BUNDABERG HOSPITAL *COMMISSION OF INQUIRY*

STATEMENT OF DIETER BERENS

DIETER BERENS makes oath and states as follows:

1. I was born on 23 March 1957 and I live in the Bundaberg District at an address which I have provided to the Commission.

2. I am employed in the Bundaberg Base Hospital as a Staff Specialist within the Anaesthetic Department (which includes working in the Intensive Care Unit), and I am responsible, in that capacity, to Dr Martin Carter.

3. I completed my primary medical degree in 1981 at the University of Pretoria, South Africa, and I completed my Diploma in Anaesthetics in South Africa in 1990, together with a Diploma of Emergency Care. I completed four years of anaesthetic training from 1992 to 1996, and I have been qualified as an Anaesthetist in South Africa since that time.

4. I arrived in Australia in 1999. I have completed the Overseas Trained Specialist Exam and, effectively, I have been qualified as an Australian specialist since May 2002.

5. When I arrived in Australia, I started work in Mount Isa. I worked from July 2000 to July 2001 at the Bundaberg Base Hospital. I then worked in the Ipswich Hospital for 18 months and in the Hervey Bay Hospital for 12 months. In January 2004, I moved back to Bundaberg Base Hospital and commenced my current job. From that time, I was working regularly with Dr Jayant Patel.

6. I had some general misgivings about Dr Patel soon after I commenced working with him. I formed the view that, whilst he was quite efficient in certain procedures, his medical knowledge generally was not up to date. Moreover, he would become quite aggressive to staff where a bleed or other

B. Aslett JP (C. Dec)
(JUSTICE OF THE PEACE)
(COMMISSIONER OF DECLARATIONS)

difficulty arose in the course of surgery. Further, I had the impression that he was not always honest about what he was saying.

7. An example of the last point is a patient that was treated in about February 2004. Dr Patel had operated upon the patient and the patient was then admitted post-operatively to ICU. In that operation a section of the bowel was stitched together. This is called an anastamosis. The patient was deteriorating in ICU and appeared to have an infection. I contacted Dr Patel and made him aware of the situation. Dr Patel, after much discussion, decided to obtain a second opinion from another surgeon, Dr Pitre Anderson. Dr Anderson agreed with Dr Patel that the patient needed to return to theatre for an operation. It was clear to me that there was leakage of the anastamosis and that the operation was to repair that leakage. Dr Patel, however, denied that there was any leakage of the anastamosis, saying that he didn't know the source of the infection. He then conducted the operation exactly as you would if you were repairing a leak in the anastomosis.

8. After that operation, I confronted Dr Patel about a particular clinical matter. I raised some concerns I had about Dr Patel's decision to give this patient blood. I questioned why he had made that decision and asked what evidence he had that showed it was necessary. Dr Patel said that he did not need to give me any evidence and the only person to whom he would be giving evidence was Dr Keating in the administration.

9. Soon afterwards, I was called to Dr Keating's office. He said that he had received a report that I was confronting Dr Patel. Dr Keating told me that I had to get along with Dr Patel because we were professionals. I was not asked to discuss the reasons for the dispute between Dr Patel and I.

10. When I have dealt with Dr Patel I have always been a little wary, as a result of my experiences, about taking on trust his comments about the underlying pathology.

11. I was aware that, right from the beginning of my time at the Bundaberg Base Hospital, ICU staff have not been happy with Dr Patel. This has been well

known through the hospital. I became aware at some point in 2004 that Dr Miach would not allow Dr Patel to operate on his patients. He did not tell me directly. I heard it on the "grapevine". I was told by Dr Strahan in early 2005 that Dr Strahan would prefer that Dr Patel did not operate on his patients.

12. The most concerning aspect of Dr Patel's practice, to my mind, was his approach to intensive care. Bundaberg Base Hospital has a level 1 intensive care unit. A level 1 ICU has certain restrictions on staffing and equipment and is limited in the type of patients it can support.

13. Due to the amount of surgery that Dr Patel performed the ICU staff were required to work overtime. I recall the ICU staff were also concerned about the types of operations that Dr Patel was performing.

14. I also recall that Dr Patel was reluctant to transfer his patients to Brisbane when the ICU staff thought otherwise.

Patient P21

15. I remember in late 2004, we operated on the patient who has been identified to the Commission as P21. I was the Anaesthetist for the operation, and I was also involved in P21's post operative care. P21 was a man in his late 60's but he was reasonably fit and healthy. Dr Patel diagnosed the man as suffering from cancer in his oesophagus. Dr Patel maintained that he had less than a year to live. Dr Patel proposed to do an gastro-oesophagectomy to remove the cancer. I do not recall whether Dr Patel told me whether the cancer had spread beyond the man's oesophagus. The surgical plan was to do a laparotomy to open the abdominal cavity so that Dr Patel could work on the stomach, and a thoracotomy (a procedure in which a patient's chest is opened) so that he could re-sect the oesophagus.

16. As the Anaesthetist, I sit at head of the patient and I do not have a very good view of what is happening at the operation site. During the operation the anaesthetist is responsible for monitoring vital signs, including blood pressure, heart rate etc. Also the anaesthetist has to manage the anaesthetics and make sure the patient stays asleep and stable. It was not possible to watch

B. Aslett JP (C. dec).
JUSTICE OF THE PEACE

how the surgery is going. After Dr Patel had performed the laparatomy, he then started doing the thoracotomy. The patient was turned on to his side for that purpose. The patient became unstable at times. I thought that the symptoms were consistent with the patient bleeding.

17. When Dr Patel had completed the re-section of the oesophagus, he turned the patient onto his back, and at that point, there was lots of blood coming through the various drains that had been inserted. In my experience that development strongly suggests that there is bleeding somewhere in the abdomen. I said to Dr Patel words to the effect that there seemed to be a "bleeder" in the abdomen but Dr Patel said he did not think that he needed to open up the patient again. The staff present made Dr Patel aware that the patient had all the signs of losing blood, but Dr Patel said he did not feel that the patient needed operating on at that point. During the operation the patient needed transfusions to keep his blood volume and blood pressure up.

18. The patient was then transferred to ICU where we kept him on a ventilator. He continued to bleed into the drains and he became more unstable.

19. Whilst Dr Patel was carrying out the other operation, I made the junior doctor aware who was not assisting the operation at that stage, that P21 was not doing well. I recall Dr Patel's other operations took almost four hours which was unusually long. When he finished the second operation, he returned to operate on P21. P21 was taken back to theatre and Dr Patel tried to locate the bleeding point through the previous laparotomy. He could not find it there and then he opened up the chest. Again he could not locate the bleeding. At that point, I recall he said that there was nothing more we could do. The operation was completed and the patient was taken back to intensive care. P21 just continued to bleed and, as could be expected, and he died about 12 hours later.

