

DOCTOR'S ORDERS

HOSPITAL NO. C2781

NAME Scale, Mr Sandford

ROOM OR WARD NO

305

DOCTOR

Nagvi

May 27 Post-op orders

1. Calcium gluconate 20cc q 4h
2. 1/2 Doxycycline 100mg bid
3. Erythromycin 500mg q 6h
4. Demerol 100mg q 3-4h PRN pain
5. Penicillin G 10 million units bid
6. Amoxicillin 500mg bid
7. Spinal dressing x 4-8 hrs
8. Wound dressing q 4h
9. Vitals q 4h
10. Connect drainage tube to low level
11. Irrigate drainage tube to saline
12. Reinforce the dressing

[Signature]

DOCTOR'S ORDERS

HOSPITAL NO. 02481

NAME Sealq Mr. Sanford

ROOM OR WARD NO R.P.O.B. DOCTOR Nagu

May 29/71 pulse prep prep legs

May 29/71 When blood is finished add sodium lactate to 1/2
V.O. Dr. Nagu / M. Morrison R.P.O.B. Nagu

V.O. Dr. Nagu / M. Morrison R.P.O.B. Nagu

May 29/71 10:50 P.M. ORDERS

- 1. N.P.O.
- 2. ON R.C. formalin
- 3. BP pulse q 15 min
- 4. Intake fluid output (hour)
- 5. urine volume (1 h)
- 6. Labu Cetyl 1000 mgm qd stat then 500 qd q. 6h
- 7. Chloromyelin 1 Com qd stat & 500mg qd q. 6h
- 8. Streptomycin 1 Com qd stat in Bed
- 9. Ceporan 500 mgm qd q. 6h
- 10. Glycholyg & BUN at 8- pm times and in AM
- 11. Aramine 50 mgm in Sacc 2/2 w/ 5h To Run cloudy prg to monitor B.P. 90
- 12. Sjd Dextrose 5% in 1/2 strength saline too q. 8h Keep all the things

Nagu

137 Cleary Rd. P. Perry (SN)
Sponge Count J. Matheson R.N. M. Cleary R.N.

Drainage active packing etc.
#5 mesenteric T.
#28 Thoracotomy Tube in chest

J. Matheson R.N.
Signature of Sponge Nurse

Postanaesthetic Condition: Pt still under the effects of anaesthetic, coughing & swallowing reflexes present but sluggish deep shallow. Pt put on Bennett ventilator for adequate ventilation; pulse 128/min, B.P. 90/40.

Name _____
Bright _____
Exposure

Remarks

Classification of Degrees of Circulatory Depression

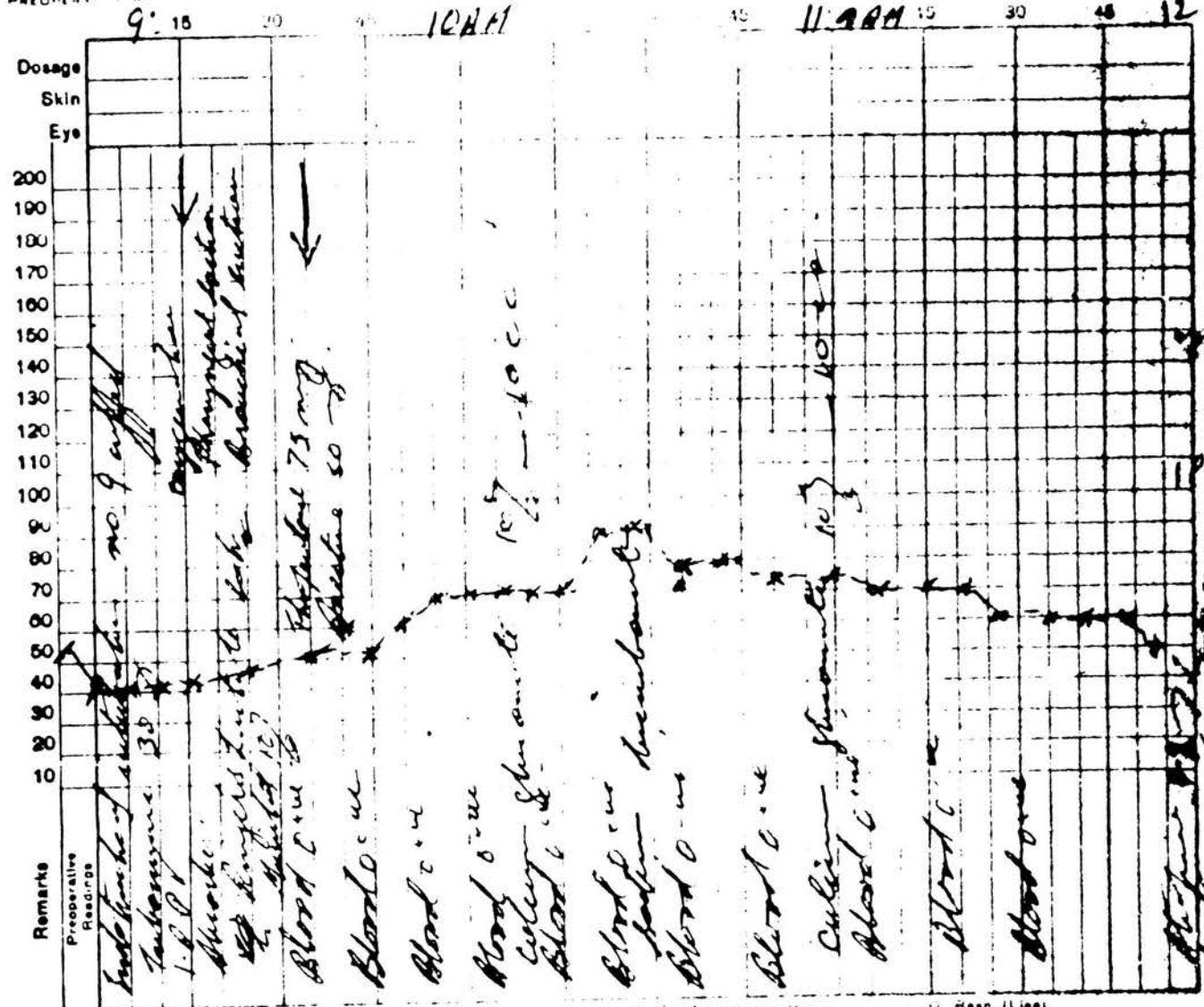
- 1st 15% increase in pulse rate without increase in blood pressures or 10% decrease in blood pressures without a decrease in pulse rate
- 2nd 25% increased pulse rate plus 10% to 25% decreased blood pressure
- 3rd Shock: Pulse rate of 100 and ascending in progressively falling blood pressure reaching 80 Systolic and 20 pulse pressure or less

