CLIENT:	**Adrianna Barrett**
TELEPHONE PRE-EVALUATION:	**May 22, 2008**
DATE OF EVALUATION:	**June 2, 2008**
DATE REPORT INITIATED:	**June 3, 2008**
REPORT FINALIZED:	**June 9, 2008**

Adrianna Barrett is a 32-year-old Caucasian female seen for evaluation at the Sunny Acres Nursing Home skilled nursing facility in Jacksonville, Florida, where she currently resides. Her father, Isaac Williams was present at the evaluation, along with her attorney who listened but did not participate. The evaluation was video taped by a videographer.

In order to gather preliminary data, a pre-evaluation telephone conference was conducted by one of the counselors on my staff, Kay R. Brown, CLCP, CCM with Isaac Williams. Co-counsel Charles Kenley, was present during this conference call, although he only offered brief comments.

Her attorney, Alex Clinton, referred Adrianna for a rehabilitation evaluation. The purpose of this evaluation is to assess the extent to which handicapping conditions impede her ability to live independently, handle all activities of daily living, and to assess the disability's impact on her vocational status.

Demographic Information:

Client Name: Adrianna Barrett; **Social Security #:** XXX-XXX-XXXX; **Facility Address:** 3567 Mountain Blvd., Jscksonville, FL 32099; **County:** Duval; **Closest Metro Area:** Jacksonville; **Phone**: XXX-XXX-XXXX; **Father's cell phone:** XXX-XXX-XXXX; **Birthdate:** 2/25/76; **Age:** 32; **Sex:** Female; **Race:** Caucasian; **Marital Status:** Single; **Birthplace:** Taegu, Korea (father was in military); **Citizen:** Yes; **Elementary/Secondary Education:** Started school in Kansas finished school in Florida.; **Employer at time of injury:** Wal-Mart; **Position/Grade**: Snack bar cashier and collected shopping carts; **Bilingual:** No; **Glasses:** Yes; **Dominant Hand**: left only now; **Height:** 5'5"; **Weight (present):** 165 pounds; **Weight (pre-injury):** 125-130 pounds; **Date of Onset:** 9/20/04.

History: Adrianna had severe pre-eclampsia and sustained an acquired brain injury status post pontine hemorrhage during a cesarean delivery on September 20, 2004. She remained in what was described as a persistent vegetative state until January 2008, when she began to show some improvement in her level of consciousness.

Adrianna has no personal recall of having been pregnant prior to the onset of disability. She began working in the snack bar at Wal-Mart around April 2004, and sometime thereafter became independent, meaning she was given independent responsibility for the snack bar. This suggests a RTA of at least four to five months since she has no recall of this event. She had a pre-impairment history of dyslexia which was evident in her work as a cashier with Wal-Mart but with hard work she still succeeded. In her move to the snack bar she excelled and was apparently never hampered by this learning disability.

Loss of Consciousness or Altered State of Consciousness: Yes.
Length of Unconsciousness or of Altered State: Reported to have been classified as persistent vegetative state until January 2008.
Independent Recall: No.

Rehabilitation Program(s) [In/Outpatient Since Injury]: Adrianna was initially admitted into North Florida Baptist Hospital on 9/20/04 where she remained through 1/20/05. Adrianna was experiencing nausea and vomiting. She was taken for an immediate cesarean section. She had an episode of nausea and vomiting during the procedure and was given Phenergan. She then became unresponsive and CT of head revealed pontine hemorrhage. She also showed evidence of thrombotic thrombocytopenia purpura. Angiogram revealed:

- Slow intracranial flow with increased intracranial pressure. Vascular structures appeared small and could represent diffuse vascular spasm and could be an additional manifestation of intracranial pressure elevation.
- No aneurysms detected.
- Right posterior inferior cerebellar artery filled only it's proximal-most portion. No active bleed at this time.
- Normal arch, normal carotid bifurcations.

Isaac notes that Adrianna had actually been in the hospital the four days before this admission with a lot of issues related to pregnancy and distress, but she was discharged home on 9/19/04.

Hospital records indicated that during the 9/20/04 admission, Adrianna underwent plasmapheresis until the thrombotic thrombocytopenia purpura cleared. Her neurologic status showed improvement on her left side with minimal movement on her right side. A tracheostomy was performed on 9/30/04. She was noted to have increased intracranial pressure and a ventriculostomy was performed. Her movement was very limited after this and a ventriculostomy shunt was placed on 10/6/04.

Adrianna spiked a fever and was treated for an upper respiratory colonization of her tracheostomy, as well as urinary tract infection. She was continued on antibiotics and it was noted that her pupils were asymmetrical. Immediate CT was done which showed an infected shunt. She underwent removal of the right frontal ventriculoperitoneal shunt and placement of a

right frontal external ventricular drain on 12/22/04. She began to show signs of improvement, although she had limited to no movement in her extremities. She did have movement of her facial muscles.

Adrianna underwent placement of an additional right occipital ventriculoperitoneal shunt. When she was stable, she was transferred to Pine Lake Nursing Home. Primary Diagnosis:

- Severe pre-eclampsia with pontine hemorrhage
- Thrombotic thrombocytopenia purpura
- Hydrocephalus
- Methicillin-Resistant Staphylococcus Aureus
- Hypopotassemia
- Pneumonia
- Thrombosis of the lower extremities
- Bacteremia
- Urinary Tract Infection

Accordng to Isaac, while Adrianna was in the acute hospital, she had range of motion therapy and they tried speech therapy, but only a limited amount because it was of little benefit.

Adrianna was moved to nursing home in January 2005. According to her father, she was under hospice care and they were not giving her therapy, as she was classified as terminal with only a short time to live. She was admitted to Ridge Lake Center of Jacksonville on 1/20/05. She remained there until she was readmitted to North Florida Baptist Hospital on 2/11/05. She was discharged again on 2/17/05 at which time she was readmitted to Ridge Lake Center of Jacksonville where she remained for only four days before returning on 3/1/05 to North Florida Baptist Hospital. She was again in North Florida Baptist Hospital on 3/5/05 until she was discharged on 4/4/05 to the Sunny Acres Nursing Home, where she resides today.

