



Methodist Hospital - University
 1265 Union Ave.
 Memphis TN 38104

Patient Name: GREEN, JERRY LEE
 Medical Record Number: [REDACTED]
 Financial Number: [REDACTED]
 Admit Date: 8/23/2016
 Discharge Date: 8/23/2016

Clin Doc- Discharge Summary

DOCUMENT NAME: Discharge Summary
 SERVICE DATE/TIME: 8/23/2016 23:30 CDT
 RESULT STATUS: Unauth
 SIGNED INFORMATION: [REDACTED] (8/28/2016 11:31 CDT)
 TRANSCRIPTION INFORMATION:

ATTENDING PHYSICIAN:
 James D. Eason, MD

SERVICE
 Transplant Surgery

ADMISSION DIAGNOSIS
 End-stage liver disease secondary to auto-immune hepatitis

DISCHARGE DIAGNOSES
 End-stage liver disease secondary to aitoimmune hepatitis
 Severe pulmonary hypertension
 Aborted live donor liver transplant

CONDITION
 Decease

PROCEDURES
 08/23/2016 Live donor liver transplantation

HISTORY OF PRESENT ILLNESS
 Mr. Green is a 46-year-old gentleman with end-stage liver disease secondary to auto-immune hepatitis who presented on 8/23/2016 for elective live donor liver transplantation. The donor is his twin brother. His ESLD had been complicated by ascites and encephalopathy. In spite of those life-threatening complications his MELD score had been rather low. Therefore he had been fully evaluated for live donor liver transplant in our facility and approved for the procedure. He was consented to proceed with the surgery understanding all the benefits, risks and alternatives.

HOSPITAL COURSE
 The patient was sent back to operating room after the donor surgery proceeded enough. After the endotracheal anesthesia was successfully induced and a Cordis central line was placed in the right internal jugular vein, a Swan Ganz catheter was inserted. His systolic pulmonary arterial pressure was then measured as more than 80mmHg. It was thought to be very difficult to proceed with the liver transplant with that pulmonary hypertension. Dr. Eason had extensive discussion with his family, where they strongly hoped to undergo the surgery with any possible measures. Flolan drip was then started and his pulmonary hypertension was eventually well controlled with pulmonary arterial pressure less than 50mmHg. The surgery was then started. It went well without any complication until the crossclamp. While the allograft liver was sewed in to the vena cava, the patient began having hypotension and soon progressed to PEA. Vasopressors and chest compressions were initiated. In spite of all possible measures, the patient stayed PEA and became asystole. The patient was declared death at 23:35 on 8/28/2016.





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(E-signed on 08.28.16 at 11:31)

[REDACTED] Fellow

Eason, James D, MD

D: 08.28.16 11:20