REPORT OF ANAESTHESIA

Seale in Sorehead 17yrs 305
Dr. M. N. ... Dr. D. Baum

Log # 02481
May 29/71

PAIN ...
HEART ...
LUNGS ...
URINARY ...
PREVIOUS ...



ANALGESIC: Sed Vent 1/2 O₂ No O₂ respiratory
 OPERATIVE: Suction of teeth
 MEDICATION: (11) 500cc anti-b whole blood

9:15 AM 12 40
 9:30 AM 12 40

[Handwritten signature]

187
 240
 300
 SHOCK

Surge Count *M. Cleary RN J. Matthews RN*
 Features *Moribund #5 intubation secured*
 Drainage *no output*

G. Wilks RN
 Signature of Surge Nurse

Postanaesthetic Condition

Extremities stable
Still clearly intubated



Remarks

Sam returned to he room Placed on

Bestest Respiration R/P 90/60 P. 120.
5:15 R/P 104/60 P. 120 5:30 R/P 94/50 P. 140.
5:45 R/P 70/50 P. 140 6:00 R/P 68/40 P. 144
6:30 R/P 70/50 P. 144 7:00 R/P 66/4 P. 150?

Classification of Degrees of Circulatory Depression

- 1st 15% increase in pulse rate without increase in blood pressures or 10% decrease in blood pressures without a decrease in pulse rate
- 2nd 25% increased pulse rate plus 10% to 25% decreased blood pressure
- 3rd Shock. Pulse rate of 100 and ascending with progressively falling blood pressure reaching 80 Systolic and 20 pulse pressure or less

REPORT OF ANAESTHESIA

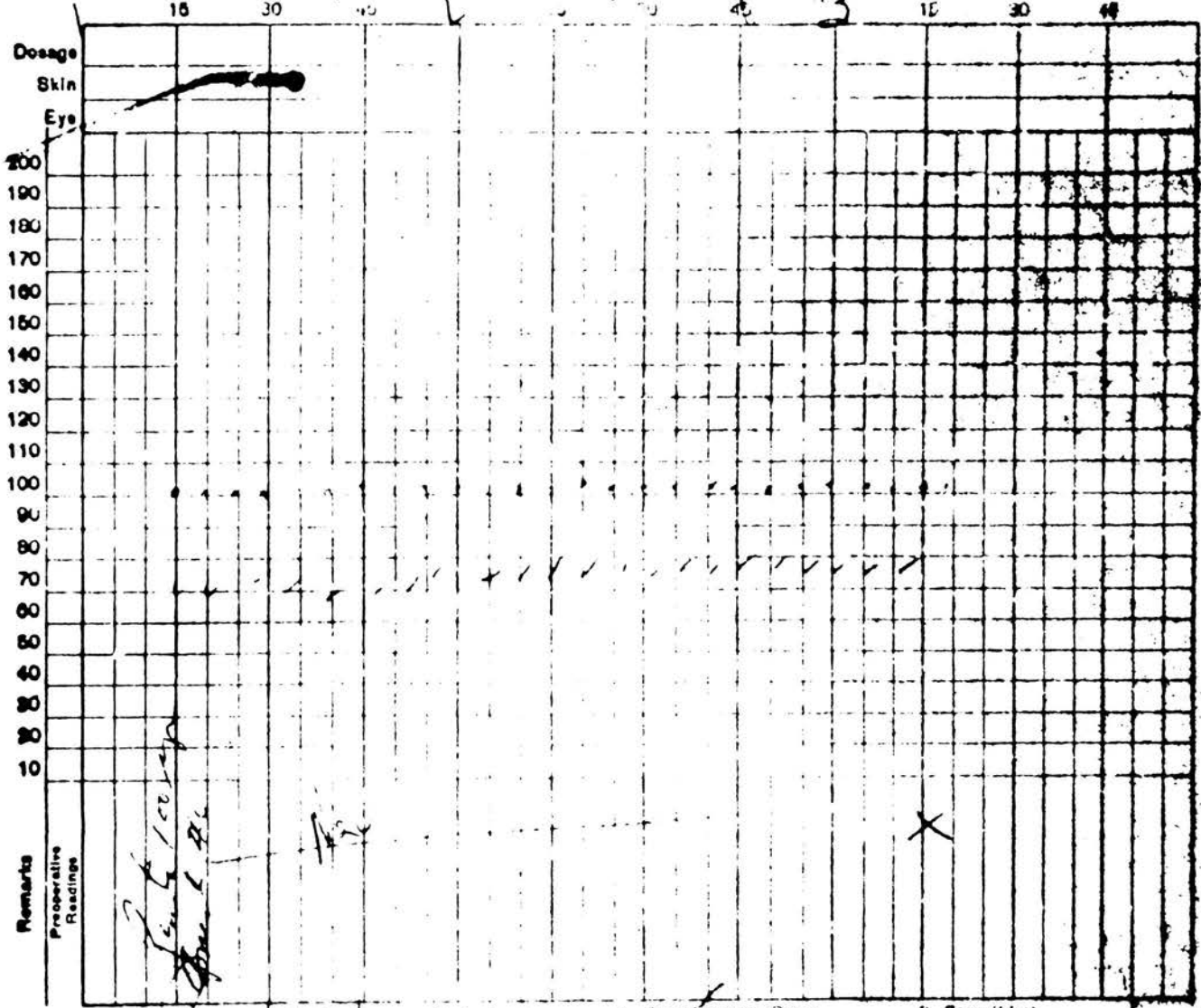
SEALE, Mr Sanford Npa
SURGEON Dr. M Nagui
HABIT - TOBACCO
HEART
LUNGS
URINE - S
PREOPERATIVE M

