Use Blue/Black Ink - Press Firmly

SERVICE NAME: Thornhurst Vol. Fire & Rescue Co. - Ambulance | SERVICE # 35031 | INCIDENT # 10009167 | TODAY'S DATE 1.011 HDP

INCIDENT LOCATION: Riverside Estates - Coolbaugh Twsp.

PATIENT: LAST NAME Walling | FIRST Jamie | MI M. | PHONE | AGE 21 | DATE OF BIRTH 1/11/51/78 | SEX F

STREET ADDRESS 136 Farrell Street | SOCIAL SECURITY NUMBER | MEMBERSHIP ⓨ Yes ⊗ No

CITY Plains | STATE PA | ZIP CODE 18705 | INSURANCE CODE # | MILEAGE OUT 32852

PRIVATE PHYSICIAN | MEDICAID # | SCENE

BILL TO (COMPANY or NAME) | PHONE | MEDICARE # | DEST

ADDRESS | STREET | GROUP INSURANCE # | IN 32892

CITY | STATE | ZIP CODE | OTHER INSURANCE #

CHIEF COMPLAINT: Gunshot (self inflicted?) To (L) side of head

CURRENT MEDICATIONS: ⊘ NONE KNOWN

ALLERGIES (MEDS): ⊘ NONE KNOWN

PAST MEDICAL HISTORY: ○ MI ○ CHF ○ COPD ○ BP ○ DIABETES ○ CANCER ⊘ NONE KNOWN ○ OTHER possible

NARRATIVE: We were dispatched by Monroe Co. to a Self-inflicted gunshot wound in Riverside estates. PMRP arrived on scene shortly before we did & led us into patient. Patient was found lying on her (L) side between the bed and the dresser of the bedroom, with a 38 cal. (as per) chrome hand gun under her feet. Patient was breathing, but unresponsive upon initial exam. We started bagging patient to assist w/ agonal, gurgling breathing & inserted an oral airway. Patient appeared to have a shot wound to (L) side of lower head and had large pool of blood under head on carpet (as per) & large clots found on floor & in hair. After securing airway, we moved patient onto cot (unable to get back board into room) & padded head w/ towels. We loaded patient into ambulance. Unable to get a palpable pulse, Applied AED & pulse ox. SPO2 on 100% O2 w/ BVM 97%, Pulse Rate 131, Analyzed 1st time w/ AED --- no shock indicated. Initial B/P 82/62. We continued to bag patient & transported her to our firehouse where an LZ had been set up. Monroe Co. ALS met us at fire station (unit w/) At 2143 hrs. & assumed care. Patient was then flown by (Lifestar 1st)

TIME	P	R	B/P	RHYTHM	TREATMENT/ROUTE/DOSE/RESPONSE	PROVIDER ID	MEDICATIONS/COMMENTS
2142	131		82/62		SPO2 on 100% O2 by BVM 97%. We assisted Ventilations, Inserted airway & padded head wound with towels. Applied AED --- No shock indicated Noted (+) posturing on scene. Placed pt. on back board w/ collar & CID in rig.		↓ PennStar to Lehigh Valley at 2203.

See Attached for Medic's
Nature of Person Receiving Patient — Time

Signature
Command Physician — ID#

Crew Signatures:
A#1 Susan L. Doggett
A#2
A#3 Bailey M Fabian
A#4 Tom Van Allen
A#5 Sarah Twibord

Service Copy

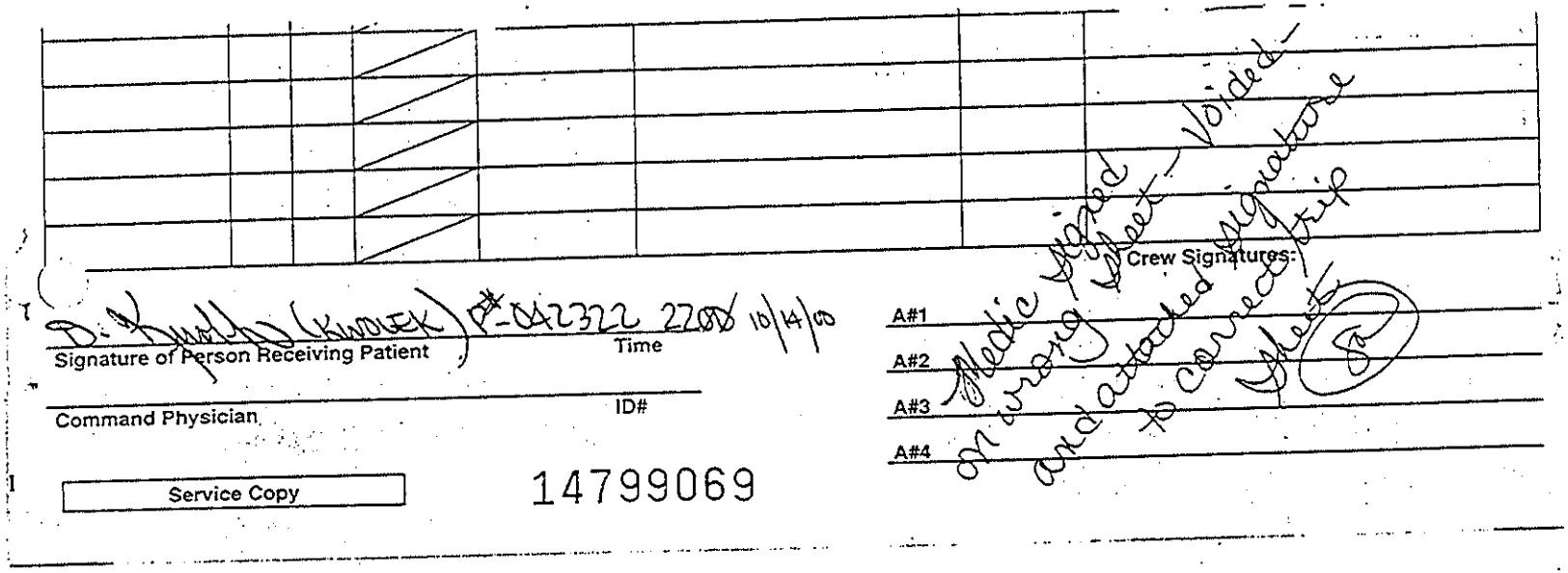
14799068

Use Blue/Black Ink Press Firmly

PENNSYLVANIA EMS REPORT

PLEASE DO NOT MARK IN THIS AREA

Service Copy



D. Kwolek (KWOLEK) P-042322 2200 10/14/08
Signature of Person Receiving Patient — Time

Command Physician — ID#

Service Copy

14799069

Crew Signatures:

A#1

A#2

A#3

A#4

Medic signed on wrong sheet — Voided and attached signature to correct trip sheet

THORNHURST AMBULANCE / THORNHURST FIRE / PENN STAR

SERVICE NAME	SERVICE #	INCIDENT#	TODAYS DATE
MONROE COUNTY ADVANCED LIFE SUPPORT #121			10/24/00

INCIDENT LOCATION: RIVERSIDE ESTATES / RENDEZVOUS W/ THORNHURST AMBULANCE @ AMB. BLDG. PARKING LOT

PATIENT INFO

PATIENT LAST NAME	FIRST	M.I.	PHONE	AGE	DATE OF BIRTH	SEX
WALLING	JAMIE	M.		21	11/15/78	F

STREET ADDRESS	SOCIAL SECURITY NUMBER	MEMBERSHIP
#136 FARRELL STREET		( ) YES ( ) NO

CITY	STATE	ZIP CODE	INSURANCE CODE
ARMS	PA	18785	

~~PRIVATE PHYSICIAN~~ DRIVERS LICENSE #24 949 020 PA

MEDICAID #

( ) BILL TO (COMPANY or NAME) — PHONE — MEDICARE#

ADDRESS — STREET — GROUP INSURANCE#

CITY — STATE — ZIP CODE — OTHER INSURANCE#

M[illegible] / OUT ____ / SCENE ____ / DEST ____ / IN ____

gunshot was [illegible]
Left - head

CHIEF COMPLAINT	GUNSHOT (ALLEGEDLY SELF-INFLICTED) (L) SIDE / REAR OCCIPITAL REGION HEAD
CURRENT MEDICATIONS	(X) NONE KNOWN
ALLERGIES (MEDS)	(X) NONE KNOWN
PAST MEDICAL HISTORY	( ) MI ( ) CHF ( ) COPD ( ) ↑BP ( ) DIABETES ( ) CANCER (X) NONE KNOWN ( ) OTHER

