

HERMAN GENTRY

Progression from Immobility to Independent Living

Dec 10, 2007

Central Line Removed

Dec 10, 2007

Able to sit on edge of bed.



Dec 13, 2007

Foley Catheter & Rectal Tube Removed

Dec 13, 2007

"Trach Removed, Breathing Room Air"

Dec 13, 2007

"I've been laying around so long. I want to get moving."

Dec 14, 2007

Feeding Tube Removed

Dec 15, 2007

"Patient up in a 'cadillac chair'. Beginning to self feed".

Dec 16, 2007

Aspen Collar Removed

Dec 17, 2007

Sit to Stand using Arjo Sling



Dec 20, 2007

"I wish I could get to a commode - that would be heaven."



Jan 15, 2008

Moving well with ambulation 5 reps total of 25 minutes

Jan 7, 2008

"I haven't walked since surgery. Did well."

Jan 11, 2008

3 reps of ambulation total of 15 minutes

Dec 10, 2007

Dec 15, 2007

Jan 5, 2008

Jan 10, 2008

HERMAN GENTRY

Progression from Immobility to Independent Living

Jan 26, 2008

Rolling Walker
Prescribed



Jan 26, 2008

Compression Garments Prescribed



Jan 28, 2008

Total of 60 minutes
of ambulation

Jan 31, 2008

Wheelchair & Cane Prescribed



Jan 16, 2008

Non-weight bearing

Jan 25, 2008

"I really want to get out
of bed."

Feb 3, 2008

Trial at
going up
and
down
stairs
6 steps




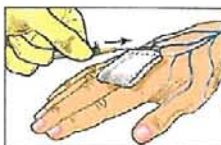

Jan 15, 2008

Jan 20, 2008




Jan 25, 2008

Feb 1, 2008




Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Cardiac Monitor	Harold Jenkins, M.D. 11/10/07	<p>Monitor of heart function, providing visual and audible record of heartbeat.</p> 
1	Intravenous Catheter	Harold Jenkins, M.D. 11/10/07	<p>Device placed into a vein through which fluids, medications, and/or blood products can be administered.</p> 
1	Foley Catheter	Harold Jenkins, M.D. 11/10/07	<p>A catheter is inserted into the bladder for urinary drainage. Also, used to obtain accurate output of the patient.</p> 


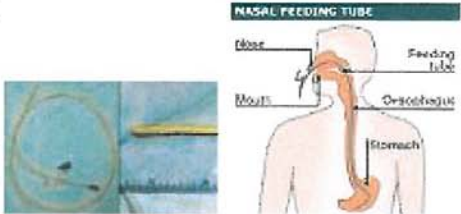

Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Endotracheal Tube	Harold Jenkins, M.D. 11/10/07	<p>Device placed through the mouth into the trachea for maintenance of airway during surgery, and delivery of inhaled anesthesia.</p> 
1	Ventilator	Harold Jenkins, M.D. 11/10/07	<p>A mechanical device for artificial ventilation of the lungs.</p> 
1	Pulse Oximetry	Harold Jenkins, M.D. 11/10/07	<p>Pulse oximetry is a simple non-invasive method of monitoring the percentage of haemoglobin (Hgb), which is saturated with oxygen.</p> 




Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Bair Hugger Blanket	Scott Syverud, M.D. 11/10/07	<p>Warming device used during surgery to maintain body temperature.</p> 
1	Central Line	Scott Syverud, M.D. 11/10/07	<p>A catheter placed into a large vein in the neck, chest or groin, inserted by a physician when the patient needs more intensive cardiovascular monitoring, for assessment of fluid status, and for increased viability of intravenous drugs/fluids.</p> 
1	Arterial Line	Scott Syverud, M.D. 11/10/07	<p>A catheter inserted peripherally into an artery to monitor blood pressure and obtain blood specimens for diagnostic lab work.</p> 





Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Wrist Restraints	Scott Syverud, M.D. 11/10/07	Gently restrains wrists to prevent confused patient from pulling out intravenous lines and tubes. 
1	Dobhoff Feeding Tube	Adam Katz, M.D. 11/11/07	Soft flexible feeding tube inserted through the nose into the stomach through which liquid tube feedings are administered. 
1	Hand Splints	Adam Katz, M.D. 11/13/07	Right hand splint was fabricated by Occupational Therapy due to increased tightness and swelling in right hand. Used to prevent contracture. 






Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Tracheostomy	Adam Katz, M.D. 11/19/07	<p>A tube placed into the trachea for breathing.</p> 
1	PEG tube	Adam Katz, M.D. 11/19/07	<p>A tube placed peripherally through the abdominal wall into the stomach for the purpose of administering liquid feedings and medication.</p> 
1	Air Bed	Adam Katz, M.D. 11/29/07	<p>Relieves pressure on bony prominences, thereby preventing decubitus ulcers and promoting wound healing.</p> 



Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Trach Mask	Adam Katz, M.D. 12/03/07	Used to deliver oxygen through a tracheostomy. 
1	KCI Wound Vac Pump	Adam Katz, M.D. 12/14/07	VAC (Vacuum Assisted Closure) Therapy is a unique system that promotes wound healing 
1	Jackson-Pratt Drain	Adam Katz, M.D. 01/03/08	Used for removing extra fluid from the operative site into a special suction reservoir. 
1	PCA (Patient Controlled Analgesia) Pump	Adam Katz, M.D. 01/04/08	A PCA pump allows the patient to give themselves pain-killing drugs whenever needed and without having to wait for the nurse to bring an injection. 

Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Ankle Foot Orthotics	Adam Katz, M.D. 01/26/08	Helps prevent contractures by maintaining foot in proper alignment. 
1	Rolling Walker	Adam Katz, M.D. 01/26/08	Used to assist in ambulation by providing balance and support. 
4	Compression Sleeves	Adam Katz, M.D. 01/26/08	Used to help prevent scarring in burn patients.  
1	Air Mattress Overlay	Adam Katz, M.D. 01/31/08	Air mattress placed over the hospital bed mattress to help prevent decubitus ulcers and promote wound healing. 

Assistive Devices/Orthopedic Equipment

QUANTITY	ITEM	ORDERED BY / DATE ORDERED	EXPLANATION
1	Wheelchair	Adam Katz, M.D. 01/31/08	Equipment used for mobility with attachments to elevate the legs. 
1	Cane	Adam Katz, M.D. 01/31/08	Device utilized for ambulation for those with impaired mobility. 

Left hand glove



Right hand glove



Arm wrap



Pressure Garments



Pressure Garments





MOISTURIZING

...ruling a greater skin
...ing the cell surface to
...ret 50% of moisture
...to fabric dry skin
...ent around the eyes



SWISS SKIN CREME

elta 

The Melting Moisturizer

NET WT. 16 oz. (454 g)