02481
MAY 28/71

g Hoek

BP? Just weak - 90

A. Trage - 5 1/2 50 (w) 3



ANESTHETIC: Nitro N2O
 OPERATIVE: Nitro N2O, Uterine, Gdostomy
 MEDICATION: 250 cc 5% Bupivacaine + 500 cc 5% Dextrose + 500 cc 5% Dextrose + 500 cc 5% Dextrose
 CONDITION: X Prolapsed 25 mm (7 cm & below)
 ORDER: 20 mg IV
 1ST
 2ND
 3RD
 M.D.
 REPORT OF ANAESTHESIA

SYDNEY CITY HOSPITAL
SYDNEY, NOVA SCOTIA

Consent to Operation

Date: May 29/71

I, Mr. Oscar Seallette, of _____, a patient in Sydney City Hospital
authorize and direct Dr. Gaurin M. D., his associates and/or
assistants to perform the following operation upon me my son Sanford
Laparotomy
and/or to do any other therapeutic procedure that may be advisable for my well being. The nature of
the operation has been explained to me.

I hereby authorize the above named surgeon and or his associates or assistants to provide such
additional services for me as they may deem reasonable and necessary, including, but not limited to the
administration and maintenance of anaesthesia, and the performance of services involving pathology
and radiology.

I hereby authorize the hospital pathologist to use his discretion in the disposal of any severed
tissue.

Exceptions:

WITNESS Mrs. Seallette

Father's
PATIENT'S SIGNATURE Oscar Seallette

WITNESS..... HUSBAND'S SIGNATURE.....

Hospital No. ~~0-118~~

May 29, 1971

Seale, Mr Sandford

Room or Ward No. 305 Bed

Doctor Naqui

General Appearance

Present: Ranaled pale, Pulsless, cyanotic

Weight Normal

Nutrition

Wasted, dyspneic male in

PHYSICAL FINDINGS

(In this examination, the following should be covered: Head, Neck, Chest, Heart and Bloodvessels, Abdomen, Genito-Urinary, Bony, and Joints, Neuro-Muscular System, Skin and Gland.)

a state of shock - Pulse could not be recorded - B.P. 0/0
Respiration 36/min shallow

HEAD and NECK

Conjunctiva - pale - sclera - white
Trachea - midline

CHEST and HEART

Respiration shallow 36/min
No rales move on Respiration
No dullness felt & any in

ABDOMEN

the lung Regular sounds
Heard not he corded - Bowel is hyperactive
Blended

OTHER SYSTEMS

the abdominal wall with
profuse petechial and markedly
dusky in colour profuse bleeding from
the site of stab wound.

DIAGNOSIS

Stab wound of the abdomen

Naqui

Hospital No. 602481

HISTORY

9

Date May 29, 1971

Name Spale, Mr. Sanford Room or Ward No 305 Bed _____ Doctor Nagui

Age _____ Sex _____ S.M.W.D. Race _____ Occupation _____

Diagnosis-Working _____

Final _____

Complications _____

Came for the relief of He Admitted as a result of stab
wound of his abdomen.

Family History Family no past 4th available.
He was brought to Emergency room
here by police as a result of stab

Personal History wound of his abdomen
due to knife

Present Illness-Onset and History Started few hours ago when patient
was stabbed in his abdomen NO
other 4th abdomen

Subjective Symptoms _____

02481
EMERGENCY AND INPATIENT SERVICES - SYDNEY CITY HOSPITAL

PATIENT Leslie Sandford O.P. NO. 6982

ADDRESS 985 Westmount Rd AGE 17 PHONE _____

NEAREST RELATIVE Oscar PHONE _____

DOCTOR Rogers M.S.I. NUMBER _____

EXAMINATION BY THE Senior Staff wound on abd.
Admitted

DATE May 29/4 19 71 ADMITTED BY Robbie R.A.

