

CHILDRENS' HOSPITAL OF PITTSBURGH

PERMISSION: I CONSENT TO SUCH DIAGNOSTIC PROCEDURES, AND HOSPITAL CARE AND TO SUCH TREATMENT AS THE STAFF OF CHILDRENS' HOSPITAL OF PITTSBURGH MAY CONSIDER NECESSARY OR ADVISABLE.

23 07 70
SONNERS, BRUCE ROBERT
88 3 4 72
RAXDALL, BARBARA

Barbara Raxdall
SIGNATURE

Mother
RELATIONSHIP

NOTE: 1. IN THE EVENT THAT THE PARENT OR GUARDIAN REFUSES TO SIGN THIS FORM, THIS FACT SHOULD BE NOTED.

2. FOR SPECIAL PROCEDURES (LUMBAR PUNCTURES, TRANSFUSIONS, REDUCTIONS, PLASTIC REPAIRS, ETC.) FORM 25(BAS/71) MUST BE SIGNED AFTER THE ATTENDING PHYSICIAN HAS EXPLAINED THE PROCEDURE TO THE PARENT.

311 6516
MED EMERG 18 3 72 I 607M 100
DPA 82 2 400 380C

INFORMATION TO INCLUDE: HISTORY - PHYSICAL - LAB & X-RAY - DIAGNOSIS - TREATMENT - DISPOSITION (IF ACCIDENT, STATE HOW, WHEN & WHERE)

1 month old baby
Rash
2 weeks ago noted rash on cheeks, chin.
Had diaper rash, Rx'd a baby's body wash +
sterilizer now gone.
PE WD WN no distub
HEENT ears clear TM's normal font soft &
flat. eyes nose & throat clear
Neck supple
Chest clear CVR normal
Abd soft no masses or LLS culture BS
Skin papular red rash on cheeks
Drip Milk
Dis Home
Call if problems

EMERGENCY ROOM

Jon Sheen MD
PHYSICIAN'S SIGNATURE

ORIGINAL

DEFENDANT'S
EXHIBIT

332

CHILDREN'S HOSPITAL OF PITTSBURGH

EMERGENCY ROOM

12-07-72

POWERS, ROBERT

1-4-72

RANDALL - BARBARA

DATE TIME

+378

BREATHING/PULSE/CONS. 12-8-72 3:30 PM

INFORMATION TO INCLUDE: HISTORY - PHYSICAL - LAB & X-RAY - DIAGNOSIS - TREATMENT - DISPOSITION
(IF ACCIDENT, STATE HOW, WHEN & WHERE)

Heavy breathing x 1/2 wk & low grade temp
(99-100) or v vomiting x 2-3 days
P.E.

HEENT: N/T clear, TM's clear

Neck: supple

Chest: RR 60/min. Clear

Heart: NSR, ICL 3cm hi LSB

Abdom: soft, no organomegaly

Imp: DURI

Plan: Chest x-ray - ul

Tylenol for temp

Loeb
PHYSICIAN'S SIGNATURE

16
17

CHILDREN'S HOSPITAL OF PITTSBURGH

OUT - PATIENT DEPARTMENT

BOWERS, ROBERT
9-4-72
BARBARA JENKINS

23-07-08
DPA 400 380 C

281-5990
EVE CLINIC 9-4-73 7.05PM -VH W

DATE _____

9-4-73 EVENING CLINIC

Ht. _____ cm Wt. 9.4 kg

Temperature 39.3 C

At 10 w-m c w fever since this afternoon - temp to 38.8
 No ASA given. Had Dividien ^{today}
 Sat Sun & Mon - no vomiting
 No ear pulling. No sign of cold.
 Intractable - sleeping increased
 Appetite fair - takes liquids
 PMS - no obvious signs of operation
 bronchitis @ 2 mo
 up to date on immun WBC @ C&P
 (Allergies to skim milk & powdered milk)
 Driven had pen.
 As here to mother
 No other info
 Mother good health
 MGGM - (Diabetes - caused) (asthma)
 son & daughter OK

P.E - Wt, WNL white male 1 yr 0
 Eyes - conjunctiva injected
 Ears - WNL
 Throat - WNL

CHILDREN'S HOSPITAL OF PITTSBURGH

OUT - PATIENT DEPARTMENT

DATE

Diaphragm - benign

Neck - supple

Chest - clear

Abdomen - sl. distention bowel sounds
hyperactive, femoral pulses equally

Assess - viral illness

Plan 1. Clear liquids for 48 hrs.

