

254 - A

HUEY P. LONG HOSPITAL
OUT-PATIENT DEPARTMENT
PROGRESS NOTES

Name: Vincent Simmons

Clinic History Number

Date 5-23-77 Medical record from being shot by police

5-23-77

Admit note

25y/o BM shot below (L) shoulder with M38 cal
US: stable Temp: afebrile, Arterjorm (L) acilla. a.
shows no vasc. injury.

NG tube, chest tube post, Foley in place.
PI stable. Hct. 44.2% Na 138
WBC 9.600 K. 4.0.

D.R.

5/26

Chest tube D/c'd

no pneumonia -

He well

5/27

Abel: Ant-Ber D/c'd

5/28

Abel 7/6 Ant-Ber

CX-A-2

HUEY P. LONG MEMORIAL HOSPITAL
PINEVILLE, LOUISIANA

CONSULTATION REPORT

REQUEST TO:
SERVICE _____
Summary of Present Findings: _____

PATIENT: _____

Signature of Attending Physician

REPORT OF CONSULTATION

Opinion and Recommendation:

Request Received _____

25y10 BM, GSW to chest
arteriogram (L) axillary. neg.
CXR: Effusion (L) chest.
4U chest tube inserted posteriorly, Foley + NG tube in place
pt stable, no vascular injury

Admit gun surg

5-23-77

Date

DR
Signature of Consultant

EX-A-3

DISCHARGE SUMMARY

PATIENT NAME: Vincent Linnon HOSPITAL NUMBER: 438-92-315
 DATE OF DISCHARGE: 5-28-77 ATTENDING PHYSICIAN:

Provisional diagnosis:
 Final diagnosis:
 Operation:
 Pertinent history & physical findings:
 Significant lab, X-ray Consult findings:
 Course in hospital with complications Any:
 Condition, treatment, final Disposition on discharge & prognosis:
 Medication:

GSW (L) chest & pulmonary contusion + rib fx

- ① (L) Broken Ribs
- ② (L) Ribs Fractures

GSW L chest - present in area of subclav

rib fracture
 (L) chest rib

Tube placed in chest
 No residue present

Discharge to present -
 to next clinic

HOME CARE AVAILABLE		INSTRUCTIONS ON HOME CARE GIVEN - UNDERSTOOD		DIET:	ABLE TO RETURN TO WORK			
YES	NO	YES	NO		FULL TIME	PART TIME	LIGHT DUTY	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

EX-A-4

Smith
5-25-77

61471 3N
152

SINAGONS, VALENT
HPLM
2-17-52
438 92

5-25-77

67
51
2

CHART

LOUISIANA STATE DEPARTMENT OF HOSPITALS
Nurses Fill Out Shaded Area Only. Check (N) Square for Test Desired. 381253

In Patient Clinic Emerg. Room

Doctor: Rehman (89) Service: 3N 152

Diagnosis: DSW chest Date Reported: 5/24/77 Initials: CMAR

Protein: Total 84170-	Acid Phos. 84060-
Albumin	Cholesterol 82465-
Globulin	Sodium 84295- 135
Bilirubin: Total 82250-	Potassium 84140- 3.7
Direct	Chloride 82435-
Indirect	CO: 82830-
Alkaline Phos: 84075-	Calcium 82310-
SGOT 84455-	Phosphorous 84100-
SGPT 84465-	Magnesium 83735-
CPK 82555-	BSP 84390-
LDH 83620-	

ROUTINE CHEMISTRY II

Rehman (89) 3N 152
5/24/77

DSW chest

ROUTINE CHEMISTRY II ROUTINE CHEMISTRY II

CHART

ex-A-5

LOUISIANA STATE DEPARTMENT OF HOSPITALS
 as Fill Out Shaded Area Only. Check (✓) Square for Test Desired. 544120

In Patient Clinic Emerg. Room
 Doctor: *Reddy* Service: _____
 Patient's Name, Address & I.D. Information: *Simmons, Vincent*
 438-923155
 Date Reported: *5/23/77* Initials: *AR*

