

09/04/2021 - ED to Hosp-Admission (Discharged) in SAV 2 HV TRAUMA ICU (continued)

H&P Notes (continued)

No chest wall tenderness to AP or lateral compression, No crepitus
Abdominal: Soft. Non distended, Non tender
MSK: Cervical spine: negative tenderness
Thoracic spine: negative tenderness
Lumbar spine: negative tenderness
Sacrum: negative tenderness
negative step-offs or deformities throughout spine
Gluteal tone intact. Pelvis stable
GU: External genitalia grossly normal
Neurological: Pt is awake and alert. GCS 15
Pt has normal sensation to light touch in all extremities
Strength 5/5 RUE - including biceps flexion, triceps extension, hand grip
Strength 5/5 LUE - including biceps flexion, triceps extension, hand grip
Strength 5/5 RLE - including hip flexion, knee flexion, dorsi and plantar flexion
Strength 5/5 LLE - including hip flexion, knee flexion, dorsi and plantar flexion
Skin: Skin is warm and dry
Abrasions: none
Lacerations: hemostatic GSW entry exit to posterior scalp
Contusions: none

Other findings:
Well healed ACL repair on R

Fast Exam: not indicated

Images:

CT head without contrast

Result Date: 9/4/2021

1. Left posterior parietal subdural hematoma with adjacent subarachnoid blood products. 2. Linear left posterior parietal bone fracture with small anteriorly displaced osseous fragments and trace pneumoencephaly. 3. Scalp laceration overlying the left parietal bone. Findings called to and discussed with Dr. [REDACTED] at 3: 50 PM on day of exam. [REDACTED], MD 9/4/2021 3:43 PM @1@ The attending radiologist has reviewed all images, agrees with the interpretation, and provided appropriate supervision for this exam. Interpreted By: [REDACTED], MD 9/4/2021 3:43 PM
Electronically signed by: [REDACTED], MD 9/4/2021 4:15 PM

X-Ray Skull less than 4 views

Result Date: 9/4/2021

As above. Interpreted By: [REDACTED], MD 9/4/2021 3:43 PM
[REDACTED], MD 9/4/2021 3:44 PM

Electronically signed by:

X-ray chest AP only

Result Date: 9/4/2021

No acute findings. Interpreted By: [REDACTED] MD 9/4/2021 3:43 PM
by: [REDACTED], MD 9/4/2021 3:43 PM

Electronically signed

Assessment and Plan:

Buffalo Indonesia is a 53yo M who arrived with ABCs intact as a level 1 trauma via air following a GSW to head.

09/04/2021 - ED to Hosp-Admission (Discharged) in SAV 2 HV TRAUMA ICU (continued)

H&P Notes (continued)

Primary survey including CXR and head xray negative for acute injury.

Patient underwent CTH with pending reads. Appropriate plain films ordered and pending.

Principal Problem:

Gunshot wound of head, initial encounter

Active Problems:

- SDH (subdural hematoma) (CMS-HCC)
- Fracture of parietal bone with pneumocephaly
- SAH (subarachnoid hemorrhage) (CMS-HCC)
- Laceration of head

- Trauma labs pending
- Imaging pending
- Tetanus given
- Antibiotic given

NOTE: attending addendum to follow

[REDACTED] DO (PGY-1)
Department of General Surgery
9/4/2021 17:34

Chief Resident Addendum:

53 yo M who was reportedly on the side of the road changing a flat tire when he was shot in the back of the head by an unknown assailant. Questionable loss of consciousness, but patient reports that he immediately lost his vision, but it has slowly returned over time. He was able to call EMS himself. Arrived in the trauma Bay as a level 1 activation, GCS 15, awake and alert and hemodynamically stable. Head to toe examination this revealed two superficial appearing bullet wounds to the posterior scalp with no active hemorrhage. No other external signs of trauma or found. He was complaining of continued abnormal vision. X-ray of the head and chest revealed no acute traumatic findings or retained ballistic fragments. He was given prophylactic tetanus vaccination and Ancef antibiotics. Patient then received a CT scan of the head, which revealed a parietal skull fracture and underlying small subdural and subarachnoid hemorrhage. Of note, patient's wife and son were recently murdered in June of this year.