2. 1 BASA q 4 hrs. or 1/2 tab Tylenol q 4 hrs.

M. J. McDermott

(OVER)

Form 231-A

Signature

Resident

CHILDRENS' HOSPITAL OF PITTSBURGH

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Barbara Jenkins Mother
SIGNATURE RELATIONSHIP

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NO. AND
BOWERS, ROBERT 23-07-08
9-2-73
BARBARA JENKINS / MOTHER

363-7150
ER 1 27-74 12 30 PM AM
OPA 02 600380 C 02
MAY HAVE TAKEN MOTHER'S IRON PILLS

wt = 10.2 kg

INFORMATION TO INCLUDE: - HISTORY - PHYSICAL - LAB & X-RAY - DIAGNOSIS - TREATMENT - DISPOSITION. (IF ACCIDENT, STATE HOW, WHEN & WHERE)

Took 2 tabs of Isoniazid 600 mg tablets
Vomit right after some pill like
metolol - at ~11:00 AM
At 1:00 Epin vomit again →
some pill like metolol
Dose = 127 pills well in room for
Norge
Diagn: Have to fluid with
Call PA

9640

Kant

EMERGENCY ROOM

PHYSICIAN'S SIGNATURE

ORIGINAL

CHILDREN'S HOSPITAL OF PITTSBURGH

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Barbara Jenkins Mother
SIGNATURE RELATIONSHIP

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RR CLOSED 9-3-72
LIME DONORS, ROBERT
9-2-72
BARBARA JENKINS /MTR

DPA 02 400380C
2 26 74 12:25AM PCW- INGESTION
LAUNDRY DETERGENT-BLUE TRIPLEX

36.9

INFORMATION TO INCLUDE: HISTORY - PHYSICAL - LAB & X-RAY - DIAGNOSIS - TREATMENT - DISPOSITION (IF ACCIDENT, STATE HOW, WHEN & WHERE)

17 months
cc: Blue Triplex
pt: high alkaline soap ingested
P ~ 10 PM. Was in a pile on the
counter. Pt ingested unknown
amount. No vomiting. Handing mouth
shortly after incident. Drank milk after.
PE: RR 16 P 90. Bruise (Drape
PE per Rom + m.c) skin intact
Dyspnea noted. Mucosa buccal gingival
okay. Throat hyperemic best seen
Rd 5 US on. Skin macula rash
over thumb.

Imp: Vinal expansion of ingestion of lye soap
Plan: Discharge Home to return
as needed difficulty swallowing
EWT
Patient with intake of unknown alkali
Tonight Mother is not quite sure of ingestion.
But not having problems swallowing saliva
17E

Small erythema of oral pharynx.
Imp no ulceration of mucosa. from drug Alkaline
Plan: Discharge Home to return
as needed difficulty swallowing
Coutalib
EMERGENCY ROOM PHYSICIAN'S SIGNATURE

ORIGINAL

24
M/T

CHILDREN'S HOSPITAL OF PITTSBURGH

OUT - PATIENT DEPARTMENT

BOWERS, ROBERT

23 07 08

9-8-72

BARBARA JENKINS/MOTHER

DPA 400380C

EV. CLINIC 3-1-74 7:55 P.M. AMW

DATE	EVENTING CLINIC
	Hi- 101 cm Wt 10.8 kg
	Temperature 38.2
	<p>17 mo w m cough and rhinorrhea x 4 days Not vomiting everything - keeps eating No temp spikes congested & noisy. No ear pulling No wheezing. No general PPH activity Past hx bronchitis No hx of otitis No known allergies up to date on immun - WBC No other info</p>
	<p>M. Francisco R.N. child had Ux2 today - no diarrhea PE - sup. UNL UNR about en AD HEENT: @ TM red, bulging & mobility nose boggy, erythematous throat clear neck: supple chest: clear</p>