20. I should say that, in my opinion, if the gastro-oesophagectomy had gone without a hitch, in ordinary circumstances, the ICU would have been able to handle the post operative care. The problem with doing gastro-

B. Aslett JP (C. Dec)
JUSTICE OF THE PEACE

oesophagectomies at Bundaberg Base was that we simply did not have the resources to cope with any post-operative complications.

21. Annexed to my statement and marked with the letters "DB1" is a bundle of documents being extracts from P21's medical reports.

22. After the operation for P21, I went to see Dr Carter and conveyed to him my, and the theatre staffs', concerns. He, in turn, said that we should go and see Dr Keating. There were basically two issues I wanted to raise. The first was that the nursing staff involved in the operation were not happy with Dr Patel's behavior. The second was that Dr Carter and I thought that the death should be referred to the Coroner. Dr Carter indicated that he generally shared my views.

23. When a death certificate is signed, the protocol is that the doctor who is taking care of the patient usually signs it. That doctor then determines, in my experience, whether a death should be referred to the Coroner. There need not be a coronial inquest if the person dies of natural causes.

24. Dr Carter and I met with Dr Keating shortly after P21's death. Dr Keating's response was that, if we thought it was a Coroner's case, we should alert the Coroner. At that stage, however, my recollection is that the body had already been buried. Dr Keating did not show any interest in investigating the reason for our concerns.

25. Apart from one incident, I have no recollection of any dealings with the District Manager, Peter Leck. In the course of 2004 I was called to the Executive offices and I met with Dr Keating and Mr Leck there. I understood at that time that there was an inquiry underway which had been instigated by ICU staff. It concerned Dr Patel. I was asked to give them my opinions on Dr Patel's performance. I said that Dr Patel did certain operations efficiently but that his general knowledge in relation to medicine seemed outdated. I also explained that when complications arose, such as the patient bleeding, he started to become more aggressive with staff and sometimes lost his temper.

B. Abbott JP (Q'land)
JUSTICE OF THE PEACE

Patient P26

26. I should say that I also had dealings with the patient P26. I co-administered the initial anaesthetic. Dr Zia was the Anaesthetist on that occasion. I cannot comment on whether the way the surgery was done was appropriate. I would say that P26 was in a good deal of pain post operatively, and he needed a lot of extra medication to control that pain.

All the facts and circumstances above deposed to are within my own knowledge and belief, save such as are deposed to from information only and my means of knowledge and sources of information appear on the face of this my Statement.

Affidavit sworn on 23/6/2005
at BUNDABERG in the presence of:

D. BERENS

Deponent

B. Abbott JP (Com dec

~~Solicitor~~/Justice of the Peace
(COMMISSIONER OF DECLARATI

QHPS- Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

Patient Location	Intensive Care Unit (BNH)	UR No	BN007900	IS	4
Consultant	Patel, Jayant (BNH	Name	KEMPS		
Req. Officer	Dr Jayant Patel Surg-BNH Bourbong Street Bundaberg Qld 4670	Given Name	Gerard W	Sex	M
		DOB	14-Aug-1927	Age	77 years
		Patient Address	Bargara		4670

Time Collected	13:50	17:42	22:00		
Date Collected	20 Dec	20 Dec	20 Dec		
Time Registered	14:03	17:57	22:19		
Date Registered	20 Dec	20 Dec	20 Dec		
Year	2004	2004	2004		
Lab No	1891610780	1891610400	1891609600		
Specimen Type	Blood	Blood	Blood	Units	Ref Range
INR	1.3	1.8	2.0		(0.9 - 1.3)
Prothrombin Time	15	20	23	s	(9 - 14)
APTT	41		88	s	(25 - 38)
Fibrinogen	3.2		1.2	g/L	(1.5 - 4.0)
Platelets	159	58	28	x 10^9/L	(140 - 400)

Therapeutic Ranges

Heparin therapy

APTT 60 - 90s

Warfarin therapy Recommended INR range for clinical state

Atrial fibrillation (prophylaxis)	2.0 - 3.0	(Strict control necessary)
Prosthetic heart valves (prophylaxis)	2.5 - 3.5	
Venous and arterial thrombosis (treatment)	2.0 - 3.0	

HAEMATOLOGY

Dr H Krause
Director of Pathology
Tel (07)49207301

Please discard any previous HAEMATOLOGY GENERAL COAGULATION report of the same page number printed before : 23:15 20-Dec 2004

Copy sent to:

MR 22

.....HOSPITAL

BUNDABERG HOSPITAL SEX UR NO
KEMPS M 007900
GERARD W
3-1927
M

FLUID ORDER SHEET

Ph (H)
Ph (B)
Catholic, nec RETIRED

If this form contains I.V. orders file in chart

Weight :

ALL FLUID ORDERS TO BE SIGNED BY MEDICAL OFFICER

DATE	TIME	ROUTE	FLUID (Volume, Type, Additives and Dose).	Ordered By	Given By	RAT
23/12/05	21/12/05	IV	N/Saline	Zuc		23/12
			Keep MAP > 70 mmHg by			
			fluid boluses of N/Saline /			
			Haemaccel 500 ml aliquots	Zuc		
			Keep Hb > 100 by PRBC.			
			FFP 2 unit Stat	Zuc		Balan
			Continue ventilation FIO2 50%.			
			Vt 700 ml PEEP 5.			
			Keep Temp above 36.	Zuc		
			Keep urine output > 80 ml/2hr	Zuc		
			by keeping CVP > 12 mmHg	Zuc		
			Keep K+ > 4 mmol/Lt.			
			by 40 mmol in 100 ml over 2hrs			
			Keep Mg+ > 1 mmol/Lt. by			
			10 mmol in 100 ml N/Saline			
			over 2 hrs	Zuc		
			Norepinephrine as per protocol	Zuc		
			Dobutamine as per protocol	Zuc		
			Morphine / Midazolam 2 ml/hr	Zuc		

