

MLA 261 98

THE HOSPITAL FOR SICK CHILDREN FINAL CLINICAL DEATH NOTE

1631889 5A
SHORE, LISA
1998-10-21
1987-11-20 F 98008751
WRIGHT, JAMES MD

This form must be completed by the physician certifying death. This completed form is required on all deaths and must be attached to the patient's chart immediately after death, for use by the Pathology Department and the Coroner.

Responsible Physician: DR. JAMES WRIGHT

Date death certified: OCTOBER 22, 1998 Time: 0752 hrs. Ward (of admission) 5A Ward (at time of death) 5A

Clinical Summary and diagnoses: (Include points that should be considered at autopsy. Be concise, use reverse side if necessary) If Trauma include Date, Time and place of accident.

11yo ♀ WITH HISTORY OF REFLEX SYMPATHETIC DYSTROPHY RIGHT LEG DUE TO PREVIOUS RIGHT TIBIAL FRACTURE. PREVIOUSLY TREATED WITH AMITRIPTILINE, GABAPENTIN, CARBAMAZEPINE AND HAD EPIDURALS, AND PCA MORPHINE. ADMITTED TO ORTHOPAEDIC BED UNDER DR WRIGHT FOR PAIN MANAGEMENT. ANAESTHESIA PAIN SERVICE CONTROLLING PATIENT - CONTROLLED ANALGESIA VS. OTHER ANALGESICS.

Describe the patient's Terminal Course:

Include date time and place of any operations, and note any amputations or foreign bodies removed or recovered.
FOUND BY ORTHOPAEDIC SERVICE ON ROUNDS 0720 ON 10/22/98 TO BE COOL, PALE, FIXED AND DILATED PUPILS. CODE BLUE CALLED IMMEDIATELY, AND CODE TEAM ARRIVED TO AID IN RESUSCITATION

Medication(s) in use at time of death:

MORPHINE
ACETAMINOPHEN ← (noted in error)
2/3 - 1/3 IV

In my opinion the immediate Cause of death is: RESPIRATORY ARREST

Physicians to be notified (who may wish to attend autopsy) _____

Is there any reason to consider this a Coroner's case?

No Yes If yes, why? <24 HRS FROM ADMISSION>

Was Coroner's office notified (965-6006)?

No Yes By whom? DR WRIGHT

Date Notified: 02/22/98 Time: 0820

Coroner's Name: (if available) _____

Is patient a suitable Organ Donor?

No Yes

If unsuitable state why:

Medical
Medico-legal
Other

Please note that for donation of tissues (bone, skin, eyes and heart valves), heart beating cadavers are not mandatory. Other organ donations require brain dead donors with relatively stable vital signs. Check with the MORE program for further details.

State reason: PROLONGED RESUSCITATION TIME

Has Consent for organ donation been Requested?

No Yes

If not, please state reasons:

PROLONGED RESUSCITATION TIME

Identity of Relative refusing or granting consent: _____

If consent refused, were any reasons given?

Outcome of request:

Consent all organs
Consent with restrictions
Consent refused

Organ retrieval co-ordinators ('MORE' 595-3587)

notified at _____ hrs.

DR. JOEL WORO
NAME (PLEASE PRINT)

[Signature]
Signature

OCTOBER 22/98 0845 813-1500
Date Time Phone Number

OPTICAL DISK