CHILDREN'S HOSPITAL OF PITTSBURGH

OUT - PATIENT DEPARTMENT

DATE

COI. RR. 10 M

abd. soft. no masses or organomegaly

Imp: Viral syndrome

Plan: ~~Acyclovir~~ Acyclovir 200 mg q 4h tid

Tylenol 1 tsp q 4h prn fever
clear liquid

Acyclovir 1 tsp p.o. tid

RTC 3 weeks - ear check

R. Lunday

3/22/74 Medical Clinic

(Mackin)

3/27/74 Medical Clinic at 11.00g

Wen 3/17/74 RT bilateral otitis p.o. c.

Acyclovir + Acyclovir Has had good response

return of appetite, normal temp, improved disposition

O - TMs sl reddened. Both quite retracted

conjunctivae: distended / ↓ activity

A - bilateral serous otitis

P - continues acyclovir 1 tsp po tid for
one month RTC 1 month

CHILDREN'S HOSPITAL OF PITTSBURGH

OUT - PATIENT DEPARTMENT

23-07-08

Genere, Robert

DATE 4-24-74 MED. CLINIC

T P R
HT 82cm WT 10.8kg BP

Ear check

2 yr old WM E hx of otitis early. Has been on desferrioxamine (Actifed) for 2 mo. No fever. Occ. ear pulling.

PE Bilateral retracted TM's & air fluid level on R ↓ ↓ visibility

Imp. bilateral serous otitis

Plan: ① refer to ENT ? need of tubes

② to see me 7 months

McL...

5/3/74 ENT

PT REFERRED BECAUSE OF OTITIS MEDIA + SEROUS OTITIS. NOW BEING RX'ED AMPICILLIN + ACTIFED. HX OF RECURRENT OTITIS MEDIA. 2YR OLD + CANNOT TALK.

FAM. HX: WNL

DISP: (1) FINISH CURRENT RX

(2) AUDIOM ON RETN

(3) RTC 2WEEKS

G. Jiles

CHILDREN'S HOSPITAL OF PITTSBURGH

OUT-PATIENT DEPARTMENT

DATE 3/10/74 ENT

AUDILOGRAM NOTED

EAR EXAM TODAY NORMAL

DISP. ① APPT IN SPEECH CLINIC

② RETURN TO PFD CLINIC → DO

NOT FEEL RETUBES INDICATED AT THIS

TIME FOR O.M. [ONLY 3 ATYPICALS IN
LAST 9 WEEKS & NO PRIOR HX]

③ RTC IF O.M. CONTINUES →

WILL CONSIDER BMT FOR THIS

G. Scher

CHILDRENS HOSPITAL OF PITTSBURGH
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AND HOSPITAL CARE AND TO SUCH TREATMENT AS THE STAFF
OF CHILDRENS HOSPITAL OF PITTSBURGH MAY CONSIDER
NECESSARY OR ADVISABLE.

Parent's Signature: Mother RELATIONSHIP

NOTE: 1. IN THE EVENT THAT THE PARENT OR GUARDIAN
MUST SIGN THIS FORM, THIS FACT SHOULD
BE NOTED.
2. FOR SPECIAL PROCEDURES (LUMBAR PUNCTURE,
TRACHEOSTOMY, REDUCTIONS, PLASTIC REPAIRS,
ETC.) FORM 250A-5/71 MUST BE SIGNED AFTER THE
ATTENDING PHYSICIAN HAS EXPLAINED THE PRO-
CEDURE TO THE PARENT.

INFORMATION TO INCLUDE: HISTORY - PHYSICAL - LAB & X-RAY - DIAGNOSIS - TREATMENT - DISPOSITION
(IF ACCIDENT, STATE HOW, WHEN & WHERE)

ce Possible mumps in 19 mos or
not checked puffed since last night. No fever. No
vomiting, runny nose today. No diarrhea.
No appetite.
No allergies. Had ear infection 6 1/2 wks
ago. fluid not clearly absct in ENT
on Thurs. this wd. On Acyclovir 1 tip bid
no other med. probs. Had most of
baby shots.