Trend printout

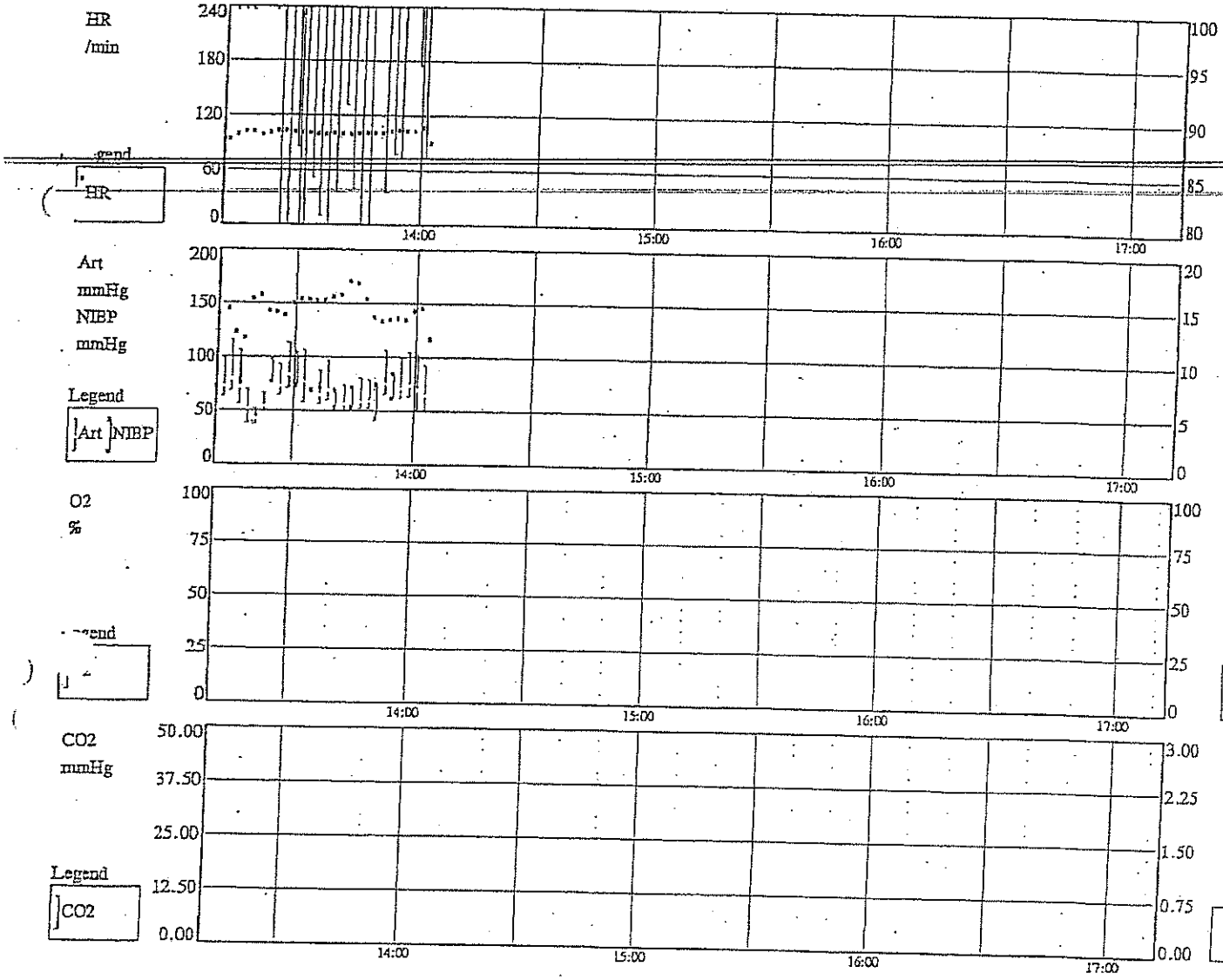
Date: 20 Dec 2004
Time: 14:06
Hospital: Bundaberg Base Hospital
Department: Central_1
OR: Theatre 4

Patient ID: 007900
Last name: KEMP
First name: GERARD

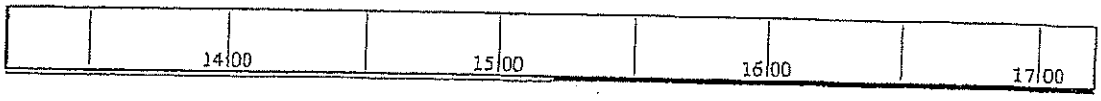
Identification:

Notes:

P1



Mark
Event
20 Dec



20 Dec

Trend printout

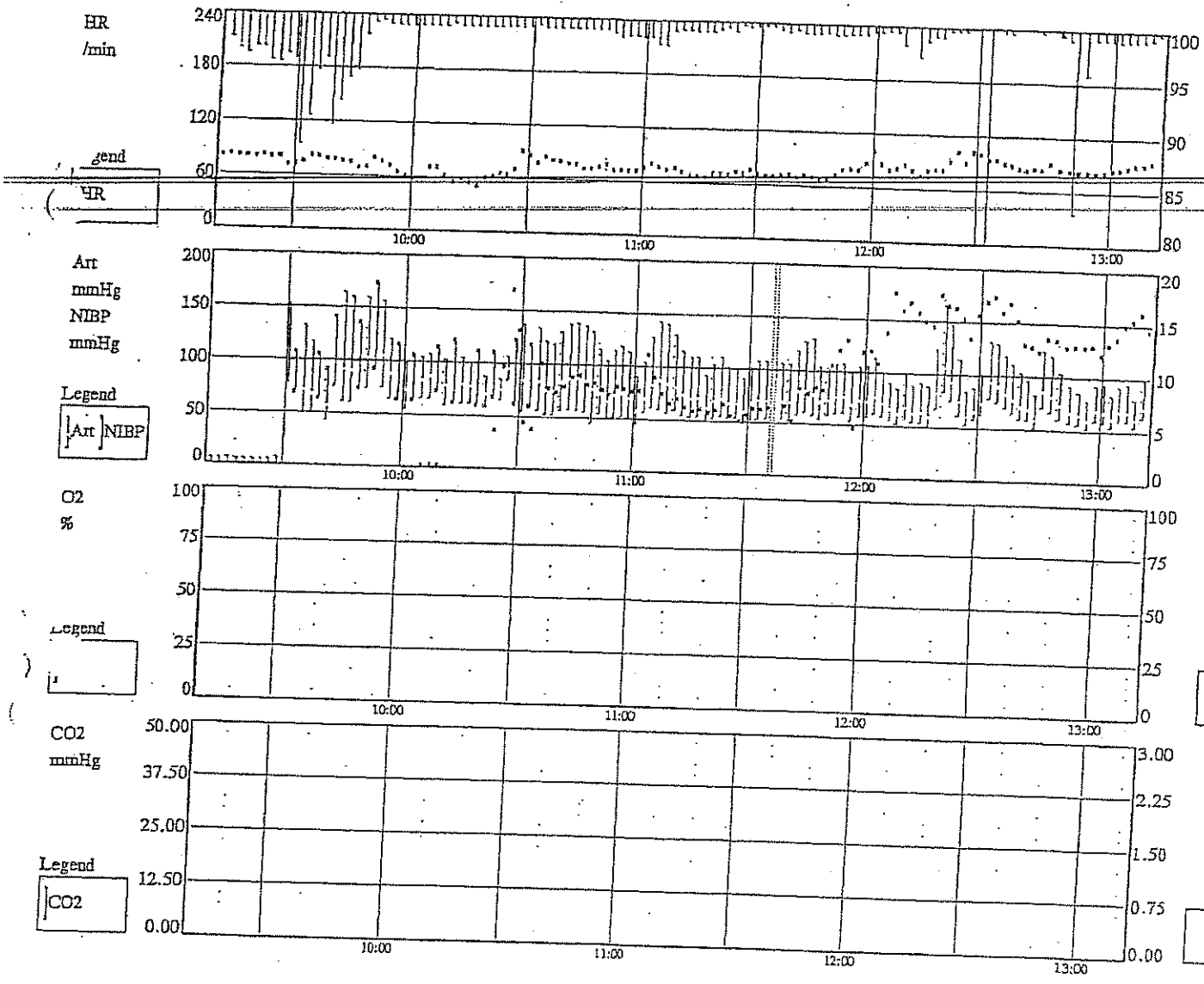
Date: 20 Dec 2004
Time: 14:06
Hospital: Bundaberg Base Hospital
Department: Central_1
OR: Theatre 4