PLACE OF ACCIDENT _____

CAUSE OF ACCIDENT _____

DATE OF ACCIDENT _____ THIRD PARTY LIAB. YES NO W.C.B. YES NO

SERVICE PROVIDED BY _____ DATE _____ 19 _____

NURSE'S RECORD

*In shock. The Air Hoopery 02-68
Tremble blood + Respira Distate
100cc. running Dressing to O.R.
Father signed Major Consent*

HOSPITAL AT _____ WITH _____

STATEMENT FROM RESPONSIBILITY FOR DISCHARGE AUTHORIZATION FOR TREATMENT

PERMISSION TO BE GRANTED IN THE CASE OF THE PATIENT
HARD WORK FOR THE FORM OF TREATMENT SURGICAL
OPERATION AND OR ADMINISTRATION OF MEDICATIONS UNDER
THE PHYSICIAN OR SURGEON IN CHARGE OF CONSIDER
THE BEST OF ADVISABLE

A PATIENT IN SYDNEY CITY HOSPITAL, BY LEAVING THE HOSPITAL
AGAINST THE ADVICE OF THE ATTENDING PHYSICIAN AND OF THE
HOSPITAL ADMINISTRATION, I ACKNOWLEDGE THAT I HAVE BEEN
RESPONSIBLE OF THE RISK INVOLVED BY MY ACTION AND I HOLD
THE ATTENDING PHYSICIAN AND THE HOSPITAL FROM ALL
RESPONSIBILITY FROM ANY ADVERSE EFFECTS WHICH MAY RESULT FROM
SUCH DISCHARGE.

SIGNATURE _____ SIGNATURE _____

RELATIONSHIP _____ RELATIONSHIP _____

WITNESS _____ WITNESS _____

DATE _____

TO BE SIGNED BY THE LEGAL REPRESENTATIVE IN CASE OF A MINOR
OR OF A PATIENT WHO IS NOT COMPETENT MENTALLY OTHERWISE
BY _____

71-02481

99 NO.

NO. 51		NAME OF HOSPITAL Sydney City Hospital		TELEPHONE NO. 72 0242		M.S.I. NO. 210-701-1100	
SURNAME Scale		NAME OF PATIENT Mr. Sanderson		ADMITTED FROM 905 Westmont St., Westmont, C.B.		CITY TOWN OR VILLAGE Westmont	
PATIENT'S MAIDEN NAME		PATIENT'S PRESENT STREET ADDRESS 905 Westmont St.		MUNICIPALITY C.B.		RELIGION Trinity United	
BIRTHPLACE Sydney		RELIGION Trinity United		MARRIAGE STATUS		MARRIAGE HISTORY	
DATE OF BIRTH 14 1 54		OCCUPATION OF PATIENT Inspector		MARRIAGE STATUS		MARRIAGE HISTORY	
NAME AND ADDRESS OF HEAD OF FAMILY OR NEXT OF KIN, OR FRIEND Mr. Oscar Scale, 905 Westmont St., Westmont, C.B.		OCCUPATION OF HEAD OF FAMILY Inspector		PHONE RELATIONSHIP		MARRIAGE HISTORY	
RESIDENCE AND EMPLOYMENT				RESIDENCE AND EMPLOYMENT			
PRESENT AND PREVIOUS ADDRESSES OF PATIENT FOR PAST YEAR		RESIDENCE		PRESENT AND PREVIOUS EMPLOYERS FOR PAST YEAR OF PATIENT		EMPLOYMENT	
905 Westmont St., Westmont		10 70 5 71		Dept. of Highways		5 70 5 71	
290 St. Pleasant St, Sydney		5 70 10 70					
NAME AND ADDRESS OF TWO RELIABLE PERSONS WHO CAN CONFIRM THE ABOVE STATEMENTS OF RESIDENCE AND EMPLOYMENT				FULL NAME, ADDRESS, OCCUPATION			
Mr. Daniel MacGurk, Westmont St. C.B.				Mr. MacGurk, Westmont St., C.B.			
ADMISSION HISTORY				SEPARATION HISTORY			
DATE OF ADMISSION 29 9 71		HOURS OF ADMISSION 2:00 P.M.		DATE OF SEPARATION 7 57		PLACE OF SEPARATION	
REASON FOR ADMISSION		ATTENDED BY A. GANE		NAME OF SURGEON Dr. N. N. N.		PRIMARY DIAGNOSIS ON SEPARATION	
Status Wound in abdomen				SECONDARY DIAGNOSIS ON SEPARATION		TERTIARY DIAGNOSIS ON SEPARATION	
PREVIOUS 3 MONTHS		THIS ADMISSION		NATURE OF ALL OPERATIONS AND OR EXAMINATIONS			
NO []		YES []		BILLY SURGERY		NEGATIVE	
PHYSICAL THERAPY []		PHYSICAL THERAPY []		CHEST SURGERY		NEGATIVE	
DOCTOR'S SUMMARY:				ASSISTANT SURGEON:			
				CONSULTANT:			
				ANAESTHETIST:			
				ANAESTHETIC:			
				CODE NOS. 862.1			
				863.1			
				E94			
				35			
				55.1			
				425			
				ATTENDING PHYSICIAN			

SYDNEY CITY HOSPITAL
SYDNEY, NOVA SCOTIA

Consent to Operation

Date: May 29/71

I, Mr. Oscar Seale, resident in Sydney City Hospital

authorize and direct Dr. Nagui M. D., his associates and/or

assistants to perform the following operation upon my son - Mr. Sanford Seale

and/or to do any other therapeutic procedure that may be advisable for my well being. The nature of the operation has been explained to me.

I hereby authorize the above named surgeon and/or his associates or assistants to provide such additional services for me as they may deem reasonable and necessary, including, but not limited to the administration and maintenance of anaesthesia, and the performance of services involving pathology and radiology.