Mr. Williams indicates that sometime in 2006, she was evaluated by physical therapy. She was given range of motion program to keep her extremities limber. PT started and stopped over the years. The aide staff has done range of motion with her when PT was not coming. They turn her frequently.

Mr. Williams reveals that Adrianna remained classified as being in a persistent vegetative state until January 2008. She did recognize people prior to January 2008, but had very little movement and interaction. Beginning 1/1/08, she began to show signs of improved cognizance. She began to reach with her left arm. According to Mr. Williams, the doctors have now categorized Adrianna as being in a Locked-In syndrome.

Beginning in January 2008, when she began to be more responsive, she was re-evaluated and PT is now being provided 3 times per week. According to her father, she has very little atrophy in her muscle tone to date, except for her right shoulder and bilateral foot drop. They are doing electrical stimulation on right arm to try to improve her function. This is done 2X/

week. She is also having ultrasound treatments on the right arm for pain relief 2X/ week.
Adrianna was first evaluated by occupational therapy in January 2008. She was receiving OT 2X/ week beginning in January 2008. Her response to therapy has been very positive according to her father.

She had speech therapy evaluation in 2006, but no therapy until January 2008. She is now having ST 3X/week.

Brooks Rehab Hospital has been in to evaluate her. The therapy provided at the nursing home currently is to build up her strength in preparation for possible admission to rehabilitation. She has to be able to sit up for at least 3 hours to qualify for the rehab program.

Isaac notes that there is a psychiatrist that covers the facility and she did do a formal interview and stops in from time to time. She has prescribed medications.

During the evaluation Isaac added, *"Currently she receives PT Monday, Wednesday, and Friday, for one hour each time. Her OT has been stopped for now. She receives ultrasound and electrical stimulation to shoulders and forearms on both sides and this has been showing some improvement. There was initially found to be significant muscle spasms and knotting in the right upper extremity. The ultrasound had very quick effect on that. ST is Monday, Tuesday and Thursday. It lasts for one hour each time. They are working on oral stimulation, teaching tongue movements, working on taste sensations and textures. She now can handle apple sauce, pudding and mashed potatoes."*

Prior Medical History: Accidents or injuries requiring medical intervention:

- Adrianna was working for veterinarian as a teenager and she was bitten by cat and developed an infection that required care. She was hospitalized but had a full recovery.
- Adrianna had an experience with an overdose of medication for which she was treated, and it is reported as an accident.
- She had two *"Leak"* (?) procedures
- No medical conditions that required ongoing medical care.
- She had some seasonal allergies.
- No injuries that left her with a disability.
- She broke her finger once, but this healed with no limitations.
- She had depression in her later school years. This was related to her diagnosis of dyslexia and placement in Special Education, because she was embarrassed. She was an excellent student in such classes as music and singing. She did graduate from high school with a regular diploma.
- She did have depression as an adult due to a bad marriage.
- She reports seeing a psychologist and a psychiatrist and was on an antidepressant for approximately 18 months. She is not sure if it helped.

Chief Complaint(s)

Current Disability

Disabling Problems: (By client/family history and report. No physical examination occurred).

According to her family, Adrianna has been classified as being in a Locked-In syndrome. The following is an explanation of Locked-In Syndrome: *"Locked-In syndrome is a condition in which a patient is aware and awake, but cannot move or communicate due to complete paralysis of nearly all voluntary muscles in the body. It is the result of a brain stem lesion in which the ventral part of the pons (pontine hemorrhage) is damaged. Locked-in syndrome results in quadriplegia and inability to speak in otherwise cognitively-intact individuals. Those with Locked-In syndrome may be able to communicate with others by coding messages by blinking or moving their eyes, which are often not affected by the paralysis. Patients who have Locked-In syndrome are conscious and aware with no loss of cognitive function. They can sometimes retain proprioception and sensation throughout their body. Some patients may have the ability to move certain facial muscles, most often some or all of the extraocular eye muscles. Unlike persistent vegetative state, in which the upper portions of the brain are damaged and the lower portions are spared, Locked-In syndrome is caused by damage to specific portions of the lower brain and brainstem with no damage to the upper brain." (Source: Locked-In Syndrome. Retrieved from http://en.wikipedia.org/wiki/Locked-In_syndrome. Categories: Neurotrauma | Syndromes.)*

Based on this definition, I do not feel that Adrianna should currently be categorized as being in a Locked-In syndrome. Dr. Andrea Zotovas, who is a physical medicine and rehabilitation specialist with whom I consult regarding the medical recommendations for Life Care Plans, has also reviewed Adrianna's medical records and the data collected from my evaluation. Dr. Zotovas also questions Adrianna's diagnosis of a locked-in state. She states, *"She is not currently, although she may have been at one time, in a locked–in state, as she has movement of her extremities, and is able to interact with facial expressions. The definition of locked-in is very specific, and she is better classified as having an acquired brain injury, as she is not quadriplegic as she clearly has movement."* Also, Dr. Zotovas points out that Adrianna has damage to additional brain areas, not just the ventral pons. Based on the records reviewed, Dr. Zotovas pointed out that Adrianna did sustain a brain injury due to pontine hemorrhage. However, she also had extensive periventricular white matter changes, right greater than the left, along with changes in the right frontal and right temporal regions. She also had postero-medial displacement of the right temporal lobe-transtentorial herniation, which resulted in mass effect.

In addition Adrianna demonstrates a severe aphasic condition, which limits her verbal interaction although not her receptive speech.

Adrianna has developed a seizure disorder, but seizures are under pretty good control with Dilantin. Isaac thinks her last seizure was in January 2008. Dilantin was increased at that time. He understands she is getting blood levels checked for her current Dilantin levels at least weekly. It is his understanding they are checking liver functions at the same time. He is unaware of the dentist checking her regularly. Nevertheless, because she is at high risk for gingivitis due to Dilantin and no food by mouth, she needs to be checked. Dr. Jim Avery was listed as her treating dentist.