Patient ID: 007900
Last name: KEMP
First name: GERARD

Identification:

Notes:

P1



STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
21.12.04	SURGERY –
0500pm	
?am.	Continues to bleed ~
	marked dropped Y SVC.
	BP in 70S
	Remains sedated on
	ventilator.
	Plan: No more transfusions
	Vasopressors or coagulation
	products
	Family has accepted the
	outcome.
21/12/04	Asked to confirm death :
9.50am	Pt. remains ventilated.
T.O (ICU)	No cardiac output on heart monitor.
	Unresponsive.
	Pupils fixed & dilated.
	No HS for > 1 min
	Death confirmed @ 0920hrs & ventilator switched off.
	Family present.
	Time of death ~ 0915hrs
	Cause of death – Post-op haemorrhage : oesophago-gastrectomy for oesophageal adenocarcinoma.
	Dr Pabbis' team informed & will write death certificate & inform coroner.
	Rest in peace Gerard Kemps
	CRESWELL.
	JHO (ICU).

....HOSPITAL

INPATIENT PROGRESS NOTES

Surname ____________ U.R. NO ______

Given Names ____________

Sex ________ D.O.B. ______

(Affix Patient Identification Label Here)

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
20/12/04 D.	Post-Oesophagectomy/gastrectomy for distal Oesophagus - Ca.
	(Laparotomy + (R) Thoracotomy.)
	Problem: - Haemodynamically unstable. (↓ B/P)
	+ ↑ Bleeding via abdominal wound drains.
	↑ K+ (Raw Post S.U. of Blood)
	- ↑ Metabolic acidosis.
	P.M.H: - Chronic renal dysfx (Preop. Creat - 0.2[illegible]
	- ~~[illegible]~~ Gout
	- ? HTN ; ? Hypercholesterolaemia ;
	- ? IHD (AMI)
	PSH: - AAA - Repair 2002
	Rx: Pravachol ; Amiodarone , [illegible] , Zyloprim
	General: Temp - 35.6 ; Art Hb - 77 g/l ;
	Lines: (L) radial Art. line ; (R) Int. Jug. C.V.C. ; 14G (R) arm ; 18G (L) a[illegible]

Queensland Health Pathology Service
Transfusion Medicine

Bundaberg Hospital
PRODUCT No. 4661009
PRODUCT GROUP O Positive
PRODUCT TYPE FFP
UR No BN007900
SURNAME KEMPS
GIVEN NAMES Gerard M
DATE OF BIRTH
HOSPITAL
WARD Intensi
PATIENT GROUP O Positive
DATE 20-Dec-04
INITIALS mv1 TIME

20/12/04 1535
check by:
Checked by: [signature]

INPATIENT PROGRESS NOTES

147714-GOPRINT ©

MR70

19-Dec-2004 09:40:4

Bundaberg Hospital

Rate	66
PR	190
QRSD	91
QT	403
QTc	422
--Axis--	
P	22
QRS	-32
T	28

BUNDABERG HOSPITAL
KEMPS
GERARD W

SEX
M

UR NO
007900

I

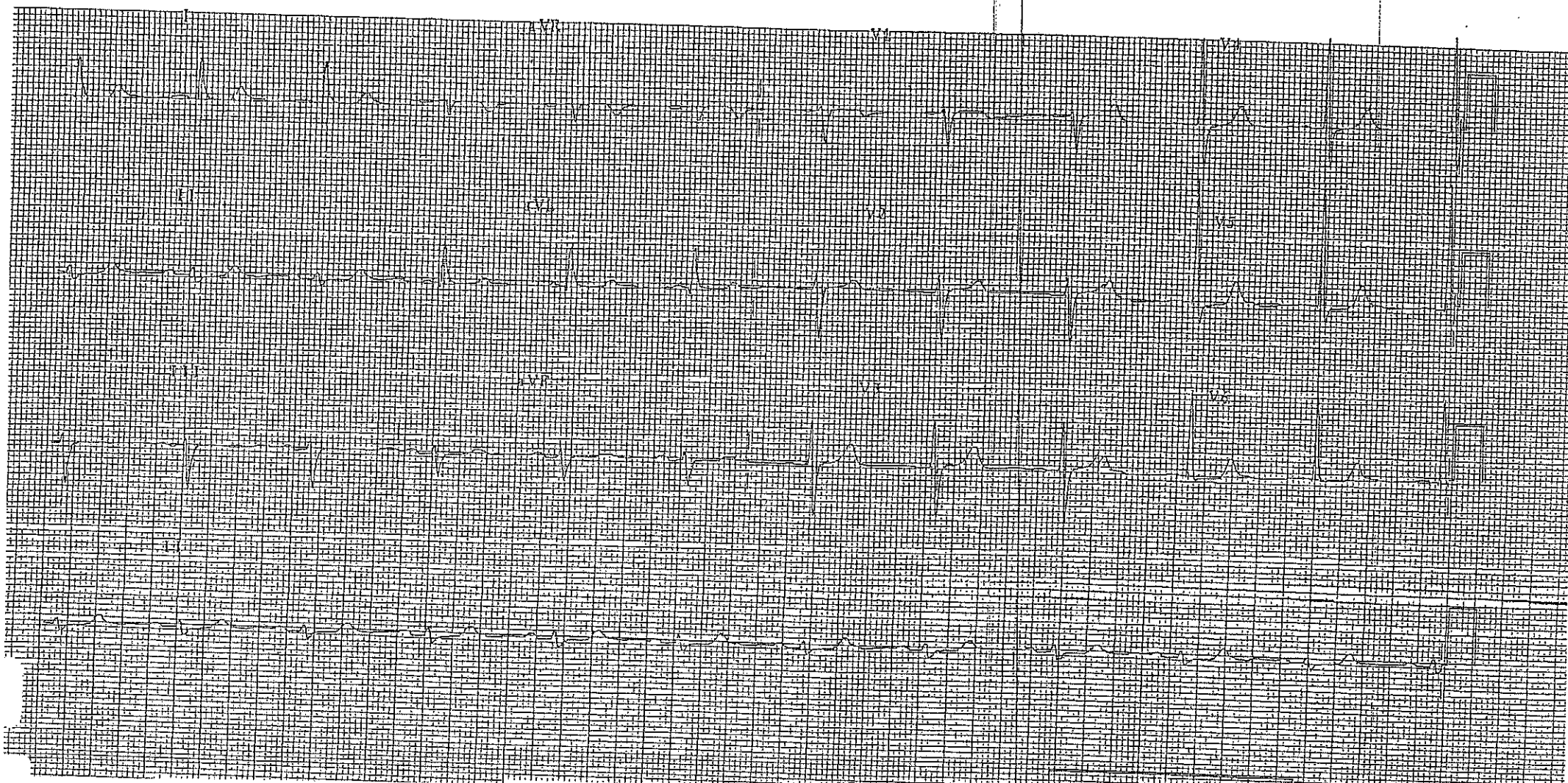
Ph(H)