I hereby authorize the hospital pathologist to use his discretion in the disposal of any severed tissue.

Exceptions: None

WITNESS: Mr. Davis R. d.

Father's
PATIENT'S SIGNATURE: Oscar Seale

WITNESS:

HUSBAND'S SIGNATURE:

PHYSICIAN'S RECORD

NATURE OF CASE:

RECEIVED
 IMMEDIATE
 DEFERRED
 OTHER
 (NOTE POSITIVE RESULTS)

*Stab wound
 abdomen*

TREATMENT

PLAN FOR ANAESTHESIA

OTHERS

[Signature]

LABORATORY REPORTS

FAMILY NAME <i>Stale, Mr</i>	FIRST NAME <i>Stanford</i>	ATTENDING PHYSICIAN <i>Nagui</i>	ROOM NO. <i>305</i>	HOSP. NO. <i>62481</i>
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SYDNEY CITY HOSPITAL

LAB NO. <i>H71-6527</i>	DATE RECEIVED <i>5/29 1971</i>	HOSP. NO. <i>71-2481</i>	WARD <i>BA</i>
DIAGNOSIS	NAME <i>Stale, Stanley</i>		
HOSPITAL	ADDRESS		
DATE OF COLLECTION	TOTAL UNITS <i>1 + 1</i>	DOCTOR <i>Nagui</i>	ROOM
IN PATIENT <input type="checkbox"/>	OUT PATIENT <input type="checkbox"/>	REFERRED IN <input type="checkbox"/>	

EXAM REQUESTED

HGB _____ G%	RDW _____	BLOOD GROUP _____	DIFFERENTIAL
PCV <i>36</i> %	COB _____	BLEEDING TIME _____ MINS _____ SECS	NEUT _____ %
M.C.N.C. _____ %	PROTH. ACTIVITY _____	COAG. TIME _____ MINS _____ SECS	LYMPH _____ %
CONTROL _____ SECS	CONTROL _____ SECS	PLATELET COUNT _____ PER CUM M	MONO _____ %
PROTH TIME _____ SECS	PROTH TIME _____ SECS	P.T.T. { CONTROL _____ SECS PATIENT _____ SECS NORMAL 33-50 SECS	ANISOCYTOSIS _____
RBC _____ PER CUM M	RBC _____ PER CUM M		POIKILOCYTOSIS _____
RETIC COUNT _____	RETIC COUNT _____		HYPCHROMIA _____
DATE REPORTED _____	TECHNOLOGIST <i>Hand</i>		POLYCHROMASIA _____

HAEMATOLOGY

HAEMATOLOGY

BIOCHEMISTRY 1

HAEMATOLOGY

HAEMATOLOGY

HAEMATOLOGY

DATE REPORTED <i>May 29/71</i>	TECHNOLOGIST <i>Paul M^{rs} Miller</i>
HAEMATOLOGY	

LABORATORY REPORTS

FAMILY NAME <i>Seale, Mr</i>	FIRST NAME <i>Sandford</i>	ATTENDING PHYSICIAN <i>Nagui</i>	ROOM NO. <i>305</i>	HOSP. NO. <i>62481</i>
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SYDNEY CITY HOSPITAL

LAB NO. <i>6530</i>	DATE RECEIVED <i>5/29 1971</i>
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NOV. NO. <i>71-2481</i>	NO. <i>09(00)</i>
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DIAGNOSIS _____

NAME *Sandy, Link*

HOSPITAL _____

ADDRESS _____

DATE OF COLLECTION _____ TOTAL UNITS *1+1*

DOCTOR *Nagui*

IN PATIENT OUT PATIENT REFERRED IN

X-RAY REQUESTED

HEMOCRITIC INDEX <i>38</i>	HEMOCRITIC INDEX	BLOOD SMOUR	DIFFERENTIAL
ACNC	PROTH. ACTIVITY	BLEEDING TIME	NEUT
BC	CONTROL	COAG. TIME	LYMPH
ETC. COUNT	PROTH. TIME	PLATELET COUNT	MONOS
EOSIN COUNT		P.T.T.	ANISOCYTOSES
			POIKILOCYTOSES
			HYPOCHROMIA
			POIKYLOCYTOSIS

DATE REPORTED _____ TECHNOLOGIST *Reed*

HAEMATOLOGY

BIOCHEMISTRY I

HAEMATOLOGY

HAEMATOLOGY

HAEMATOLOGY

COUNT _____

DATE REPORTED *May 29/71* TECHNOLOGIST *Reed Mrs Miller*

HAEMATOLOGY

LABORATORY REPORTS

FAMILY NAME FIRST NAME ATTENDING PHYSICIAN ROOM NO HOSP NO

Seale, Sanford and Seal, Mayo 305 11-4-71

SYDNEY CITY HOSPITAL

NO 31 3493 DATE RECEIVED May 29 1971

NO 02481 ROOM NO RR

NAME Sanford Seal

ADDRESS S.H.

DOCTOR Mayo

DIAGNOSIS

HOSPITAL S.H.

DATE OF COLLECTION May 29/71 TOTAL UNITS 13

IN PATIENT OUT PATIENT REFERRED IN

Table with columns for DETERMINATION, RESULT, NORMAL, and various biochemical tests like GLUCOSE, UREA NITROGEN, ALBUMIN, etc.