GLUCOSE TOLERANCE 84340-		BLOOD GLUCOSE	URINE GLUCOSE
<input checked="" type="checkbox"/> FBS-84330- <i>140</i>			
<input checked="" type="checkbox"/> BUN 84520- <i>10.0</i>			
Uric Acid 84550-	Fasting		
Creatinine 82565-	1/2 Hour		
2 Hr. Post Prandial Sugar 84330-	1 Hour		
Acetone 82010	2 Hours		
<input checked="" type="checkbox"/> Amylase 82150- <i>130</i>	3 Hours		
	4 Hours		
	5 Hours		

Remarks: _____

ROUTINE CHEMISTRY I
 544120

X *Reddy* ER *Simmons, Vincent*
5/23/77 *438-92-3155*

LOUISIANA STATE DEPARTMENT OF HOSPITALS
 Nurses Fill Out Shaded Area Only. Check (✓) Square for Test Desired. 386932

In Patient Clinic Emerg. Room
 Doctor: *Reddy* Service: *ER*
 Patient's Name, Address & I.D. Information: *Simmons, Vincent*
 438-92-3155
 Date Reported: *5/23/77* Initials: *AR*

Protein: Total 84170-	Acid Phos. 84060-
Albumin	Cholesterol 82465-
Globulin	Sodium 84295- <i>138</i>
Bilirubin: Total 82250-	Potassium 84140- <i>4.0</i>
Direct	Chloride 82435- <i>106</i>
Indirect	CO ₂ 82830- <i>24.0</i>
Alkaline Phos: 84075-	Calcium 82310-
SGOT 84455-	Phosphorous 84100-
SGPT 84465-	Magnesium 83735-
CPK 82555-	BSP 84390-
LDH 83620-	

Remarks: _____

ROUTINE CHEMISTRY II
 386932

CHART

EX-A-6

LOUISIANA STATE DEPARTMENT OF HOSPITALS Nurses Fill Out Shaded Area Only. Check (✓) Square for Test Desired.			736823		Patient's Name, Address & I.D. Information	
<input type="checkbox"/> In Patient	<input type="checkbox"/> Clinic	<input checked="" type="checkbox"/> Emerg. Room	Doctor Reddy	Service ER	Simmons, Vincent	
Diagnosis		Date Reported 5-23	Initials [Signature]	438-92-3155		
URINALYSIS <input type="checkbox"/> Catheterized <input type="checkbox"/> Routine <input type="checkbox"/> 24 Hour						
<input checked="" type="checkbox"/> Urinalysis Complete 81000			MICROSCOPIC			
Sp. Gravity 1.034		WBC 6-8 /hpf	RBC oc /hpf			
Color yellow		CASTS /hpf		Crystals		
Appearance Clear		Bacteria (Catheterized Only)				
Hemoglobin		PREGNANCY TEST 83160				
Ketones		2 Hr.		2-Min. Slide		
Glucose						
Protein 2+						
PH 6.1						
Bile 82245-						

ROUTINE URINALYSIS 736823
ROUTINE ANALYSIS 736823

ROUTINE URINALYSIS CHART

LOUISIANA STATE DEPARTMENT OF HOSPITALS Nurses Fill Out Shaded Area Only			615536		Patient's Name, Address & I.D. Information	
<input type="checkbox"/> In Patient	<input type="checkbox"/> Clinic	<input checked="" type="checkbox"/> Emerg. Room	Doctor Reddy	Service ER	Simmons, Vincent	
Diagnosis		Date Reported 5-23	Initials [Signature]	438-92-3155		
TESTS DESIRED			DO NOT WRITE IN SPACE BELOW:			

ABG's

PH- 7.264
PO2- 82.6
PCO2- 17.9
HCO3- 7.9

MISCELLANEOUS 615536

MISCELLANEOUS 615536

EX-A-7

Simmons, Vincent
438-923155

DATE: 5/23/77 ROOM NO. Ak 354
2-17-52

EXAMINATION DESIRED: Arteriogram FPA & L

REASON FOR REQUEST: ~~Gunshot~~ Gunshot wound
of L Chest

REMARKS:

DR. Frammel
Attending Physician

REPORT OF X-RAY FINDINGS: DATE: 5-25-77 X-RAY NO. 16403
16403

CHEST: A gunshot wound left hemithorax. No pneumothorax. Infiltrate in the parenchyma.