Ph(B)

Catholic, nec

M

RETIRED



BUNDABERG HOSPITAL SEX UR NO
KEMPS M 007900
GERARD W

M

Ph(H)
Ph(B)
Catholic, nec RETIRED

Date 19/12/04

ID 1330

Actual FEV1 = 2.50L

Predicted FEV1 = 2.34L

FVC = 3.25L

FVC = 3.62L

FEV1 = 76%
FVC

FEV1 = 64%
FVC

MEDI-TRACE WEDGE SPIROMETER CHART No. F.306

0.75 1 2 3 4 5 6

POINT

SECONDS WITH 0-5 AND 0-1 SUB-DIVISIONS

LITRES WITH 0-5 0-1 AND 0-05 SUB-DIVISIONS (BTPS)

PRINTED BY MILLER GRAPHIC CONTROLS.

ATT: DR P MIACH.

BUNDABERG MEDICAL IMAGING
INTERIM ECHOCARDIOGRAPHY REPORT
SUMMARY OF SONOGRAPHERS FINDINGS

Bundaberg Medical Imaging
KEMPS Gerard
DOB
09/12/2004 48609-1

Patient:-..... ..... Date:-.....

Aortic Root

MILDLY DILATED 47mm PROX/MID ASCENDING AORTA.

Aortic Valve

TRACE REGURGE

Left Ventricle Dimension N AD

Hypertrophy MILD ASYMETRIC (SEPTUM)

Systolic Function > 60%.

Mitral Valve

MILD REGURGE

Left Atrium

MILDLY DILATED

Right Heart MILDLY DILATED AT ATRIUM AND VENT.

Pulmonary Valve TRACE REGURGE

Tricuspid Valve TRACE REGURGE

Pericardial Effusion

NO

Sonographer:- CARL DONALD *FULL REPORT TO FOLLOW

4150 2329. ~~4150 2147~~.

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPS- Bundaberg Hospital
P.O.Box 34
Bundaberg QLD, QLD 4670
ph 07-41602530
fax 07-41512599

Patient Location	Intensive Care Unit (BNH)	UR No	BN007900 IS 4
Consultant	Patel, Jayant (BNH	Name	KEMPS
Req. Officer	Dr S Kariyawasam	Given Name	Gerard W Sex M
	Bundaberg Hospital	DOB	Age years
	Bourbong St	Patient Address	
	Bundaberg QLD 4670		4670

FILE COPY

Time Collected	09:19	08:50	16:00	13:50	
Date Collected	11 Dec	12 Dec	19 Dec	20 Dec	
Time Registered	10:19	10:18	20:13	14:03	
Date Registered	11 Dec	12 Dec	19 Dec	20 Dec	
Year	2004	2004	2004	2004	
Lab No	1550119701	189141348	189145368	189161078	
Specimen Type	Blood	Blood	Blood	Blood	Units / Ref Range
Sodium	142	142	138	138	mmol/L (135 - 145)
Potassium	4.2	4.6	4.7	5.2	mmol/L (3.2 - 4.5)
Chloride	109	112	108	115	mmol/L (100 - 110)
Bicarbonate	23	24	20	18	mmol/L (22 - 33)
Anion Gap	9	6	10	5	mmol/L (4 - 13)
Osmolality (Calculated)	295	296	296	287	mmol/kg (275 - 295)
Glucose	4.8	5.1	4.5	8.5	mmol/L (3.0 - 7.8)
					(Fasting 3.0 - 6.0)
Urea	8.6	7.5	15.7	12.5	mmol/L (3.0 - 8.0)
Creatinine	0.179	0.174	0.241	0.190	mmol/L (0.070 - 0.120)
Urea/Creat	48	43	65	66	(40 - 100)
Urate			0.42	0.31	mmol/L (0.15 - 0.50)
Protein (Total)			70	36	g/L (62 - 83)
Albumin			38	18	g/L (33 - 47)
Globulin			32	17	g/L (25 - 45)
Bilirubin (Total)			6	24	umol/L (< 20)
Bilirubin (Conj.)				5	umol/L (< 4)
Alkaline Phosphatase			81	39	U/L (40 - 110)
Gamma-GT			23	13	U/L (< 50)
Alanine Transaminase			12	14	U/L (< 45)
Aspartate Transaminase			19	26	U/L (< 40)
Lactate Dehydrogenase			218	196	U/L (110 - 250)
Creatine Kinase				188	U/L (< 200)
cTroponin T				0.03	ug/L (< 0.03)
Calcium			2.26	1.98	mmol/L (2.15 - 2.60)
Calcium (Alb. Corr.)			2.30	2.41	mmol/L (2.15 - 2.60)
Phosphate			1.22	1.34	mmol/L (0.70 - 1.40)
Magnesium				0.93	mmol/L (0.70 - 1.00)

Comments

Lab No189161078
13:50 20-Dec-04 Result phoned ICU 1425 20/12/04

Dr H Krause
Director of Pathology
Tel (07) 4920 7301

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QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPS-Bundaberg Hospital
P.O.Box 34
Bundaberg, QLD, QLD 4670
ph 07-41502530
fax 07-41512539

Patient Location	Staff Specialists (BNH)	UR No	BN0079000	IS 4
Consultant	Patel, Jayant (BNH	Name	KEMPS	
Req. Officer	Dr Jayant Patel	Given Name	Gerard W	Sex M
	Surg-BNH	DOB		
	Bourbong Street	Patient Address		
	Bundaberg Qld 4670			