DATE REPORTED May 29/71

TECHNOLOGIST Bond

BIOCHEMISTRY 1

HAEMATOLOGY

HAEMATOLOGY

HAEMATOLOGY

DATE REPORTED May 29/71

TECHNOLOGIST Paul McMillan

HAEMATOLOGY

LABORATORY REPORTS

FAMILY NAME Seale, Mr FIRST NAME Stanford ATTENDING PHYSICIAN Nagui ROOM NO. 305 HOSP NO. 624

SYDNEY CITY HOSPITAL

LAB NO. H-71-6514 DATE RECEIVED May 29 1971
 DIAGNOSIS _____
 OPHTAL SCM
 DATE OF COLLECTION May 24/71 TOTAL UNITS 1 + 1
 IN PATIENT OUT PATIENT 10:00 REFERRED IN

POP NO. 02481 ROOM NO. _____
 NAME Stanford, Seale
 ADDRESS _____
 DOCTOR Nagui AGE 17
 SEX Male

EXAM REQUESTED Hematocrit

ICE _____	OL _____	HAZ _____	COAG TIME _____	PLATELET COUNT _____	WBC _____	DIFFERENTIAL
CV <u>30</u>	PCV _____	PROTH. ACTIVITY _____	BLEEDING TIME _____	PER CUM M _____	NEUT _____	LYMPH _____
WCHC _____	MCV _____	PROTH. TIME _____	CONTROL _____	PER CUM M _____	MONO _____	PLAS _____
EBL _____	MCN _____	PER CUM M _____	PATENT _____	PER CUM M _____	ANISOTIC _____	POIKILO _____
LEUC. COUNT _____	MCN _____	PER CUM M _____	NORMAL _____	35-50 SECS	HYP _____	POLY _____

DATE REPORTED May 29/71 TECHNOLOGIST R. M. Miller

HAEMATOLOGY
 HAEMATOLOGY
 HAEMATOLOGY

DATE REPORTED May 29/71 TECHNOLOGIST R. M. Miller
 HAEMATOLOGY

LABORATORY REPORTS

FAMILY NAME Wale, Mr Sandford FIRST NAME Nagui ATTENDING PHYSICIAN Nagui ROOM NO. 305 HOSP NO. 62431

SYDNEY CITY HOSPITAL

LAB NO. H-71-6510 DATE RECEIVED May 28 1971

REF NO. 02481 SEX I
 NAME Sandford Seal
 ADDRESS 985 Westmount Road
 DOCTOR Nagui AGE - Male

DIAGNOSIS _____
 HOSPITAL SCH
 DATE OF COLLECTION May 28/71 TOTAL UNITS _____
 IN PATIENT OUT PATIENT REFERRED IN

EXA/A REQUESTED X-ray - X M-2

WBC	PER CU MM	DIFFERENTIAL
NEUT	PER CU MM	
LYMPH	PER CU MM	
MONO	PER CU MM	
ANISOCYTOSIS		
POIKILOCYTOSIS		
HYPOCHROMIA		
PLATELET COUNT	PER CU MM	
PLT	PER CU MM	
RETIC	PER CU MM	
RETIC COUNT	PER CU MM	

0-97772, 0-97783
 DATE REPORTED May 28/71 TECHNOLOGIST Pearl McMillan

HAEMATOLOGY

HAEMATOLOGY

DATE REPORTED May 29/71 TECHNOLOGIST Pearl McMillan
 HAEMATOLOGY

LABORATORY REPORTS

FAMILY NAME <i>McDonald</i>	FIRST NAME <i>Donald</i>	ATTENDING PHYSICIAN <i>Nagu</i>	ROOM NO. <i>305</i>	REGD. NO. <i>62481</i>
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SYDNEY CITY HOSPITAL

LAB NO. <i>H 71-6513</i>	DATE RECEIVED <i>May 29 1971</i>
DIAGNOSIS <i>Acute Myocardial Infarction</i>	NO. <i>62481</i>
HOSPITAL <i>SCIT</i>	NAME <i>Donald Paul</i>
DATE OF COLLECTION <i>May 29 1971</i>	ROOM NO. <i>SCIT</i>
IN PATIENT <input type="checkbox"/>	OUT PATIENT <input type="checkbox"/>
REFERRED IN <input type="checkbox"/>	PHYSICIAN <i>Nagu</i>

EXAM REQUESTED <i>SM</i>	WBC <i>7650</i> PER CU MM
HGB <i>11.9</i> GS	DIFFERENTIAL
HCT <i>34</i> %	NEUT <i>65</i> %
MCHC <i>35</i> %	LYMPH <i>32</i> %
PROTH. CONTROL SECS	MONOS
PLATELET COUNT PER CU MM	ANISOCYTOSIS
P.T.T. CONTROL SECS	POIKYLOCYTOSIS
P.T.T. PATIENT SECS	HYPOCHROMIA
P.T.T. NORMAL 35 TO SECS	PLATECHROMASIA

DATE REPORTED *May 29/71* TECHNOLOGIST *Paul Mac Miller*
HAEMATOLOGY

DATE REPORTED *May 29/71* TECHNOLOGIST *Paul Mac Miller*
HAEMATOLOGY

LABORATORY REPORTS

FAMILY NAME Seale, Mr	FIRST NAME Sandford	ATTENDING PHYSICIAN Nagui	ROOM NO. 305	HOSP. NO. 62481
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SYDNEY CITY HOSPITAL

NO. 1-71-6510	DATE RECEIVED May 28 1971	HOSP. NO. 02481	ROOM NO. 3
PHONS Stat Lumbia	NAME Sandford Seale	ADDRESS 985 Westmount Road	
HOSPITAL SCH	AGE 17 yrs	SEX Male	PHYSICIAN Nagui
DATE OF ADMISSION May 23/71	TOTAL UNITS 26+1	PATIENT <input type="checkbox"/> OUT PATIENT <input checked="" type="checkbox"/> REFERRED IN <input type="checkbox"/>	

TESTS REQUESTED CBC plus Rh AS XM-4		WBC 6,700 PER CU MM
HGB 14.6 G	HCT 41 %	DIFFERENTIAL
HMC 35 G	PLATELET COUNT	NEUT 50 %
		LYMPH 47 %
		MONOS
		ANISOCYTOSIS
		POLYCYTOSIS
		HYPCHROMIA
		POLYCHROMASIA

DATE REPORTED: May 28/71
TECHNOLOGIST: Paul Mac Miller R.T.