PE: W/D/W/D playful -> un-co-operative w/h or
facial swelling inapparent to me. Parotids ok
HEENT: (R) TM fluid, landmarks + mobility
(L) TM fl. fluid, landmarks OK, but
retroacted

Throat - no redness around Stearn's duct
Throat clear tonsils 2+
neck clear supple and soft non-tender
chest clear

A: (R) Otitis media (O) serous otitis

P: Amox 250 mg bid } good Return ENT
Aspirin (top tid)

E Kamel

PHYSICIAN'S SIGNATURE

EMERGENCY ROOM

ORIGINAL

DATE: January 23 19 08

TIME: 9:27 AM

LOCATION: ENT

PHYSICIAN: E. Kamel

RECEPTIONIST: [redacted]

CLERK: [redacted]

TELEPHONE: [redacted]

TELETYPE: [redacted]

FAX: [redacted]

MAIL: [redacted]

TELEFAX: [redacted]

TELEVISION: [redacted]

INTERNET: [redacted]

OTHER: [redacted]

REMARKS: [redacted]

INITIALS: [redacted]

DATE: [redacted]

TIME: [redacted]

LOCATION: [redacted]

PHYSICIAN: [redacted]

RECEPTIONIST: [redacted]

CLERK: [redacted]

TELEPHONE: [redacted]

TELETYPE: [redacted]

FAX: [redacted]

MAIL: [redacted]

TELEFAX: [redacted]

TELEVISION: [redacted]

INTERNET: [redacted]

OTHER: [redacted]

REMARKS: [redacted]

INITIALS: [redacted]

DATE: [redacted]

TIME: [redacted]

LOCATION: [redacted]

PHYSICIAN: [redacted]

RECEPTIONIST: [redacted]

CLERK: [redacted]

TELEPHONE: [redacted]

TELETYPE: [redacted]

FAX: [redacted]

MAIL: [redacted]

TELEFAX: [redacted]

TELEVISION: [redacted]

INTERNET: [redacted]

OTHER: [redacted]

REMARKS: [redacted]

INITIALS: [redacted]

DATE: [redacted]

TIME: [redacted]

LOCATION: [redacted]

PHYSICIAN: [redacted]

RECEPTIONIST: [redacted]

CLERK: [redacted]

TELEPHONE: [redacted]

TELETYPE: [redacted]

FAX: [redacted]

MAIL: [redacted]

TELEFAX: [redacted]

TELEVISION: [redacted]

INTERNET: [redacted]

OTHER: [redacted]

REMARKS: [redacted]

INITIALS: [redacted]

DATE: [redacted]

TIME: [redacted]

LOCATION: [redacted]

ENT
CHILDREN'S HOSPITAL OF PITTSBURGH
AUDIOLOGY

UNIT # 23-07-08

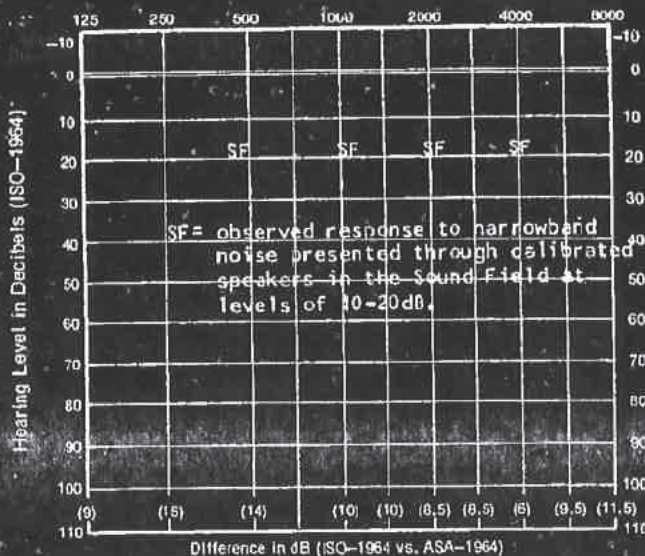
PATIENT: Bowers, Robert

BIRTHDATE: 9/4/72 AGE: 20 months

DATE OF EXAMINATION: May 16, 1974

PURE TONE AUDIOGRAM

TEST CONDITIONS



Test Chamber: Quiet _____ Mod. Quiet
 Test Reliability: Good _____ Fair Poor _____

