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MEDICAL SUMMARY

Patient R.M.

DRAFT - Subject to review and verification by retaining counsel and/or expert witness.

SAMPLE WORK PRODUCT. This summary was prepared from a synthetic record set created for demonstration. There is no real patient, provider or facility. It is here to show the format, the citation discipline and the hyperlinking, using a fact pattern that behaves like a real one.

Source Records

Each citation in this summary names a source file by its abbreviation and the page within that file. In the hyperlinked PDF every one of those citations is a live link to the page it names.

Abbreviation	Full File Name	Pages
Northbay-Office	Northbay Surgical Associates - Office Records.pdf	8
KVMC-ED	Kendall Valley Medical Center - Emergency Department Records.pdf	14
KVMC-Inpt	Kendall Valley Medical Center - Inpatient and ICU Records.pdf	16
KVMC-Diag	Kendall Valley Medical Center - Laboratory and Imaging.pdf	10

Total pages in the record set: 48.

Flow of Events

Northbay Surgical Associates

02/18/2025: Preoperative surgical consultation. Symptomatic ventral hernia. Elective laparoscopic repair with mesh recommended.

02/25/2025: Preoperative laboratory review. Hemoglobin A1c 8.1 percent. Elevated surgical site infection risk discussed. Surgery proceeds as scheduled.

03/02/2025: Laparoscopic ventral hernia repair with synthetic mesh. No complications documented. Same day discharge.

03/05/2025: Telephone call from patient reporting fever of 100.8 F and worsening abdominal pain. Advised acetaminophen. No documented provider response.

Kendall Valley Medical Center - Emergency Department

03/06/2025: First emergency department presentation. Temperature 101.4 F, heart rate 112, white blood cell count 16.2, lactate 2.4. CT reported as no drainable collection. Discharged after approximately four hours on oral antibiotics. Blood cultures drawn and pending.

03/08/2025: Second presentation by ambulance in septic shock. Temperature 103.1 F, blood pressure 82/48, lactate 5.1, creatinine 2.4. CT shows free intraperitoneal air and a rim-enhancing collection at the mesh.

Kendall Valley Medical Center - Inpatient and Intensive Care

03/08/2025: Emergent exploratory laparotomy. Infected mesh explanted, 1.5 cm enterotomy repaired by small bowel resection, abdomen left open. Admitted to the intensive care unit on vasopressors and mechanical ventilation.

03/08/2025: Blood cultures collected 03/06/2025 reported positive at 44 hours for methicillin sensitive Staphylococcus aureus.

03/09-03/14/2025: Serial washouts. Acute kidney injury peaks at creatinine 3.1. Antibiotics narrowed following infectious disease consultation. Delayed primary fascial closure 03/14/2025.

03/15/2025: Extubated after seven days of mechanical ventilation.

03/26/2025: Discharged to a skilled nursing facility for rehabilitation and completion of intravenous antibiotics.

Patient History

Past medical history: Type 2 diabetes mellitus diagnosed 2019, on metformin. Hypertension, on lisinopril. Hyperlipidemia. (Ref: [Northbay-Office p.1])

Past surgical history: None prior to 03/02/2025. (Ref: [Northbay-Office p.1])

Family history: Father with coronary artery disease. Mother living, hypertension. No known bleeding disorders. (Ref: [Northbay-Office p.1])

Social history: Former smoker, quit 2011, approximately 15 pack-years. Alcohol socially. Works as a warehouse supervisor. (Ref: [Northbay-Office p.1])

Allergies: No known drug allergies. (Ref: [Northbay-Office p.1])

Baseline laboratory values: Creatinine 0.9 mg/dL. Hemoglobin A1c 8.1 percent. (Ref: [KVMC-Diag p.7])

Detailed Summary

DATE	FACILITY / PROVIDER	SEQUENCE OF EVENTS / TREATMENT RENDERED	SOURCE REF
02/18/2025	Northbay Surgical Associates Alan R. Petrosyan, MD, FACS	**Chief complaint:** Enlarging, intermittently painful ventral abdominal bulge. **History:** Bulge first noted approximately 14 months earlier, now enlarging and painful with lifting and prolonged standing. No obstructive symptoms. No prior abdominal surgery. **Examination:** Reducible midline infraumbilical defect measuring approximately 4 cm. No overlying skin changes. No tenderness at rest. **Assessment and plan:** Symptomatic ventral hernia. Elective laparoscopic ventral hernia repair with mesh recommended. Risks discussed including bleeding, infection, mesh complication, bowel injury, recurrence and further surgery. Preoperative HbA1c ordered.	[Northbay-Office p.1]

DATE	FACILITY / PROVIDER	SEQUENCE OF EVENTS / TREATMENT RENDERED	SOURCE REF
02/25/2025	Northbay Surgical Associates Alan R. Petrosyan, MD, FACS	**Laboratory review:** Hemoglobin A1c 8.1 percent (reference less than 5.7). CBC and BMP within normal limits, creatinine 0.9. **Documented counseling:** Record states glycemic control above target increases surgical site infection risk, and that this was discussed with the patient. Surgery proceeded as scheduled.	[Northbay-Office p.2] [KVMC-Diag p.7]
03/02/2025	Kendall Valley Medical Center Alan R. Petrosyan, MD, FACS Dana Whitfield, PA-C	**Procedure:** Laparoscopic ventral hernia repair with synthetic mesh under general endotracheal anesthesia. **Findings:** Midline infraumbilical fascial defect measuring 4.2 cm. Contents reduced without evidence of ischemia. **Technique:** Adhesiolysis performed. A 15 by 15 cm coated polypropylene mesh secured circumferentially with tacks and four transfascial sutures. **Complications:** None documented. Estimated blood loss minimal. **Disposition:** Same day discharge, tolerating oral intake, pain controlled on oral analgesia. Written return precautions included fever above 101 F, increasing abdominal pain, and redness or drainage from incisions.	[Northbay-Office p.3] [Northbay-Office p.4]
03/05/2025	Northbay Surgical Associates Renata Alcaraz, LVN	**Telephone encounter, 14:22:** Patient reported feeling feverish since the prior evening with a home temperature of 100.8 F. Reported abdominal pain worse than at discharge and no longer improving day to day, with decreased appetite. Denied vomiting and denied drainage from the incisions. **Advice given:** Acetaminophen 650 mg every six hours as needed. Advised that some discomfort is expected after hernia repair. Advised to call back if temperature exceeded 101 F or pain worsened. *The record states the message was routed to Dr. Petrosyan and contains no documented provider response.*	[Northbay-Office p.5]
03/06/2025	Kendall Valley Medical Center Emergency Department Colleen Barrow, RN Marcus T. Iwuji, MD	**Presentation, 09:41:** Arrival by private vehicle. ESI level 3. Fever and abdominal pain four days after hernia surgery. **Triage vital signs:** Temperature 101.4 F oral, heart rate 112, blood pressure 104/62, respiratory rate 22, SpO2 96 percent on room air, pain 7 of 10. **History:** Four days of progressively worsening diffuse abdominal pain, worse in the lower midline, and two days of subjective fever with chills and poor appetite. Last bowel movement 03/04/2025. **Examination:** Uncomfortable appearing and	[KVMC-ED pp.1-2] [KVMC-ED pp.8-9]