Adrianna complains of pain in her right shoulder, buttocks, right leg, right foot and headaches. She has no pressure wounds. Isaac indicates that the facility staff go to great lengths to make sure she does not get pressure wounds. She was admitted to this facility with significant pressure wounds, and they treated them and cleared them up. It is confirmed that she has no decubitus at time of this evaluation and no contractures.

Adrianna did have problems with ingrown toenails, but her current podiatrist has provided treatment. He did have to remove two nails on the left side back in September 2007 and Adrianna gave no reaction to the treatment at that time. The first visit from the podiatrist he found deeply infect ingrown toenails requiring the complete removal of both toenails. It was the second visit when a smaller infection was found and he just had to dig deep but no removal was necessary. He comes one time per month and trims her nails. Now when he comes to trim her nails, Adrianna jumps.

Adrianna is able to communicate using signs and signals. Her attorney noted that during his interaction with her the morning of this evaluation, he was showing her sign language for mother and father and she was able to mimic this and seemed to have an understanding of what the signs meant. The ST has provided her with communication cards to help her communicate, and she is able to use these. She was recently evaluated for an augmentative communication device (Dynavox). They are trying to find funding for augmentative communication.

Isaac says that Adrianna is able to laugh and cry and show her sense of humor. She and her father were watching a sad movie the other night and she cried when the character in the movie died. She laughs appropriately and cries at times. Her father says she seems to be losing her fear of being alone to some degree.

Adrianna is tube fed with a feeding pump. She no longer has a trach. Suctioning is only required if she has an upper respiratory infection. She does have Nebulizer treatments twice a day. She has had an average of 2 to 3 URI's in the past year. On a normal day, she is on a continuous feeding pump. She is off two hours a day, a half hour before and after her Dilantin

twice each day, otherwise, she is on a continuous feed 24 hours per day right through the night.

Her current chart shows right upper extremity pain and sensitivity, apparently due to lack of musculature in that area, according to Mr. Williams. See notes in chart copies from physicians. She is on pain medication and this is also in the chart copies. She currently receives all feeding by peg tube. Feeding supplement information is also within the chart copies.

Adrianna remains completely dependent in all activities of daily living. She wears adult disposable briefs and all bowel movements are in the briefs, after which she is cleaned up. No suppositories are used. Adrianna reports she is on a stool softener, and her physician orders indicate Senna Syrup is given. She reports, as does her dad, recurrent urinary tract infections, which are likely from sitting in her diaper too long. Isaac says she is checked every other hour to see if a diaper change is necessary.

Isaac notes that if Adrianna reaches a point where she can be discharged to home, it is to his home to which she will be discharged. Her common-law husband lives with his parents in a trailer, in Duval County, and it is not accessible to Adrianna's disability. Darius Ayo and Adrianna were together only one year when this happened.

Observation: Adrianna consistently nods for yes and no, uses a number and letter board to communicate simple one step answers. She demonstrates a significant aphasic condition, but she is able to handle a basic bliss board and will likely graduate to a more sophisticated touch talker. She is able to use her left upper extremity in a voluntary purposeful fashion, thereby facilitating use of such equipment. I observed her appropriateness of response to environment noting her smiling, frowning, responding to praise and pleasure. I feel confident that her father's statements regarding her ability to laugh and cry are accurate.

Anticipated Treatments: According to Isaac, Brooks Rehab Hospital has been in to evaluate Adrianna. He says that the therapy they are giving her now is to build up her strength in preparation for rehab. She has to be able to sit up for at least 3 hours. *"No one wants to predict too much at this time because all of their predictions have been wrong."* Other than her ongoing PT, OT, ST and podiatry visits, no other scheduled therapy is noted. She is also scheduled with a follow-through on the Dynavox, as well. They run Dilantin levels weekly.

Psychosocial Issues

Patient: She does show signs of frustration. Psychiatric Evaluation done 3/12/08 and Axis I diagnosis was Depressed Disorder NOS, rule out organic mood-depressed type secondary to CVA, Anxiety Disorder. Clinical

observations certainly support depression, anxiety disorder, cognitive disorder NOS and Adjustment Disorder with Depressed Mood and Anxiety.

Family, Emotional Impact on Spouse/Children: Adrianna has a son, Mickey, age 11 and a daughter, Hailey who will be 4 in September. Mickey had not spoken or touched his mother from the time of her brain injury until February 2008. He came into the room in February and they asked Adrianna if she knew who Mickey was and when she was able to identify him, he ran from the room. He will now touch her hand when he comes in the room, but he does not talk much to his mother. Adrianna is able to pull her hand out from under the covers and wiggle her finger at him and he will giggle. Her daughter, Hailey, has grown up with her mom in this condition and she is more adjusted. Isaac says, *"She will climb up on her mommy's bed and talk and talk and Adrianna will just listen. They have a special bond."* Hailey has had petit mal seizures with an early infant onset. She began treatment a year and a half ago. Her treating physician is Dr. Newland at North Florida Baptist Hospital. She also has one leg that is slightly "crooked," which may require surgical correction. Hailey lives with her father, Darius Ayo, now. Adrianna's parents have her once or twice a week. Mickey lives with his father. Adrianna's parents have Mickey almost every weekend. Both children see their mother once or twice a week. Adrianna's father is legally blind and cannot drive. Her mother works full time and is his only transportation.

Physical Limitations

Loss of Tactile Sensation: According to Isaac, Adrianna's left side sensation appears to be intact. She has right side hemiparesis. She can move right side with concentration, but any movement is slight. She has some involuntary movement on right, but little intentional movement. He believes that sensation on the right is altered.

Reach: She can move her left hand. She can reach for her glasses and pick them up and try to put them on her face. No reaching with the right.

Lift: She can pick up her glasses with her left hand. She has difficulty putting them on her face, but she tries. No ability to lift with the right.

Prehensile/Grip: Left hand grip strength is very strong, but no grip strength on the right. She can close the right hand but Isaac does not feel that the movement is purposeful. When holding her right hand, he can feel tremors.