(A) (B)

NARRATIVE INITIALLY DISPATCHED TO ASSIST LOCAL BLS W/ A CODE 14 (GUNSHOT) AT RIVERSIDE ESTATES / COMMUNICATION W/ MONROE COUNTY CONTROL CONFIRMS 21 Y/O (F) PT. W/ (+) GUNSHOT TO THE HEAD / MEDIVAC (PENN STAR) ON STANDBY PER MCALS UNIT #121 / PENN STAR TO (C) FLY PER BLS ON SCENE / MCALS UNIT #121 RENDEZVOUS W/ THORNHURST @ THORNHURST AMB. BLDG. / INITIAL CONTACT SHOWS A FEMALE PT. (EST. AGE EARLY 20'S) UNRESPONSIVE W/ VENTILATIONS BEING ASSISTED W/ BVM BY BLS / PE SHOWS PT. TO BE UNCONSCIOUS AND UNRESPONSIVE CAO = 0 / GLASGOW = (3) / (+) HEAD INJURY - GUNSHOT TO THE (L) REAR OCCIPITAL REGION OF THE HEAD ATTEMPT TO CONTROL BLEEDING / WRAPPED W/ TRAUMA / PUPILS - DILATED / UNREACTIVE / SKIN COOL AND DRY (D) (-) EXTREMITY MOVEMENT / (-) SENSATIONS / (-) FACIAL INJURY / (-) NECK INJURY / (-) JVD / TRACHEA MID-LINE / (-) CHEST INJURY / CHEST SYMMETRICAL W/ (=) EXPANSION / (+) BREATH SOUNDS / (-) ABDOMINAL INJURY / PELVIS INTACT / PE OF UPPER AND LOWER EXTREMITIES IS UNREMARKABLE / TREATMENT IN PROGRESS - C-COLLAR, CID, LONG BOARD, CARDIAC MONITOR, PULSE OXIMETRY SpO_2 100% BVM / PT. INTUBATED #7 ET TUBE W/ PLACEMENT CONFIRMED 22 TEETH / I.V.S. ESTABLISHED X2 (PARA-LENCE) 1000CC L/R 16 GA X2 (L) AND (R) A/C W/O / INITIAL VITALS PULSE 100 RESP. ABNORMAL / BP 82/62 / PATIENTS CONDITION REMAINED UNCHANGED AFTER INITIAL TREATMENT / PENN STAR ON GROUND / TRANSFER PT. CARE TO PENN STAR FLIGHT CREW W/ FULL REPORT AND ALL AVAILABLE INFORMATION. [signature]

(X) Narrative 1 of (1)

DISPATCH	2115
EN ROUTE	2117
ARRIVE SCENE	2142
DEPART SCENE	RENDEZVOUS
ARRIVE DEST.	———
IN QUARTERS	2240

TIME	P	R	B/P	RHYTHM	TREATMENT	PROVIDER ID#	RESPONSE/COMMENTS
2145	100	BVM	84/64	SINUS TACH	C-COLLAR, CID, LONG	BLS	IMMOBILIZATION BY BLS W/ PENN
2150	120	BVM			BOARD IMMOBILIZATION	BLS	STAR EQUIP AND FLIGHT CREW
2155	100	BVM	82/64	SINUS TACH	BLEEDING CONTROL	BLS/*042322	INITIAL AIRWAY MANAGEMENT
PENN STAR ON GROUND - FLIGHT					ORAL AIRWAY, O2 15LPM	VIA BLS	BY BLS W/ ORAL AIRWAY AND
CREW ON BOARD.					BVM, CARDIAC MONITOR	*042322	BVM W/ SUPPLEMENTAL O_2
					PULSE OX, INTUBATE #7 TUBE	042322	INTUBATED, TUBE PLACEMENT CONFIRMED
2203 - PENN STAR 10-8				W/ PT. LINES	IV X2 16GA 1000 L/R W/O (L) + (R) A/C'S (PARAMEDIC LENCE)		

Signature of Person Receiving Patient ____ Time ____

Command Physician ____ ID# ____

Lithocode Number ____

Crew Signatures:
A#1 D. Kudilo P. #042322
A#2 D. LENCE - PARAMEDIC
A#3
A#4

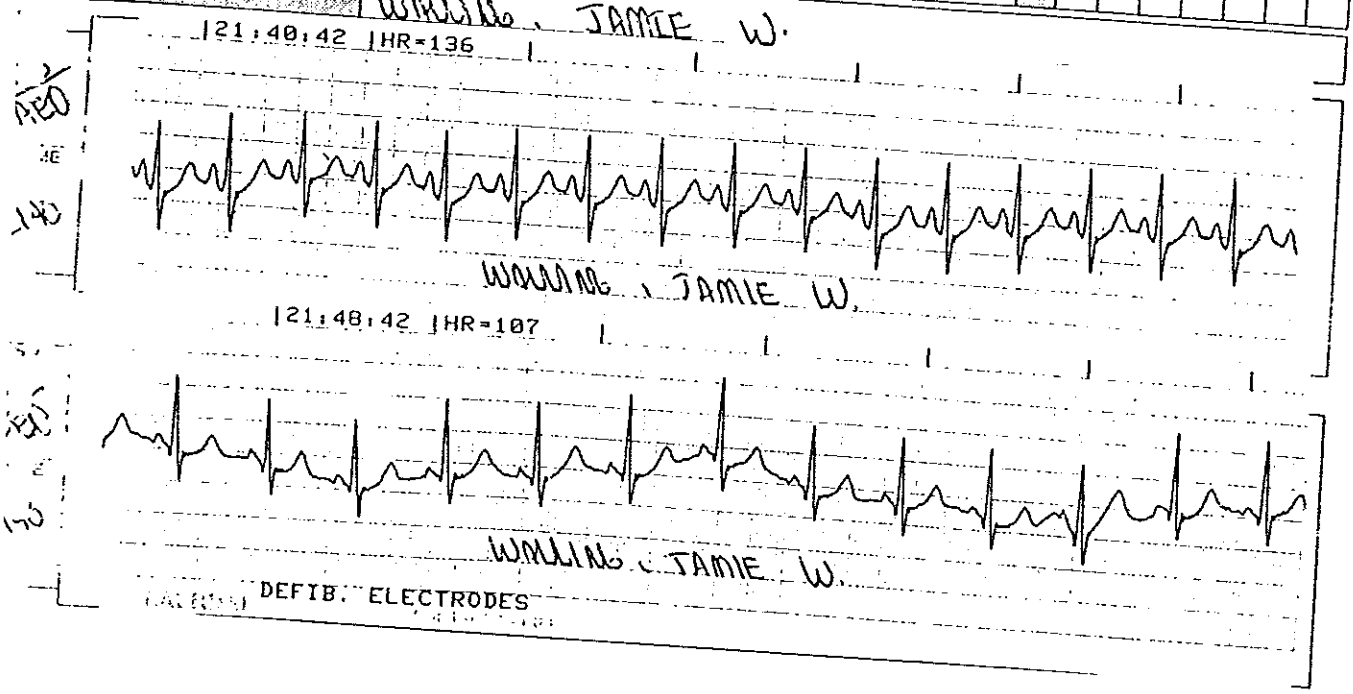
550

EASTERN PENNSYLVANIA EMERGENCY MEDICAL SERVICES SYSTEM

EKG Documentation Sheet

UNIT NAME	UNIT NO.	MO.	DAY	YEAR	CASE NO.	EMS FORM NO.
[illegible] COUNTY EMS #121	#121	10	14	00		

PATIENT'S NAME: WALLING, JAMIE W.