ARTERIOGRAM: Intact internal artery. Intact axillary and subclavian artery. There is a thoractomy tube in the left hemithorax and the effusion has been substantially cleared since previous films. Small amount of air in the subcutaneous chest wall.

DR. A. M. Palumbo, MD
Radiologist

524 71 CX-A-8

CLINICAL CENT
RFLM
3-17-67
335 80 3144

DATE: 5/24/77 ROOM NO. 3M/152

EXAMINATION DESIRED: EPA & LUL CXR

REASON FOR REQUEST: CSW to Chest

REMARKS:

DR. Pehrson
Attending Physician

REPORT OF X-RAY FINDINGS: DATE: 5-25-77 X-RAY NO. 16440

CHEST: More infiltrate in the parenchyma on the left since previous films. Thoractomy tube remains. No pneumothorax.

DR. G. M. Alexander, M.D.
Radiologist

5 14 71 EX-A-9

SINCE D. ... CENT
HPLERH
2-17-58
430 92 3152

DATE: 5-25-77 ROOM NO. 3N/152

EXAMINATION DESIRED: EPA L & R at chest

REASON FOR REQUEST: W B SW chest

REMARKS:

DR. Smith / N. K. ...
Attending Physician

REPORT OF X-RAY FINDINGS: DATE: 5/26/77 X-RAY NO. 16591

CHEST: The bullet fragment is noted in the left apex, with the rib fracture. There appears to be minimal pneumothorax on the left. There is interstitial infiltration, probably pulmonary edema secondary to the contusion. A thoracotomy tube is in the left hemithorax. There is a fracture of the fifth posterior rib. There has been no significant change in the past 24 hours, other than the removal of the Levine tube.

G. M. ...
DR. _____
Radiologist

26/77

5 25 77

EX-A-10

SIMMONS S. MCGENT
HPLMN
2-17-52
438 92 3155

DATE: 5-26/77 ROOM NO. 3N/152

EXAMINATION DESIRED: CXR

REASON FOR REQUEST: Dr GSW to Chest

REMARKS:

DR. Spitz / M. Rich
Attending Physician

REPORT OF X-RAY FINDINGS: DATE: 5/27/77 X-RAY NO. 16685

CHEST: No pneumothorax. The thoracotomy tube has been removed from the left hemithorax and there has been no change in the appearance of the chest since the previous films.

DR. S. M. Alexander, Jr. MD
Radiologist

OR-14

EX-A-11

5 14 77

DOCTOR'S ORDERS

HOSPITAL

CLINICAL DEPT
APENN
2-17-50
433 92 152

H. NO.

NAME Vincent Simmons
438-92-3155

WARD

SERVICE

BED

(ALL ORDERS MUST BE WRITTEN. NURSES ARE NOT ALLOWED TO ACCEPT VERBAL INSTRUCTIONS. SIGN ALL ORDERS.)

EAR

MONTH	HOUR	DAY	ORDER	SIGNATURE
5	23	77	<ol style="list-style-type: none"> (1) Admit gen surg. (2) GSW Chest (3) VS q 4 hrs (4) NPO to (5) chesttube to Emerson 20 cm H₂O suc (6) NG tube to low continuous suc. (7) Foley to gravity drainage. (8) 1 + 0 q shift (9) Elevate head of bed 30° (10) Not out of bed. (11) Demerol 50 mg IM q 4 hrs prn pain. (12) IV fluids: D₅ 1/2 NS bat 125 cc q hr. please add 20 meq KCl to each l fluids (13) CXR Epa-lat, CBC, Na, K, in AM. + SMA 12. (14) 1g Keftin IV PB q 6 hrs. 	
			<p>Sharon [Signature] LPN</p> <p>Dr. [Signature]</p> <p>IV D₅ 1/2 NS + 30 meq KCl - Full liter with CXR Epa-lat 10 AM CBC in AM</p> <p>Notes: [Signature] LPN</p>	

J

EX-A-12

PATIENT ADMISSION

UGHT IN BY AVOUELLES SHERIFF SEPT.