Herman Gentry

UVA Medical Center 11/10/07 – 02/04/08

K

E

Y



IV therapy



Patient –
Controlled
Anesthesia



Finger Prick
for Blood
Sugar



Surgery



Wound Care



Central /
Arterial Line
Insertion



Blood
Culture



1 unit of
Blood
Product

November 2007

Sun
Sat

Mon

Tues

Wed

Thurs

Fri

4

5

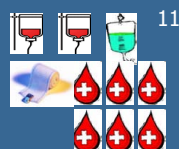
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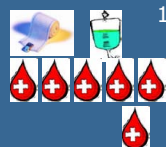
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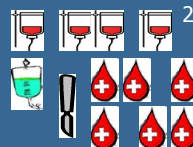
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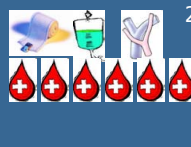
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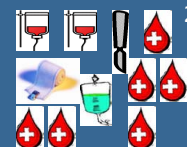
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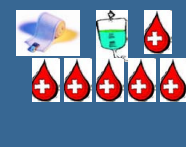
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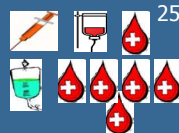
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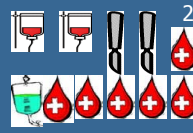
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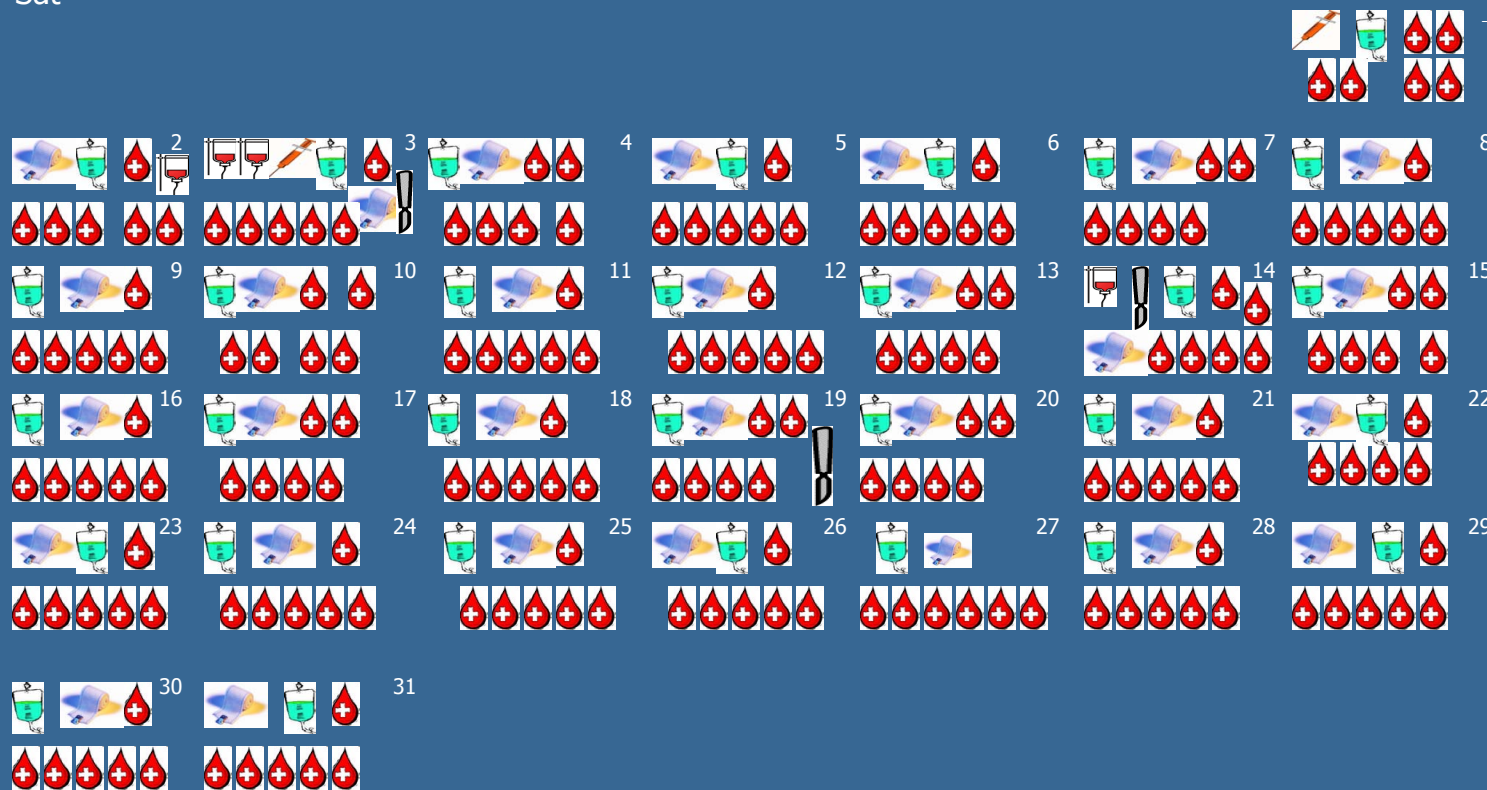
Y