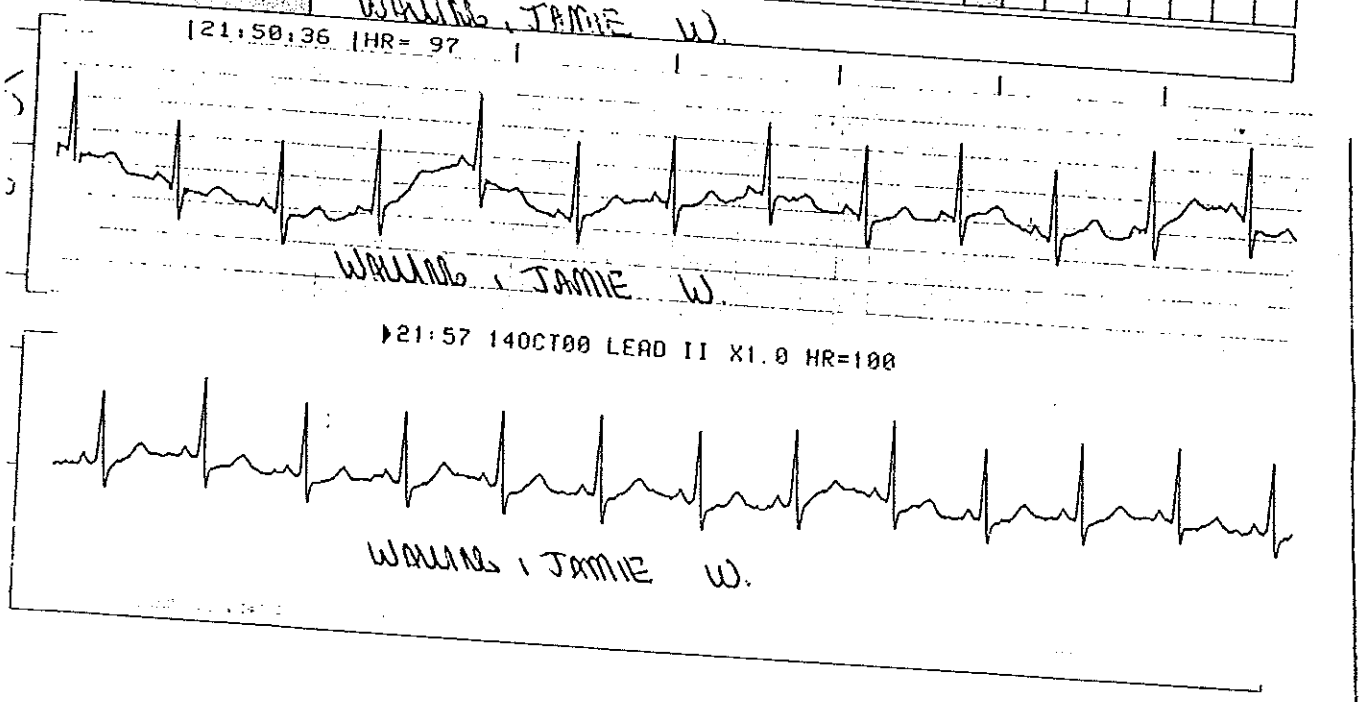


EASTERN PENNSYLVANIA EMERGENCY MEDICAL SERVICES SYSTEM

EKG Documentation Sheet

UNIT NAME	UNIT NO.	MO.	DAY	YEAR	CASE NO.	EMS FORM NO.
[illegible] COUNTY EMS	#121	10	14	00		

PATIENT'S NAME: WALLING, JAMIE W.



551

EKG	A1 A2 A3 A4 0	EOA									
EndoTrach. Intub.	A1 A2 A3 A4 0	Intraosseous IV	A1 A2 A3 A4 0	Arrest to CPR				Cellular			
Med. Admin.	A1 A2 A3 A4 0	Needle Thorac.	A1 A2 A3 A4 0	Arrest to Defib				Radio	None		
Blood Draw	A1 A2 A3 A4 0	Pacing	A1 A2 A3 A4 0	Arrest to ALS				Protocol			
Central Ven. IV	A1 A2 A3 A4 0	Urinary Cath	A1 A2 A3 A4 0	Witnessed Arrest?	Y	N	Unk	MD On-Scene			
Cricothyrotomy	A1 A2 A3 A4 0	Region Copy		Bystander CPR?	Y	N	Unk	None Required			

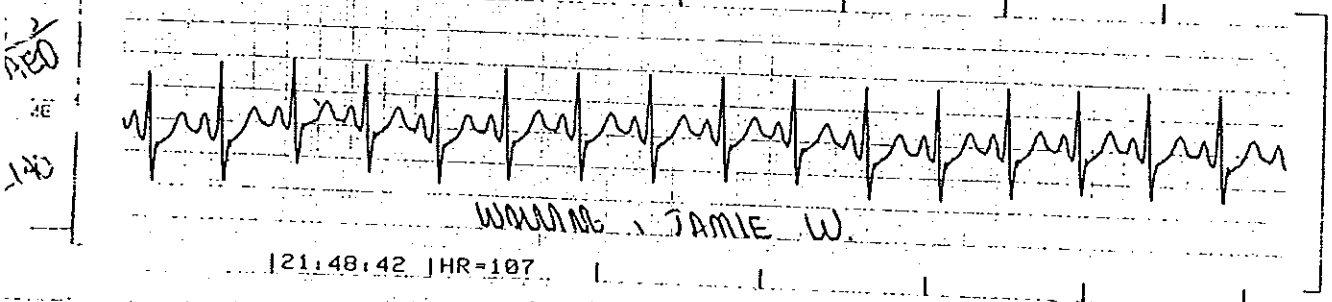
EASTERN PENNSYLVANIA EMERGENCY MEDICAL SERVICES SYSTEM
EKG Documentation Sheet

Page 1 of 2

UNIT NAME	UNIT NO.	MO.	DAY	YEAR	CASE NO.	EMS FORM NO.
WAYNE COUNTY EMS #121	#121	10	14	00		

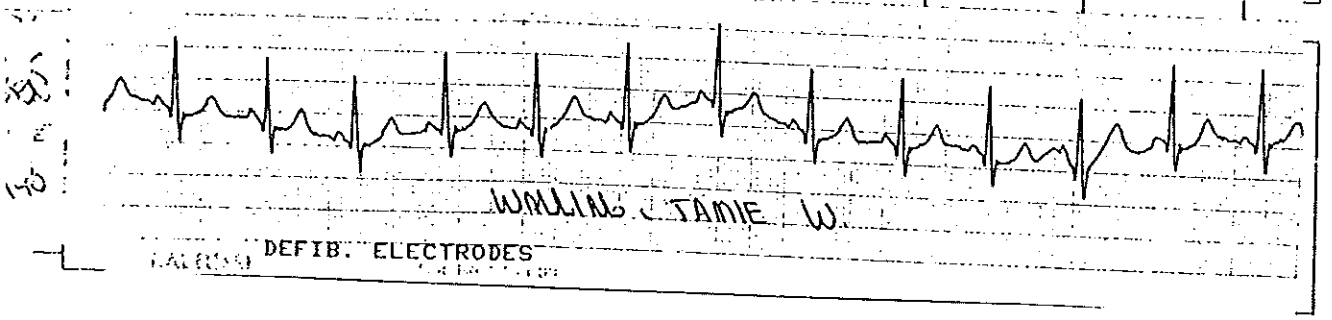
PATIENT'S NAME: WALLING, JAMIE W.

21:40:42 HR=136



WALLING, JAMIE W.

21:48:42 HR=107



WALLING, JAMIE W.

