

## Timeline for Patient 123

DOB: 00/00/0000

### Past Medical Appointment:

F/U w/ GYN  
Dx: Menorrhagia  
Plan: Hysterectomy

### Initial Hospitalization:

8/12/11- Reported to the outpatient surgical area for vaginal hysterectomy-  
BP 148/80 P 96, RR 20, T 36.8, SpO2 99, HT 5'3", Wt 220

Allergies- Penicillin  
Tape- Rash

Current medication:  
Omeprazole 20 mg QD  
Occasional OTC Tylenol

PHM: Menorrhagia  
Appendectomy  
Anxiety  
Depression  
GERD

Differential DX : Menorrhagia  
TX received: - Nebulizers, Ativan , Tylenol w/ codeine, O2  
LABS:-HGB 10.8 L  
HCT 24

Patient 123 is admitted and goes to surgery for their hysterectomy at 10:45am.

Hospital notes from the recovery room 3:00 pm document the need to receive 3 units of packed red blood cells, and 2 units of plasma before being transferred to the floor for observation.

8/12/11 4:00 pm Dr. GYN documents that patient was taken to the surgical suite for a vaginal hysterectomy. Due to a low HCT and HGB packed red blood, and plasma was given in the recovery room. Will admit this patient for observation.

5:30 pm Patient 123 was admitted to Floor 2 room 3 for observation. Labs were obtained for HGB and HCT, IV infusing at 125 cc /per hour. Patient has a small amount of red blood from the vaginal canal, on pads- changed, lungs clear, patient alert and oriented x 3.

6:00 pm Lab results HCT 18 L, HGB 8.8 L Dr. GYN notified. Orders given for additional 2 units red blood cells to be infused.

9:00 pm- Patient reported feeling cold, facial color pale, BP 130/60 P 92 Temp 96.7, Abd tender upon palpation. Continues to have red blood on peri-pads, patient appears anxious. MD called

10:00 pm MD returns call orders labs for CBC, HCT, HGB, and CMP STAT

10:30 pm MD notified via phone HCT 16 L, HGB 7.0. MD orders 2 units red blood cells and 2 units plasma

12:00 Midnight- MD arrives on the floor to check on patient.

8/13/11 2:00 am Patient 123 is cold and clammy BP 100/50, P 112, Temp 95.1, continues to have red discharge on peri-pad, abd appears to be increased in size firm and tender to palpation. Dr. GYN called.

4:00 am Patient 123 unresponsive- cardiac arrest code called -rapid response team arrived CPR started.

5:00am- Patient123 stabilized to return to OR for exploratory surgery by Dr. High.

OR Notes from Dr. High: Patient 123 taken to OR room 3, prepped for surgery. Patient 123 was found to have a large amount of blood in the abdominal cavity. Once removed found to have a tear in the renal artery. This tear was resected and anastomosed. Urine output remains low. Labs will be followed for CBC and CMP.

7:00 am Patient 123 moved to the recovery room.

Patient123 went on to have severe urologic problems including a neurogenic bladder. She required cardiac care due to cardiac arrest. She had nerve damage to her legs causing instability, and the use of a wheelchair. The injuries were extensive and required extensive long-term medical care.