1 unit of
Blood
Product

Fri

Sat



Herman Gentry

UVA Medical Center 11/10/07 – 02/04/08

K

E

Y



IV therapy



Patient –
Controlled
Anesthesia



Finger Prick
for Blood
Sugar



Surgery



Wound Care



Central /
Arterial Line
Insertion

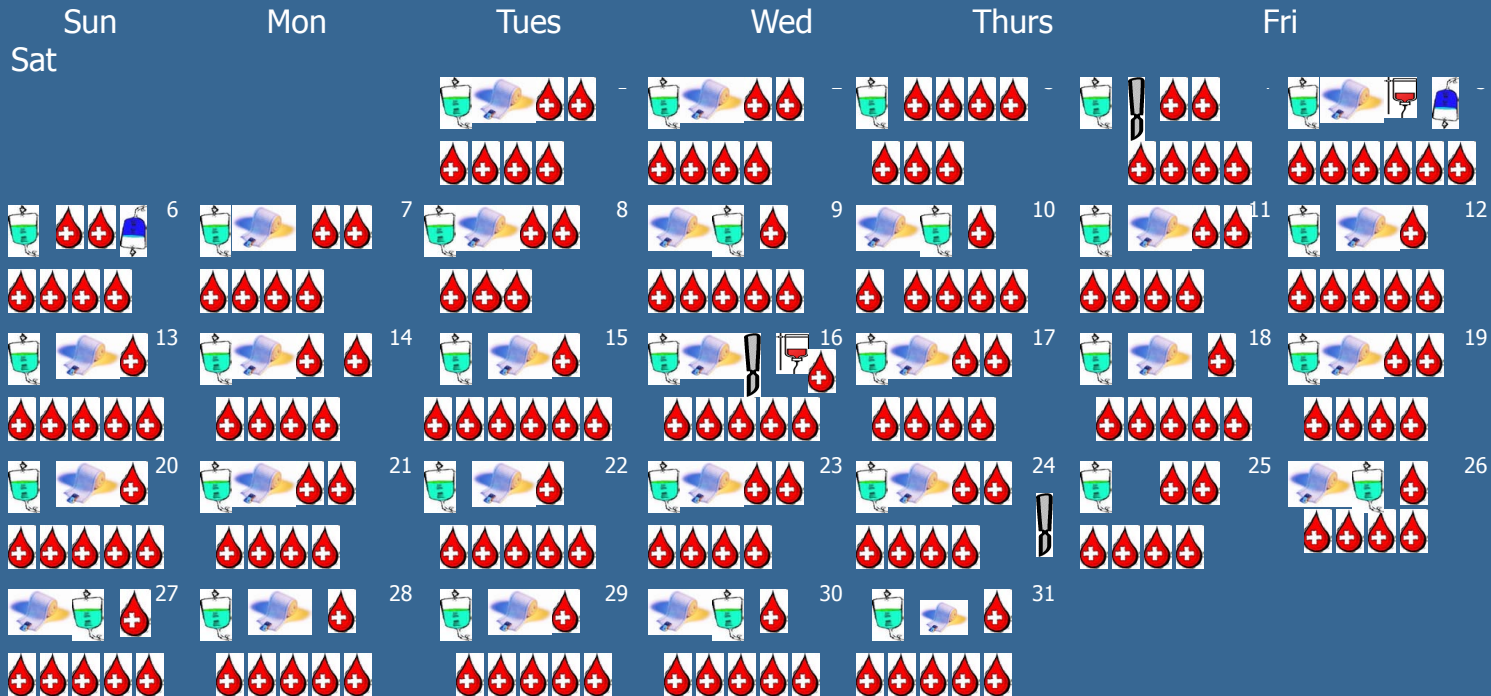


Blood
Culture



1 unit of
Blood
Product

January 2008



KEY



Patient – Controlled Anesthesia



Finger Prick for Blood Sugar



Surgery



Wound Care



Central / Arterial Line Insertion



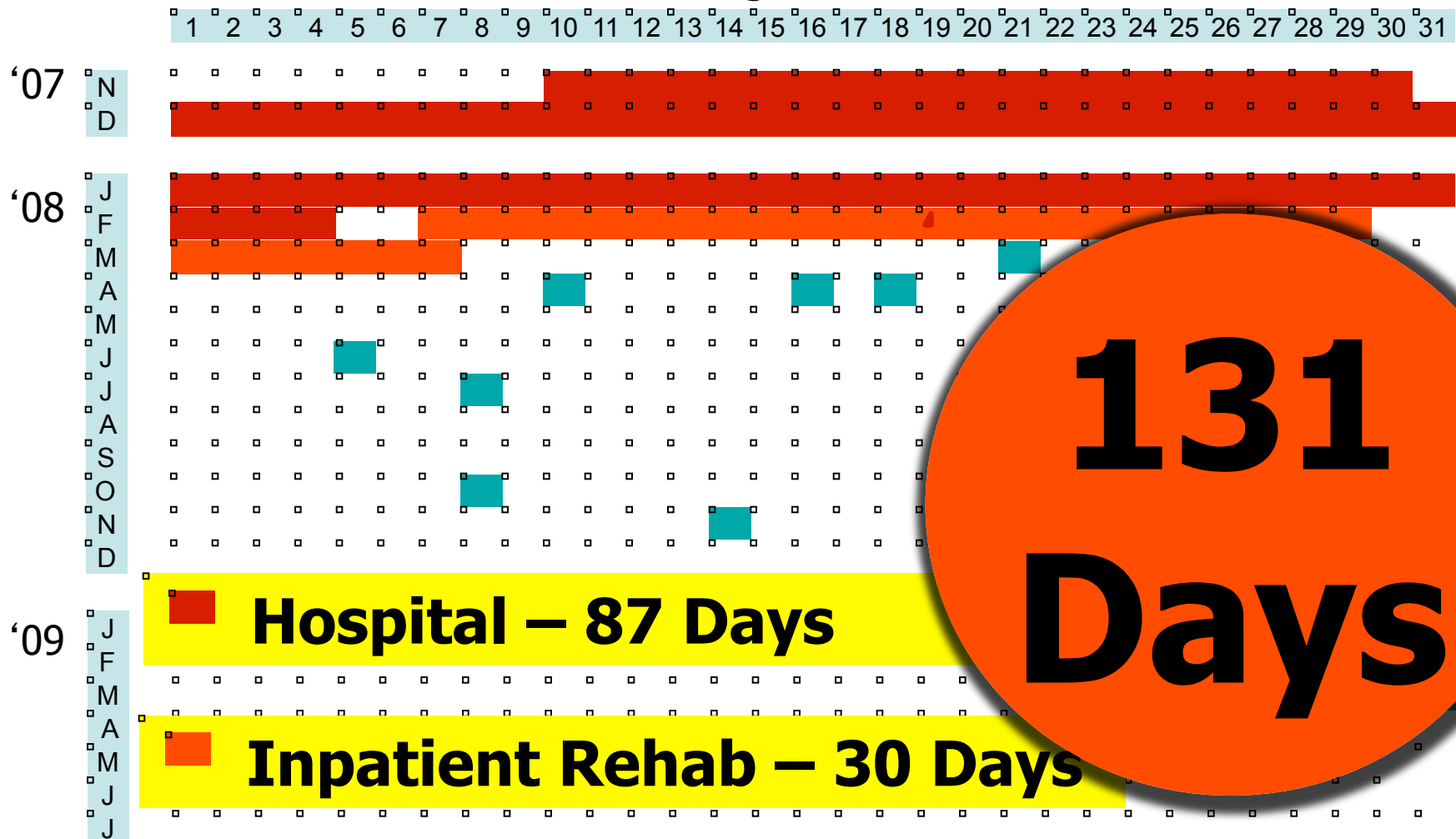
Blood Culture



1 unit of
Blood
Product

Sun	Mon	Tues	Wed	Thurs	Fri
Sat					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

Herman Gentry's Injury Related Medical Treatment Intervention Days Data through March 2009



**131
Days**

Hospital – 87 Days

Inpatient Rehab – 30 Days

Office Visits – 14 Days

Total medical intervention days – 131 Days

Exacerbation of Diabetes Mellitus

Necessitating Lifelong Use of Insulin



(Before the Explosion, Mr. Gentry's Diabetic condition was well controlled and insulin injections were not necessary)

Major Complications of Injuries

Development of Acalculous Cholecystitis

Resulted in the removal of his gall bladder



Acute acalculous cholecystitis (AAC) particularly affects patients who have undergone recent trauma or major surgical operations

Can J Surg. 1985 Nov;28(6):529-33

- Page: 2 -

UNIVERSITY OF VIRGINIA
Charlottesville, Virginia
Health System

Patient: SPERRY, JERMAN B.
MRN: 02021901
DOB: 5Oct1916

Ordering Provider:
Accession Provider: FRIEL, CHARLES
Date of Service: 4Jan2008
Ordering Ref: 00310780040
Requested by: MARXS, JUSTIN
Report Name: Operative Report

Type: ORX

the grasper, as the gallbladder was basically completely gangrenous. When this happened, there was a large amount of bile like sludge and I felt that safest thing at this point was to do an open procedure. We therefore, converted this to an open procedure and made a subcostal incision. We entered the abdominal cavity without difficulty. We got into the abdominal