DEFIB. ELECTRODES

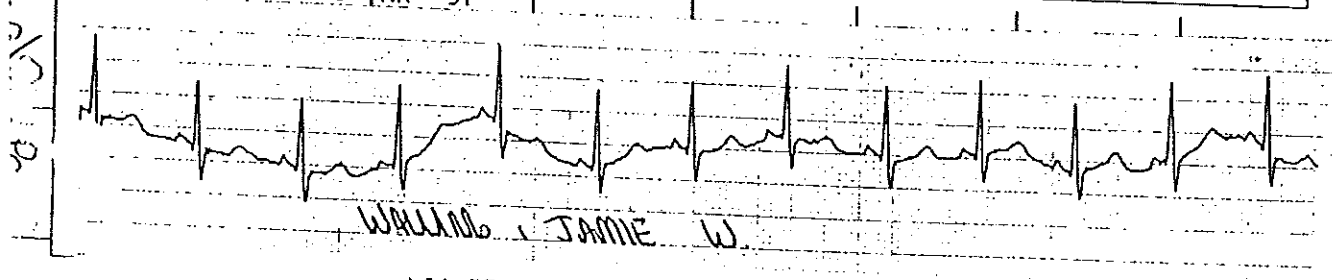
EASTERN PENNSYLVANIA EMERGENCY MEDICAL SERVICES SYSTEM
EKG Documentation Sheet

Page 2 of 2

UNIT NAME	UNIT NO.	MO.	DAY	YEAR	CASE NO.	EMS FORM NO.
WAYNE COUNTY EMS	#121	10	14	00		

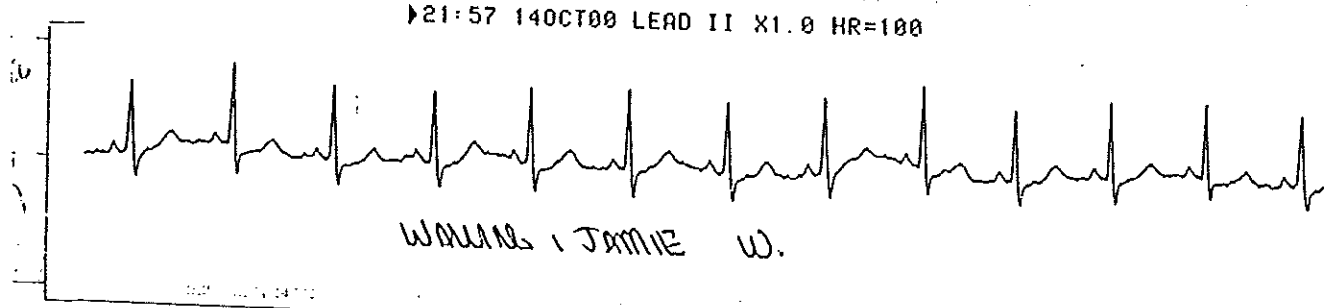
PATIENT'S NAME: WALLING, JAMIE W.

21:50:36 HR= 97



WALLING, JAMIE W.

21:57 14OCT00 LEAD II X1.0 HR=100



WALLING, JAMIE W.

551

EKG	A1 A2 A3 A4 0	EOA		Arrest to CPR		Cellular	
EndoTrach. Intub.	A1 A2 A3 A4 0	Intraosseous IV	A1 A2 A3 A4 0	Arrest to Defib		Radio None	
Med. Admin.	A1 A2 A3 A4 0	Needle Thorac.	A1 A2 A3 A4 0	Arrest to ALS		Protocol	
Blood Draw	A1 A2 A3 A4 0	Pacing	A1 A2 A3 A4 0	Witnessed Arrest?	Y N U	MD On-Scene	
Central Ven. IV	A1 A2 A3 A4 0	Urinary Cath	A1 A2 A3 A4 0	Bystander CPR?	Y N U	None Required	
Cricothyrotomy	A1 A2 A3 A4 0	Region Copy					

POCONO MOUNTAIN REGIONAL

POLICE DEPARTMENT
HC 89, Box 290
Pocono Pines, Pennsylvania 18350
(570) 646-7171
Fax: (570) 646-2319

John P. Lamberton
Chief of Police

To Whom it May Cocern,

I am investigating the death of Jamie Marie Walling. She was treated at St. Lukes--Bethlehem, Lehigh County on
10/14/2000 and later died on 10/15/2000. I obtained a release from Donna Walling, mother of Jamie, allowing me to receive a copy of her medical records. These records are important to my investigation and I appreciate your help in this matter. If you have any questions, please contact me using the numbers listed above.

Victim information: Jamie Marie Walling W/F
DOB: 11/15/1978, SS # 194-62-8442

Respectfully,

Det. Harry W. Lewis

Det. Harry W. Lewis 11/03/2000

POCONO MOUNTAIN REGIONAL

POLICE DEPARTMENT
HC 89, Box 290
Pocono Pines, Pennsylvania 18350
(570) 646-7171
Fax: (570) 646-2319

John P. Lamberton
Chief of Police

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, Donna M. Walling, hereby authorize and give consent to Det. Harry Lewis - Pocono Mtn. Regional Police Dept. to release all medical records to:

Pocono Mountain Regional Police Department
Detective Harry W. Lewis
HC 89 Box 290, Pocono Pines, PA 18350

Information from the medical records including films, photo copies relating to the treatment of:

Patient Name: Jamie Marie Walling Date of Birth: 11-15-78

Social Security Number : 194-62-8442

Date of Service: _____

This authorization is effective from the date of my signature. The nature of and purpose of this release has been explained to my understanding.

Donna M. Walling (Mother) 10-26-00
Signature of Responsible Party & Relationship to Patient — Date

_____ _____
Signature of Witness – Title — Date

10/15/00 S 21Y UHK 0028501281
WALLING, JANIE MARI 11/15/78 F
136 FARRELL ST
PLAINS PA 18705 00760945

GROSSKAH, MICHAEL D ICU-13

St Luke's HOSPITAL & Health Network

801 Ostrum Street
Bethlehem, PA 18015

DISCHARGE INSTRUCTIONS
TO: ____ Home ____ Facility

NAME: _____

☐ Allentown Campus ☐ Bethlehem Campus ☐ Quakertown Campus ☐ Other _____

DIAGNOSIS: _____

REFERRALS: Home Health Agency _____ Meals on Wheels ____ Area Agency on Aging _____

OTHER: _____

Medical Equipment _____ Type: _____ Co. _____ Other _____

1. Activity/Rehab _____
2. Diet _____

Dressing/Wound Care/Special Instructions _____

4. Allergies (Drugs/Food): _____

5.

RX GIVEN Y/N	Medications: NAME	DOSE	FREQUENCY	LAST DOSE TAKEN

6. Treatments/Therapy/Lab Orders/Respiratory Orders

TYPE	FREQUENCY	LAST TREATMENT

7. Follow-Up Appointments: _____ Date: _____ Time: _____

_____ Date: _____ Time: _____

Physician's Signature: _____ Date: _____

☐ Patient requires skilled nursing care on a daily basis as an inpatient in the *SNF for conditions for which patient was receiving care while hospitalized. *Refer to Facility & Home Care form # 14879

☐ Patient requires Home Health Services, refer to form 14879

I, the undersigned have received and understand the above instructions.

Patient/Family/Significant Other/Signature X _____ Date: _____

Nurse's Signature _____ Date: _____

PRINTED BY: HALDEMS
DATE 11/3/00

14878A Rev. 3/99

DISCHARGE INSTRUCTIONS

White - Chart Copy
Yellow - Patient Copy
Pink - Physician Copy

St Luke's Hospital

EMERGENCY DEPT. RECORD ☐ PROGRESS NOTE

ACCOUNT NO.	DATE	TIME	REG. BY	P.B.	MR #
0028501281	10/14/00	2216	LRS		00760945

PATIL

NAME (Last, First, M.I.)	ADDRESS	CITY	STATE	ZIP
WALLING, JAMIE MARIE	136 FARRELL ST	PLAINS	PA	18705

COUNTY	PHONE	SOCIAL SECURITY NO.	SEX	RACE	M/S	BIRTH DATE - AGE	PREVIOUS NAME	RELIGION
			F	5	U	11/15/78 21Y		

OCCUPATION	EMPLOYER	ADDRESS	PHONE

REASON FOR VISIT TODAY

REGISTERING PHYSICIAN

ALLERGIES

FAMILY PHYSICIAN: GROSSMAN, MICHAEL D

REL.

