued to be high output from the right-sided chest tube. Consequently decision was made to proceed to the operating room. The aorta was clamped under direct vision via the left thoracotomy and the patient was transported to the operating room with an open chest while undergoing direct cardiac massage.

Description of Procedure:

The patient was positioned supine on the operating room table actively receiving direct cardiac massage. An initial pause was performed to check for electrode activity and demonstrated ongoing contraction of the heart in an organized fashion to the decision was made to proceed with a clamshell thoracotomy to evaluate bleeding from the right chest. A scalpel was used to incise the skin from the manubrium through the fourth intercostal space down to the

01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)**Other Clinical Notes (continued)**

bed. Heavy scissors were used to cut the intercostal muscles. Bone cutters were used to connect to the left thoracotomy incision with a right thoracotomy incision across the manubrium. Schnidt clamps were placed over the bilateral mammary arteries which were noted to be bleeding after the manubrium was incised. By retracting the right lung medially and cephalad, as well as suctioning consider amount of blood remaining at the base of the right chest, there was an obvious rent in the right diaphragm. Consider amount of blood was being evacuated from the abdomen through this diaphragmatic hole into the right chest. Consequently a laparotomy incision was made extending from the xiphoid down to the pubic symphysis. The incision was carried down to the level of the fascia which was incised sharply after entering the fascia, there was a do considerable amount of blood that was expressed from the abdominal cavity. A finger was inserted and the fascia was opened the length of the incision without injuring underlying structures. The abdomen was then packed in the standard fashion beginning with the right upper quadrant. Multiple packs were placed anterior superior and posterior to the right lobe of the liver which seemed to be the source of the bleeding, since visualization improved considerably after packing. With improved visualization, there was a notable defect in the right lobe of the liver near the confluence of segments 5 and 6. This was packed as well.

At this point there was a pause of the operation and direct cardiac massage for rhythm check. The patient was demonstrated to be in ventricular fibrillation. The intraoperative defibrillation paddles were applied and the patient received 1 shock. An organized rhythm was noted on the monitor and the heart could be directly observed to be filling. The anesthesia team reported that they had an adequate end-tidal CO2 to suspect that the patient was still perfusing adequately. Consequently, the operation resumed.

Due to the significant liver injury and inability to control bleeding coming from posterior to the liver, the decision was made to pursue total hepatic isolation. The porta hepatis was encircled and a Rommel catheter was placed. The entire right lobe of the liver was mobilized medially via blunt dissection of the triangular ligament in order to expose the infrahepatic IVC. A right angle clamp was passed behind the IVC and another Rommel catheter was applied. A vascular clamp was placed around the intrapericardial IVC via the clamshell thoracotomy. At this point, the bleeding from the liver slowed considerably. A hepatic tractotomy was performed using multiple black loads of a GIA stapler.

Again, the case was paused along with direct cardiac massage in order to assess for underlying cardiac activity. The patient was again noted to be in ventricular fibrillation. He was again defibrillated using the cardiac paddles. This was repeated twice without return of meaningful cardiac activity. Given the extent of his injuries (additional GSW wounds in thigh, neck, arm, etc) and inability to gain cardiac activity, the decision was made at this point not to proceed any further. A moment of silence was observed for the patient. Time of death was noted to be 3:05 PM, approximately 1 hour after entering the operating room. The patient's chest and abdomen were closed with running nylon suture.

Procedure Findings: large defect in hepatic parenchyma extending to confluence of right and middle hepatic veins, diaphragmatic injury, penetrating wounds over R thigh, L abdomen, R chest, L arm, L neck; laceration to R wrist

Estimated Blood Loss: 5-6L

Specimen: none

Drains: none

Packs/Other: 2 laparotomy pads retained in abdomen on post-procedure film

Attestation: As attending of record, Dr. Jonathan Parks was present and scrubbed for the entirety of the procedure.

Trey Sinyard, MD
General Surgery, PGY4
Pager: 20411

Electronically signed by Robert D Sinyard, MD at 1/5/2023 4:09 PM



01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)

Other Clinical Notes (continued)

Imaging

Imaging

XR RETAINED OBJECT - ABDOMEN & PELVIS (Final result)

Status: **Completed**

Awaiting signature from: **Jonathan J Parks, MD**

Mode: Ordering in Verbal with readback mode
This order may be acted on in another encounter.