DATE	FACILITY / PROVIDER	SEQUENCE OF EVENTS / TREATMENT RENDERED	SOURCE REF
		diaphoretic. Tachycardic. Abdomen distended, diffusely tender with voluntary guarding, most pronounced in the lower midline. Port sites intact without erythema or purulent drainage. Bowel sounds hypoactive. **Documented differential:** Postoperative ileus, surgical site infection, intra-abdominal abscess and mesh infection. **Treatment:** 1 liter normal saline, ceftriaxone 1 gram intravenously, morphine 4 mg intravenously, ondansetron 4 mg intravenously. **Related records: emergency department nursing flowsheet and medication administration record for this encounter.*	
03/06/2025	Kendall Valley Medical Center Laboratory Nadia Okonkwo, MD (radiology)	**Laboratory, collected 10:40:** WBC 16.2 K/uL with 88 percent neutrophils (high). Sodium 134 (low). Creatinine 1.3. Glucose 212 (high). Lactate 2.4 mmol/L (high). C-reactive protein 148 mg/L (high). **CT abdomen and pelvis with contrast, 11:32:** Reported findings of expected postoperative changes with mesh in place, trace pelvic free fluid, mild mesenteric stranding adjacent to the mesh, and a small locule of extraluminal gas adjacent to the mesh. **Radiology impression:** "Postoperative changes without a drainable fluid collection. Small locule of extraluminal gas adjacent to the mesh, likely postoperative at four days, although early infection cannot be excluded on this study. Mild ileus." The report recommends correlation with clinical findings and consideration of short interval follow up imaging if symptoms persist.	[KVMC-Diag p.1] [KVMC-Diag p.2]
03/06/2025	Kendall Valley Medical Center Emergency Department Marcus T. Iwuji, MD	**Reassessment, 13:02:** Repeat heart rate 104, blood pressure 108/66. Patient reported pain somewhat improved after analgesia. **Disposition, 13:48:** Discharged home on oral cephalexin 500 mg four times daily and metronidazole 500 mg three times daily for seven days, with instruction to follow up with the operating surgeon in one to two days and to return for worsening pain, persistent fever, vomiting or lightheadedness. *The chart records that blood cultures drawn at 10:40 were pending at discharge, and contains no documented plan for culture follow up.*	[KVMC-ED p.3] [KVMC-ED p.4]
03/08/2025	Kendall Valley Medical Center Emergency Department Priya Raghunathan,	**Presentation, 04:12:** Arrival by emergency medical services after family reported confusion and inability to stand. ESI level 1. **Vital signs:** Temperature 103.1 F rectal, heart rate 131, blood pressure 82/48, respiratory rate 28, SpO2 91	[KVMC-ED pp.5-6] [KVMC-ED pp.10-11]

DATE	FACILITY / PROVIDER	SEQUENCE OF EVENTS / TREATMENT RENDERED	SOURCE REF
	RN Sofia Kellerman, DO	percent on room air, Glasgow Coma Scale 13. Prehospital blood pressure 84/50 with 500 mL normal saline en route. **Examination:** Ill appearing and confused, oriented to person only. Abdomen distended and rigid with diffuse rebound tenderness. Erythema extending approximately 4 cm from the infraumbilical incision. Mottled skin over the knees. Capillary refill 4 seconds. **Interventions:** Sepsis protocol initiated. 30 mL per kilogram crystalloid. Vancomycin and piperacillin-tazobactam at 04:52. Norepinephrine started 05:10 for mean arterial pressure below 65. Surgery consulted emergently. Critical care time documented as 75 minutes. **Related records: emergency department nursing flowsheet 03/08/2025 and prehospital care report.*	
03/08/2025	Kendall Valley Medical Center Laboratory Bartholomew Vance, MD (radiology)	**Laboratory, collected 04:25:** WBC 24.8 K/uL (critical high) with 93 percent neutrophils. Hemoglobin 11.8 (low). Platelets 88 (low). Sodium 131 (low). Potassium 5.2 (high). Creatinine 2.4 (high). Bicarbonate 16 (low). AST 74 and ALT 68 (high). Total bilirubin 2.1 (high). Lactate 5.1 mmol/L (critical high). Procalcitonin 18.4 ng/mL (high). INR 1.6 (high). **CT abdomen and pelvis with contrast, 05:02:** Interval development of moderate volume free intraperitoneal air. Rim-enhancing fluid collection measuring 7.1 by 5.4 cm adjacent to the anterior abdominal wall mesh containing internal gas. Adjacent small bowel thick walled with inflammatory stranding. Moderate volume complex free fluid. **Radiology impression:** "Interval free intraperitoneal air concerning for hollow viscus perforation. Rim-enhancing collection adjacent to the mesh with internal gas, consistent with abscess and infected mesh. Complex free fluid consistent with peritonitis." Findings documented as discussed with Dr. Kellerman at 05:18.	[KVMC-Diag p.3] [KVMC-Diag p.4]
03/08/2025	Kendall Valley Medical Center Laboratory / Microbiology	**Critical value notification, 06:20:** Blood cultures collected 03/06/2025 at 10:40 reported positive at 44 hours for gram positive cocci in clusters in two of two bottles, preliminary identification methicillin sensitive Staphylococcus aureus. Result called to Dr. Kellerman at 06:20 and acknowledged. *The record states there is no documentation that the preliminary positive result was communicated to the patient or to the operating surgeon before this notification.* **Final microbiology:** 03/09/2025 final identification methicillin sensitive Staphylococcus aureus, sensitive to cefazolin, nafcillin, vancomycin, clindamycin, oxacillin	[KVMC-ED p.7] [KVMC-Diag p.5]