HAEMATOLOGY

DATE REPORTED: May 29/71
TECHNOLOGIST: Paul Mac Miller

HAEMATOLOGY

LABORATORY REPORTS

FAMILY NAME <i>Seale, Mr.</i>	FIRST NAME <i>Sandford</i>	ATTENDING PHYSICIAN <i>Nagui</i>	ROOM NO. <i>305</i>	HOSP. NO. <i>62481</i>
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SYDNEY CITY HOSPITAL

LAB. NO. <i>H-71-6512</i>	DATE RECEIVED <i>May 29 1971</i>
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NO. *02481*
 NAME *Sandford Seale*
 ADDRESS *985 Westmont Road*
 DOCTOR *Nagui*
 SEX *Male*

DIAGNOSIS _____
 HOSPITAL *SCH*
 DATE OF COLLECTION *May 29/71* TOTAL UNITS *2 + 1*
 IN PATIENT OUT PATIENT REFERRED IN

EXAM REQUESTED <i>Hematocrit</i>		WBC _____ PER CU. MM.	
NOB <i>11.4</i> GS	SEC RATE _____	BLOOD GROUP _____ RH _____	DIFFERENTIAL
PCV <i>32</i> %	CRIT RATE _____	BLEEDING TIME _____ MINS _____ SECS	
MCHC <i>35</i> %	FROM ACTIVITY _____	COAG TIME _____ MINS _____ SECS	NEU. _____ %
	CONTROL _____ SECS	PLATELET COUNT _____ PER CU. MM.	LYMPH. _____ %
	PROTH TIME _____ SECS	P.T. { CONTROL _____ SECS PATIENT _____ SECS NORMAL 25-30 SECS	MONO. _____ %
RBC _____ PER CU. MM.			ANISOCYTOSIS _____
HEM. COUNT _____ & LEUK. COUNT _____ PER CU. MM.			POIKILOCYTOSIS _____
DATE REPORTED <i>May 29/71</i>	TECHNOLOGIST <i>Paul M^{rs} Miller</i>		

HEMATOLOGY

NURSES' RECORD OF TREATMENT AND SYMPTOMS



HOSPITAL NO. 02481

NAME Seale, Mr. Sanford ROOM OR WARD NO. 315 DOCTOR Magui

HOUR	MEDICATION & DIET	NOTES	SIGNATURE OF NURSE
12 ¹⁵ -0m		May 24/71. Dr. M.D. - Slab wound in abdomen. No pulse - Very pale - no hunger Ca per Cannula -	
12 ³⁵		Dr. Magui present -	
	500cc Ringer Lactate	started per inter cath.	
		4 units whole blood - started 12-	
		2 on back arm.	
	1000cc 5% D ₅ running 12-	Cath started -	
		Ringer Lactate added -	
	1000cc Ringer Lactate	added to 12-	
1 ³⁰		transferred to O.R.	
		Patient signed Consent	Madama Ed.
5 ⁰⁰ pm		Returned to Rec Room.	
		Placed on Berman Respiration	
	1000cc 10% D ₅ m cont	}	
	1000cc Ringer Lactate - 5% D ₅ m cont	} to vein	
		right arm	
		500cc whole blood running vein left arm.	
		Several samples 1/2 by Dr. Magui for cultures	
		BP 90/60 P. 120	
		Cervix tube inserted by Dr. Magui	
		and connected to Sones	
		Catheter from operative site	
		connected to suction bag	L. ...

NURSES' RECORD OF TREATMENT AND SYMPTOMS

HOSPITAL NO. 02481NAME Seale M. SandfortROOM OR
WARD NO. 305 813

DOCTOR

Naqui

HRUR	MEDICATION AND DIET	NOTES	SIGNATURE OF NURSE
5:15 5 am		Secondary 11/10/50 29/71 B/P 104/60 P. 120. Scant bright drainage on abd drg	
5:30		Family visit B/P 94/50 P. 140.	
5:45		B/P 70/50 P. 140	
		500 cc whole blood added by Mrs. Harris cup started - pain up very restless.	
6 am		2nd drg reinforced - laxes amount bright bleeding on same	
6:20		B/P 61/40 P. 144	
6:30		B/P 70/50 P. 144	
		Dr. Naqui examined - drains 50 mg 1/0 Ca gluconate 2 gm 1/0 } b. J. Naqui	
		Very scant urinary drainage.	
7-		B/P 66/40 P. 150? Blood work done Gastric output 150 cc bloody drainage	
7-3		Dr. Naqui present B/P 60/45 P. 120??	