Weber: _____

10 _____
 20 _____
 30 _____
 40 _____
 50 _____
 60 _____
 70 _____
 80 _____
 90 _____
 100 _____
 110 _____

AIR: Right Left Right, Left Masked Left, Right Masked NO RESPONSE
 BONE: Right Left Right, Left Masked Left, Right Masked
 AVERAGE HEARING LEVEL (500-2000 cycles)
 Air Conduction: Right _____ dB Left _____ dB

Frequency in Cycles/Second
TESTS FOR HEARING OF SPEECH

	Recorded				Live Voice			
	Monaural		Binaural		Monaural		Binaural	
	Right	Left	Phones	Speaker	Right	Left	Phones	Speaker
HEARING LEVEL FOR SPEECH	Spondees Was unable (or would not) perform for an object identification task and speech reception thresholds could not be obtained.							
DISCRIMINATION SCORE	VOICE AWARENESS							20dB

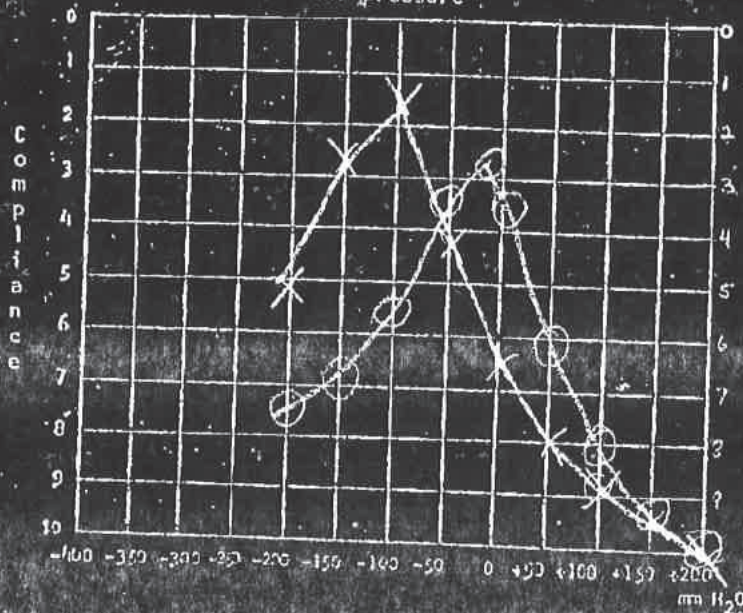
Robert was seen for audiologic evaluation as part of a complete otologic examination in the ENT Clinic of CHP. There is a history of recurrent middle ear infection over the past 2 months. Ms. Bowers is concerned because Robert is not talking and his comprehension of spoken language is inconsistent. During the present session Robert produced no intelligible speech - his vocalizations consisted of high pitched squeals with no jargon or babbling sounds heard. He identified a few common objects when they were named by the examiner, but his performance of this task was not consistent and could not be used to obtain SRT measures. He did demonstrate awareness of voice and of narrow-bands of noise centered at each of the test frequencies 500-4000Hz, presented through calibrated speakers in the sound field at levels of 10-20dB suggestive of normal hearing. Tympanometric tests show normal middle ear function for the right ear with slight negative middle ear air-pressure for the left ear. In view of these findings, we feel that hearing loss can be ruled out as a primary contributing factor in Robert's apparent delay in developing verbal communication skills. We feel that referral to the Early Evaluation Program in the Speech Clinic of this hospital would be appropriate for Robert at this time. Gprost, clinical audiologist

CHILDREN'S HOSPITAL OF PITTSBURGH
AUDIOLOGY

UNIT # 23-02-08
 PATIENT: Bowers, Robert
 BIRTHDATE: 9/4/52

DATE OF EXAMINATION: May 16, 1974

TYMpanoGRAM
 Air-pressure



STATIC COMPLIANCE

RE	LE
-2.0	
-1.0	
-0.5	
-0.4	
-2	
-1	

COMPLIANCE IN CC

RIGHT
 $Z_1 (+200) =$
 $Z_2 (HEAP) =$
 $Z_t =$

LEFT
 $Z_1 (+200) =$
 $Z_2 (HEAP) =$
 $Z_t =$

STAPEDIUS REFLEX (HTL)