DATE	FACILITY / PROVIDER	SEQUENCE OF EVENTS / TREATMENT RENDERED	SOURCE REF
		and trimethoprim-sulfamethoxazole. Intraoperative peritoneal fluid culture grew Staphylococcus aureus and mixed enteric flora including Escherichia coli.	
03/08/2025	Kendall Valley Medical Center Alan R. Petrosyan, MD, FACS Grace Ojukwu, MD	**Surgical consultation, 05:40:** Examination confirmed peritonitis. CT findings recorded as consistent with a contained enteric leak with associated mesh infection. Consent obtained from the patient's spouse given altered mental status. **Procedure:** Exploratory laparotomy, mesh explantation, small bowel resection with primary anastomosis, abdominal washout and temporary abdominal closure. **Findings:** Approximately 600 mL of purulent, feculent fluid. The previously placed mesh was densely adherent to a loop of mid small bowel with a 1.5 cm enterotomy at the point of adherence. The mesh was grossly infected with adherent purulent material. **Technique:** Mesh explanted in its entirety. A 14 cm segment of small bowel resected with stapled side to side anastomosis. Six liters of warm saline washout. Two closed suction drains. Abdomen left open with temporary negative pressure closure given hemodynamic instability and bowel edema. Estimated blood loss 400 mL.	[KVMC-Inpt p.1] [KVMC-Inpt p.2]
03/08/2025	Kendall Valley Medical Center Intensive Care Unit Hélène Marchetti, MD	**ICU admission, 09:15:** Septic shock secondary to intra-abdominal sepsis from an infected surgical mesh with associated enterotomy, status post laparotomy, abdomen open. **Problem list:** Septic shock on norepinephrine and vasopressin. Acute kidney injury, creatinine 2.4 from a baseline of 0.9. Acute respiratory failure, mechanically ventilated. Open abdomen. Type 2 diabetes mellitus with hyperglycemia. Thrombocytopenia. **Plan:** Continue vancomycin and piperacillin-tazobactam pending final cultures. Lung protective ventilation. Hourly urine output. Insulin infusion. Serial lactate. Planned return to the operating room in 48 hours.	[KVMC-Inpt p.3] [KVMC-Inpt p.13]
03/09/2025	Kendall Valley Medical Center Yusuf Bengtsson, MD Infectious Disease	**Consultation:** Staphylococcus aureus bacteremia in the setting of explanted infected prosthetic mesh. Source identified as the infected mesh, now explanted. **Recommendations:** Narrow to cefazolin 2 grams intravenously every eight hours once susceptibilities confirm. Minimum four weeks of therapy from the first negative blood culture. Transthoracic echocardiogram to evaluate for endocarditis. Repeat blood cultures every 48 hours until negative. **Laboratory this date:** WBC 21.4, lactate 3.2, creatinine 3.1 (peak), platelets 74, glucose 244.	[KVMC-Inpt p.5] [KVMC-Diag p.6]

DATE	FACILITY / PROVIDER	SEQUENCE OF EVENTS / TREATMENT RENDERED	SOURCE REF
03/10/2025	Kendall Valley Medical Center Intensive Care Unit Hélène Marchetti, MD	**Progress:** Norepinephrine weaned to 0.04 micrograms per kilogram per minute. Lactate 2.1. Urine output improved to 0.6 mL per kilogram per hour. Creatinine 2.6. **Microbiology:** Final blood cultures from 03/06/2025 and 03/08/2025 both grew methicillin sensitive Staphylococcus aureus. Antibiotics narrowed to cefazolin per infectious disease recommendation. **Operative:** Returned to the operating room for second look washout. Bowel viable, anastomosis intact. Abdomen remains open with negative pressure dressing. **Echocardiogram:** Left ventricular ejection fraction 55 to 60 percent. No valvular vegetation identified. Interpreted by Priyanka Deshmukh, MD.	[KVMC-Inpt p.4] [KVMC-Diag p.9]
03/08-03/26/2025	Kendall Valley Medical Center Alan R. Petrosyan, MD, FACS	**Hospital course:** Vasopressor support for four days and mechanical ventilation for seven days. Three additional washouts before delayed primary fascial closure on 03/14/2025. Acute kidney injury peaked at a creatinine of 3.1 on 03/09/2025 and did not require renal replacement therapy. Blood cultures cleared on 03/11/2025. Extubated 03/15/2025. **Discharge diagnoses:** Septic shock; infected prosthetic mesh; enterotomy with purulent peritonitis; Staphylococcus aureus bacteremia; acute kidney injury; acute respiratory failure. **Condition at discharge:** Afebrile, hemodynamically stable, tolerating a regular diet, ambulating with a walker and assistance. Discharged 03/26/2025 to a skilled nursing facility for rehabilitation and completion of intravenous antibiotics through a peripherally inserted central catheter. **Related records: intensive care unit nursing flowsheets 03/09 to 03/14, respiratory therapy notes, physical therapy evaluation and case management notes.*	[KVMC-Inpt p.6] [KVMC-Inpt pp.7-12] [KVMC-Inpt pp.14-16]

Documentation Gaps Noted

These are gaps in the record as produced. They are recorded here as observations, not as conclusions about the care rendered.

