

<u>Date / Page</u>	<u>Comment</u>
2/19/1988 5 (Update #2)	<p>OFFICE NOTE: J Creek MD TELEPHONE CONTACT: Patient tested positive for hepatitis A. Notified family of their need for Gamma-globulin injections (immune booster) .</p>
2/23/1988 6	<p>OFFICE NOTE: J Creek MD PHYSICIAN: James Creek, MD. HISTORY: Feeling better, less fatigued, nausea decreased.</p> <p>EXAM: Abdomen soft, mild tenderness over left upper abdomen, bowel sounds active.</p> <p>ASSESSMENT: Acute hepatitis A.</p> <p>PLAN: Prescribed Fioricet (mild pain medication); return in 3 weeks for hepatitis profile and HIV test..</p>
3/14/1988 7	<p>OFFICE NOTE: J Creek MD PHYSICIAN: J. Creek, MD. HISTORY: Feels much better; no jaundice, no nausea.</p> <p>EXAM: Abdomen exam is normal.</p> <p>ASSESSMENT: Acute hepatitis A.</p> <p>PLAN: Follow up in 3 weeks.</p>
6/12/1989 10 to 12 (Update #1)	<p>EMERGENCY ROOM RECORDS: Local Hospital of Texas PHYSICIAN NOTES: Complains of headache onset at work last night; weakness.</p> <p>EXAM: Right side weakness, moderate to severe headache, oriented times 3. CT report shows subarachnoid hemorrhage (bleeding within the skull, causing pressure to be exerted on the brain);</p> <p>IMPRESSION: Subarachnoid hemorrhage.</p> <p>PLAN: Transfer to University Medical Branch via Life Flight Helicopter.</p>
6/12/1989 10 (Update #1)	<p>EMERGENCY ROOM RECORDS: University Medical Branch PHYSICIAN NOTES: Onset last night at work with headache and weakness. He was transferred from an outside facility after an MRI showed a subarachnoid hemorrhage. History of hypertension and diabetes.</p> <p>EXAM: Alert and oriented, right side weakness, speech mildly slurred.</p> <p>IMPRESSION: Subarachnoid hemorrhage.</p> <p>PLAN: Admit to neurosurgery, neuro monitoring, blood pressure control, continue any home medications.</p>
6/16/1989 17 to 19 (Update #1)	<p>OPERATIVE REPORT: University Medical Branch OPERATIVE REPORT: Calvin Perez, MD. PROCEDURE: Left craniotomy (incision into the skull) and exploration for aneurysm.</p> <p>PREOPERATIVE DIAGNOSIS: Left internal carotid aneurysm.</p> <p>POSTOPERATIVE DIAGNOSIS:</p>

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	Subarachnoid hemorrhage, <u>NO ANEURYSM FOUND</u> .
6/20/1989 15	OPERATIVE REPORT: University Medical Branch SURGEON: Mitchell Greenfield, MD. PRE AND POSTOPERATIVE DIAGNOSIS: (Update #1) Brain death, cadaver organ donation.
	OPERATION: Removal of heart, liver, pancreas, both kidneys, spleen, and lymph nodes for transplantation.
6/20/1989 9	DEATH CERTIFICATE: University Medical Branch CAUSE OF DEATH: Increased intracranial pressure from subarachnoid hemorrhage.
	(Update #1)

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