Clarence Wiersma Chathem-KEnt Hospital chart review notes by MT

Passcode to open file is: MRN:000065689

Dec 23 admitted. Er vitals syst>100, febrile, sat 92-92. then 87%. In ER IV saline, tylenol and zofran. CXR multifocal pneumonia.

2 day prior tested + covid, family too, always chart unvaccinated first.

No antibiotics, no ivermectin or hydrxychloroquin, no vit D, no ASA, steroids delated, no antihistamine,

Dec 23 8:30 PM presented to ER, admit to medicine, bp lower and pt sicker so transfer to ICU Dec 24, given **tocilizumab** on dec 25, intubated dec 26,

(Tocilizumab Tocilizumab, sold under the brand name Actemra among others, is an immunosuppressive drug, used for the treatment of rheumatoid arthritis, systemic juvenile idiopathic arthritis, a severe form of arthritis in children, and COVID‑19. It is a humanized monoclonal antibody against the interleukin-6 receptor.Wikipedia)

Dec 30th "deteriorated" 3 L IV fluids and 3 vasopressors. Discussion with family leading to DNR, pupils dilated and fized and pronounced.

That is up to page 15. Ciriticism: PT should have received antiviral ivermectin (and /or Hydroxychloroquin and zonc), ASA, IV antibiotic for secondary bacterial pneumonia, antihistamine, steroid, and oxygen immediately on admission date. MY OPINION: with this treatment, he would have recovered within a few days and been discharged home. Unneccesarry death.

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reviewing first sets of dicated and typed progress notes, pg 16 to 26 , safe effective antivirals are completely neglected (as per the WHO top down agenda), he receives oxygen, is intubated as e fails, receives zero treatment for bacterial pneumonia which is contrary to all normal standard of practice (except the top down WHO directions that were foolishly followed). There is complete lack of knowledge demonstrated as to how covid pneumonia kills which is microvascular clotting due to the SARS C0V2 virus, or secondary bacterial infection. BOth issues are neglected as the patient undestandably deteriorates towards eventual death. on Dec 25 he received tocilzumab which I would not suspect ot have significant benefit or in any way replace the deficiency of aspirain and antibacterial meds.

Page 25 a note from Dec 29 indicates intubation was done this day (rather than Dec 26) and the note's author Beg Shafia , writes that dexamethasone "will continue", "sputum cultures have been sent, to assess whether or not he would benefit from antibiotics", but no antibiotics are given. This is one of the main erros in my opinion that cost Clare is life. I think, had he received ivermectin, antibiotics, and aspirin from the beginning, he would have improved rapidly and survived.

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page 27 begins hand written progress notes.

Hand notes indicate he was sedated and intubated at 6 PM on Dec 26th. ONce intubated, he bit on the tube, was further sediated, then was hypotensive and stated on levophed and a central line was placed within the same hour as intubation.

ECG's page 29 and 30 are normal. page 31 dec 28 ecg shows a tachyarrythmias, then on the 30th bradyarrythmia, and progresses to no cardiac signal.

page 37 on the day of death, has a meds list. It includes enoxaperin at a PE prophyslaxis dose (but no conscious consideration of the microvascular clotting nature of covid penumonia is discussed or mentioned (this was largely due to the supression of autopsies of covid demised people, but the knowledge was there for those that looked). IN Clare's case , like may, doctors are being completely neglegent while conforming to the WHO-Public Health-medical regulators policies.

Also note pt was on digoxin, presume to treat the tachyarrythmia noted earlier.

Some of the notes are in the wrong order, and that creates some challenge to following the chronology.

pg 41 ICU Dr Khalifa consultation note. notes cough productive of sputum, yet again another indication that this man should have received empiracal antibiotics for bacterial pneumonia (or secondary bacterial pneumonia). tocilizumab, DVT prophylaxis, and dexamethasone were started Dec 26.

pg 44 Dr Tran notes "he was reported of confusion on admission but he seemed to be clear minded..."

pg 45 ER doc was Dr Donal Kevin Hastings. Discharge instructions are partly filled out, not signed, and seem irrelevant as he was being admitted rather than sent home.

Intake and OUtput records pg 48 through 52. Fentanyl and medazolam sedation. Propofol and vasopressin appear on dec 27. Digoxin on the 28th or 29th. Urine output is minimal acceptable. (850 over 24 hours depeding on his weight , if 70 KG he would have 0.5 ml per kg, the minimal acceptable).

medication administration record from pg 54 to pg 72 is in reverse chronologic order and is for all meds other thn continuous infusions. On page 72 "Continuous Infusions" records begin in reverse chronologic order and run until page 185.

Page 185 Orders-medications. On December 30th at 7:57 a.m. this patient was finally given one of the three treatments that he nost needed: antibiotics (ceftriaxone and metronidazole). This was given at this time due to adding aspiration penuomonia to his diagnosis, but antibiotics for secondary (or primary when you consider how misleading 45 cycle Ontario PCR tests were for falseley "diagnosing covid") were indicated from the first examination in the emergency department.

December 30 at 01:19 he received amiodarone (pg 186) . Is this due to the tachyarrythmia on the pg 31 Dec 28th ECG strip? Digoxin Dec 29 17:11 0.25 mg single dose IV push? confusing, but I think the same digoxin loading IV dose followed by oral doses per the feeding tube were given on Dec 28 at 23:23 thi correlates with the tachyarrythmia ECG strip . Vasopressin given at ~ same time (a period of critical resucitation I suspect).

Cisatracurium besylate (an intermediate-acting, non-depolarizing neuromuscular blocking drug) was used Dec 26 for paralysisi to facilitate intubation. Salbutamol started Dec 26. Dexamethasone and DVT/PE prophylactic doses of eneoxeparin were started Dec 24 (pg 95)

Medication orders ends at pg 197 and Orders in general start at pg 198 where I will resume next session.