1. The 03/05/2025 telephone encounter records that the message was routed to the operating surgeon. No provider response is documented. (Ref: [Northbay-Office p.5])

2. Blood cultures drawn 03/06/2025 at 10:40 were pending at discharge that day. The emergency department chart contains no documented plan for culture follow up. (Ref: [KVMC-ED p.3])

3. The 03/08/2025 critical value notification states there is no documentation that the preliminary positive culture was communicated to the patient or the operating surgeon before 06:20 on 03/08/2025. (Ref: [KVMC-ED p.7])

4. Intensive care unit daily progress notes are present for 03/08, 03/09 and 03/10/2025. Narrative progress notes for 03/11 through 03/26/2025 are not in the produced set; nursing flowsheets cover 03/09 through 03/14/2025. (Ref: [KVMC-Inpt pp.7-12])

NORTHBAY SURGICAL ASSOCIATES
Office Note - Preoperative Consultation

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

PREOPERATIVE CONSULTATION

Date: 02/18/2025

Provider: Alan R. Petrosyan, MD, FACS

Chief complaint: Enlarging, intermittently painful ventral abdominal bulge.

HISTORY OF PRESENT ILLNESS

54-year-old male referred for evaluation of a ventral hernia first noted approximately 14 months ago. The bulge has enlarged and is now painful with lifting and prolonged standing. No obstructive symptoms. No nausea, vomiting or change in bowel habit. No prior abdominal surgery.

PAST MEDICAL HISTORY

Type 2 diabetes mellitus, diagnosed 2019, on metformin. Hypertension, on lisinopril. Hyperlipidemia.

PAST SURGICAL HISTORY

None.

FAMILY HISTORY

Father with coronary artery disease. Mother living, hypertension. No known bleeding disorders.

SOCIAL HISTORY

Former smoker, quit 2011, approximately 15 pack-years. Alcohol socially. Works as a warehouse supervisor.

ALLERGIES

No known drug allergies.

EXAMINATION

Afebrile. Abdomen soft. Reducible midline infraumbilical defect measuring approximately 4 cm. No overlying skin changes. No tenderness to palpation at rest.

ASSESSMENT AND PLAN

Symptomatic ventral hernia. Recommend elective laparoscopic ventral hernia repair with mesh. Risks discussed including bleeding, infection, mesh complication, injury to bowel, recurrence and need for further surgery. Patient wishes to proceed. Preoperative HbA1c ordered.

NORTHBAY SURGICAL ASSOCIATES
Office Note - Preoperative Laboratory Review

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

PREOPERATIVE LABORATORY REVIEW

Date: 02/25/2025

Provider: Alan R. Petrosyan, MD, FACS

HbA1c 8.1 percent. Discussed that glycemic control above target increases surgical site infection risk. Patient counseled on perioperative glucose management. Proceeding as scheduled.

CBC, BMP within normal limits. See laboratory records.

OPERATIVE REPORT

Date of procedure: 03/02/2025
Surgeon: Alan R. Petrosyan, MD, FACS
Assistant: Dana Whitfield, PA-C
Anesthesia: General endotracheal
Preop diagnosis: Ventral hernia
Postop diagnosis: Same
Procedure: Laparoscopic ventral hernia repair with synthetic mesh
Estimated blood loss: Minimal
Complications: None documented

FINDINGS AND TECHNIQUE

Three ports placed under direct visualization. Adhesiolysis performed. A midline infraumbilical fascial defect measuring 4.2 cm was identified. Contents reduced without evidence of ischemia. A 15 by 15 cm coated polypropylene mesh was introduced and secured circumferentially with tacks and four transfascial sutures. Hemostasis confirmed. Ports removed under vision. Patient extubated in the operating room and transferred to recovery in stable condition.

DISPOSITION

Same day discharge anticipated. Return precautions given.

NORTHBAY SURGICAL ASSOCIATES
Discharge Instructions

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

AMBULATORY SURGERY DISCHARGE INSTRUCTIONS

Date: 03/02/2025

Discharged home in stable condition, tolerating oral intake, voiding, pain controlled on oral analgesia.

RETURN PRECAUTIONS - CALL THE OFFICE OR GO TO THE EMERGENCY DEPARTMENT FOR:

Fever above 101 degrees Fahrenheit. Increasing abdominal pain. Redness or drainage from incisions. Persistent nausea or vomiting. Inability to pass gas or stool.

Follow up in the office in two weeks.

NORTHBAY SURGICAL ASSOCIATES
Telephone Encounter

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

TELEPHONE ENCOUNTER

Date and time: 03/05/2025 14:22

Taken by: Renata Alcaraz, LVN

Caller: Patient

REASON FOR CALL

Patient reports feeling feverish since yesterday evening. Home temperature 100.8 degrees Fahrenheit this morning. Reports abdominal pain that is worse than it was at discharge and is no longer improving day to day. Reports decreased appetite. Denies vomiting. Denies drainage from the incisions.

ADVICE GIVEN

Advised acetaminophen 650 mg every six hours as needed. Advised that some discomfort is expected after hernia repair. Advised to call back if temperature exceeds 101 degrees or pain worsens.

PROVIDER REVIEW

Message routed to Dr. Petrosyan. No documented provider response in the record.

KENDALL VALLEY MEDICAL CENTER
Emergency Department - Triage

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

EMERGENCY DEPARTMENT TRIAGE RECORD

Date and time: 03/06/2025 09:41
Arrival: Private vehicle
Triage nurse: Colleen Barrow, RN
ESI level: 3
Chief complaint: Fever and abdominal pain four days after hernia surgery

TRIAGE VITAL SIGNS

Temperature 101.4 F oral. Heart rate 112. Blood pressure 104/62. Respiratory rate 22. SpO2 96 percent on room air. Pain 7 of 10.

