

MEDICAL TIMELINE
ALEX QUEVEDO DOB: 06/28/2003

Jun. 28, 2003

Place of birth: Rush – Copley Medical Center (2000 Ogden Av, Aurora, IL 60504) Alex is delivered at 32 weeks by C-section, because of breech presentation. Birth weight 6 lbs 3 ounces, birth length 19 inches, gestational age at term.. There were no complications prenatal, during delivery, or postpartum.

Alex spent 3 days in special care nursery.

Aug. 1, 2003

Provena Mercy Center, Physician Sanches – Vargas M.D. Gustavo R: 5 week old baby boy was admitted to the pediatric unit through the emergency room because of febrile illness, UTI (urinary tract infection, meningitis, sepsis, hypokalemia, anemia, and leukocytosis. According to the parents, two days prior to admission the baby was febrile. Temperature was 102. The baby was given Tylenol and the temperature came down. They also noted, that the baby was not taking formula he used to. A day prior to admission, the baby again had a fever of 100.6 and again Tylenol was given. Parents called physician's office and were advised to bring the baby to the emergency room for a full workup to rule out sepsis.

Blood cultures, urine cultures, and lumbar puncture was done. The baby was admitted to the hospital for further management.

“The baby was given oxygen and saturation was 100%. The baby was alert and very active, crying during the examination, but he was consolable.

Provena Mercy Center, Emergency Department Patient Record: “Per father, the baby was vomiting for 2 days, had wet diapers.”.

Admitting diagnoses:

1. Febrile illness
2. Urinary tract infection
3. Meningitis
4. Sepsis
5. Hyperkalemia
6. He was also noted to have an anemia.

The baby was admitted for further management.

Aug 16, 2003

Parents were given instructions and discharged from the hospital. The baby will continue with amoxicillin 20 mg per kg per day p.o. as prophylaxis until the nephrologist makes a decision to change this antibiotic.

Provena Mercy Center Final diagnoses:

1. Urinary tract infection with bacterial meningitis
2. Septicemia
3. Hyperkalemia
4. Leucocytosis
5. Diaper dermatitis (developed during the hospitalization)

Physician's discharge summary: "also we noticed some anemia, but he was not given any additional medication. During the admission, he was not having any significant fever, and the baby was tolerating feedings. X –ray of the lungs was clear and there were no infiltrates noted. Once he completed treatment for 14 days, the baby was discharged."

Sep. 11, 2003

Advocate Medical Group, Richard Kaplan, MD (Alex Quevedo was referred to Pediatric Nephrology Clinic at Lutheran General Children's Hospital regarding hydronephrosis and urinary tract infection.

Assessment: Alex does not have a urinary tract infection at this time. (MRN :00598122)

Sep. 29, 2003

Provena Mercy Center, Diagnostic imaging services, Physician Sanches – Vargas M.D. Gustavo (REPORT #0930-0072)

Reason for visit – head injury. Alex is 3 months and 2 days. Radiographs of a skull were submitted. "I see no evidence of a skull fracture". "There is no gross bony abnormality". IMPRESSION: No skull fracture.

Nov. 16, 2003

Provena Mercy Center, Report of History and physical examination, Physician Sanches-Vargas, Gustavo. "The patient was admitted to the pediatric unit through the emergency room because a viral illness to rule out sepsis and also because of dehydration and persistent emesis. According to the baby's mother, the patient was having some cold symptoms characterized by nasal congestion, mild coughing, and nasal discharge. The baby was given Tylenol and was improving. The symptoms lasted for several days. On the day of admission, the mother noted that the baby was not tolerating formula. He was vomiting after each formula. The mother tried to give the baby some fluids, but he was not tolerating any fluids by mouth at all. The baby was brought to the emergency room, where he was found to have a fever 101.8 degrees. He continued vomiting and did not tolerate any fluids by mouth. The decision was made for the baby to be admitted for IV (intravenous) fluids and further management. Blood workup was done in the emergency to rule out sepsis"

Discharge Date 11/18/03

Reason for visit: Febrile Dehydration

Follow up 11/19/2003

Nov 27, 2003

Provena Mercy Center, Emergency Department Patient Record. Reason: difficulty breathing.

Diagnostic Imaging Services (Report #1128-0033) Impression: The heart size and pulmonary vasculature are normal and lungs are clear. Old right rib fractures are noted.

Dec 11, 2003

Advocate Medical Group, Richard Kaplan, MD (Alex Quevedo was referred to Pediatric Nephrology Clinic at Lutheran General Children's Hospital regarding hydronephrosis and urinary tract infection.

Assessment: "there is no indication that he has had any breakthrough urinary tract infections. Alex needs to have his foreskin retracted properly. Alex is scheduled for a glucoheptonate renal scan in March of the year 2004". (MRN: 00598122)

March 1, 2003

Provena Mercy Center, Diagnostic Imaging Services (Report #0302-0052). Reason for visit: Trouble Breathing.

EMERGENCY PORTABLE CHEST AT 10:45PM, MARCH 1, 2004.

There is increased density in the perihilar regions compatible with infiltrate or edema. Heart size is normal.

An endotracheal tube has been introduced with its tip at the carina. A NG tube is in the mid esophagus. There is bilateral perihilar air bronchogram formation with infiltrate and /or edema.

IMPRESSION:

1. Endotracheal tube at the carina. This was reported to the emergency room.
2. Nasogastric tube tip in the mid esophagus.
3. Bilateral perihilar edema or infiltrate.

March 1, 2004

Provena Mercy Center INTERFACILITY TRANSFER FORM (23:55pm) Accepting Hospital - Lutheran General. Benefits of transfer - specialty care. Risks of transfer – MUA/ Accident. Reason of transfer - cardiac arrest.

March 2, 2004

Advocate Lutheran General Hospital, Consultation of David Mittelman, M.D.(MRN#1129380)

Physical Examination:” He is comatose at this time. The pupils are fixed and dilated at approximately 5 mm diameter. There is some moderate corneal haze and he is receiving lubricants. However, there is a reasonably good view of the retina, which reveals fairly normal – appearing discs, but moderately extensive hemorrhage scattered throughout the entire retina. There are retinal folds present in the posterior pole in each eye.”

IMPRESSION: “The most likely diagnosis is nonaccidental trauma (shaken baby syndrome). Of course, one should also consider hematologic anomaly as a distant second possibility.”

Advocate Lutheran General Hospital, Consultation of Dr. Havalad.

Reason for 1st consultation (no time noted): cardiac arrest/brain death.

Reason for 2nd consultation (no time noted): funduscopy retinal hemorrhage. Immediate impression: sudden cardiac arrest, brain death.

Diagnosis: blood flow study for brain

Recommendation: contact social services.

PRONOUNCING DOCUMENTATION (pronouncing Physician S. Havalad)." Clinical exam consistent with brain death. NO gag, no cough, no doll eyes. Brain flow performed. No brain flow. Patient was dead at 9:25am 03/03/04.