NAME (Relative)	ADDRESS	CITY	STATE	ZIP
N/A				

RELATION	PHONE	ALT. PHONE	DATE & TIME OF ACCIDENT	ACCIDENT PLACE
OTHER				

GUAR.

NAME (Guarantor)	ADDRESS	CITY	STATE	ZIP
WALLING, JAMIE MARIE	136 FARRELL ST	PLAINS	PA	18705

RELATION	PHONE	EMPLOYER	EMPLOYER'S ADDRESS

INSURANCE

TYPE	PLAN	PLAN DESCRIPTION	GROUP NO.	GROUP NAME	POLICY	SUBSC. REL.

MEDICAL ASSISTANCE | LINE # | RESOURCES | CATERGORY | CITY CDE | RECORD | CONT. DIE | INSURANCE COMMENTS 1

INSURANCE COMMENTS 2

INSURANCE COMMENTS 3

NURSE

TRIAGE ☐ EMERGENT ☐ URGENT ☐ NON-URGENT ☐ QUICKCARE ☐ PRIVATE EXAM _____ PHYSICIAN

METHOD OF ARRIVAL

TIME	INFORMANT	CHIEF COMPLAINT

DURATION	WT	LMP	Td

PAST MED HX

CURRENT MEDS.

ALLERGIES

TIME	GLASGOW COMA SCALE	BP	TEMP	PULSE	RESP.	TIME	MEDICATION DOSE/ROUTE	SITE	RN
							O_2:		

PATIENT DISPOSITION

Lot # _____
Td 0.5 cc

TIME	#	SOLUTION ± ADDITIVES	RATE	SIZE	LOCATION	INITIALS

Discharge Instructions ☐ Y ☐ N — D/C By Physician: ☐ Y
Given:
Verbalized Understanding: ☐ Y ☐ N — Receptive To Teaching: ☐ Y ☐ N
Special Needs at D/C: ☐ Y _____ ☐ N
Injury Prevention Instructions Given: ☐
Social Services Consult: ☐ Y ☐ N
Additional Screening: ☐ Y ☐ N/A — Referral: _____
Personal Belongings Form Completed: ☐ Y ☐ N/A

PRINTED BY: HAYDEMS

INITIALS	NAME	DATE	11/3/00	INITIALS	NAME

5000 Rev. 9/98

St Luke's HOSPITAL of Houston

EMERGENCY DEPT. RECORD

NAME WALLING, JAMIE MARIE | DATE 10/14/00 | MR # 00760945 | ACCT # 0028501281

PROCEDURE

- ☐ CPR Defib
- ☐ Central Line
- ☐ NG
- ☐ O_2
- ☐ ETT
- ☐ ABG
- ☐ Monitor

PHYSICIAN ORDERS

	Time Ordered
☐ CBC	
☐ BMP	
☐ CMP ☐ CO_2	
☐ PT PTT	
☐ CPK	
☐ Istat	
☐ Ca	
☐ Mg	
☐ Troponin T/I	
☐ Other _____	

X-RAY / STUDY	Time Ordered
☐ Chest	
☐ PA	
☐ Lat	
☐ Portable	
☐ CT - _____	
☐ Contrast Y / N	
☐ Other _____	

IV OR MEDICATION	DOSE / ROUTE	TIME

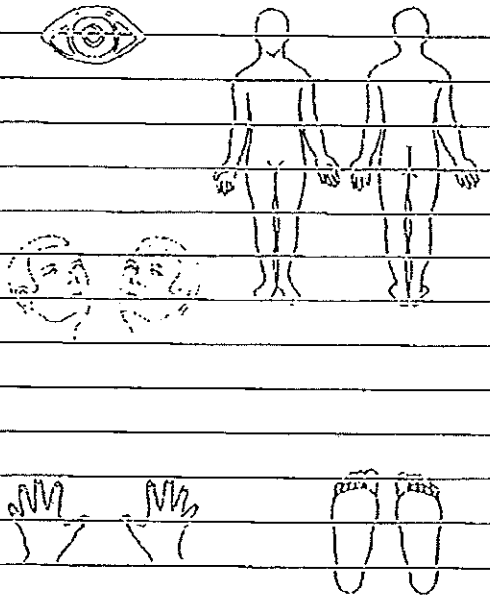
OTHER: (NG, Foley, etc.)
☐ UDN: _____ Time: _____ PF Pre: _____ Post: _____
☐ (Specify): _____ Time: _____

INT BY PHYSICIAN X-Ray
EKG
ABG

ORDERS:

Time Exam:

HEENT
SH
FH
ROS:
Gen
Card
Resp
GI
GU
End
Musculoskeletal
Neuro
Skin
Hem/Lymph
Allergy/Imm
Eyes
ENT
Psychiatric



TRA
ED Copy

DIAGNOSIS:

☐ Release Time: ☐ Admit Time: ☐ AMA Time: ☐ Expired Time:

REFERRED TO

PATIENT DISCHARGE CONDITION ☐ Imprvd ☐ Unchgd ☐ Deterd

AMBULATORY ☐ Yes ☐ No

PHYSICIAN SIGNATURE

CAUTION: DO NOT DRIVE OR PERFORM HAZARDOUS TASKS IF MEDICINES OR TREATMENT CAUSES DROWSINESS

DEPT. OF EMERGENCY MEDICINE

☐ Limited duty for _____ days
☐ No school for _____ days
☐ Occumed: ☐ Off duty rest of shift ☐ Return to work
☐ No gym for _____ days
☐ No work for _____ days

Physician _____ Date _____

WALLING, JAMIE MARIE 10/14/00
INSTRUCTIONS TO PATIENT

5000 Rev. 9/98

I have received and understand the above instructions
Patient / Relative DATE 11/3/00 WALDEMS

E.D. COPY

☐ Refer to Discharge Instructions

426

11/01/00 U 99Y 0028501281
TRAUMA,M 00493 01/01/01 M
801 OSTRUN ST
BETHLEHEM PA 18015 0076094S

GROSSMAN,MICHAEL D

10/31/00 S 21Y UNK 0028501281
WALLING,JANIE KA
136 FARRELL ST
PLAINS PA 187 0076094S
GROSSMAN,MICHAEL D ICU-13

St Luke's HOSPITAL & Health Network

TRAUMA SERVICE EVALUATION FORM

Per Drivers Liscence → Janie Marie Walling

VII. Attending Physician Statement

I was present during this Evaluation and directed the decision making: (Y) N (not applicable)

Review of above Resident note: Agree as Amended.

History: 21 yr old (per Pa Lisc.) WF S/P GSW to head. Intubated in field. Non Responsive on Arrival c RPL's fixed Dilated with Massive bleeding from head And Pt. Sphincter tone on Cag...

Past Medical History: UN obtainable + Unknown

Review of Systems:

Allergies:

Social History:

Family History:

Examination: Young WF c 2 Penetrating Wounds to (R) Parietal to temporal area No other wounds seen c full exposure. She has ETT in place. No spont. Resp no Cag. (She did Recieve several paralytics in field) Neck/HRT/Lungs/Abd. all nl. Rectal - Incontinent - No Tone Ext. Flaccid. AP & Lateral Views of Skull show Severe Skull Fx c debris tracking across midline. Pulsatile bleeding seen at both Puncture Sites. Hemostasis attempted c O-Silk. Blood (2u PRBC Non Crossmatched) used c I-stat Report of Hgb (4). Non Survivable Wound to brain Determined. Support measures only instituted.

