



INDIANA UNIVERSITY MEDICAL CENTER

MM# 16500

793

1100 W. Michigan St. Indianapolis, Indiana 46202

HISTORY - PHYSICAL - PROGRESS - OTHER

0 15 - 6

ARMSTRONG, LANCE E.  
1343736D 1RSEP1971 MWP  
34424218 INPATIENT  
NICHOLS, C.

Inpatient  Outpatient

DATE TIME

10/27/96 2:00 VS Stable as well as neuro's.  
grossly cath furnished per pt request.  
Has good bed return & furnished early.  
pt says "I've run out of energy" & is preparing  
for med. 2000 & given med. *Saltzman needs*

10/28/96

R/N  
Stable overnight.  
VSS 170 3456 / 2860.  
PE NAD. C/NIT - XL WNL (Cerebellar signs  
Strength 5/5 MSR 2+ UE/LZ  
Chest / con / Abd WNL.  
data - dilate pupil 10/26 10.1  
d'FP, BHCG (P).  
a/p. Path - Brain lesion - hemorrhagic/necrotic.  
25 y10 E met tests SA 9/1 Pycletic BEP.  
POD #3 Craniectomy for Brain meta & path ->  
necrotic tissue. MS & neurologically stable  
on tapering dose decadron & dilant.  
plan to inhale cycle #2 BEP today.  
monitor UA daily, while on furofide,  
monitor T/d's.

*[Signature]*

10/26/96

Overseas will begin them v ip today. It was.

10/27/96

NSG  
NS started for hydration at 200cc/hr for chem  
to start today.

EXHIBIT  
159

HISTORY - PHYSICAL - PROGRESS - O

B-34

MEDICAL BOARD COPY

B-CLIN. NOTES E-LAB G-X-RAY K-DIAGNOSTIC M-SURGERY O-THERAPY NURSING Y-MISC.

MM# 16500

793



INDIANA UNIVERSITY MEDICAL CENTER

1100 W. Michigan St. Indianapolis, Indiana 46202 0 25 86

HISTORY - PHYSICAL - PROGRESS - OTHER

DATE	TIME	
9/27/96		<p>One Resident</p> <p>S - of 70 &amp; 70 of Seizures</p> <p>T - 368, HR - 74, BP - 120/62 R - 163</p> <p>HEENT - Surgical scars well healed</p> <p>Brain</p> <p>Chest - clear</p> <p>Heart - RRR</p> <p>abd - BSFT, w/T</p> <p>ADP metastatic testicular Ca. Amount of chemo. - on dilantin and decadron taper. <i>Ball</i></p> <p>Doing well. No sequelae of <i>Ball</i> surgery &amp; bleed well.</p>
10/27/96		<p>NCS - 65%</p> <p>= AF VSS</p> <p>awake, alert, conversive</p> <p>incisions &amp; 2 CPD1 &amp; staples</p> <p>EOMI &amp; upward gaze intact</p> <p>CN VII intact</p> <p>&amp; drift</p> <p>LAB 10/27 10.1 Dilantin</p> <p>ADP POD# 3 - neurol. stable + doing well</p> <p>→ cont. slow taper decadron + dilantin</p> <p>→ cont. current mgmt.</p> <p><i>Ball</i></p> <p><i>Ball</i></p>

ARMSTRONG, LANCE E.  
 437360 18 SEP 1971 MWP  
 42421R INPATIENT  
 CHOLS, C. 83402

Inpatient  Outpatient

MEDICAL RECORD COPY

HISTORY - PHYSICAL - PROGRESS - OTHER

B-34

B-CLIN. NOTES	E-LAB	G-X-RAY	K-DIAGNOSTIC	M-SURGERY	O-THERAPY	T-ORDERS	W-NURSING	Y-NCSC.
---------------	-------	---------	--------------	-----------	-----------	----------	-----------	---------