Communicated by: Kelly Pickett, RN

Ordering user: Kelly Pickett, RN 01/04/23 1528
Authorized by: Jonathan J Parks, MD
Frequency: Routine Once 01/04/23 1529 - 1 occurrence
Quantity: 1

Ordering provider: Jonathan J Parks, MD
Ordering mode: Verbal with readback
Class: Hospital Performed
Lab status: Final result

Instance released by: Kelly Pickett, RN (auto-released) 1/4/2023 3:28 PM

Questionnaire

Question	Answer
Reason for Exam:	no counts

Begin Exam Questions

Question	Answer	Comment
Was there any jewelry or personal belongings removed and stored for the patient?		

End Exam Questions

Question	Answer	Comment
Was there any jewelry or personal belongings removed and stored for the patient?		
Were the items returned?		
To whom were the items returned?		
Was the patient shielded during the procedure?		
Did the patient need assistance?		
Comments:		

XR RETAINED OBJECT - ABDOMEN & PELVIS

Resulted: 01/04/23 1613, Result status: Final result

Ordering provider: Jonathan J Parks, MD 01/04/23 1528
Resulted by:
Madeleine M Sertic, MBCh BAO
Priyanka Khavita Naik, MD
Performed: 01/04/23 1539 - 01/04/23 1547
Resulting lab: PARTNERS HEALTHCARE
Narrative:
XR RETAINED OBJECT - ABDOMEN & PELVIS

Order status: Completed
Filed by: Interface, Rad Results In 01/04/23 1615
Accession number: E32411664

COMPARISON: None

FINDINGS:

There is a bullet and multiple bullet fragments right upper quadrant. There are bilateral upper quadrant lap pads. These are better assessed on concurrently performed chest radiograph.

Enteric tube with the tip in the distal stomach. Left femoral arterial line. Foley catheter in situ.

No unexpected radiopaque foreign body.

Impression:



01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)

Imaging (continued)

No unexpected radiopaque foreign body.

Findings discussed with Robert Sinyard p20411 at 3:50PM

ATTESTATION: I, Dr. Madeleine Sertic as teaching physician, have reviewed the images for this case and if necessary edited the report originally created by Priyanka Khavita Naik.
Acknowledged by: Keith A Marill, MD on 01/05/23 1109

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - PHS IMG RAD	PARTNERS HEALTHCARE	Model Lab Director	399 Revolution Drive Somerville MA 02145	03/17/20 1622 - Present

Signed

Electronically signed by Madeleine M Sertic, MBBCh BAO on 1/4/23 at 1613 EST

All Reviewers List

Keith A Marill, MD on 1/5/2023 11:09

XR Retained Object - Chest (Final result)

Electronically signed by: **Ashley Leduc on 01/04/23 1351**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Ashley Leduc 01/04/23 1351

Authorized by: Natalie Anne Miranda, PA-C

Frequency: Routine Once 01/04/23 1352 - 1 occurrence

Quantity: 1

Indications of use: Trauma

Ordering provider: Natalie Anne Miranda, PA-C

Ordering mode: Per protocol: no cosign required

Class: Hospital Performed

Lab status: Final result

Instance released by: Ashley Leduc 1/4/2023 3:31 PM

Questionnaire

Question	Answer
Reason for Exam:	retained obj

Begin Exam Questions

Question	Answer	Comment
Was there any jewelry or personal belongings removed and stored for the patient?		

End Exam Questions

Question	Answer	Comment
Was there any jewelry or personal belongings removed and stored for the patient?		
Were the items returned?		
To whom were the items returned?		
Was the patient shielded during the procedure?		
Did the patient need assistance?		
Comments:		

XR Retained Object - Chest

Resulted: 01/07/23 0802, Result status: Final result

Ordering provider: Natalie Anne Miranda, PA-C 01/04/23 1351
Resulted by: Victorine Muse V, MD
Performed: 01/04/23 1400 - 01/04/23 1547
Resulting lab: PARTNERS HEALTHCARE
Narrative:

Order status: Completed
Filed by: Interface, Rad Results In 01/07/23 0804
Accession number: E32406566



01/04/2023 - ED to Hosp-Admission (Discharged) in MGH PERIOPERATIVE DEPT (continued)

Imaging (continued)

TECHNIQUE:

Outside images of the chest

This outside examination can not be read because:
The patient is deceased.

Acknowledged by: Keith A Marill, MD on 01/07/23 1318

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - PHS IMG RAD	PARTNERS HEALTHCARE	Model Lab Director	399 Revolution Drive Somerville MA 02145	03/17/20 1622 - Present

Signed

Electronically signed by Victorine Muse V, MD on 1/7/23 at 0802 EST

All Reviewers List

Keith A Marill, MD on 1/7/2023 13:18