Laboratory Values/Diagnostic Studies:

Assessment/Plan/Consultation and Coordination Issues: Discussed all of above c Dr R. Monou who was in Agreement with Assessment And plan → Support Measures - Notification of Family and Kidney. No further W/U - limited Utilization of Resources.

Cochrane Grossman Kauder Lukaszczyk Reilly Rosenfeld Schwab Hoffman

Date/Time 10/14/7330 Attending Physician Signature

6234-02 Page 4 of 4

TRAUMA SERVICE EVALUATION FORM

PRINTED BY: HALBERT

DATE 11/3/00

White - Chart Copy
Yellow - Trauma Copy
Pink - Finance Copy

11/01/00 U. 99Y 0028501281
TRAUMA, M 00493 01/01/01 M
801 OSTRUM ST
BETHLEHEM PA 18015 00760945

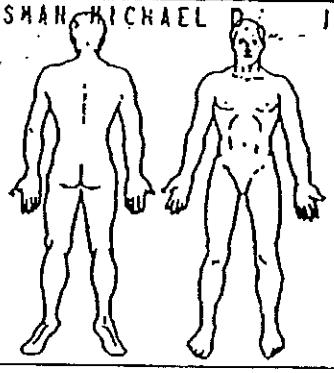
GROSSMAN, MICHAEL D

St Luke's HOSPITAL & Health Network

TRAUMA SERVICE EVALUATION FORM

10/15/00 S 21 0K 0078501281
WALLING, JA
1136 FARRELL ST
PLAINS PA 18705 00760945

GROSSMAN, MICHAEL D ICU - 43



A = Abrasion
C = Contusion
G = Gunshot wound
L = Laceration
S = Stabwound
B = Burn

III. Resuscitation Phase

(A) O_2/Pulse Oximetry: ET @ 100%

(B) IV Access/Fluids:

(C) Labs/ABG's

(D) Monitor:

(E) NG:

(F) Foley:

IV. Secondary Survey HR 90 BP 140/74 RR 12 Temp ____

(A) HEENT (include pupil size): 5mm fixed
fresh bleeding from wounds x2, ⊗hemotympanum, ⊗clear with ⊗step off

(B) Maxillofacial: ⊗ orbit "raccoon eye"/ecchymosis/swelling ⊗ epistaxis

(C) Neck (C-Spine): 4g Palpable Cephalohematoma (R) side of head. Palpable Skull fx ⊗step off

(D) Chest/Lungs: Clear, R/L BS ⊗epistaxis

(E) Cardiovascular: S1 S2 RRR

(F) Pelvis: stable to compression/rock

(G) Abdomen: soft

(H) Back (T & L Spines): ⊗step off

(I) Rectal: ⊗tone, ⊗gross blood

(J) Extremities (Pulses/Fractures): weak distal bilat LE pulses

(K) Neurologic: Mental Status unresponsive Cranial Nerves: ⊗
Motor ⊗
Sensory ⊗

TRAUMA SERVICE EVALUATION FORM
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DATE 11/3/00

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11/01/00 U 99Y 0028501281
TRAUMA,H 00493 01/01/01 H
801 OSTRUM ST
BETHLEHEM PA 18015 00760945

GROSSMAN,MICHAEL D

10/15/00 S 21Y UNK 0028501281
WALLI[illegible] /15/79 F
136 F[illegible]
PLAINS PHOSPITAL 00760945

GROSSMAN, H

St Luke's
& Health Network

TRAUMA SERVICE EVALUATION FORM

Date: 10/14/00 Time: _____

Alert #: _____ ☐ Consult ☐ Other _____

MODE OF ARRIVAL: ☐ Fire Rescue ☐ Ambulance ☐ Police ☒ Helicopter ☐ Self ☐ Other _____
☐ Scheduled ☐ Transfer ☐ Readmit ☐ Office/Clinic

TEAM

Attending Hoffman

Resident Zambo/Vargo PGY II/I

CONSULTANTS

Orthopaedics _____

Neurosurgery _____

Other _____

I. History

Pre-Hospital: (Mechanism, Treatment, Clinical Course)

probable gunshot x2 to head

Hospital: (Age, Race, Sex, Chief Complaint)

9 ~~intubated~~ intubated at scene, found unresponsive, ~~but~~ + inappropriate movements with gunshot wounds to @ head x2

Allergies: unk

Previous Surgical History: unk

Social History: unk

Family History: unk

Medications: unk

Previous Medical History: unk

II. Primary Survey

(A) Airway: oral ET tube

(B) Breathing equal B/L BS / chest rise Review of Systems: unk

(C) Circulation: Pulses: Ped 1 Rad 2+ Fem 2+ Carotid 2+

Capillary Refill _____

(D) Disability: Eye 1 Verbal 1 Motor 1 GCS 3+

(E) Expose: full, @ other gross injuries

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TRAUMA FLOW SHEET

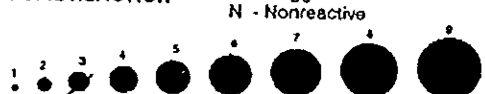
Time	Heart Rate	Rhythm	R	BP	Temp / Mode	Pulse Ox	O_2 Device c/c	Pupils OS Size	OS React	OD Size	OD React	G Eye Opening 1-4	C Motor Response 1-6	S Verbal Response 1-5	TOTAL	R Upper	R Lower	L Upper	L Lower
2224	92	SR	20	90/56	98.1 / T	100	ET/bvm	5	F	5	F	1	7	1	3T	0	0	0	0
2229	97	SR	26	117/88		100	BVM/ET	5	F	5	F	1	1	1	3T	0	0	0	0
2233	104	SR	28	110/66		100	BVM/ET	5	F	5	F	1	1	1	3T	0	0	0	0
2240	75	SR	31	91/12		100	BVM/ET	5	F	5	F	1	1	1	3T	0	0	0	0
2245	89	SR	26	88/57	94° foley	100	BVM/ET	5	F	5	F	1	1	1	3T	0	0	0	0
2250	96	SR	26	108/58		100	BVM/ET	5	F	5	F	1	1	1	3T	0	0	0	0
2300	71	SR	24	102/62		100	vent	5	F	5	F	1	1	1	3T	0	0	0	0
2310	81	SR	14	100/52	92.3 F	100	vent	5	F	5	F	1	1	1	3T	0	0	0	0
2330	88	SR	14	74/46	92.4 F	100	vent	5	F	5	F	1	1	1	3T	0	0	0	0
2345	67	SR	14	83/46	92.5 F	100	vent	5	F	5	F	1	1	1	3T	0	0	0	0

continuous vitals on monitor strips

LEGEND: PUPIL REACTION B - Brisk, S - Sluggish, N - Nonreactive

TEMP MODE: TY - Tympanic, B - Bladder, PO - Oral, R - Rectal

MUSCLE STRENGTH:
5 = Normal
4 = Active movement through range of motion against resistance
3 = Active movement through range of motion against gravity
2 = Active movement through range of motion with gravity eliminated
1 = Palpable or visible contraction
0 = Total paralysis
U = Unable to test strength of extremity



* = ASSISTED RATE

Level 1 Infuser (crossed out)

IV FLUID ADMINISTRATION

Time	IV Soln & Amt.	Colloid RPC's	Site	Guage	Rate	IV Started by	Amt Absorbed
PTA	1L NSS		RFA	14	wide		1000 cc
PTA	1 LNSS		LFA	14	wide		1000 cc
2228	1LLR		RFA	"	wide	K Farrell	1000 cc
2240	O neg		RFA	"	level	K. Farrell	450 cc
2248	O-neg		RFA	"	level	K. Farrell	450 cc
2250	NSS		RFA	"	level	"	1 liter
2300	NSS		RFA	"	level	"	1 liter
2315	NSS		RFA	"	level	"	1 liter
2330	NSS		RFA	"	[illegible]	"	liter