cavity. There was really a large amount of stuff that has spilled from the gallbladder, so it was very comfortable with the decision to open. We then packed away the small intestine in the duodenum. We thoroughly irrigated the area and placed a Kelly clamp over the necrotic area. We then did a top down dissection of the gallbladder. Essentially, the whole gallbladder was dead. It was falling apart on our hands. As we got down towards the infundibulum, it still remained necrotic dead. I was down right near the cystic duct and I felt that at this point the safest thing was actually just to clamp this area off and tie it off. There was severe inflammation in the area of the porta and I was very concerned about the possibility of having significant infection, and so I felt the safest thing was just to oversew this area with a clamp and tie. This was therefore done. I did not really feel it was safe to dissect things out to shoot a formal cholangiogram. I was quite confident that we had no injuries at this point to any vital structures, but I thought further dissection was potentially troublesome in that if we ended up with a cystic duct leak, this could be easily controlled and treated. We therefore elected to close the abdomen. We thoroughly irrigated the abdominal cavity and washed out of the bile-irrigated fluid. We elected not to shoot the cholangiogram for the reasons as stated above and also I think the likelihood of having a common duct problem was very small and I felt this could be evaluated with an ERCP if necessary. I thought this is the safest thing to do at this time. We then closed the posterior fascia with a running suture. The anterior fascia was also closed with a running 41 PDS suture. We did close the 10cm umbilical trocar site with 40 Vicryl sutures. The skin was closed with staples. There were no complications in the procedure, and at the end of the procedure, all sponge and instrument counts were correct. Please that I was present and participated throughout the entire procedure.