FILE COPY

Time Collected	15:23	10:54	12:28	13:33	14:54	15:30		
Date Collected	19 Dec	20 Dec	20 Dec	20 Dec	20 Dec	20 Dec		
Time Registered	15:23	10:54	12:28	13:33	14:54	15:30		
Date Registered	19 Dec	20 Dec	20 Dec	20 Dec	20 Dec	20 Dec		
Year	2004	2004	2004	2004	2004	2004		
Lab No	800013598	800016546	800016745	800017047	800017426	800017577	Units	Ref Range
Specimen Type	Arterial	Arterial	Arterial	Arterial	Arterial	Arterial		
Primary Specimen site								
Frac. of Inspired O2	21.00	35.60	80.00	50.00	40.00	21.00		
Temperature	37.0	37.0	36.0	36.0	37.0	37.0	Degree C	
Arterial Gas Parameters								
pH	7.34	7.33	7.38		7.23	7.21		(7.35 - 7.45)
pCO2	35	42	34		40	39	mmHg	(35 - 45)
pO2	80	120	447		100	88	mmHg	(75 - 100)
Oxygen Saturation	96	98	100		97	96	%	(94 - 98)
Bicarbonate	18	22	19		16	15	mmol/L	(22 - 33)
p50	26.7	28.6	26.9		31.1	30.1	mmHg	(24.0 - 28.0)
Base Excess	-6.3	-3.3	-4.9		-10.3	-11.2	mmol/L	(-3.0 - 3.0)
Corrected Values								
Corrected pH	7.34	7.33	7.39		7.23	7.21		
Corrected pCO2	35	42	32		40	39	mmHg	
Corrected pO2	80	120	442		100	88	mmHg	
Electrolytes								
Sodium	137	138	135	134	133	134	mmol/L	(135 - 145)
Potassium	4.5	4.5	5.2	5.4	4.8	5.4	mmol/L	(3.2 - 4.5)
Chloride	109	110	110	110	112	110	mmol/L	(100 - 110)
Anion Gap	10	6	6		5	9	mmol/L	
Calcium (Ionised)	1.25	1.28	1.23	1.23	1.13	1.14	mmol/L	(1.15 - 1.35)
Metabolites								
Glucose	4.9	5.5	8.6	8.7	18.4	9.8	mmol/L	(3.0 - 7.8)
CO-oximetry								
Total Hb	90	75	70		91	51	g/L	(120 - 180)
Oxy Hb	94	98	99		95	95	%	(94 - 98)
Carboxyhaemoglobin	1.6	< 0.2	0.8		1.7	0.6	%	(< 1.5)
Methaemoglobin	0.6	0.6	0.2		0.2	0.2	%	(< 0.6)
Computer Validation	Yes	Yes	Yes	No	Yes	Yes		

Comments

Lab No800017577
15:30 20-Dec-04 Total Haemoglobin results may be due to the specimen not being properly remixed prior to analysis (particularly with delay in analysis). Recommend recollect specimen if clinically indicated.

Dr H Krause
Director of Pathology
Tel.(07)4920 7301

Please discard any previous CHEMICAL PATHOLOGY BLOOD GASES report of the same page number printed before : 10:02 23 Dec 2004

Anaesthetic Record

Anaesthetist: D. BERENS　　Date: 20/12/04
Surgeon: J. PATEL

Time:

MAINTENANCE: O2/N2O/Air/FiO2 ...
- [ ] HALO
- [ ] ISO
- [ ] ETHRANE
- [x] SEVO
- [ ] DIPR INF
- [ ] OTHER

- Propofol
- Penthothal 200 mg
- Fentanyl 300 μg
- Alfentanyl 1 mg
- Rocuron 50 mg
- Vecuron 10 mg – 4 mg
- Suxameth. 125 mg

VENTILATION:
- [ ] SPON
- [ ] ASSIST
- [x] IPPV

TV .... RR ....
PEEP .... PAW ....

REVERSAL:
- [ ] ATROP
- [ ] ROB
- [ ] NEOST

Circuit		Monitors	
	[ ] Bain	[x]	ECG
	[x] Circle	[x]	NIBP
	[ ] T'	[x]	SpO2
F'mask	[ ]	[x]	PeCO2
L.M.A.	[ ] Size.....	[ ]	Art
E.T.T.	[x] Size.....	[ ]	CVP
	[x] Oral	[ ]	TEMP
	[ ] Nasal	[ ]	SPIRO
	[x] Cuff	[ ]	NMT
	[ ] Pack		
	[ ] L/scopy - grade I		

Double lumen Robertshaw DVL

Chart scale: 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10

O2 Sats
Exp CO2

I.V.

	Fluid	Site	
1	HARTMANNS	14G (R)	1L, 1L, 1L
2			
3	C.V.P. line	HH	1L
4	PRBC	1 (14G R)	1U, 1U, 1U, 1U

Position
- [x] supine
- [ ] Prone
- [x] Lat (L) R
- [ ] Lithotomy
- [ ] Trendelenberg
- [ ] Arms

Blood loss: 300 mL suction + 300 mL SWABS → Continually Bleeding via abdominal drain: → 600 mL
Urine Output
Temp

Complications: → Transfer intubated to ICU.

Regional Technique: Epidural – T8/9; Tuohy 18G; Skin to space: 6 cm. Catheter at 11 cm skin. Testdose: Lignocaine 2% 5 mL. Bupivacaine: 0.25% 3 mL, 0.25% 4 mL

Anaesthetist Signature: D. BERENS

MR73

Anaesthetic Record

Anaesthetist: D. BARRIS / M. ZIA Date: 20 / 12 / 0

Surgeon: J. PATEL

Time:

MAINTENANCE: O2/N2O/Air/FIO2 ...

- ☐ HALO ☐ ISO
- ☐ ETHRANE ☐ SEVO
- ☐ DIPR INF ☐ OTHER

VENTILATION:

- ☐ SPON ☐ ASSIST
- ☑ IPPV

TV..... RR .....

PEEP..... PAW .....

REVERSAL:

- ☐ ATROP ☐ ROB
- ☐ NEOST

Ketamine 220 mg

Fentanyl 500 mg

Midazolam 12 mg

Vecuronium 16 mg

Circuit

- ☐ Bain
- ☐ Circle
- ☐ T

F'mask ☐

L.M.A. ☐ Size.....

E.T.T. ☐ Size.....

- ☐ Oral
- ☐ Nasal
- ☐ Cuff
- ☐ Pack
- ☐ L/scopy - grade .....

Monitors

- ☑ ECG
- ☑ NIBP
- ☑ SpO_2
- ☑ $PeCO_2$
- ☑ Art
- ☑ CVP
- ☑ TEMP
- ☐ SPIRO
- ☐ NMT

O_2 Sats

Exp CO_2

210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

I.V.