Sitting: She sits up in a wheelchair for 2 to 3 hours a day. The wheelchair does recline, but it has been adjusted so that she can to learn to sit in the wheelchair. Until January 2008, she had only been put up to sit in a Geri chair. She is up once in the morning on Monday, Wednesday and Friday, and

then up again in the afternoon for her bath. The rest of the days, she is only up once a day.

Standing: No standing. They did try to get her to weight bear and she was not able to do this. This attempt was made in February 2008. No access to standing frame or tilt table.

Walking/Gait: Non-ambulatory.

Bend/Twist: If slumped forward when in her chair, she is aware enough to use her left arm to pull herself back up.

Kneel: Nonfunctional.

Stoop/Squat: Nonfunctional.

Climb: Nonfunctional.

Balance: Unsure of balance, but certainly will be deficits related to long term limitations in mobility. He does not know if she can maintain balance on side of the bed when placed in sitting position. Therapy records indicate that she has briefly maintained sitting balance on edge of bed.

Breathing: She has Nebulizer treatments two times per day. She rarely needs suctioning. Recently she had a URI and required suctioning, but now they are using a saline solution to break up mucous. She does have a suction machine next to bed permanently, but it is rarely used. She has occasionally needed an oxygen concentrator, but Isaac believes that she has not needed this since November 2007.

Headaches: She will occasionally have headaches. Her facial expressions let them know when she has pain. They will touch her head, arms, legs, etc. until they get to the right spot, then she confirms pain. They will ask her on a scale of 1 to 10 how bad the pain is and Isaac says, *"she pretty much always indicates it is a 10."*

Vision: Not able to assess. She wears the glasses that she was using pre-injury and her father says that she seems to be able to see.

Hearing: Intact. Very acute according to her father.

Driving: Not a candidate.

Physical Stamina (average daily need for rest or reclining): She tires easily.

Environmental Influences

Problems on exposure to:

Air Conditioning: Yes, chills easily.
Heat: Yes.
Cold: Yes.
Wet/Humid: No.
Sudden Changes: No.
Fumes: She is able to smell and enjoys things like roses. They do aroma therapy with her.
Noise: Not easily startled. If name called, she will turn to look.
Stress: She will cry and show emotions during stress.
Other: She does not go outside, but she is sensitive to hot and cold in her environment. She does seem to chill easily.

Present Medical Treatment

Doctors	**Specialty**	**Phone**	**Fax**	**Frequency**	**Last Seen**
Destin Garrison, M.D. Jacksonville, FL	General Practice	XXX-XXX-XXXX	XXX-XXX-XXXX	PRN	
Nicholas Tavish, M.D. Jacksonville, FL (Phone number does not work, and no other contact information has been located.)	Podiatrist	XXX-XXX-XXXX		Monthly	5/08
R. Yachna, O.D. Jacksonville, FL	Optometry	XXX-XXX-XXXX		/6 months	5/08
Gabrielle Edel, M.D. North Florida Physicians Group	Psychiatry	XXX-XXX-XXXX			
Dr. Jim Avery	Dentist	XXX-XXX-XXXX			

Therapist	**Therapy**	**Phone**	**Facility**	**Frequency**
Jodi Cabbot	PT	XXX-XXX-XXXX	Sunny Acres Nursing Home	3X/week
Fae Cho	OT	Same as	Same as	3X/week

		above	above	
Eva White	0T	Same as above	Same as above	3X/week
Laurel Kacey	ST	Same as above	Same as above	3X/week

Additional Therapies/Notes:

Medication	Strength	Frequency	Amount / month	Purpose	Prescribed by
Fortical (Nasal Spray)	200 units	1 Spray qd		Osteo-porosis	Physician orders by Destin Garison, M.D.
Potassium Chloride	10%	7.5 ml, qd	225 mls	Hypo-kalemia	
Singular	5 mg	qd	30	Allergies	
Timolol Eye Drops	0.5%	1 Drop each eye qd		Glaucoma	
Phenytoin/ Dilantin	125 mg/5 ml susp.	8 mls, bid	480 mls	Seizure disorder	
Albuterol	0.83% per 3 ml vial	1 vial via nebulizer bid or q 6 hours prn	60 vials	Breathing	
Keppra	100mg/ml	10 ml vial, bid	600 mls (60 vials)	Seizure disorder	
Periogard	0.12% oral rinse	Bid using toothettes		Oral hygiene	
Lortab/ Hydro-codone-APAP	5-500 mg	1 each qd, prn	30	Pain	
Paroxetine HCL/Paxil	20 mg	qhs	30	Depression	
Travatan	0.004% eye drop	1 drop each eye qhs		Eye care	
Atropine	1% Eye Drops	1-2 drops sublingual, bid	15 drops = 1 ml, so 8 ml month	Secretions	
Ibuprofen	400 mg	Q 6 hours prn		Pain/fever	
Coumadin	5 mg	qd	30		

Over-the-Counter Medication(s): Certagen liquid 15 mls on time per day to supplement diet and treat osteoporosis; Protein Powder, 2 scoops in juice 4X/day via tube for hypoalbuminemia; Os-Cal 500+D 500 mg one time per day for treatment of osteoporosis; Artificial Tears, 1 drop in both eyes, 4X/day for dry eyes; Maalox, 30 ml via tube every 4 hours as needed for indigestion;

Senna Syrup, 15 ml by mouth every other day as needed for constipation; Debrox 0.5% ear drops, one drop in each ear once weekly for control of cerumen.
Drug Store: RX Advantage
Assistive Devices: Wheelchair, Nebulizer, suction, oxygen concentrator, feeding pump. All equipment furnished by facility. Adrianna does not own any of the equipment used.

Medical Summary

ADRIANNA BARRETT
DOB: 2/25/76
DOO: 9/20/04
Date of Medical Summary: 5/1/08

Adrianna Barrett is a 32-year-old Caucasian woman who sustained an acquired brain injury status post pontine hemorrhage during a cesarean delivery.