Patient was admitted to the ICU on the trauma list, with q.1 hour neuro checks, Keppra, and neurosurgical consultation. Will plan on repeat head CT at 20:30 and follow-up further neurosurgical recommendations.

[REDACTED] MD
PGY5 General Surgery
9/4/2021 17:47

Attending Trauma Addendum

I evaluated and examined Buffalo Indonesia, reviewed the resident's findings, confirmed their history and exam findings, and concur with the full note documented. I reviewed the patient's laboratory and imaging reports, discussed the assessment and plan in detail and agree with the full note as documented with the following additions and changes

09/04/2021 - ED to Hosp-Admission (Discharged) in SAV 2 HV TRAUMA ICU (continued)

Labs (continued)

16414 - MMSAV LAB MEMORIAL HEALTH Unknown 4700 Waters Ave 04/24/20 1405 - Present
LABORATORY Savannah GA 31404

Rapid drug screen, urine (Final result)

Electronically signed by: [REDACTED] DO on 09/04/21 1502 Status: **Completed**
 Ordering user: [REDACTED] DO 09/04/21 1502 Ordering provider: [REDACTED] MD
 Authorized by: [REDACTED] MD Ordering mode: Standard
 Cosigning events
 1. Electronically cosigned by [REDACTED], MD 09/05/21 1635 for Ordering
 2. Electronically cosigned by [REDACTED], MD 09/05/21 1635 for Continue on Transfer
 Frequency: STAT STAT 09/04/21 1449 - 1 occurrence Class: Unit Collect
 Quantity: 1 Lab status: Final result
 Instance released by: [REDACTED] DO (auto-released) 9/4/2021 15:02

Specimen Information

ID	Type	Source	Collected By
MM24721C0958	Urine	---	[REDACTED], RN 09/05/21 0113

Rapid drug screen, urine (Abnormal)

Resulted: 09/05/21 0223, Result status: Final result

Ordering provider: [REDACTED], MD 09/04/21 1502 Order status: **Completed**
 Filed by: Background User Lab 09/05/21 0223 Collected by: [REDACTED], RN 09/05/21 0113
 Resulting lab: MEMORIAL HEALTH LABORATORY
 Narrative:

These Medical Drug Screen results reflect a qualitative screen of six different drug classes using an immunoassay method.

Cut-off Levels:

Cocaine 300 ng/ml
 THC 50 ng/ml
 Barbiturate 200 ng/ml
 Benzodiazepine 300 ng/ml
 Opiate 300 ng/ml
 Amphetamine 1000 ng/ml

No attempt is made to identify specific drugs that may be present or any other drugs that may cause false positives. Positive results will not be automatically reflexed for confirmation or drug identification. Confirmation of positive drug screens should be requested by a physician. All positive drug screens will be saved for five (5) days. Urines that are reported as interfering substance present will be forwarded to the reference lab for GC/MS analysis. A separate report will follow. Negative results will no be confirmed by an alternate methodology.

Components

Component	Value	Reference Range	Flag	Lab
UR Amphetamine Comment: 242.42	Negative	Negative	---	MMSAV LAB
UR Barbituate Comment: 433.73	Positive	Negative	A †	MMSAV LAB
UR Benzodiazepine Comment: <85.00	Negative	Negative	---	MMSAV LAB
UR Cocaine Comment: <50.00	Negative	Negative	---	MMSAV LAB
UR Opiates UR Cannabinoid (THC) Comment: <5,000	Positive Negative	Negative Negative	A † ---	MMSAV LAB MMSAV LAB
UR Creatinine Random	223.91	1.20 - 346.00 mg/dL	---	MMSAV LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
16414 - MMSAV LAB	MEMORIAL HEALTH	Unknown	4700 Waters Ave	04/24/20 1405 - Present



EMS Agency Name: MTC 148 - CARE Flight - Walterboro SC - RW

Patient Name: Murdaugh, Alex

Narrative

Narrative: Location: CARE Flight (CF) dispatched via Flight Comm. at the request of Hampton County EMS (HCEMS) for a scene response. Weather check completed and flight accepted. Response is for a 53 year old male, gunshot wound to the head. Requesting paramedic is [REDACTED] Initial slight delay in response as CF was advised scene was not secure by law enforcement. Air transport requested to decrease out of hospital time and lessen the risk of morbidity, mortality or permanent disability. Air transport time of roughly 30 minutes vs. ground transport of roughly 72 minutes pending traffic. Receiving physician is [REDACTED] Closest trauma center is Memorial Health University Medical Center (MHUMC) in Savannah, GA.