Dictated and Edited By:

Electronically Authenticated by
Charles M Friel, M.D. 01/04/2008 17:55
Charles M Friel, M.D.
Attending

“...the gallbladder was basically completely gangrenous...Essentially, the whole gallbladder was dead. It was falling apart on our hands.”

**Charles M. Friel, M.D.
Operative Report
January 4, 2008**

Suicidal Ideations

[illegible]

“I was called to see patient for agitation and previous thoughts of ‘not wanting to live anymore.’ The patient appears to have had hallucinating thoughts of bank robbers and thoughts of thievery at 2 am - previously patient had been seen and evaluated for a report to nurse (where he stated) ‘just kill me now’.”

UVA Dept. Of Plastic Surgery
December 11th, 2007

“just kill me now”

Future Complications



*“There is also scarring of the left ankle, which appears to be **unstable** as well.”*

**--Raymond Morgan, M.D.
May 25th, 2010**

*An unstable scar is one where, for any reason, there is frequent loss of covering of skin over the scar. These scars can be injured by minimal trauma. A cycle of breakdown and re-healing is common, and **can lead to a form of malignant skin cancer.***

§8.01-419. Table of Life Expectancy

LIS > Code of Virginia > 8.01-419

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§ 8.01-419. Table of life expectancy.

Whenever, in any case not otherwise specifically provided for, it is necessary to establish the expectancy of continued life of any person from any period of such person's life, whether he be living at the time or not, the following table shall be received in all courts and by all persons having power to determine litigation as evidence, with other evidence as to the health, constitution and habits of such person, of such expectancy represented by the figures in the following columns:

AGE	BOTH		SEXES		MALE		FEMALE	
	77.4	77	76	75	74	73.1	72.1	71.1
0	77.4							
1	77							
2	76							
3	75							
4	74							
5	73.1							
6	72.1							
7	71.1							
8	70.1							
9	69.1							
10	68.1							
11	67.1							
12	66.1							
13	65.1							
14	64.2							
15	63.2							
16	62.2							
17	61.2							
18	60.3							
19	59.3							
20	58.4							
21	57.4							
22	56.5							
23	55.5							
24	54.6							

<http://leg1.state.va.us/cgi-bin/>

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+8.01-419>

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7/14/2010

Herman is 63 years old. He has 18.2 more years to live in pain every day

That's 6,643 days of pain

How long is 18 Years? Look back to 1992

George Bush— President

Dan Quayle – Vice President

Court clears Exxon Valdez skipper

Four police officers indicted in Rodney King beating

Johnny Carson hosts *The Tonight Show* for the last time.

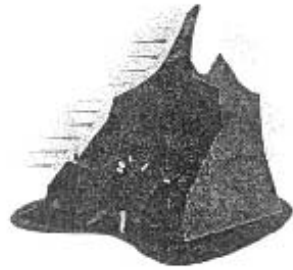
Academy Award, Best Picture: *The Silence of the Lambs*

What is Chronic Pain?



Chronic non-malignant pain is pain that has **lasted 6 months or longer**, is **ongoing**, is due to non-life threatening causes, **has not responded to currently available treatment methods**, and may continue for the remainder of life.

The Impact of Chronic Pain



- Chronic pain can touch nearly every part of a person's daily life. It also has an impact on the family, and, because of its economic and social consequences, it affects us all.
- Chronic pain can also be a source of frustration for the health care professionals who seek to provide care and assistance.

Chronic Pain

Chronic Pain: Secondary Effects on Health

Unrelieved pain has many negative health consequences including, but not limited to:

- increased stress, metabolic rate, blood clotting and water retention
- delayed healing
- hormonal imbalances
- impaired immune system and gastrointestinal functioning
- decreased mobility
- problems with appetite and sleep



Chronic Pain Affects the Psyche



Psychological Consequences of Chronic Pain

- Common consequences of Chronic Pain include low self-esteem, powerlessness, hopelessness.
- Depression and anxiety disorders are very commonly associated with chronic pain. Depression has an amplifying effect on pain. According to a 2006 study done for the American Pain Foundation, more than three quarters of patients (77%) reported feeling depressed.
- Undertreatment of Chronic Pain **often results in suicide**. In a recent survey, 50% of Chronic Pain patients had inadequate pain relief and had considered suicide.

• Dellasega and Keiser. "Pharmacologic Approaches to Chronic Pain in the Adult." *Nurse Practitioner*. Vol. 22, No. 5, May 1997: 20-25.