Patient reports progressive abdominal pain since 03/04/2025 and subjective fever since 03/05/2025. Reports called the surgeon's office yesterday and was advised to take acetaminophen.

EMERGENCY DEPARTMENT PHYSICIAN NOTE

Date and time: 03/06/2025 10:15

Provider: Marcus T. Iwuji, MD

HISTORY OF PRESENT ILLNESS

54-year-old male status post laparoscopic ventral hernia repair with mesh on 03/02/2025 presenting with four days of progressively worsening abdominal pain and two days of subjective fever. Pain is diffuse, worse in the lower midline, described as constant and aching, 7 of 10. Reports chills and poor appetite. Denies vomiting. Last bowel movement 03/04/2025. Denies dysuria.

PHYSICAL EXAMINATION

General: uncomfortable appearing, diaphoretic. Cardiovascular: tachycardic, regular rhythm. Pulmonary: clear to auscultation bilaterally. Abdomen: distended, diffusely tender to palpation with voluntary guarding, most pronounced in the lower midline. Port sites intact without erythema or purulent drainage. Bowel sounds hypoactive. Skin: warm, diaphoretic.

MEDICAL DECISION MAKING

Fever and tachycardia four days post ventral hernia repair. Differential includes postoperative ileus, surgical site infection, intra-abdominal abscess and mesh infection. Will obtain laboratory studies and CT of the abdomen and pelvis with contrast.

EMERGENCY DEPARTMENT REASSESSMENT

Date and time: 03/06/2025 13:02

Provider: Marcus T. Iwuji, MD

Laboratory studies reviewed. White blood cell count 16.2 thousand per microliter with 88 percent neutrophils. Lactate 2.4 millimoles per liter. Creatinine 1.3 milligrams per deciliter. CT abdomen and pelvis reviewed, radiology impression of postoperative changes without drainable fluid collection.

Patient given 1 liter normal saline and one dose of intravenous ceftriaxone. Repeat heart rate 104. Repeat blood pressure 108/66. Patient states pain is somewhat improved after analgesia.

DISPOSITION

Discharge home with oral cephalexin and metronidazole. Instructed to follow up with the operating surgeon in one to two days and to return for worsening pain, persistent fever, vomiting or lightheadedness. Discharge at 13:48.

Blood cultures drawn at 10:40 were pending at the time of discharge. No documented plan for culture follow up is recorded in the emergency department chart.

KENDALL VALLEY MEDICAL CENTER
Emergency Department - Discharge Paperwork

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

AFTER VISIT SUMMARY 03/06/2025

Diagnosis given: postoperative abdominal pain, possible early surgical site infection.

Prescriptions: cephalexin 500 mg four times daily for seven days; metronidazole 500 mg three times daily for seven days.

Return precautions provided in writing.

EMERGENCY DEPARTMENT TRIAGE RECORD

Date and time: 03/08/2025 04:12

Arrival: Emergency medical services

Triage nurse: Priya Raghunathan, RN

ESI level: 1

Chief complaint: Altered mental status, hypotension

TRIAGE VITAL SIGNS

Temperature 103.1 F rectal. Heart rate 131. Blood pressure 82/48. Respiratory rate 28. SpO2 91 percent on room air. Glasgow Coma Scale 13.

EMS reports family called after patient became confused and unable to stand. EMS documented blood pressure 84/50 in the field with 500 mL normal saline given en route.

EMERGENCY DEPARTMENT CRITICAL CARE NOTE

Date and time: 03/08/2025 04:35

Provider: Sofia Kellerman, DO

ASSESSMENT

54-year-old male, six days status post laparoscopic ventral hernia repair with mesh, presenting in septic shock. Seen in this department 03/06/2025 and discharged on oral antibiotics.

Examination: ill appearing, confused, oriented to person only. Abdomen distended and rigid with diffuse rebound tenderness. Port sites with surrounding erythema extending approximately 4 cm from the infraumbilical incision. Mottled skin over the knees. Capillary refill 4 seconds.

LABORATORY AND IMAGING

White blood cell count 24.8 thousand per microliter. Lactate 5.1 millimoles per liter. Creatinine 2.4 milligrams per deciliter. Platelets 88 thousand per microliter. CT abdomen and pelvis demonstrates free intraperitoneal air and a rim-enhancing collection adjacent to the mesh measuring 7.1 by 5.4 centimeters.

INTERVENTIONS

Sepsis protocol initiated. 30 mL per kilogram crystalloid administered. Vancomycin and piperacillin-tazobactam given at 04:52. Norepinephrine started at 05:10 for persistent mean arterial pressure below 65. Surgery consulted emergently. Blood cultures obtained.

CRITICAL CARE TIME

Critical care time 75 minutes, exclusive of separately billable procedures.

KENDALL VALLEY MEDICAL CENTER
Emergency Department - Blood Culture Result Notification

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

LABORATORY CRITICAL VALUE NOTIFICATION

Date and time: 03/08/2025 06:20

Blood cultures collected 03/06/2025 at 10:40 are positive at 44 hours for gram positive cocci in clusters in two of two bottles. Preliminary identification methicillin sensitive Staphylococcus aureus.

Result called to Dr. Kellerman at 06:20 on 03/08/2025 and acknowledged. The record contains no documentation that the preliminary positive result was communicated to the patient or to the operating surgeon before this notification.

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/06/2025

Time	Temp(F)	HR	BP	RR	SpO2%	Pain	Initials
09:41	101.4	112	104/62	22	96	7	CB
10:40	101.1	108	106/64	20	97	6	CB
11:55	100.2	104	108/66	18	98	4	CB
13:30	99.8	104	108/66	18	98	3	CB

Flowsheet reviewed and countersigned by charge nurse.

KENDALL VALLEY MEDICAL CENTER
Emergency Department - Medication Administration 03/06/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

MEDICATION ADMINISTRATION RECORD

10:35 Sodium chloride 0.9 percent 1000 mL intravenous, infused over 90 minutes.