Last Name MONS		First Name EX VINCENT		M.I.	Race/Sex CM	Birthdate Mo. Day Yr. 01 17 52	Age 25	Birth Place		Ward	Bed	Service
Home Address Dequill St.		City Marksville		State	Zip Code 71351	Par	Admit Date Mo. Day Yr. 06 01 77		Time Adm <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Admitting Physician 7:15A		
Home Phone No. 92 3155	Social Security No.	Previous Rec. No.		Number of Admissions (Include this Admission)				Referred By				
Insurance No.	Medicare No.	Private Ins. <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	E. Code	Type Pt.	Occ. Cd.	Mar. Status	Admitting Clerk (First and Last Name) Stephens				
Emergency Contact (Next of Kin, Etc.)		Address		Phone								
Employment Related (If yes, give name and address of employer) SURG. HPLMH				Patient's Signature (I hereby certify that the above information is true and correct.)						Date Mo. Day		

MEDICAL DATA

Chief Complaint

Pulse	Respiration	Temperature	X-Ray No.	Allergies/Drug Reaction
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Medical History
Pl sustained GSW to chest 5-23-77

Physical Examination
 Chest: clear breath equal BS.
 Heart: reg., no (G), no (M)
 Wound: healed, looking good.

Diagnosis
s/p GSW chest

Recommendation
RTC: 1 month. CXR. Ep a + lat.

Disposition
 Clinic Sent Home Referred Elsewhere Admitted

Stephens 12:10 am

Certification: I certify that

PHYSICAL EXAMINATION

CP-A-13

TIME A.M. P.M. RACE SEX AGE BLOOD PRESSURE

ORDER OF RECORDING

General

(1) 25yo BM in acute distress

Skin

Eyes

(2) PERLLA, no jaundice.

Ears

(4) (7) WNL.

Nose

(8) No distended veins, no masses, no injury.

Mouth

(9) Decreased BS (L), otherwise clear

Throat

infiltration retroauricular (E) GSW entrance

Neck

Chest

(10) Regular no (H) no (G).

Heart

Abdomen

(11) Soft nontender, good BS no masses.

Genitalia

(12) WNL.

Lymphatic

Blood Vessels

(16) No injury normal.

Locomotor

Extremities

(18) No blood no stiffness

Neurological

Rectal

(20) GSW chest.

Vaginal

Diagnosis

Signature

SIGNATURE

DR. J.

EX-A-13

Bed#26

LAST NAME	FIRST NAME	MI	RACE/SEX	DATE OF BIRTH	AGE	BIRTH PLACE	WARD	BED	SERVICE
DEQUILL	VINCENT		C M	2/17/52	25	Mansura	272		M. Burger
HOSPITAL ADDRESS	CITY	STATE	ZIP CODE	PAR	ADMIT DATE	TIME ADM	ADMITTING PHYSICIAN		
18 DeQuill	Marksville	La	71351	05	5/23/77	5:30 PM	Dr. Pehrson		
HOSPITAL NO.	SOCIAL SECURITY NO.	PREVIOUS REC. NO.	NUMBER OF ADMISSIONS (INCLUDE THIS ADMISSION)			REFERRED BY			
	438 92 3155								
WELFARE NO.	MEDICARE NO.	PRIVATE INS.	VETERAN	E CODE	TYPE R.	OCC. CD.	MAR. STATUS	ADMITTING CLERK (FIRST & LAST NAME)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				1	Faye Stokes	
NOTIFY (NEXT OF KIN, ETC.)		ADDRESS			PHONE	CHURCH			
MOTHER: Elzika James		Same			964-2750	Cathol			
EMPLOYMENT RELATED (IF YES, GIVE NAME AND ADDRESS OF EMPLOYER)		PATIENT'S SIGNATURE			I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT			DATE	
Huey P. Long Memorial Hospital		<i>X Vincent DeQuill</i>							