INTAKE	ALS	ED
CRYSTALLOID	1000cc	5000cc
COLLOID	—	—
BLOOD	—	2 units
AUTO TRANSFUSION	—	—
PERITONEAL LAVAGE	—	—
ORAL	—	—
TOTAL	1000cc	5900cc

OUTPUT	ED
VOIDED / FOLEY (circled)	600cc
CHEST TUBE	—
NG / EMESIS	—
ESTIMATED BLOOD LOSS both EMS + ED	2 liters
PERITONEAL LAVAGE	—
TOTAL	2600cc

6234-03 Page 4 of 6

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St Luke's HOSPITAL & Health Network

10/15/00 S 21Y UNK 0028501281
WALLING,JAMIE MARI
136 FARR
PLAINS PA 18705 00760945

TRAUMA FLOW SHEET

NARRATIVE NURSING NOTES

Pt. to trauma Bay 2, intubated assisted ventilation [illegible] flight, [illegible] Assessment By trauma team completed Dr. Morrow from Allen neuro called 2255 returned @ 2337. efforts to resuscitate stopped. @ 23:05 pt placed on ventilator. Kidney / contacted. By M. Silfies RN. Hands and feet bagged c̄ Brown paper By. P. [illegible] for face cleaned by K. Farrell RN up to hairline only. V.O. Dr. A. Hoffman to clean face. (2315) [illegible] in trauma bay. [illegible] extremity [illegible] noted, [illegible] fluid. Lungs clear. [illegible] [illegible] & [illegible] vent. Dr. Hoffman [illegible] is [illegible] by RT (2340) Assessments [illegible]. RT (0005) Transport to ICU #13 c̄ RN, [illegible], RRT and respirs assisted c̄ Bvm — [illegible]

PSYCHOSOCIAL ASSESSMENT: unable to assess

Patient Disposition: OR / ~~ICU~~ / SW 8 / SW 9 / NW 8 / Morgue / Transfer to: ICU #13 **TIME:** 2225

Nursing Report Called By: K. Farrell RN **R.N. To:** Bonnie **Time:** 2335

Transported By: K. Farrell **Time:** 00:05

Pt. Status: (circle) VS: Stable / (Unstable) **Airway:** Stable / (Unstable) **Neuro:** Stable / (Unstable) ☒ V.S. Monitored

DVTP Notified: ☒ Yes ☐ No **By:** Matthew L Silfies RN **Time:** 23:04

Clothing (please ✓) ☒ Clothing Cut ☐ Thrown Away ☐ Given to Family ☐ Sent to Morgue ☐ Tsf. w/ Pt. ☐ None ☐ Taken by Police
Secured in trauma Bay

Valuables (please ✓) ☐ Given to Family ☒ To Safe ☐ To Nsg. Unit ☐ Tsf. w/ Pt. ☐ None
secured in T. bay

Family (please ✓) ☐ Notified who ______ time ______ ☐ Will Remain at Home ☐ Unable to Contact ☒ Expected in E.D. ☐ Present in E.D.

Burn Patient ☐ Yes ☒ No **Spinal Cord Injury** ☐ Yes ☒ No
Pediatric Patient (age 14 and under) ☐ Yes ☒ No

Names / Signatures:

(1) Trauma Nurse ~~One~~ recorder
Name (print) Matthew Silfies
Signature: Matthew Silfies

(2) Trauma Nurse ~~Recorder~~ primary
Name (print) K. Farrell RN
Signature: [signature]

(3) Attending Physician
Dr. A. Hoffman
[signature]

(4) Other

6234-03 Page 5 of 5

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TRAUMA FLOW SHEET

PATIENT NAME Janie Walling

TRAUMA # TEU-13

GROSSMAN,MICHAEL D

Time	Procedures Performed (In Trauma Area)
PTA	Cervical Collar Removed by MA
MA	Backboard placed in E.D. by
	Backboard removed by Dr. Ravi
PTA	O_2 L/M ☐ Cannula ☐ Mask ☐ Ambu ☒
	Intubated by Flight crew ETT/NTT# 7 cm 25 BS (+)/-
2245	Ventilator Settings ETCO2 detected (+)/- Mode AC RR 14
2245	FiO_2 100% Tidal Volume 700
MA	Cricothyrotomy by
	Chest Tube by
MA	# Rt. return: # Lt. return:
	Autotransfusion
	Mast Trousers Abdomen Up Down
	Rt. Leg Up Down
	Lt. Leg Up Down
	Hare Tx Splint R/L
	Pericardiocentesis by
	return
	Open Thoracotomy by
	CPR begun Ceased
	Arterial Line Site by
	Central Line Site by
	Swan Ganz Site by
	Cervical Tongs by
	ICP Bolt / Ventriculostomy by
	NG Tube # return
2232	Foley # 16 return Golden by K. Farrell
MA	Urine Dip Hem Neg Hem Pos HcG
	Peritoneal Lavage (DPL) return by
	Splint (extremity)
	Traction
2238	Suturing Site by Dr. Ravi Veerabasu[illegible]
	Dressings
2218	Warming Techniques (Blanket) (Warming lights on) Bair Hugger
PTA	IV Fluids (104°F) (Room Temp. 80°F) Other
	Restraints RA LA Rt Lt Leather Soft
	Other:

Time	Medication	Route	Initials
	Td toxoid 0.5cc im Lot # ____ Exp. date ____		
	10 norcuron	PTA	
	42 Atropine	By	
	120 succinylcholine	Flight	
	18 Etomidate	crew	
2330	Calcium Chloride [illegible]	IV	DF
2332	KCl [illegible]	[illegible]	DF

ORDERED/TIME DONE — RADIOLOGICAL STUDIES

Ordered/Time Done	Study	Ordered/Time Done	Study
___ / ___	C-Spine AP	___ / ___	CT Scan Head
___ / ___	C-Spine Lateral	___ / ___	CT Scan Abdomen/Pelvis
___ / ___	C-Spine Odontoid	___ / ___	Other CT Scan
2247 / 2247	Chest Supine	___ / ___	Ultrasound
___ / ___	Chest Erect	___ / ___	IVP
___ / ___	Pelvis AP	___ / ___	Angiogram
		___ / ___	OTHER
		___ / ___	OTHER
		___ / ___	OTHER
		___ / ___	OTHER
		___ / ___	OTHER

Ordered/Time Done: LAB STUDIES

2231 / 2231 I-STAT 2235 / 2235 UA ~ UDS None
___ / ___ TRA 1 ___ / OTHER ___
___ / ___ ABG ___ / OTHER ___ T&S
___ / ___ Blood Bank 4 units T&C
no results

LAB RESULTS no results Amylase ___
PT ___
PTT ___
Ca ___ /Phos ___ /Mg ___ /CPK ___ BHC6 ___
Lactate ___ / ABG ___
ETOH ___ / Urine Drug Screen ___

9234-03 Page 3 of 4

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GROSSMAN, MICHAEL D

St Luke's HOSPITAL & Health Network

TRAUMA FLOW SHEET

ASSESSMENT

Airway / Breathing ☐ Patent ☐ Obstructed ☐ Natural ☑ Artificial ☐ Spontaneous ☒ Assisted Rate 12-14 ☐ Non Labored ☐ Labored

Excursion ☒ Symmetrical ☐ Asymmetrical

Trachea ☒ Midline ☐ Deviated

Subcutaneous Emphysema ☐ Present ☒ Absent

Breath Sounds	Right	Left
Present	☑	☑
Clear	☑	☑
Decreased	☐	☐
Absent	☐	☐
Rales / Rhonchi / Wheeze	☐	☐

Circulation Gross Hemorrhage ☒ Yes ☐ No Site head

Heart Sounds ☒ Clear ☐ Muffled ☐ Distant JVD ☐ Yes ☒ No

Pulses

Carotid	☒ Present	☐ Weak	☐ Absent
Femoral	☐ Present	☒ Weak	☐ Absent
Radial	☐ Present	☒ Weak	☐ Absent

