

ROYAL VICTORIA HOSPITAL
AUTOPSY REQUEST FORM

NAME: Robert Hamill AUTOPSY No: A _____

D.o.B.: 12/9/71 SEX: Male HOSPITAL No. 97/1008244

CONSULTANT: Mr Fannin WARD: 39 HOSPITAL RvH

DATE OF ADMISSION: 27/4/97 DATE OF DEATH: 8/5/97

DATE OF AUTOPSY: _____ TIME OF AUTOPSY: _____

TIME COMPLETE REQUEST RECEIVED IN MORTUARY: _____

CLINICAL PRESENTATION: (major symptoms)

Closed head injury following assault

HISTORY OF PRESENT ILLNESS:

Transferred from Craigavon Hospital
out drinking 27/4/97 assaulted ~ 02.00
GCS 4-5/15 Unconscious on CAH
Intubated + ventilated then transferred to RICU.
CT scan on arrival - Normal.

C-spine x-rays - Normal

Ventilated until 27/4/97 12 mid. - since

PAST MEDICAL HISTORY (incl drug therapy):

None known

Exhibition extremely
restless + agitated
requiring regular sedation.

GCS remain 6-8 throughout
admission sedation being
decreased since 7/5/97.

INVESTIGATIONS: (include laboratory, ECG, X-ray etc)

Routine bloods - ABPILTS/ABG's
CXR
CT scans x 2
CSU

Morning 8/5/97 Pyrexia
39°C quoniam central
cause due to injury? Infr
Blood Culture x 2 taken
HSSU sent
CXR cradled

CLINICAL DIAGNOSIS

Diffuse Brain Injury

on return from xray Temp
40°, Pale unrecordable BP
Registrar called Penflorath
shut down poor respiratory
effort Anaesthetist + cardiac
team called Resus theatre

NOTES

commenced ~ 3.15pm

NO response from

IV fluids - Geluson

Adrenalin

Sodium Bicarbonate

Calcium Chloride

Atropine

Debrumalon

Antibiotics given also

- chloramphenicol

- claforan

- Dexamethasone

Resuscitation discontinued ~ 4.10pm.

NO output

NO resp effect

~~NO~~ Pupils fixed + dilated

Patient pronounced deceased.

LIST CLINICAL PROBLEMS IN ORDER OF IMPORTANCE:

(This list will enable the pathologist to produce a more relevant report.)

- (1) _____
- (2) _____
- (3) _____
- (4) _____

DEATH CERTIFICATE: If a death certificate has already been prepared please copy it below for our records.

(1)

Disease or condition directly leading to death:

(1)

(a) _____

due to

Antecedent causes, morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b) _____

(c) _____

(2)

Other significant conditions, contributing to the death, but not related to the disease or condition causing it:

Will you or a colleague be attending the review session at 1.45 pm on the day of the autopsy? YES NO

Signature of requesting doctor



Please write your name legibly and give an extension number where you can be contacted



THE FINDINGS OF THE AUTOPSY WILL BE TELEPHONED TO THIS NUMBER

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