	Fluid	Site
1	~~Hartmann~~	
2	0.9% Saline	18G
3	PRBC	18G
4	FFP	

Position

- ☑ supine
- ☐ Prone
- ☑ Lat (L) R
- ☐ Lithotomy
- ☐ Trendelenberg
- ☐ Arms

Blood loss

Urine Output

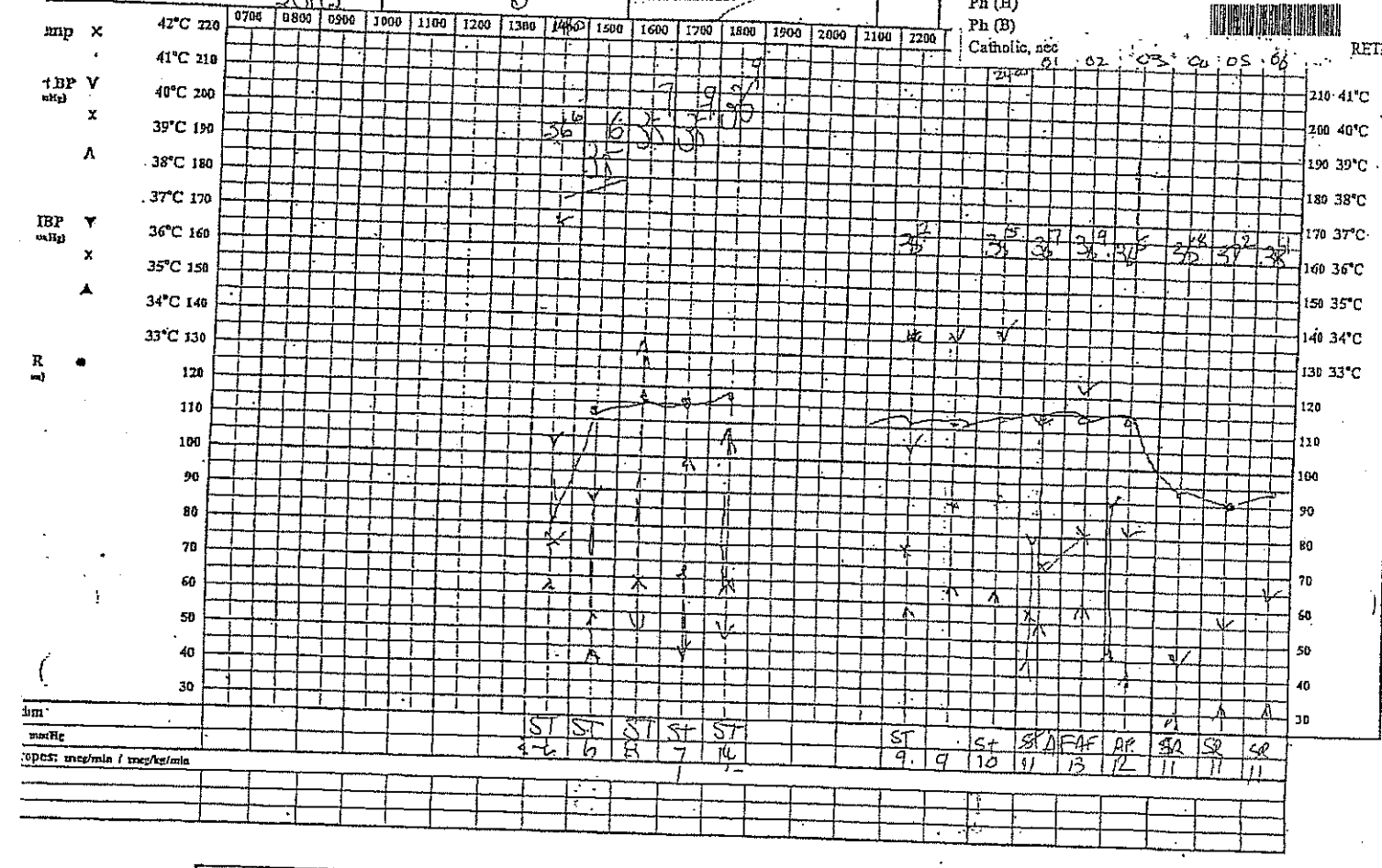
Temp

Complications:

Regional Technique:

Anaesthetist Signature D. Barris

ICU DAY: 0	ALLERGIES:	DATE INTUBATED: 20/12	ARTLINE DATE INSERTED: 20/12	KEMPS GERARD.W M 007900
PT WEIGHT:		DATE EXTUBATED: 0	PA CATHETER DATE INSERTED:	Ph (H) Ph (B) Catholic, nec
IDC DATE INSERTED: 20/12				



	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
mmHg																								
P mmHg																								
L/min																								
L/min/m2																								
mmHg																								

TILATION

	FiO_2																							
t/track size	Mode																							
	f / V_{Sp}																							
at lips	V_T / V_{Sp}																							
	$V_{E\,TOT}$																							
ff press	$P_{I\,MAX}$																							
	PEEP																							
KEY	PS																							
Small	V_{MAX}/P_I																							
- Moderate	T_I																							
Large	I:E Ratio																							
- Mucoid	SaO_2																							
Purulent	AE R/L																							
Bloody	$ETCO_2$																							
Frothy	ET suction																							

/PATHOLOGY RESULTS

	pH																							
	PaO_2																							
	$PaCO_2$																							
	HCO_3																							
	BE																							
	Glucose																							
	K^+																							
	Na^+																							
	Hb																							
OSITION																								
OVASCULAR OBSERVATIONS																								
Pulses R/L																								
th																								
ion																								
al Block Level																								
rones																								

ANAESTHETIST: Carter
PHYSICIAN: Patel
SURGEON:
NURSING STAFF (print name):
MORNING: V. Kennedy
AFTERNOON:
NIGHT:

NURSING STAFF TO SIGN ENTRIES EACH SHIFT
Nursing Interventions
MO rounds
Allied Health team treatments – eg. physio, speech path
Changes to pts condition
Hygiene cares / PAC

KEMPS
GERARD
SEX M
UR NO 007900
Ph (H)
Ph (B)
Catholic, nec
M
RETIRED

Admitted

1430 – 20mls IV 50% Dextrose & 5% Actrapid insulin given.
1440 – 10% Dextrose comm 42mls/hr
1445 – 20mls 50% Dextrose IV.
1450 – Actrapid insulin com 4u/hr. Chest Xray.
1455 – ABG's
1505: Gelofusine ... Dr Resident (A. [illegible]) notified re ↓ Hypotension ↑ Tachycardia. To review.
1630 Dr [illegible] notified ⇒ For: 2 Blood ⇒ Xmatch 6 [illegible] 4 FFP as BP ... same attended ... ABG's attending ...
1700 Blood (No 10) ... administered
1720 ⇒ FBC, ... after 10th Bag
1750 ⇒ Spoke Dr Resident Surgical (Anthony) For 11th Bag of Blood

2100 Returned from OT – Following repeat Laparotomy, Thoracotomy. Total 26 units Packs, 7 FFP. On ventilator – settings as charted. ICC (L) & (R) ↓ steady drainage fresh blood. A/E [illegible] symmetrical expansion. SaO₂ 98% [illegible] peripheral perfusion for pulse oximetry. CVS: Monitor SR/ST. No arrhythmias noted. T 35². BP 90/50. Dobutamine & Noradrenaline @ 4 & 5 ml/hr. Skin warm & moist. Oedematous! E.T.T. Abd tense. No oozing noted from suture line. Bellevac draining fresh blood at steady rate. GUS: Urinary catheter [illegible] /hr. IV via (R) subclavian CVC. ... @ 999 ml/hr ... @ 4 ml/hr. Noradr – 11 ml/hr. Dobutamine @ 5 ml/hr. CVP 4. Family in attendance!
2200 FFP ... ABG PO₂ 71 – FiO₂ on ventilator ↑ 80%.