	500Hz	1KHz	2KHz	4KHz
STIMULATE RE				
STIMULATE LE				

COMMENTS:

(R) Normal middle ear function
 (L) Slight negative middle ear
 air pressure, good TM mobility
 at -100 mm H₂O air pressure in
 external canal Gp

CHILDREN'S HOSPITAL OF PITTSBURGH

OUT - PATIENT DEPARTMENT

23-07-05

Spencer Robert

DATE DATE 5-21-74 MED CLIN
 T P R
 HT 83.5 WT 10.14 BP

CC 20 mo old WM brought in for baby slate
 + ear check

HPI Born Pgh Hosp BW 7 lb 7 oz prod of
 41 wk gestation to G₁P₀ 23 y.o O₅ WF
 Preg l + h 3 complications No recalled period
 memorable Lat @ 5-6 mo Walked @ 8
 mo Speech has been delayed Present vocab
 includes ma-ma, da-da, lully A & one
 point had better vocabulary but 2 mo ago
 seemed to fall off. Mother was in hosp @ that
 time for "ureth" that may have affected him
 Appt has been made for speech clinic in near
 future. Recently seen in ENT for
 eval of tubes but exam was
 felt to be normal. Yesterday began to pull
 at R ear. No fever but coming down
 w/ cold

Social Mother + father divorced Aug 73. Pt now
 has no contact with other children but occ
 visits E mother's friends

CHILDREN'S HOSPITAL OF PITTSBURGH

OUTPATIENT DEPARTMENT

DATE

PE. WED WM NOT in vocative distress
 HEENT: neck supple - small posterior sub
 cervical nodes. PEFT. TM's re 1 prominent
 but fair mobility. Throat 5 - yellow
 clear to auscultation. |
 Heart reg rhythm. S. ED enlarged
 Acl. soft, no heaves, no palp. L. in ques
 as other masses.
 Lungs clear. Circumfered or better ↓ ↓
 No axils. DTRs 3+ = bilaterally

Prob. #1 WCC

A. Ear problem now resolved + will supply
 seen am so. to having some speech problem
 + will be seen by speech therapist
 P. mother to make app. to see me after
 therapist or in 6 months
 DPT + OPV (2 months) given. McLean

CHILDRENS HOSPITAL OF PITTSBURGH

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Barbara J. ...
SIGNATURE

RELATIONSHIP

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INFORMATION TO INCLUDE: HISTORY - PHYSICAL - LAB & X-RAY - DIAGNOSIS - TREATMENT - DISPOSITION (IF ACCIDENT, STATE HOW, WHEN & WHERE)

1 1/2 y.o. w/ 2 days of constipation
Sleepy today. Fever 2 days.

P.E. sun - (B) - markedly enlarged
throat - (B) - clear

Heart - not
lungs - clear
Abdome, absent abd. mass
humps - clear
Eyes - clear
Abdome - soft

Imp. D. orbitis media
Acute pharyngitis

Adm. Ampicillin 250 mg qid
Dextrofect 2-15 pm - 1st dose only

Dextrolect 1-15 pm 3-4 pm fever

[Signature]
PHYSICIAN'S SIGNATURE

EMERGENCY ROOM

ORIGINAL

25 07 08

ADMISSION NUMBER

3 2 72

BARBARA J. ...

342 3110

DR. 3 23 78

DR. 01 400 300 0

PHYSICIAN

7-39

CHILDREN'S HOSPITAL OF PITTSBURGH
125 DEBOTO STREET
PITTSBURGH, PA. 15213

February 6, 1975

Barton McCann, M.D.
Out-Patient Department
Children's Hospital

RE: Bowers, Robert
Unit No: 23-07-08
Born: 9/4/72

Dear Dr. McCann:

Thank you for referring Robert Bowers to the ENT Service. He was seen in the Out-Patient Department on 2/6/75 because of recurrent bouts of otitis media. He has a negative allergy history.