10:52 Ceftriaxone 1 gram intravenous, one dose.

11:10 Morphine sulfate 4 mg intravenous, one dose.

13:05 Ondansetron 4 mg intravenous, one dose.

KENDALL VALLEY MEDICAL CENTER
Emergency Department - Nursing Notes 03/08/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/08/2025

Time	Temp(F)	HR	BP	RR	SpO2%	Pain	Initials
04:12	103.1	131	82/48	28	91	8	PR
04:40	102.8	127	88/52	26	94	8	PR
05:15	102.4	122	94/58	24	96	7	PR
06:00	101.9	118	99/61	22	97	6	PR

Flowsheet reviewed and countersigned by charge nurse.

PREHOSPITAL CARE REPORT

Dispatched 03/08/2025 03:38 for altered mental status. On arrival patient confused, warm, diaphoretic.

Field vitals: BP 84/50, HR 128, T 102.9 F, SpO2 92 percent room air.

Interventions: 18 gauge intravenous access, 500 mL normal saline, oxygen by nasal cannula 2 liters.

KENDALL VALLEY MEDICAL CENTER
Surgery Consultation

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

SURGICAL CONSULTATION

Date and time: 03/08/2025 05:40

Provider: Alan R. Petrosyan, MD, FACS

Asked to see this patient urgently for septic shock with free intraperitoneal air six days after laparoscopic ventral hernia repair with mesh performed by me on 03/02/2025.

Examination confirms peritonitis. CT findings reviewed with radiology and are consistent with a contained enteric leak with associated mesh infection.

PLAN

Emergent exploratory laparotomy, washout, mesh explantation and bowel repair or resection as indicated. Risks including death, stoma, prolonged ventilation and reoperation discussed with the patient's spouse given the patient's altered mental status. Consent obtained from spouse.

OPERATIVE REPORT

Date of procedure: 03/08/2025

Surgeon: Alan R. Petrosyan, MD, FACS

Assistant: Grace Ojukwu, MD

Anesthesia: General endotracheal

Preop diagnosis: Septic shock, free intraperitoneal air, suspected mesh infection

Postop diagnosis: Enterotomy with purulent peritonitis and infected mesh

Procedure: Exploratory laparotomy, mesh explantation, small bowel resection with primary anastomosis, abdominal washout, temporary abdominal closure

Estimated blood loss: 400 mL

FINDINGS

On entry approximately 600 mL of purulent, feculent fluid was encountered. The previously placed mesh was densely adherent to a loop of mid small bowel with a 1.5 cm enterotomy at the point of adherence. The mesh was grossly infected with adherent purulent material.

TECHNIQUE

The mesh was explanted in its entirety. The involved small bowel segment measuring 14 cm was resected and a stapled side to side anastomosis performed. Six liters of warm saline washout. Two closed suction drains placed. Given hemodynamic instability and bowel edema the abdomen was left open with temporary negative pressure closure. Patient transferred to the intensive care unit intubated and on vasopressor support.

KENDALL VALLEY MEDICAL CENTER
ICU Admission Note

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

INTENSIVE CARE UNIT ADMISSION NOTE

Date and time: 03/08/2025 09:15

Provider: Hélène Marchetti, MD, Critical Care

ASSESSMENT

54-year-old male with septic shock secondary to intra-abdominal sepsis from an infected surgical mesh with associated enterotomy, now status post exploratory laparotomy with mesh explantation and small bowel resection, abdomen open.

PROBLEM LIST

1. Septic shock on norepinephrine and vasopressin. 2. Acute kidney injury, creatinine 2.4 from baseline 0.9. 3. Acute respiratory failure, mechanically ventilated. 4. Open abdomen. 5. Type 2 diabetes mellitus with hyperglycemia. 6. Thrombocytopenia.

PLAN

Continue vancomycin and piperacillin-tazobactam pending final culture data. Lung protective ventilation. Hourly urine output monitoring. Insulin infusion. Serial lactate. Planned return to the operating room in 48 hours for second look and closure if feasible.

ICU PROGRESS NOTE

Date: 03/10/2025

Provider: Hélène Marchetti, MD, Critical Care

Norepinephrine weaned to 0.04 micrograms per kilogram per minute. Lactate down to 2.1. Urine output improved to 0.6 mL per kilogram per hour. Creatinine 1.9.

Final blood cultures from 03/06/2025 and 03/08/2025 both grew methicillin sensitive Staphylococcus aureus. Antibiotics narrowed to cefazolin per infectious disease recommendation.

Returned to the operating room for second look washout. Bowel viable, anastomosis intact. Abdomen remains open with negative pressure dressing.

INFECTIOUS DISEASE CONSULTATION

Date: 03/09/2025

Provider: Yusuf Bengtsson, MD

Consulted for management of Staphylococcus aureus bacteremia in the setting of explanted infected prosthetic mesh.

Blood cultures collected 03/06/2025 at 10:40 in the emergency department turned positive at 44 hours. Cultures collected 03/08/2025 also positive. Source is the infected mesh, now explanted.

RECOMMENDATIONS

Narrow to cefazolin 2 grams intravenously every eight hours once susceptibilities confirm. Minimum four weeks of therapy from the first negative blood culture. Transthoracic echocardiogram to evaluate for endocarditis. Repeat blood cultures every 48 hours until negative.

DISCHARGE SUMMARY

Admission date: 03/08/2025

Discharge date: 03/26/2025

Attending: Alan R. Petrosyan, MD, FACS

Discharge diagnoses: Septic shock; infected prosthetic mesh; enterotomy with purulent peritonitis; Staphylococcus aureus bacteremia; acute kidney injury; acute respiratory failure

HOSPITAL COURSE

The patient was admitted in septic shock and taken emergently to the operating room on 03/08/2025 for exploratory laparotomy, mesh explantation and small bowel resection. He required vasopressor support for four days and mechanical ventilation for seven days. He underwent three additional washouts before delayed primary fascial closure on 03/14/2025. Acute kidney injury peaked at a creatinine of 3.1 on 03/09/2025 and did not require renal replacement therapy. Blood cultures cleared on 03/11/2025.