MEDICAL DATA

PROVISIONAL DIAGNOSIS	ALLERGIES		
DX: GSW TO CHEST			
DATE OF DISCHARGE	NUMBER OF HOSPITAL DAYS	DISCHARGE	AUTOPSY
5-22-77	5	<input type="checkbox"/> Normal <input type="checkbox"/> Desertion <input type="checkbox"/> Transferred <input type="checkbox"/> Died	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINAL DIAGNOSIS (Do Not Abbreviate)

PRIMARY DIAGNOSIS	Code
Gunshot wound to Left Chest with pulmonary contusion + Rib fracture	
SECONDARY DIAGNOSIS	

DATE	OPERATIVE AND NONSURGICAL PROCEDURE (DO NOT ABBREVIATE)	ANESTHESIA (METHOD)	POST OPERATIVE INFECTION	CODE
	① Left Bronchial anastomosis	<input type="checkbox"/> General <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	H.C.
	② Left Tube Thoracostomy			

EX-A-14

INPATIENT ADMISSION

Name (Last) Simmons		First Vincent		M.I.	Race/Sex C M	Birthdate Mo. Day Yr. 2-17-52/25	Age	Birth Place Mangura	Ward	Bed	Service
Home Address 108 DeQuill		City Marksville		State LA	Zip Code 71351	Phone 05	Admit Date Mo. Day Yr. 5-23-77	Time Adm. <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Admitting Physician 11:05AM		
Hospital No. 138 92 3155		Social Security No.		Previous Rec. No.	Number of Admissions (Include this Admission)			Referred By			
Marriage No.		Medicare No.		Private Ins. <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	E. Code	Type Pt.	Occ. Cd.	Mar. Status 1	Admitting Clerk (First and Last Name) Debbie Marr	
Emergency Contact (Next of Kin, Etc.) Other: Elzika James		Address		Phone 964-2750		Church Cath					
Employment Related (If yes, give name and address of employer.) LMH				Patient's Signature (I hereby certify that the above information is true and correct.)				Date Mo. Day Yr.			

MEDICAL DATA

Chief Complaint:
Gunshot wound to left shoulder

100/70	Pulse	Respiration	Temperature	X-Ray No.	Allergies/Drug Reaction
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Past Medical History

Physical Examination
P.S. present
Heart regular
Pt alert & conscious

Diagnosis
Stabbing wound

Recommendations

Disposition
 Clinic Sent Home Referred Elsewhere Admitted

Signature of Physician: *[Signature]* Date: _____

EFA-15

ORDER OF RECORDING

Chief Complaint

25y/o BM shot below (L) shoulder in chest with 38cal, ant → post, no echanu, SOB pain

History of Present Illness

pt at present in jail and described as dangerous by police.

History of Past Illness

- (A) Childhood
- (B) Adult
- (C) Operations
- (D) Injuries

PH.

surg: GSW (R) hip. other unknown
Med. poss. Hepatitis tx of jaundice

Family History

Social History

and drug IV, never been admitted

Systemic Review

- A) General
- B) Skin
- C) Head - Eyes - Ears - Nose - Throat
- D) Neck
- E) Respiratory
- F) Cardiovascular
- G) Gastrointestinal
- H) Genito Urinary
- I) Gynecological
- J) Locomotor
- K) Neuropsychiatric

pt denies: CP, DM, CHF, TB, dizzy spells
Goni. syph.

Soc. drug addiction smoking deny.
NKA.

Signature

DATE

TIME

- A.M.
- P.M.

SIGNATURE

C OR SERVICE

ATTENDING PHYSICIAN

OF PATIENT

WARD NO

BED NO

HOSPITAL NO