NORTH FLORIDA BAPTIST HOSPITAL: 9/20/04 – 1/20/05; 2/11/05 – 2/17/05; 3/1/05; 3/5/05 – 4/4/05;

North Florida Baptist Hospital: 9/20/04 – 1/20/05
Adrianna was complaining of nausea and vomiting. She was taken for an immediate cesarean section. She had an episode of nausea and vomiting during the procedure and was given Phenergan. She then became unresponsive and CT head revealed pontine hemorrhage. She also showed evidence of thrombotic thrombocytopenia purpura. Angiogram revealed:

- Slow intracranial flow with increased intracranial pressure. Vascular structures appeared small and could represent diffuse vascular spasm and could be an additional manifestation of intracranial pressure elevation.
- No aneurysms detected.
- Right posterior inferior cerebellar artery filled only it's proximal-most portion. No active bleed at this time.
- Normal arch, normal carotid bifurcations.

Adrianna underwent plasmapheresis until the thrombotic thrombocytopenia purpura cleared. Her neurologic status showed improvement on her left side with minimal movement on her right side. A tracheostomy was performed on 9/30/04. She was noted to have increased intracranial pressure and a ventriculostomy was performed. Her movement was very limited after this and a ventriculostomy shunt was placed on 10/6/04.

Adrianna spiked a fever and was treated for an upper respiratory colonization of her tracheostomy, as well as urinary tract infection. She was continued on antibiotics and it was noted that her pupils were asymmetrical.

Immediate CT was done which showed an infected shunt. She underwent removal of the right frontal ventriculoperitoneal shunt and placement of a right frontal external ventricular drain on 12/22/04. She began to show signs of improvement, although she had limited to no movement in her extremities. She did have movement of her facial muscles.

Adrianna underwent placement of an additional right occipital ventriculoperitoneal shunt. When she was stable, she was transferred to Ridge Lake Center of Jacksonville. Primary Diagnosis:

- Severe pre-eclampsia with pontine hemorrhage
- Thrombotic thrombocytopenia purpura
- Hydrocephalus
- Methicillin-Resistant Staphylococcus Aureus
- Hypopotassemia
- Pneumonia
- Thrombosis of the lower extremities
- Bacteremia
- Urinary Tract Infection

Procedures performed included:

- Low cervical cesarean section
- Venous catheterization for plasmapheresis
- Temporary tracheostomy, which was removed prior to transfer.
- Percutaneous endoscopic gastrostomy tube for feedings
- Ventriculoperitoneal shunt X 2
- Ventriculostomy X 2.
- Thrombosis was noted and umbrella catheter was placed in the vena cava to prevent thromboembolism.
- Endotracheal tube placement, which was removed prior to transfer

North Florida Baptist Hospital: 2/11/05 – 2/17/05

Adrianna was transferred from the nursing home for evaluation of fever. Head CT revealed:

- No evidence for shunt failure
- Extensive paraventricular deep white matter changes, right greater than the left, with some improvement in the right frontal region and some progression in the right temporal region
- Stable heterogeneity of the left pons and left cerebellar peduncle

Abdominal and chest x-rays were unremarkable. Skull x-rays revealed no interval change in position of the ventriculoperitoneal (VP) shunt. Adrianna had a lumbar puncture to rule out meningitis. She also had an ulceration of her right ear for which she received wound care and antibiotic ointment. It was noted that she was unresponsive, would not follow commands or track with her eyes. Father reported that this was her baseline. Adrianna was discharged back to the skilled nursing facility on 2/17/05.

North Florida Baptist Hospital: 3/1/05

Adrianna's father reported that she had agonal breathing in morning and was bagged for a brief time. Her respirations picked back up before paramedics arrived. Chest x-rays did not show anything acute and she maintained her oxygen saturation on room air. She was discharged back to the nursing home.

North Florida Baptist Hospital: 3/5/05 – 4/4/05
Blood and urine cultures were negative, but a culture of her right ear revealed MRSA. Adrianna had been comatose since her incident, had been treated for hydrocephalus with multiple shunts and multiple revisions, and was recently diagnosed with MRSA sepsis due to infected sacral decubitus and ear lesion. She presented to the hospital with a right blown pupil. Neurologically she was unresponsive but had spontaneous respirations.

Examiner believed Adrianna had a shunt malfunction and probably had another shunt infection either from regrowth of the pseudomonas or seeding the shunt with MRSA secondary to her latest infection. CT head on 3/4/05 revealed posteromedial displacement of the right temporal lobe-transtentorial herniation, resulting in mass effect on the adjacent basilar cisterns, as well as on the fourth ventricle. There was also a presence of dilatation of the temporal horn of the left ventricle, as well as increase in the amount of periventricular low density within the left cerebral hemisphere, likely reflecting a degree of transependymal resorption of CSF (cerebrospinal fluid). On 3/5/05, she underwent bilateral frontal ventriculostomy due to the findings of trapped bilateral temporal horns.

Adrianna had a peripherally inserted central catheter and was treated with IV antibiotics. She also had a bronchoscopy and heavy mucous was suctioned out remarkably improving her oxygen saturation levels. Chest x-rays were unremarkable. She was in a chronic vegetative state and was discharged to the nursing home in the same neurological condition as when she arrived.

SUNNY ACRES NURSING HOME: 4/4/05 – 9/25/07
(Incomplete Records) PT re-evaluation on 2/28/07 revealed Adrianna was dependent for total care and in a persistent vegetative state. She had no movement on command and remained unchanged from previous condition. PT was discontinued.

ST re-evaluation on 3/2/07 revealed no change in condition. Adrianna was unable to swallow safely and had poor airway protection. She was an aspiration risk. She remained "nothing by mouth" status and continued to receive tube feedings.

Activity evaluation on 4/16/07 revealed that Adrianna's family, especially her father, was very supportive and usually saw her daily. She received readings, touch and music stimulation. Bowel and bladder re-assessment revealed she remained incontinent related to her vegetative state. Progress Note dated 7/9/07 showed that she was still dependent on staff for all ADL's and mobility. She would get out of bed to the Geri chair for positioning with

maximum assistance. Dietary progress note on 9/17/07 revealed that Adrianna received tube feedings, with Perative Nutritional Supplement, 20 hours a day at 40ml/hr with 2 scoops of protein powder to provide 1205 calories, 91 grams of protein, and 2400ml of water.

