Name=**BERNARD,LUKE**
DOB= 12/14/1987 Sex=M
Loc/Svc=/SACSB
FINAL REPORT
GH DISCHARGE SUMMARY

MRUN=786-81-21
Acct #= 14554755
Admit Date=03/09/2013
Discharge Date=04/03/2013

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**** REVISED on 04/24/2013 1212 by SYS ****

Name=BERNARD, LUKE
DOB=12/14/1987 Sex=M
#=14554755
Loc/Svc=7D/SACSB
Date=03/09/2013
PRELIMINARY REPORT
Date=04/03/2013
GH DISCHARGE SUMMARY

MRUN=7868121
Acct

Admit

Discharge

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Date of Admission: March 09, 2013

Date of Discharge: April 03, 2013

Service: ACS B.

Reason For Admission: Motor vehicle accident with epidural hematoma and multiple facial fractures.

Procedures Performed: Right decompressive hemicraniectomy. No complications occurred. Please see operative report by Dr. Christian for more details.

Hospital Course: This is a 25 year-old gentleman brought in by ambulance status post motor vehicle accident, where he was the unrestrained driver of a small pickup truck while driving freeway speed on surface streets. He hit and took out a fire hydrant and tree. He was found unresponsive, lying slumped over across the front seat, positive airbag deployed. Upon arrival, his heart rate was at 50, blood pressure 140/84, was saturating 100% on rebreather mask. GCS was 3, but with positive cough and gag reflexes. Patient had significant swelling over the right eye with ecchymosis, and pupils were dilated and fixed. The patient had positive rectal tone. CT scan demonstrated bilateral laminal processes, fractures of C4 and C6, fragment displacement into the central canal of T4-T7, comminuted sternal fracture with hematoma and other left-sided rib fractures. The patient's eyes had bilateral orbital fractures and possible clivus fracture, and he was found to be _____. CT of the head demonstrated an

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epidural hematoma. The patient was therefore urgently RB'd back to the OR for evacuation. No complications occurred during the right decompressive hemicraniectomy. Please see operative report by Dr. Christian for details. The patient was taken back to the ICU intubated. ENT was consulted for facial fractures. EKG and serial troponin levels were drawn out of concern for acute coronary syndrome. The epidural hematoma would be handled by Neurosurgery. Patient later had a left frontal EVD placed on March 9, 2013. The patient was kept on seizure precautions by being started on Dilantin, and Fragmin was started when cleared for use by Neurosurgery. Ophthalmology was also consulted to perform a canthotomy in the left eye. Most of the patient's postoperative care occurred in the ICU. He steadily improved working with PT and OT, per Neurosurgery recommendation. After the EVD came out, the patient was continued on antiseizure prophylaxis. JP drain was eventually pulled 4 days after the operation. Repeat head CT was negative for any further decline after discontinuing the drain. The patient was started on Risperdal, amantadine and Aranesp.

By the 16th hospital day, the patient still had a GCS of 8 T. Vitals were improving; however, he was still tachy at times. The patient was undergoing tube feeds, as IR had placed a G-tube, and ENT had helped place a tracheostomy tube. The patient showed steady improvement; however, working with Physical Therapy, the patient was still bed bound in a TLSO brace, per Neurosurgery recommendations. It was not until approximately the day of discharge that patient began to ambulate on both feet. Once the patient was out of the ICU, Social Work was consulted for placement, and a Rancho evaluation was initiated. All 3 services have recommended the patient for inpatient rehab. Therefore, Rancho referral was approved. On _____ 3, given that the patient was tolerating a tube-feed diet, as Speech Therapy had not cleared him for anything more than water, the patient was stable for discharge.

Discharge Instructions: The patient was instructed to follow up with ACS B in their clinic in 1 to 2 week's time. He will also follow up with Neurosurgery Clinic and the traumatic brain injury clinic in A4A, and there were no other remaining discharge instructions. The patient is being transferred to Rancho Los Amigos, where he would continue his neuro rehab.

Discharge Medications: The patient was continued on his regular

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REPORT OF OPERATION-GH OPS

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**** REVISED on 06/13/2014 1408 by SYS ****

Name=BERNARD, LUKE MRUN=7868121
DOB=12/14/1987 Sex=M Acct
#=14554755
Loc/Svc=5A/SACSB Admit
Date=03/09/2013
PRELIMINARY REPORT Discharge
Date=
REPORT OF OPERATION-GH OPS

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REPORT OF OPERATION

DEPARTMENT: Neurosurgery DATE OF OPERATION: March 09, 2013

ATTENDING SURGEON: Arun P Amar, MD

DICTATED BY: Eisha A Christian, MD

OPERATING SURGEON: Eisha A Christian, MD

PREOPERATIVE DIAGNOSES: Right epidural/subdural hematoma, multiple calvarial fractures.

POSTOPERATIVE DIAGNOSES: Right epidural/subdural hematoma, multiple calvarial fractures.

PROCEDURE: Right decompressive hemicraniectomy with duraplasty on the right side.

DRAINS: JP size 7.

ANESTHESIA: General endotracheal anesthesia.

INDICATIONS: The patient is a 25-year-old male status post a motor vehicle accident who was brought emergently to the ER, GCS 3 in the field with a right fixed and dilated pupil and left irregular pupil. On exam, he was GCS 3 and, per report, had a gag. CT scan

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showed a large right epidural/subdural hematoma. He was taken emergently to the OR for decompressive hemicraniectomy.

DESCRIPTION OF THE PROCEDURE: The patient was taken to the operating room by the surgical staff. The right side of his head was shaved, sterilely prepped and draped. Adequate venous and arterial access was then obtained. Trauma flap was drawn out. A time-out was conducted. Half percent lidocaine was used for local anesthetic. A 10 blade was used to make incision. Bovie cautery and Raney clips were used for hemostasis. The temporalis fascia was then opened. Once the scalp flap was retracted forward, 4 bur holes were placed. Craniotome was used to turn the bone flap once this was completed. It should be noted that there were multiple hairline fractures throughout, and the bone came out in several pieces. There was also an area durotomy in the temporal region as well with some brisk collateral arterial bleeding. Once hemostasis was obtained, the dura was opened in a pie-crust fashion. Of note, there was a very large epidural hematoma prior to opening of the dura. There were also small components of subdural hematoma and intraparenchymal contusions as well noted. Once the right side was adequately decompressed and hemostasis was obtained with a combination of FloSeal, Gelfoam with thrombin and Surgicel, the dura was laid back. DuraGen was used as a dural substitute. A size-7 JP drain was left in place. The area was adequately irrigated. The temporalis layer was closed with 2-0 Vicryl. The galea layer was closed with 2-0 Vicryl, and skin was closed with staples. The JP was held in place by nylon.

Dictated By: Eisha A Christian, MD

Arun P Amar, MD

EAC/MedQ
JOB #: 841973/554305399

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Dictated By=Eisha A Christian, MD
D/T=03/09/2013 09:06:51