Physical therapy documented significant deconditioning. The patient was discharged to a skilled nursing facility on 03/26/2025 for continued rehabilitation and completion of intravenous antibiotics through a peripherally inserted central catheter.

CONDITION AT DISCHARGE

Afebrile, hemodynamically stable, tolerating a regular diet, ambulating with a walker and assistance.

KENDALL VALLEY MEDICAL CENTER
ICU Nursing Flowsheet 03/09/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/09/2025

Time	Temp(F)	HR	BP	RR	SpO2%	Pain	Initials
00:00	100.0	108	96/54	18	98	-	RN
04:00	100.2	106	98/56	18	98	-	RN
08:00	99.4	104	101/58	17	99	-	RN
12:00	99.1	102	104/60	17	99	-	RN
16:00	98.3	100	106/62	16	99	-	RN
20:00	98.5	98	108/63	16	99	-	RN

Flowsheet reviewed and countersigned by charge nurse.

KENDALL VALLEY MEDICAL CENTER
ICU Nursing Flowsheet 03/10/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/10/2025

Time Temp(F) HR BP RR SpO2% Pain Initials
00:00 100.1 105 98/55 18 98 - RN
04:00 100.3 103 100/57 18 98 - RN
08:00 99.5 101 103/59 17 99 - RN
12:00 99.2 99 106/61 17 99 - RN
16:00 98.4 97 108/63 16 99 - RN
20:00 98.6 95 110/64 16 99 - RN

Flowsheet reviewed and countersigned by charge nurse.

KENDALL VALLEY MEDICAL CENTER
ICU Nursing Flowsheet 03/11/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/11/2025

Time Temp(F) HR BP RR SpO2% Pain Initials
00:00 100.2 102 100/56 18 98 - RN
04:00 100.4 100 102/58 18 98 - RN
08:00 99.6 98 105/60 17 99 - RN
12:00 99.3 96 108/62 17 99 - RN
16:00 98.5 94 110/64 16 99 - RN
20:00 98.7 92 112/65 16 99 - RN

Flowsheet reviewed and countersigned by charge nurse.

KENDALL VALLEY MEDICAL CENTER
ICU Nursing Flowsheet 03/12/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/12/2025

Time Temp(F) HR BP RR SpO2% Pain Initials
00:00 100.3 99 102/57 18 98 - RN
04:00 100.5 97 104/59 18 98 - RN
08:00 99.7 95 107/61 17 99 - RN
12:00 99.4 93 110/63 17 99 - RN
16:00 98.6 91 112/65 16 99 - RN
20:00 98.8 89 114/66 16 99 - RN

Flowsheet reviewed and countersigned by charge nurse.

KENDALL VALLEY MEDICAL CENTER
ICU Nursing Flowsheet 03/13/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/13/2025

Time	Temp(F)	HR	BP	RR	SpO2%	Pain	Initials
00:00	100.4	96	104/58	18	98	-	RN
04:00	100.6	94	106/60	18	98	-	RN
08:00	99.8	92	109/62	17	99	-	RN
12:00	99.5	90	112/64	17	99	-	RN
16:00	98.7	88	114/66	16	99	-	RN
20:00	98.0	86	116/67	16	99	-	RN

Flowsheet reviewed and countersigned by charge nurse.

KENDALL VALLEY MEDICAL CENTER
ICU Nursing Flowsheet 03/14/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

NURSING FLOWSHEET - VITAL SIGNS 03/14/2025

Time Temp(F) HR BP RR SpO2% Pain Initials
00:00 100.5 93 106/59 18 98 - RN
04:00 100.7 91 108/61 18 98 - RN
08:00 99.0 89 111/63 17 99 - RN
12:00 99.6 87 114/65 17 99 - RN
16:00 98.8 85 116/67 16 99 - RN
20:00 98.1 83 118/68 16 99 - RN

Flowsheet reviewed and countersigned by charge nurse.

KENDALL VALLEY MEDICAL CENTER
Medication Administration Record - ICU

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

MEDICATION ADMINISTRATION RECORD 03/08/2025 to 03/12/2025

Vancomycin 1500 mg intravenous every 12 hours, 03/08 to 03/10.

Piperacillin-tazobactam 4.5 grams intravenous every 6 hours, 03/08 to 03/10.

Cefazolin 2 grams intravenous every 8 hours, from 03/10.

Norepinephrine infusion titrated to mean arterial pressure above 65, 03/08 to 03/12.

Insulin regular infusion titrated to glucose 140 to 180 mg per deciliter.

PHYSICAL THERAPY EVALUATION 03/17/2025

Patient requires maximal assistance for bed mobility and moderate assistance for transfers.

Recommend skilled nursing facility level rehabilitation at discharge.

KENDALL VALLEY MEDICAL CENTER
Respiratory Therapy Notes

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

RESPIRATORY THERAPY 03/08/2025 to 03/15/2025

Mechanical ventilation initiated 03/08/2025. Lung protective settings maintained.

Extubated 03/15/2025 after successful spontaneous breathing trial.

KENDALL VALLEY MEDICAL CENTER
Case Management Notes

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

CASE MANAGEMENT 03/20/2025

Skilled nursing facility placement arranged. Peripherally inserted central catheter placed for outpatient antibiotics.