PROGRESSIVE NURSING NOTES CONTINUED

300 FFP erected. ABG PO₂ 76 – FiO₂ ↑ 80%.
330 FFP erected. ABG – Hb dropping. Dr Zia aware. ICCs draining consistent quantities fresh blood. Hb 104. Not for Tx yet.
350 ABG Hb ↓ 93. Still draining from ICCs & Bellevac.
550 ABG Hb ↓ 78. D/W Dr Zia re continued ICC bleeding & ↓Hb. No further blood Tx. BP ↓ [illegible]
600 BP labile ... D/W Dr Zia. Comfort measures, keep comfortable. Hb 64.
BP 40/25. Family in attendance & happy. No further measures.
600 ABG – Hb 57. ↓BP ... Pt washed, [illegible] changed.

DATE 20/12/04

ICU DAY: 0

ALLERGIES:

PT WEIGHT:

IDC DATE INSERTED: 20/12

DATE INTUBATED: 20/12

DATE EXTUBATED: 0

LINES: CVC DATE INSERTED: 20/12

ARTLINE DATE INSERTED: 20/12

PA CATHETER DATE INSERTED:

Bundaberg Hospital
KEMPS
GERARD W

SEX M

UR NO 007900

Ph (H)
Ph (B)
Catholic, nec

RETIRE

0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200
42°C 220															
41°C 210															
40°C 200															
39°C 190															
38°C 180															
37°C 170															
36°C 160															
35°C 150															
34°C 140															
33°C 130															
120															
110															
100															
90															
80															
70															
60															
50															
40															
30															

01	02	03	04	05	06
210 41°C					
200 40°C					
190 39°C					
180 38°C					
170 37°C					
160 36°C					
150 35°C					
140 34°C					
130 33°C					
120					
110					
100					
90					
80					
70					
60					
50					
40					
30					

Hg

mcg/min / mcg/kg/min

PAWP mmHg																								
CO L/min																								
CI L/min/m2																								
SVR																								
ICP mmHg																								

VENTILATION

ETT/trach size: ______

CM at lips: ______

Cuff press.: ______

SPUTUM KEY
S – Small
M – Moderate
L – Large
M – Mucoid
P – Purulent
B – Bloody
F – Frothy

FiO_2	.18	.15	.21																					
Mode	SIMV	SIMV	SIMV																					
f $^{V}/_{Sp}$	12	12	14																					
V_T $^{V}/_{Sp}$	672	736	699																					
$V_{E\,tot}$	8.64	8.76	7.4																					
$P_{I\,MAX}$	21	24	17																					
PEEP	5	5	5																					
PS	10	12	10																					
V_{MAX}/P_I	45	45	45																					
T_I																								
I:E Ratio	1:1.9	1:1.9	1:3.4																					
SaO_2	—	99	—																					
AE R/L																								
$ETCO_2$	32	3[illegible]	29																					
ET suction																								

ABG/PATHOLOGY RESULTS

pH		7.27																						
PaO_2		93.6																						
$PaCO_2$		45.0																						
HCO_3		20.3																						
BE		-5.5																						
Glucose		3.2																						
K^+		4.9																						
Na^+		136																						
Hb		54																						

PT POSITION

NEUROVASCULAR OBSERVATIONS

Pedal Pulses R/L																								
Warmth																								
Sensation																								
Epidural Block Level																								
Dermatomes																								

FLUID BALANCE

INTAKE	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
Oral																								
NG																								
Flush (art/CVC)	6	6	6																					
Maintenance	250	25	125																					
Morph/Midaz	6	6	6																					
10% Dextrose	42	42	[illegible]																					
Insulin	3	15	[illegible]																					
HOURLY TOTAL																								
PROGRESSIVE TOTAL																								

OUTPUT	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600
	6	24	30																					
Urine			30																					
NG/GI																								
Bowels																								
Drains 1																								
2																								
3																								
ICC Swinging/Bubbling																								
Drainage																								
HOURLY TOTAL	6	24	30																					
PROGRESSIVE TOTAL	6	30	60																					
PROGRESSIVE BALANCE																								

Previous 24hrs Balance:

Accum. Balance (since admission to ICU):

URINALYSIS	Leuc	Nitr	Prot	pH	Blood	SpG	Ket	Gluc

DATE	21/12/04
ANAESTHETIST:	
PHYSICIAN:	Patel
SURGEON:	
NURSING STAFF (print name):	
MORNING:	V Tapowski
AFTERNOON:	
NIGHT:	

PROGRESSIVE NURSING NOTES

NURSING STAFF TO SIGN ENTRIES EACH SHIFT
Nursing interventions
MO rounds
Allied Health team treatments – eg. physio, speech path
Changes to pts condition
Hygiene cares / PAC

Bundaberg Hospital
KEMPS
GERARD W
SEX M
UR NO 007900
M
PI
Ph (B)
D Catholic, nec
RETIRE

0715hrs Cares taken over from N/S. Ventilation parameters/alarms. Fluids infusions rate/alarms checked. S/B Dr Patel → Continue. Arterial/Central line regressed. Peripherally warm. Settled. Family in attendance.
0800hrs BSL 3.2 Insulin infusion ↓ 1.5 – 10mls 50% glucose given as per Bath protocol. M/C attended – Suctioned mouth – Bloody fluid suctioned small amount.
ABG's checked ↓ FiO2 's.
0815hrs S/B Dr Barens: FiO2 ↓ 21. Stop Insulin. Stop Dextrose ↓ Fluids 10mls/hr. Pupils (L) size 7 no reaction (R) size 3 (no reaction). Mouth suctioned large bloody fluid. Stop all ABGs. Stop Antibiotics/ 10mls.
0900hrs: Become bradycardic → Asystolic.
0930hrs: Dr Carswell notified → RIP. Ventilator switched off. Father left unattended. Family – wife, son John present. > For coroners → Tubes left in situ. Surgical team to decide.
Vivian Tapowski (RN) [signature]

PROGRESSIVE NURSING NO...