PSYCHIATRIC ASSOCIATES OF JAX BEACH: 2/27/06
Adrianna did not appear to be in any pain. Examiner was unable to complete the evaluation due to her being non-verbal. Her father was very optimistic about her making a significant recovery. Psychiatric support and education recommended.

TAVISH, NICHOLAS DPM: 9/15/06 – 7/30/07
Adrianna was seen multiple times for infected toenails. She had an incision and drainage on 9/15/06. She also had a partial nail avulsion on 1/15/07. She was last seen on 7/30/07.

IMAGING CENTER OF NORTH FLORIDA: 9/29/06 – 8/31/07

Imaging Center of North Florida: 9/29/06
Kidney, ureter and bladder x-ray was within normal limits.

Imaging Center of North Florida: 11/16/06; 3/28/07; 7/19/07; 8/31/07
Chest x-rays were negative.

ISA, ROXANNA M.D.: 1/23/08
Adrianna had developed seizures accompanied by tachypnea and nystagmus, which was treated with Dilantin and Keppra. Over the past year, her father had noted subtle improvements of her neurological function. She appeared to purposefully reach for her father when he was on her left side, and she exhibited more spontaneous movement overall. According to her father, she began to improve neurologically on 1/1/08. She had noticeable tracking to both sides, began to smile and make eye contact. She began grunting in attempts to respond to questions and would nod appropriately to yes-no questions. She started following simple commands and was able to use her nurse call button somewhat appropriately. There was also increased movement of her right side. Medication regimen consisted of:

- Dilantin 125mg bid
- Keppra 100mg bid
- Os-Cal+D
- Singular
- Albuterol/Atrovent bid
- Travatan drops
- Timolol drops
- Multi-vitamin
- Potassium
- Tube feeds

Adrianna had undoubtedly shown improvement of neurological function. Examiner noted it was rare to have the extent of recovery after this length of

time and the rate of continued recovery was unknown and should be prognosticated cautiously. Continued supportive care and rehabilitation was top priority. MRI/EEG was scheduled on 1/31/08 and sedating medications were to be avoided.

NORTH FLORIDA PHYSICIANS GROUP: 3/12/08
Psychiatric Evaluation. Per nursing staff, Adrianna was in a coma X 3 years and recently "awoke", but was still non-verbal. She did have some attempt at speech. She ranked poorly with short and long-term memory, concentration, insight, and judgment. Paxil CR 25mg at bedtime and psychotherapy recommended. Diagnosis:

AXIS I: Depressed disorder NOS, Rule out organic mood-depressed type secondary to CVA, Anxiety disorder.
AXIS II: No diagnosis.
AXIS III: No diagnosis.
AXIS IV: Severe.
AXIS V: 40/70.

PAST MEDICAL HISTORY

NORTH FLORIDA BAPTIST HOSPITAL: 10/6/02; 3/24/04; 5/1/04; 9/16/04 – 9/19/04

North Florida Baptist Hospital: 10/6/02
Adrianna was seen for sore throat and vomiting. Diagnosis: Pharyngitis. She was given antibiotics and discharged home.

North Florida Baptist Hospital: 3/24/04
Adrianna was seen for vaginal bleeding. Diagnosis: Threatened abortion. She had a transvaginal ultrasound. Results not provided. She was discharged home with instructions to rest and follow-up with her doctor.

North Florida Baptist Hospital: 5/1/04
Adrianna was seen for abdominal pain and had blood work done. She was 11 weeks pregnant. She was discharged home.

North Florida Baptist Hospital: 9/16/04 – 9/19/04
Adrianna was seen for headache, nausea, vomiting, and contractions. She was 33 weeks gestation and noted to have proteinuria. She was admitted for observation and had a normal echocardiogram. She continued to have stable blood pressures, had the ability to monitor blood pressure from home and desired discharge. She showed no signs of severe pre-eclampsia. She was discharged home. Impression:

- Pre-eclampsia and chest discomfort, uncertain etiology.

DUVAL COMMUNITY HOSPITAL: 6/23/03; 7/24/03

Duval Community Hospital: 6/23/03
Transvaginal ultrasound revealed a small cyst of the left ovary.

Duval Community Hospital: 7/24/03
Abdominal x-rays revealed no acute intra-abdominal processes.

ZEEK, PIPER M.D.: 12/5/03 – 7/23/03
Adrianna was seen multiple times for medical issues such as bronchitis, sinusitis, anxiety, cellulitis, abdominal pain and pelvic pain. Pelvic inflammatory disease was possible diagnosis and a pelvic ultrasound was ordered (results not available). She did indicate a history of major depression with psychotic features and suicide attempts when she was a teenager. She was put on Paxil for her anxiety and informed to immediately stop if she was to become pregnant.

Records Reviewed:

Imaging Centers of North Florida: 9/29/06 – 8/31/07
Duval CommunityHospital: 6/23/03; 7/24/03
Piper, Zeek M.D.: 12/5/03 – 7/23/03
Sunny Acres Nursing Home.: 4/4/05 – 9/25/07
North Florida Physicians Group.: 3/12/08
Tavish, Nicholas DPM: 9/15/06 – 7/30/07
Medical Bills
Isa, Roxanne M.D.: 1/23/08
Psychiatric Associates of Jax Beach: 2/27/06
North Florida Baptist Hospital: 9/20/04 – 1/20/05; 2/11/05 – 2/17/05; 3/1/05; 3/5/05 – 4/4/05 (Pre-Incident) 10/6/02; 3/24/04; 5/1/04; 9/16/04 – 9/19/04

ADDENDUM: 5/27/08

NORTH FLORIDA BAPTIST HOSPITAL: 9/29/06 – 10/10/06
Adrianna was hospitalized with a febrile illness, fever of 104 and there was questionable pneumonia on the right lower lobe. Chest CT and cultures were negative, with no specific diagnosis to explain her febrile episode. She had a central line placed on 10/5/06. She was aggressively treated with Vancomycin and Cefepime intravenously. She was also treated with Diflucan for her candidal intertrigo of the groin. She had an enlarged ventricle on the right side and a ventriculostomy was performed on 10/2/06 to evaluate her hydrocephalus status, which was normal in pressure.