Voices of Chronic Pain: A National Study Conducted for the American Pain Foundation, May 2006.

• Liebeskind, J.C. "Pain Can Kill." *Pain*, Vol. 44, No. 1, January 1991: 3-4.

• National Institute of Arthritis and Musculoskeletal and Skin Diseases. "Scientific Workshop Summary: The Neuroscience and Endocrinology of Fibromyalgia." July 1996. Bethesda, MD.

Pain Equilibration

James O'Donnell PharmD

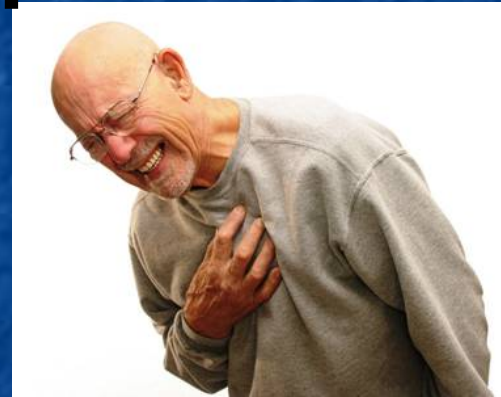
MS FCP ABCP CNS FACN

Diplomate-American Board of Clinical Pharmacology

July 19, 2010 Report

During the period of 11/10/07 though 2/4/08, Mr. Gentry received sufficient strong opiate analgesic medication to relieve the pain of:

1245 heart attacks

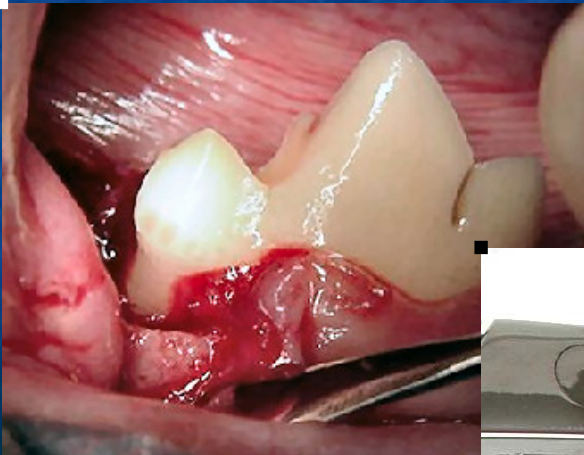


**2490 to 4980 hours
of severe obstetrical
labor pain**



The chronic medication used in the 28 months since the discharge from UVa (16,800 hydcodone equivalents) is sufficient to have relieved the pain of

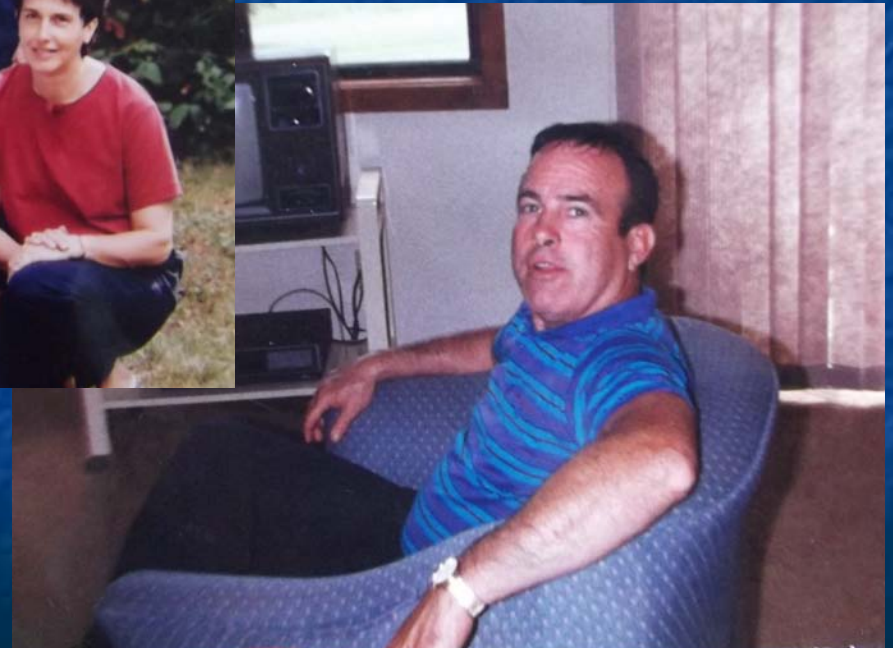
3360 Dental Molar Extractions (DME)