Examination of the ears revealed a retracted tympanic membrane on the right with no effusion. The left revealed an air fluid level. The nasal mucous membranes appeared within normal limits, as did the mouth. There were bilateral shotty cervical nodes palpable in the neck.

It is our impression that this patient has had recurrent otitis media, and I have recommended a bilateral myringotomy and insertion of tympanostomy tubes. This will be done next week. We will notify you of the results.

Once again, thank you for referring this patient to us.

Sincerely yours,



Charles D. Bluestone, M.D.
Professor and Director
Department of Otolaryngology

CDE/jg

CHILDREN'S HOSPITAL OF PITTSBURGH

I consent to such diagnostic procedures and Hospital care and to such treatment as the staff of Children's Hospital of Pittsburgh may consider necessary or advisable.

FULL SIGNATURE RELATIONSHIP

Barbara Anselmi / Mother

- In the event that the Parent or Guardian refuses to sign this form, check here and explain in detail below.
- For Special Procedures (lumbar punctures, transfusions, reductions, etc.) Form 258A on reverse side must be signed after attending physician has explained the procedure(s) to the Parent.

BOWERS, ROBERT 23 07 08
7 4 78
ROOM BARBARA SAITER

DPA 02 0400380 C 2 LINE 02
 ALHM 4 5 78 13 40 MP
 WAS IN 7 40 AM - TEMP -
DIFICIL BREATHING

12 HR. RETURN VISIT

IF AN ACCIDENT, INCLUDE IN HISTORY HOW, WHEN, AND WHERE

HISTORY

5 1/2 yrs. old w/m here this AM. Well until 3/22 when had fever to 3/24. 3/25 - 3/28 had rash. Seen here 3/31 @ 50M + pharyngitis, w/ c Dinityp. Was OK until last night when developed temp of 104 + @ ampain. Seen this AM in E.R., diag of viral syndrome - mono spot (+), SGOT, ESR also drawn. Today her cont. to have fever ⁽¹⁰⁵⁾, has begun to hallucinate - "the walls are doing my eyes", speaking to people not present. 5 x/v, dizziness, remains obt. rash, abd. off. ^{pat. exam}, eat, exord.

VITAL SIGNS Temp **40.5** Pulse Resp. B.P. Weight

AREA	NORM	AB-NORM
HEAD	✓	
EYES	✓	
EARS	✓	
NOSE	✓	
THROAT	✓	
NECK	✓	
LUNGS	✓	
HEART	✓	
ABDOMEN	✓	
RECTAL		
EXTREMITY	✓	
NEUROLOGIC	✓	
SKIN		

EXPLANATION OF ABNORMAL FINDINGS
 Alert, concerned, articulate, pleasant w/d w/d w/m
 @ TM - sclerotic border c red, beefy area.
 Respir - 5 ans meningitic signs
 St. tremulous, complaining walls "during one essay" otherwise stable.

STUDIES/TESTS	REQ	RESULTS	STUDIES/TESTS/REQ	RESULTS
X-RAY			Chemistries	
CBC & DIFF.			BLOOD GASES	
UA			Others:	
TC				

TREATMENT
 D/c Dinityp
 Ampicillin 250mg po qid x 7 days
 Tylenol/Aspirin for fever

MEDICATIONS
 Baby ASA 1/2 11 30

Consultant(s) *Dr. Malatich*
 Disposition *Home - to call if not improved 1-2 days or cont. to hallucinate*
 Follow-Up *Dr. Skelton*
 Written Instruction Given to Parent
 Nurse's Signature *Dr. Floyd RN*
 Impression/Assessment *① @ acute otitis media
 ② Hallucinations ? w/ Dinityp withdrawal
 fever*
 Signature *J. Malatich*

CHILDREN'S HOSPITAL OF PITTSBURGH

121 DeSoto Street, Pittsburgh, Pa. 15213

EMERGENCY ROOM FRONT SHEET

FORM 671 (Rev. 7-77) CD-100/1114 NO. 6407