Discharge medications included:
- Advair nebulizers every 6 hours when needed
- Singular 5mg by mouth at bedtime
- Vitamin C 5mg by mouth daily
- Lopressor 25mg by mouth twice a day
- Debrox ear drops, 1 drop to each ear once weekly

- Nasonex spray, one squirt to each nostril when needed
- Miacalcin 1 spray to one nostril once daily
- Micro-K 10mEq by mouth daily
- Nexium 40mg daily
- Atropine Sulfate 1%, one to two drops every four hours when needed
- Os-Cal D 1 daily
- Keppra 1,000mg by mouth twice daily
- Dilantin 300mg by mouth daily
- Diflucan 200mg by mouth daily until 10/13/06
- Tylenol 650mg by mouth every four hours when needed

Discharge Diagnosis:

- Febrile illness. Rule out pneumonia or bacteremia
- Persistent vegetative state
- History of pontine hemorrhage with eclampsia
- History of Methicillin-Resistant Staphylococcus Aureus in sputum
- Hydrocephalus, status post ventriculoperitoneal shunt
- Deep vein thrombosis in the past
- Status post inferior vena cava filter

SUNNY ACRES NURSING HOME: 9/27/07 – 5/7/08

Adrianna was evaluated for physical therapy on 1/9/08. Assessment revealed that Adrianna did fair to poor in sitting unsupported. She had 4+/5 strength in her right hip flexor and 3+/5 on the left hip flexor. She had decreased ankle dorsiflexion bilaterally and poor endurance. She was oriented and aware. She had swelling and bruising to her right foot. She still received feeding through her PEG tube. Therapy was recommended 3 times per week for 4 to 6 weeks to work on bed mobility, sitting balance, range of motion and transfers. PT reassessed Adrianna on 2/11/08 and continuation of therapy recommended. Progress note on 2/20/08 revealed that she demonstrated an increase in initiation of rolling to the left. She still needed assistance to remain in the seated position. She had expressed fatigue during her treatment session and was attempting to communicate using ASL (finger spelling). On 2/29/08, new orders were received to resume therapy at 3 times per week to address mobility, strengthening, transfers and bed mobility. Swelling in right lower extremity had decreased, but was still present. PT progress not on 3/3/08 indicates Adrianna had a questionable seizure the previous Friday.

PT reevaluated Adrianna on 3/12/08 and continuation of therapy recommended at 3 times per week for 5 to 6 weeks. Therapy on hold from 3/31/08 until 4/9/08 due to cellulitis. Progress note on 4/9/08 revealed that Adrianna had increased tone throughout her muscles and demonstrated quadricep strength 2+/5 on RLE. Minimal tactile cues were provided with sitting balance. She was able to sit on the edge of the bed numerous times unsupported. PT reevaluation done on 4/14/08, and continuation of therapy recommended 3 times per week for an additional 5 to 6 weeks. Additional note on 4/30/08 revealed that she performed sitting balance with upper extremity support and was able to utilize her head to bring her trunk back

towards neutral. She was able to initiate her long arc quadricep on the right to kick a ball. Progress note on 5/17/08 indicated e-stim attempted on right quads. Minimal contractions noted. Plan was to continue e-stim, balance and transfer therapy.

Adrianna was evaluated for speech therapy on 1/9/08. ST was recommended 5 times per week for two weeks then 3 times per week for 6 weeks. ST note dated 1/9/08 revealed that Adrianna was following simple commands, was consistent in yes/no answers and had the potential to improve her quality of life with oral intake and communication with continued ST therapy. ST re-evaluation on 2/8/08 recommended continuing therapy 3 times per week for 5 weeks. Progress note dated 3/10/08 revealed that she was using a communication board with 50% accuracy and using gestures and modified signs with her caregivers. Her auditory comprehension was within functional limits. Continuation of ST 3 times per week for 5 weeks was recommended.

ST reevaluated Adrianna on 4/9/08 and continuation of therapy 3 times per week for 5 weeks was recommended. Progress note on 4/15/08 revealed that Adrianna used the communication board and alphabet board to indicate choices and requests. Chocolate pudding was attempted orally. She was able to eat 7-8 bites with no signs or symptoms of aspiration. Note of 4/21/08 revealed that she used the communication board to communicate how she wanted the environment for treatment, and the spelling board to communicate her need for a bath. Last progress note dated 5/2/08 revealed that she had indicated pain and environmental controls with her communication board. An evaluation was conducted using an augmentative control device. The eval revealed excellent comprehension, ability to use a 20-button screen, ability to type words using styles to punch letters, ability to change screens and return to previous screen. It was determined that Adrianna was an excellent candidate for the device (No name for the device provided). Plan was to continue therapy.

OT assessment on 1/11/08 revealed that Adrianna was alert, oriented to self, and following one step commands within her physical limitations. She had been responding to people and attempting to verbalize. She remained dependent in all ADL's, mobility, and transfers. She used a Geri chair for positioning. OT was recommended three times per week for 6 to 8 weeks. OT reassessed Adrianna on 4/15/08 after she had been on hold since 3/14/08. Resumption of therapy recommended 3 times per week for an additional 5 to 6 weeks. OT progress note on 4/22/08 revealed that she nodded her head "yes" when asked if she was ready for her treatment session. She was able to grasp her hairbrush in her left hand and bring the brush to the left side of her head.

She required minimum assistance to reach the back of her head. 4/24/08 Adrianna showed increased control of left upper extremity.

Adrianna was seen by podiatrist Nicholas Tavish, DPM on 3/10/08 for follow-up of heel pain. Up until the last few months, she had been in a vegetative state.