Herman before the explosion



Herman before the explosion



Herman before the explosion



Herman before the explosion



Damages

Any bodily injuries he sustained and their effect on his health according to their degree and probable duration



Damages

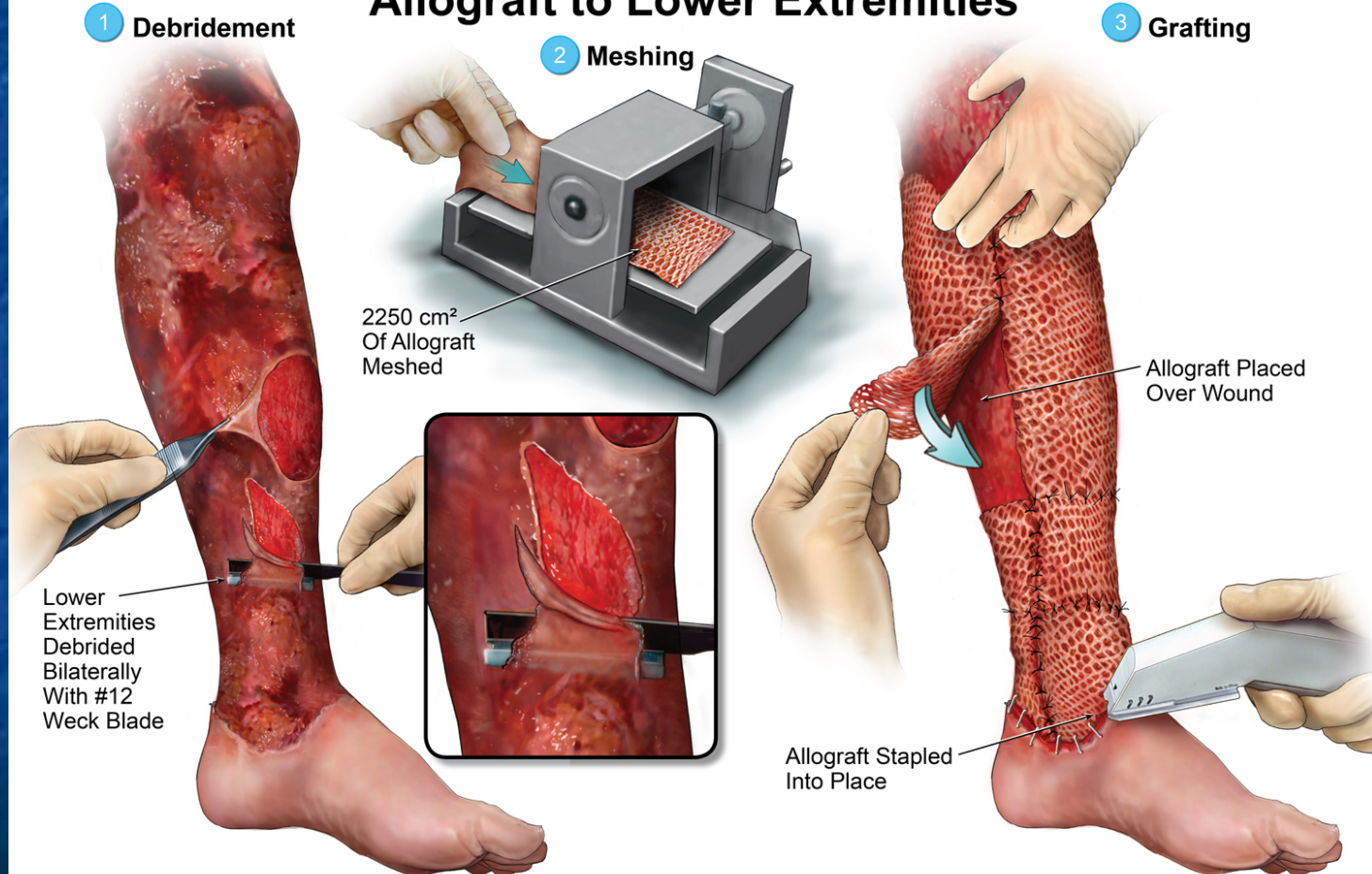
Any physical pain he suffered in the past



Damages

Any mental anguish he suffered in the past

Herman B. Gentry's 11/15/07 Debridement and Allograft to Lower Extremities



Mr. Gentry Did Not . . .

Walk

for 47 Days

Talk

For 32 Days

Breathe normally

for 36 Days

***Have a normal bowel
movement***

for 34 Days

Urinate in a toilet

for 34 Days

Eat without a Tube

for 50 Days