Chief Complaint: Head pain secondary to a traumatic injury to the head

History: History obtained from patient and HCEMS. Patient denies any significant medical history, daily medications or allergies. Patient states he was pulled over on the side of the road due to car trouble. Another individual pulled over with him. At some point the patient turned his back on this individual, patient then states he believes he heard one loud sound that sounded like a gunshot. Patient states he temporarily lost vision and is unsure if he lost consciousness. Patient did not see the type of firearm used in the assault. Patient states he called 911 via his phone. Patient currently complains of posterior head pain and blurred vision. Patient denies respiratory issues, gastrointestinal upset or any other symptoms. HCEMS reports they possibly saw two wounds to the back of the patient's head before wrapping the wounds in gauze/bandages. HCEMS also established a 20 gauge IV in the patient's left hand, started a normal saline infusion, placed a cervical collar and transported the patient to the designated landing zone to meet with CF crew. HCEMS states they believe the round was "small caliber", unknown why this is believed.

Assessment: Patient found sitting semi-upright in the back of HCEMS medic unit, secured to the stretcher. Patient is alert and oriented times 4, GCS 15, no apparent respiratory distress, speaking in full sentences. PERRL, no blood in the airway. Patient is correctly able to identify number of fingers held 3 feet from his face with both eyes open. A cervical collar is noted in place. Bleeding appears controlled via the already placed gauze wrapping, some dried blood is noted on the patient's chest/abdomen and around the cervical collar. Equal chest rise and fall with respirations. Abdomen is soft and non tender. Patient moves all extremities on command. No other obvious trauma/injury/bleeding noted. An IV is noted in the left hand. Flushes easily.

Treatment/Transport: Extension IV tubing is applied to the established IV. Signatures obtained from patient and HCEMS paramedic. Vital signs are as noted. Monitoring applied including NIBP, SPO2 and ECG. Patient is three person sheet lifted, CF aero sled placed beneath him. Patient is lowered to the sled and secured in a semi upright position with all available belts, wrapped in thermoregulating cocoon for temperature control. Patient is hot loaded (rotors in motion) into the aircraft and secured for flight. Transport started to MHUMC in Savannah. Patient complains of head pain, administered Zofran for anticipatory nausea control and two doses of fentanyl for pain control as noted. Patient reports mild relief of pain. Patient monitored throughout transport. A second IV is established during flight in the right antecubital. Patient remained alert for entire transport with vital sign trends as noted. During transport CF crew takes down the dressing in place to better assess the wound. Unfortunately due to heavy matting of congealed blood in the patient's hair, unable to accurately assess the nature of the wound(s). Bleeding is controlled. New dressing applied with cling wrap and ABD gauze pad. Radio encode to MHUMC without questions or orders, notified of trauma alert for suspected GSW to the head. On arrival to hospital, patient is cold off loaded (rotors stationary) onto hospital gurney and taken to trauma bay A6. Handoff of care and report is given to signing emergency room RN and trauma team at bedside. Patient is sheet lifted to hospital bed. Signatures are obtained from necessary hospital staff. CF in service with call completed.

Patient Condition

Table with columns: Date/Time of Symptom Onset, Complaint Type, Complaint, Duration, Primary Symptom, Alcohol/Drug Use, Initial Patient Acuity, Final Patient Acuity, Hospital Team Activations, Time, Destination Team Activation Type.

Cardiac Arrest

Cardiac Arrest: No

Trauma

Possible Injury: Yes
Mechanism of Injury: Penetrating
Cause of Injury: Assault by unspecified firearm discharge
Trauma Center: All penetrating injuries to head, neck, torso, and extremities
Criteria: proximal to elbow or knee

Assessment Exam

Exams

Date/Time of Assessment: 14:15:00

Assessment Summary

Table with columns: Location, Description, Detailed Findings (Details). Rows include Head (Gunshot Wound), Eye (Bilateral: 3-mm PERRL), Shoulder, Chest/Lungs, Abdomen.

Unit Notified: 09/04/2021 13:46:37 CAD #: 0221073317A

Patient Name: Murdaugh, Alex

Date Printed: 09/05/2021 08:34 Call #: 0221073317A