MMR 16500

793



INDIANA UNIVERSITY MEDICAL CENTER

0 23 96

1100 W. Michigan St. Indianapolis, Indiana 45202

HISTORY - PHYSICAL - PROGRESS - OTHER

ARMSTRONG, LANCE E. 1343 360 18SEP1971 MWP 34424 218 INPATIENT NICHOLS, C. 83402

DATE TIME

CNC Resident Admit Note

9/23/96

25WM previously healthy world class cyclist who noticed @ testicular mass and subsequent hemoptysis months ago - subsequent evaluation per CT revealed bulky metastatic pulmonary dz. Subsequent @ orchiectomy @ Southwest Regional CA Center in Austin TX revealed non-seminomatous mixed germ cell tumor -> 75% chorioCA, 25% yolk sac tumor & microscopic foci of mature teratoma. 3wks of BEP Arms maintained S complete. Last bleomy dose was 2 days ago. BHKG peak 90000, AFP NSD. w/u included head CT -> revealed 2 small peripheral lesions chor nets - he presents to UMMC for surgical removal of lesions and subsequent VIP chemo.

NKMP

meds included mult. nutritional supplements, vitamin pills. SHT non smoker, @ ERD. World Champion cyclist. EIT @ 2 great-grandchildren & breast CA. RUS headache x 2 some wks ago prior to head CT

Skin

Very athletic @ in MMS. BPes 115/60 P54 14f. arthritic sclera. am 5 lesion neck supiple S LARV. CV: PRR 5 m/oa. Lung CT @. And SFT NTND BSE. well healed @ LQ scar @ inguinal adenopathy. vit: @ C/CIE. Neuro intact.

B-Heg 8000 (9/24/96)

142/99 15 <131 den 12 NL PT 25 MR 0.9 202 15.2/171 3.6/27 .8 PT 10.8 422

PTP 25WM NSGET S/p orchiectomy cycle 1 of BEP @ 2 small peripheral brain mets -> to OR in AM for stereotactic removal of mets followed by VIP chemo.

John Anderson MD 4111

HISTORY - PHYSICAL - PROGRESS - OTHER

B-34

B-CLIN. NOTES	E-LAB	G-X-RAY	K-DIAGNOSTIC	M-SURGERY	Q-THERAPY	T-ORDERS	W-NURSING	T-MISC.
---------------	-------	---------	--------------	-----------	-----------	----------	-----------	---------



INDIANA  
UNIVERSITY  
MEDICAL  
CENTER

MM# 20838

Rev. 1/94

1100 W. Michigan St. Indianapolis, Indiana 46202

Diagnosis/Procedure **NSDBA Craniotomy for Convexity or Falx Meningioma, Abscess Drainage, SDH Evacuation; Glioma Resection; GBMF**

Initials	Signature/Title	Initials	Signature/Title

ARMSTRONG, LANCE E.  
13437360 18SEP1971 MWP  
3442421P INPATIENT  
NICHOLS, C. P3302

Inpatient  Outpatient

Page 2 of 2

CAREMAP DAY	4 (Transfer)	5	6	7
DATE	10/27/94	10/28	10/29	10/30
ACTIVITY	-Up in chair	-Up ad lib	-Same as Day 5	-Same as Day 6
ASSESSMENT	-VS and neuro checks q 4 hours -Incision check q 4 hours	-Same as Day 4	-Same as Day 5	-Same as Day 6
CONSULTS				
DIET	-Clear liquids; advance to regular	-Same as Day 4	-Same as Day 5	-Same as Day 6
MEDICATION	-H <sub>2</sub> Blocker -Steroids (weaning doses) -Anticoagulants -Pain meds -Bowel routine	-DC H <sub>2</sub> Blocker -DC steroids	-Anticoagulants -Pain meds -Bowel routine	-Same as Day 6
TEACHING/ DISCHARGE PLANNING	-Transfer to floor		-Discharge teaching	
TESTS				
TREATMENTS/ PROCEDURES a) IV's	-PIV #1: -PIV #2: -IV site dress chg q 72 hrs.			
b) Other				

3/24/94

The caremap serves as a guideline for patient care and is subject to alteration based on the individual needs of the patient.  
"Adapted from CareMap® System with permission by The Center for Case Management, South Natick, MA."

CAREMAP CLINICAL PATHWAY

W-36

R-PT/IM/INTENSIVE | P-PLAN | C-CLINICAL | K-DIAGNOSTIC | M-SURGERY | O-THERAPY | T-ORDERS | W-NURSING | Y-MISC