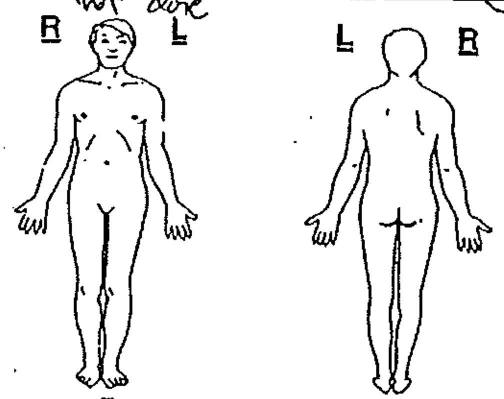
Skin ☒ Warm ☐ Hot ☐ Cool ☒ Pink ☐ Pale ☐ Mottled ☒ Dry ☐ Clammy ☐ Other

Neuro (See GCS)
LOC ☒ Yes ☐ No ☐ Unknown
Behavior ☐ Cooperative ☐ Uncooperative ☒ Combative (seen)
Rhinorrhea ☒ Yes ☐ No
Otorrhea ☒ Yes ☐ No

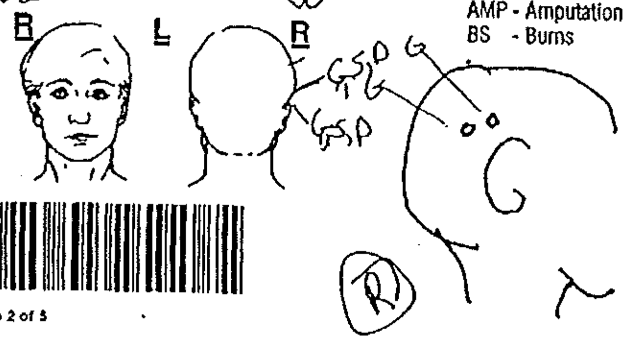
GI Abdomen ☐ Nontender ☐ Tender ☐ Site incontinent of stool
☒ Soft ☐ Rigid ☒ Nondistended ☐ Distended

Rectal Tone ☐ Normal ☒ Diminished ☐ Absent
☐ Guiac + − not done

GU Pelvis ☐ Nontender ☐ Tender ☒ Stable ☐ Unstable
Urethral Bleeding ☐ Present ☒ Absent
Direct Genital Trauma ☐ Present ☒ Absent
incontinent of urine



A - Abrasion
C - Contusion/Ecchymosis
D - Deformity
G - Gunshot Wound
L - Laceration
S - Swelling
X - Tenderness
R - Crepitus
STB - Stab Wound
LS - Sutured
OFX - Open Fracture
CFX - Closed Fracture
AMP - Amputation
BS - Burns



(R) — drawing by Dr. Hoffman

CHAMPION TRAUMA SCORE			INITIAL GCS	(TIME) 2225
A. RESPIRATORY RATE	10-24 / 25-35 / 36 / 10 / 0	4 / 3 / 2 / 1 / 0	2	
B. RESPIRATORY EFFORT	NORMAL / SHALLOW OR BETA	1 / 0	0	
C. SYSTOLIC BLOOD PRESSURE	90 / 70-90 / 50-69 / 50 / 0	4 / 3 / 2 / 1 / 0	3	
D. CAPILLARY REFILL	NORMAL / DELAYED / NONE	2 / 1 / 0	1	
CHAMPION TRAUMA SCORE SUBTOTAL			6	
E. GLASGOW COMA SCALE				
1. EYE OPENING	SPONTANEOUS / TO VOICE / TO PAIN / NONE	4 / 3 / 2 / 1	1	
2. VERBAL RESPONSE	ORIENTED / CONFUSED / INAPPROPRIATE WORDS / INCOMPREHENSIBLE WORDS / NONE	5 / 4 / 3 / 2 / 1	1	
3. MOTOR	OBEYS COMMANDS / PURPOSEFUL MOVEMENT (PAIN) / WITHDRAW (PAIN) / FLEXION (PAIN) / EXTENSION (PAIN) / NONE	6 / 5 / 4 / 3 / 2 / 1	1	
GLASGOW COMA SCALE TOTAL			3	

TOTAL GCS POINTS 14-15=5, 11-13=4, 8-10=3, 5-7=2, 3-4=1PT

GLASGOW COMA SCALE POINTS:	1				
TOTAL TRAUMA SCORE: (ADD CHAMP TOTAL & GCS POINTS)	7				
PEDIATRIC TRAUMA SCORE (≤ 14 Y/O)					

ASSESSMENT PT. WT ______	SCORE + 2	+ 1	- 1
WEIGHT	> 44lbs (> 20kg)	22-44 lbs (10-20 kg)	< 22 lbs (≤ 10 kg)
AIRWAY	Normal	Oral or nasal airway	Intubated tracheostomy invasive
BLOOD PRESSURE	> 90 mm Hg	50-90 mm Hg	< 50 mm Hg
LEVEL OF CONSCIOUSNESS	Completely awake	Obtunded or any LOC*	Comatose
OPEN WOUND	None	Minor	Major or penetrating
FRACTURES	None	Minor	Open or multiple fractures

* Loss of consciousness

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GROSSHAN,MICHAEL D ICU-13

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TRAUMA FLOW SHEET

NAME	DATE	TIME OF ARRIVAL	AGE	SEX
Sonia Walling	10/14/00	2224	21	Female

ALLERGIES	MEDICATIONS	PMH	LMP	LAST TETANUS	LAST MEAL
Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

Mode of Arrival (Please ✓)
- ☑ ALS ☐ BLS
- Name & # ______
- ☐ Police
- ☐ Other ______
- ☐ Private Vehicle
- ☑ Helicopter (name) Lenstar

Mech. of Injury
- ☐ Motor Vehicle ☑ Gunshot ☐ Pedestrian
- ☐ Motorcycle ☐ Assault ☐ Fall
- ☐ Bicycle
- ☐ Other ______

	Yes	No
☐ Driver	☐	☐ Seat Belt
☐ Passenger	☐	☐ Lap Belt
☐ Front Seat	☐	☐ Child Seat
☐ Back Seat	☐	☐ Air Bag
	☐	☐ Helmet
	☐ Other	

N/A

Transport From
- ☑ Scene
- ☐ Home
- ☐ Hospital (name) ______

Source of Information ☑ EMS ☐ Patient ☐ Family ☐ Other ______
Incident Location Unknown Lackawanna County
History of Injury Self inflicted GSW to head - Found shot in head ?38 caliber
Chief Complaint GSW to head

Treatment In Progress on Arrival (✓ Those Applicable)
- ☐ Mask O2 LPM ______
- ☐ Cannula
- ☑ ET Tube #7 Size ~25@lip
- ☑ IV Site #1 LARM Size 14g
- ☑ IV Site #2 LARM Size 14g
- ☑ Monitor
- ☑ Stiff Collar
- ☐ CID
- ☑ Long Board
- ☐ Ked
- ☐ Mast
- ☐ Sling
- ☐ Hare Traction
- ☐ Air Splint
- ☐ Dressing
- ☐ CPR
- ☐ Other ______
- ☐ Other ______

10 ETA 2220 Time Trauma Alert Activated

Team Member	Name	Arrived
Trauma Attending	A. Hoffman	2219
Surgery Residents PGY ___	Wyney	2219
ED Attending	E. Dornfleser	2218
ED Residents PGY ___	J. Zumbo	2218
Anesthesia		
X-ray Tech	V. Horn / R. Kuller	2218
Social Service/Pastoral Care	D. Hurr	2218
Respiratory	D. Ford / C. Eisterman	2218
Nursing Supervisor	Jane Green	2217
Nurse 1	K. Farrell	2218

Consultant Name	Called	Responded	Arrived
Morrow	page 22:55	returns 23:09	
Blood Bank	Arrived 2220		
CT Tech			
O.R.			

OR Priority Level ☐ I ☐ II ☑ III ☐ IV

Time OR Available 2220

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Trauma Consult Surgeon Notified N/A
Responded ______
Arrived ______

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435

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