NURSES' RECORD OF TREATMENT AND SYMPTOMS

HOSPITAL NO. 62481

NAME Spale, Mrs. Sanford

ROOM OR WARD NO. 305

CITY Boston

NAGUI

TIME	MEDICATION AND DIET	NOTES	INITIALED BY NURSE
7-3		Sat May 29/30 Abd drg. changed by Dr. Nagui Large amt bright blood. Dry sterile drg applied.	
8:10	500 cc's blood	added to I.V. by Dr. Nagui B/P - 60/50 P-120. Very rapid	
8:30		Levine output - 50 cc's dark blood & clots. B/P - 64/50 P-130?	
8:45		B/P - 70/64 P-120	
9:00		B/P - 70/60 P-120? Pubic and leg prep done by orderly Alex Ferguson	
9:05	500 cc's blood	absorbed.	
	500 cc's Ringer's	Lactate added to I.V.	Dr. Nagui
9:10		To O.K.	
1:20 PM		Returned to Recovery Room.	
	500 cc's Asmontal	15% running in vein of Rt. hand.	
	Monoc's Ringer's	Lactate running in vein of Rt. arm.	
	Ringer's Lactate	& 5% D running in vein of left arm	
		Bennett respirator connected.	
		Germosuction connected to Levine.	

NURSES' RECORD OF TREATMENT AND SYMPTOMS

HOSPITAL NO. 02481NAME Seale, Mr. SandfordROOM OR WARD NO. R212DOCTOR Nagu

HR	MEDICATION AND DIET	NOTES	INITIALED BY NURSE
1:20 PM	Ornital absorbed.	May 29/71 Sat. 1000 cc's Ringers lactated added to S.B.	
1:20 PM		Closed chest drainage.	
1:20 PM		B/P - 40/? P-96	
1:30 PM		E/P - 44/? P-96	
1:35		B/P - 50/? P-92	
1:35		Dr. Nagu visited.	
		(Dr. Nagu) - changed chest drainage	
		bottle (1200 cc's dark blood in bottle)	
1:40	Chloramycetin 1 gm	I/V by Dr. Nagu.	
1:45	Aramine 50 mg	added. I/V by Dr. Nagu.	
1:55	Solu-Cortef 100 mg	given I/V by Dr. Nagu.	
2:10	Soda Bicarbonate 50 cc	I/V by Dr. Nagu.	
		B/P - 64/40 P-100	
2:05		B/P - 60/30 P-104	
2:20		B/P - 64/34 P-104	
		Levine irrigated by Dr. Nagu.	
2:35		B/P - 62/34 P-104	
2:50		B/P - 60/34 P-104	
		Dr. Nagu visited.	
		Levine output - 125 cc's dark blood & clots.	
		Urine output - 125 cc's	
		Chest drainage - 800 cc's	

NURSES' RECORD OF TREATMENT AND SYMPTOMS

HOSPITAL NO. 02481NAME Seale, Mr. SanfordROOM OR
WARD NO. P. 102NURSE Nagui

DATE	TREATMENT AND SYMPTOMS	NOTES	SIGNATURE OF NURSE
3 rd		MAY 29/21 B/P 65/40 P-104 B/P 65/40 P-104	Jasneon
		Dr. Nagui's - Exam. P/V's Running well. C.V.P. 11 G.M.	
4 th		FIN 500 cc 5th 9th & 2nd APPLIC. B.M.S. L. HEARD (SOUND) LEVIN'S IRRIGATED (Running well) B/P 65/40 P-104	
5 th		NO SLIGHT IMPROVEMENT PULSED B/P 65/40 P-104 B/P 65/40 P-112 B/P 65/40 P-116	
6 th		HEARD B.M.S. P.B. CAUSAL C.V.P. 9.4 G.M. / P-30 B/P 55/40 P-104	
7 th		HEARD B.M.S. 30 G.M. / MIN B/P 55/40 P-104 5 th P-134	
7 th		B/P 50/40 P-104 B/P 48/40 P-132 SPASTIC HANDS OF BATH HANDS & FEET NOTED.	
7 th		BROTHER VISITING MRS. L. HEARD & Dr. Nagui	

NURSES' RECORD OF TREATMENT AND SYMPTOMS

HOSPITAL NO. 02481

NAME Seale, Mr Sandford

ROOM OR WARD NO. 305

CITY Nagoi

TIME	MEDICATION AND DIET	NOTES	INITIALED BY NURSE
		11/18/71 SATURDAY	
		VITELIN RE. PT. CONDITION	
		EXAMINE DRIP SPEED	
		TO 20 GTS/MIN	
7:45 E		B/P 80/20 P-136 R/P 24	
8:15		RESPIRATIONS CARRIED. NO PULSE.	
		NO BLOOD PRESSURE	
8:15 PM		PROLAPSED PEAR BY DR. MURPHY	
		TAKEN TO SURGE BY "GARDNER"	
10:00 PM		MURPHY OPERATED	

RECORD OF DEATHHospital No. 92471

Name in full SEALE, MR. SANDFORD
 Age 174r Sex Male
 Date (of death) May 29/71 Hour 8 p Doctor Regis A. ...
 Nurse present B. M. ... R. D.
 Doctor Notified by B. M. ... R. D.
 Relative Notified by Dr. Regis
 Autopsy (if any) performed by _____
 Taken to Morgue by Clifford Murphy, B. M. ... R. D.

AUTHORIZATION FOR RELEASE OF BODY

Kindly give the remains of the late Mr. Sandford Seale
 To burial

Signature Oscar SealeUNDERTAKER'S RECEIPT

Received from Sydney City Hospital

the body of the late Mr. Sandford SealeSignature Clifford Murphy

Body handed over by _____

Date _____

Hour _____