

Patient: MCRAE, DAVID

Date of Admission: 11/17/89

Request from: Dr. BRACCHI

To: Dr. GASKILL

Reason for Consultation: _____

Date of Consultation: 11/21/89

HISTORY:

David is a 21 YO white male who was involved in a motor-cycle accident in mid-October sustaining a severe head injury as well as closed chest injury with apparent bilateral pneumothoraces. He was recently transferred here from Idaho with his residual head injury which the prognosis has been rather grave for ultimate improvement. He had a chest x-ray done on 11/17 that showed perhaps a posterior basal infiltrate on the right and by 11/20 this progressed to a more intense parenchymal infiltrate with an associated pleural effusion. He subsequently had a thoracentesis with aspiration of approximately 200cc of gelatinous amber pleural fluid and thus far there has been no growth from this fluid. He has been on Tobramycin and Cefizox. He is now seen in thoracic surgical consultation. On review of the x-rays there is a rather large right empyema. The parenchyma is somewhat difficult to evaluate.

ADVICE:

I feel that he should be bronchoscoped to exclude major airway plugging with mucus plugs. He should have a right pleural tube.

DISCUSSION:

I feel that his empyema fluid is probably loculated gelatinous fluid that will be difficult to remove with a simple chest tube placement and if he did not have his grim neurological prognosis, it might be more prudent to suggest a limited thoracotomy with removal of the fluid and accurate tube placement. However, in view of the fact that the family is anxious to do as little as possible to hurt David, at this time we will place a dependent chest tube and hope for the best.

Thank you for the privilege of participating in his thoracic surgical care.

WMG/tl
dict/tran 11/21/89

W.M. GASKILL, M.D.

St. Elizabeth Medical Center
Yakima, Washington

CONSULTATION

MCRAE, DAVID
File #23-39-18
Adm 11/17/89
Room 522