M E M O R A N D U M

To: Ms. A. Real Attorney

From: Clyde A. Drake, Jr., BSN, RN, CEN

Date: 08/29/94 (Updated 8/29/94)

Subject: Mr. Joe Public

Joe Public is a 32 year old male that died from increased intracranial pressure secondary to an **acute subarachnoid hemorrhage** on June 19, 1989.

His available medical history is quite short. In February of 1988 he was seen by Dr. J. Creek in Seguin, Texas for **hepatitis A** (usually transmitted orally, this is a short term, less damaging form of the disease).

On a follow up visit 2/23/88, Dr. Creek noted Mr. Public was feeling better, was less fatigued, and his nausea had decreased. He was prescribed Fioricet for mild pain and was told to return in 3 weeks for a hepatitis profile and an HIV test. On his final visit with Dr. Creek 3/14/88 it appeared his hepatitis A had resolved.

On 6/12/89, Mr. Public was seen in the emergency room of Local Hospital of Texas with a headache onset while at work. On exam, he had right sided weakness, a moderate to severe headache, and was oriented times 3. A CT scan revealed a **subarachnoid hemorrhage** (bleeding within the skull, causing pressure to be exerted on the brain). He was then flown to University Medical Branch, San Antonio Texas by Life Flight Helicopter.

In the ER at University Medical, it was noted Mr. Public had a history of hypertension and diabetes. He was admitted to the services of neurosurgery. A cerebral angiogram the following day revealed a small persistent irregularity of the left anterior cerebral artery felt to most likely represent a small aneurysm. Physician progress notes on 6/13/89 reported he was much improved and monitoring would continue. A lumbar puncture the same date showed blood in the spinal fluid from the cerebral hemorrhage.

On 6/16/89, Mr. Public underwent a left craniotomy and exploration that revealed a subarachnoid hemorrhage but no aneurysm.

A CT scan the following day showed post operative craniotomy changes, diffuse cerebral edema (swelling), and a subarachnoid hemorrhage.

On 6/19/89, a repeat arteriogram showed no intracranial blood flow consistent with brain death. Post-mortem, his body was kept alive until 6/20/89, when he was taken to surgery and his liver, heart pancreas, both kidneys, spleen, and lymph nodes were harvested for transplantation. His death certificate 6/20/89 gave his cause of death as Increased intracranial pressure from a subarachnoid hemorrhage.

If we can be of further assistance, please let us know. We will continue to update you as further records are received.