KENDALL VALLEY MEDICAL CENTER
Laboratory Report - 03/06/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

LABORATORY REPORT

Collected: 03/06/2025 10:40

COMPLETE BLOOD COUNT

WBC 16.2 K/uL (ref 4.0-11.0) HIGH

Neutrophils 88 percent (ref 40-70) HIGH

Hemoglobin 13.9 g/dL (ref 13.5-17.5)

Platelets 201 K/uL (ref 150-400)

BASIC METABOLIC PANEL

Sodium 134 mmol/L (ref 135-145) LOW

Potassium 4.1 mmol/L (ref 3.5-5.1)

Creatinine 1.3 mg/dL (ref 0.7-1.3)

Glucose 212 mg/dL (ref 70-99) HIGH

OTHER

Lactate 2.4 mmol/L (ref 0.5-2.2) HIGH

C-reactive protein 148 mg/L (ref less than 5) HIGH

KENDALL VALLEY MEDICAL CENTER
Radiology Report - CT Abdomen and Pelvis 03/06/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS WITH INTRAVENOUS CONTRAST

Date and time: 03/06/2025 11:32

Interpreting radiologist: Nadia Okonkwo, MD

History: Fever and abdominal pain four days after ventral hernia repair

FINDINGS

Expected postoperative changes in the anterior abdominal wall with mesh in place. Trace free fluid in the pelvis. Mild stranding of the mesenteric fat adjacent to the mesh. Small locule of extraluminal gas adjacent to the mesh, which may represent expected postoperative air. No large drainable fluid collection identified. Bowel is mildly dilated without transition point.

IMPRESSION

1. Postoperative changes without a drainable fluid collection. 2. Small locule of extraluminal gas adjacent to the mesh, likely postoperative at four days, although early infection cannot be excluded on this study. 3. Mild ileus.

Recommend correlation with clinical findings and consideration of short interval follow up imaging if symptoms persist.

KENDALL VALLEY MEDICAL CENTER
Laboratory Report - 03/08/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

LABORATORY REPORT

Collected: 03/08/2025 04:25

COMPLETE BLOOD COUNT

WBC 24.8 K/uL (ref 4.0-11.0) CRITICAL HIGH

Neutrophils 93 percent (ref 40-70) HIGH

Hemoglobin 11.8 g/dL (ref 13.5-17.5) LOW

Platelets 88 K/uL (ref 150-400) LOW

COMPREHENSIVE METABOLIC PANEL

Sodium 131 mmol/L (ref 135-145) LOW

Potassium 5.2 mmol/L (ref 3.5-5.1) HIGH

Creatinine 2.4 mg/dL (ref 0.7-1.3) HIGH

Bicarbonate 16 mmol/L (ref 22-29) LOW

AST 74 U/L (ref 10-40) HIGH

ALT 68 U/L (ref 7-56) HIGH

Total bilirubin 2.1 mg/dL (ref 0.2-1.2) HIGH

OTHER

Lactate 5.1 mmol/L (ref 0.5-2.2) CRITICAL HIGH

Procalcitonin 18.4 ng/mL (ref less than 0.5) HIGH

INR 1.6 (ref 0.9-1.1) HIGH

COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS WITH INTRAVENOUS CONTRAST

Date and time: 03/08/2025 05:02

Interpreting radiologist: Bartholomew Vance, MD

History: Septic shock six days after ventral hernia repair

FINDINGS

Interval development of moderate volume free intraperitoneal air. A rim-enhancing fluid collection measuring 7.1 by 5.4 centimeters is present adjacent to the anterior abdominal wall mesh, containing internal gas. Adjacent small bowel loops are thick walled with surrounding inflammatory stranding. Moderate volume complex free fluid throughout the abdomen and pelvis.

IMPRESSION

1. Interval free intraperitoneal air concerning for hollow viscus perforation. 2. Rim-enhancing collection adjacent to the mesh with internal gas, consistent with abscess and infected mesh. 3. Complex free fluid consistent with peritonitis. Findings discussed with Dr. Kellerman at 05:18 on 03/08/2025.

KENDALL VALLEY MEDICAL CENTER
Microbiology Report

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

MICROBIOLOGY REPORT

Specimen: Blood culture, two sets

Collected: 03/06/2025 10:40

03/08/2025 06:05 Preliminary: gram positive cocci in clusters, 2 of 2 bottles.

03/09/2025 14:20 Final: Staphylococcus aureus, methicillin sensitive.

SUSCEPTIBILITIES

Cefazolin sensitive. Nafcillin sensitive. Vancomycin sensitive. Clindamycin sensitive. Oxacillin sensitive. Trimethoprim-sulfamethoxazole sensitive.

SECOND SPECIMEN

Blood culture collected 03/08/2025 04:25. Final 03/10/2025: Staphylococcus aureus, methicillin sensitive. Same susceptibility profile.

Peritoneal fluid culture collected intraoperatively 03/08/2025. Final: Staphylococcus aureus and mixed enteric flora including Escherichia coli.

KENDALL VALLEY MEDICAL CENTER
Laboratory Report - Serial Values 03/09 to 03/12

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

LABORATORY REPORT - SERIAL VALUES

03/09/2025 WBC 21.4 Lactate 3.2 Creatinine 3.1 Platelets 74 Glucose 244

03/10/2025 WBC 17.9 Lactate 2.1 Creatinine 2.6 Platelets 91 Glucose 188

03/11/2025 WBC 14.2 Lactate 1.7 Creatinine 2.1 Platelets 118 Glucose 165

03/12/2025 WBC 11.8 Lactate 1.3 Creatinine 1.7 Platelets 142 Glucose 151

Reference ranges as previously reported.

KENDALL VALLEY MEDICAL CENTER
Laboratory Report - Preoperative 02/25/2025

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

LABORATORY REPORT

Collected: 02/25/2025

WBC 7.1 K/uL Hemoglobin 14.6 g/dL Platelets 232 K/uL

Sodium 139 mmol/L Potassium 4.3 mmol/L Creatinine 0.9 mg/dL Glucose 148 mg/dL HIGH

Hemoglobin A1c 8.1 percent (ref less than 5.7) HIGH

KENDALL VALLEY MEDICAL CENTER
Echocardiogram Report

Patient: R.M. MRN: [REDACTED]
DOB: [REDACTED]

TRANSTHORACIC ECHOCARDIOGRAM 03/10/2025

Left ventricular ejection fraction 55 to 60 percent. No valvular vegetation identified.

Interpreting cardiologist: Priyanka Deshmukh, MD.