She had since started to improve and could now respond to commands and appeared alert and somewhat oriented. It appeared as if the dorsal aspect of the right foot exhibited ecchymosis on the last visit, but had resolved. Bilateral foot drop remained extreme. Attempts to dorsiflex each foot revealed only minimal movement. His impression was calcaneal spur, short Achilles tendon, and bilateral foot drop. Examiner still thought that any attempts at rehabilitation should most likely be done at a facility, and care should be taken not to overstretch the Achilles tendon.

Adrianna had a psychiatric evaluation on 3/12/08 (North Florida Physicians Group) for depression and anxiety. She had recently awoken from a coma but remained non-verbal. Diagnosis:

- AXIS I: Depressed disorder NOS
Rule out organic mood-depressed type
Anxiety disorder NOS
- AXIS II: No diagnosis
- AXIS III: No diagnosis
- AXIS IV: Severe
- AXIS V: 40/70

Examiner recommended Paxil 25mg at bedtime and psychotherapy. Adrianna had a Mini-Mental State Examination on 1/29/08 with a score of 19 out of 30. Psychiatric Associates of Jax Beach progress note dated 4/8/08 revealed that Adrianna was cooperative, responsive and tearful. She communicated emotional distress, although the specific reason for the upset was not identified. She was also complaining of pain. She had made significant gains when compared to her status one year ago.

IMAGING CENTERS OF NORTH FLORIDA: 2/10/08; 2/21/08

Imaging Centers of North Florida: 2/10/08
Right ankle x-ray Impression:

- Unexplained soft tissue swelling of the right ankle without evidence of underlying fractures or significant arthritic disease.
- Additional osteopenia within the posterior aspect of the bone structure of the foot.
- Scattered osteoarthritis involving several small joints of the digits.
- Plantar heel spur.

Imaging Centers of North Florida: 2/21/08
RLE venous Doppler Impression:

- Deep vein thrombosis from the common femoral vein through the proximal superficial femoral vein

Records Reviewed:

Imaging Centers of North Florida: 2/10/08; 2/21/08
Misc. Expenses
Sunny Acres Nursing Home: 9/27/07 – 5/7/08
North Florida Baptist Hospital: 9/29/06 – 10/10/06
Social Security Administration Records
Income Tax Records: 2000 - 2005 (In File)

Activities Of Daily Living

Sleep Pattern

Arises: Varies.
Retires: Varies.
Average Hours Sleep/24 Hours: Unsure.
Sleep Difficulties: Her sleep cycles tend to get reversed where she will sleep all day and be awake at night. Her dad says that she has discovered her call button, *"which they thought was wonderful in the beginning, but the nursing staff not so thrilled now. They are not doing much to right her sleep cycle, but she will wake up quickly when therapy comes to work with her. It is hard to tell at times when she is asleep, because she will sleep with her eyes open."* They do put drops in her eyes twice a day.

Independence In

Dressing: Totally dependent for dressing. They will give her choices with respect to which outfit she wants to wear, and she will point to indicate her choice.
Housework: Totally dependent.
Cooking: Totally dependent.
Laundry: Totally dependent.
Yard Work: Totally dependent.

Social Activities

Organizations Pre/Post: Irregular church attendee pre-injury. No other organizations that he is aware of.
Volunteer Work Pre/Post: None that her father knows of.

Socialization Pre/Post: She was very active socially. She spent a lot of time with family, going on picnics or to the beach, etc. *"She did not like to be alone, so she was always going some place."*
Hobbies (Present): None.
Hobbies (Previous): *"She was a full time mommy. She liked to swim, ride bikes, walk. She never stayed in once place for long."*

Personal Habits

Smoking: None post.
Alcohol: None post.
Drugs: None post.
History of Abuse and/or Treatment Programs: **No.**

Socioeconomic Status

Children: Son, Mickey age 11 now; Daughter, Hailey age 3 (4 in September). Hailey lives with her father Darius, who is Adrianna's common-law husband. Adrianna's son, Mickey, lives with his father, Adrianna's former husband, Reggie Barrett.
Number in Residence: Adrianna currently lives in a skilled nursing facility.

Income

Disability Policy: None.
S.S.D.I.: Approximately $670.
Medicaid: Yes.
Medicare: Yes.

Other Agency Involvement

State Vocational Rehabilitation: No.
State Employment Services: No.
Rehabilitation Nurse: No.
Other Agency: No.
Felony Convictions? No.

Education & Training

Highest Grade Completed: High School Graduate and completed manicurist training.
Trade/Tech Training: Cosmetology school to be a manicurist.
Literacy: Was literate.

Licenses/Certifications: Manicurist license.
Miscellaneous Education Information: She did not work as a manicurist as the market was flooded with too many other people in this profession.

Military Experience

Branch: Not applicable.

Employment History

Released to Return to Work: No.

Work History Since Injury: No work since injury.

Employer: Wal-Mart; **City/State:** Jacksonville, FL; **Position:** Snack Bar Cashier; **Start Date:** Nov. 2003; **End Date:** Sept 2004; **Schedule:** Full-time; **Wage:** 2004 tax return shows Adrianna's earnings to be $5,801; **Duties:** She was moved to the snack bar and was made independent, so there was no threat of losing the job. **Reason for Leaving:** Brain injury. Her father was told she would be hired back.

Other Work Experience: She worked as a file clerk at a medical office before she worked at Wal-Mart. This lasted about 3 or 4 months. She was having problems doing this job because of her dyslexia. A review of income tax records for 2002 show earnings of $640 from Jacksonville Surgical Associates.

She worked at a zoo in Knoxville, TN. Isaac thinks the name was Knoxville Zoo. She worked there for about 1-1/2 years. She worked as a keeper cleaning cages, feeding the animals, etc. This was a full-time job. She left this job, because her husband did not like her being gone on the weekends. Zoo director told her father she would love to hire her back. Income tax records from 2002 include a W-2 from The Zoo Foundation, Inc. in Knoxville, with earnings of $13,461.

Observations

Orientation: Alert and oriented but not to age appropriate level.

Stream of Thought: Clear and rational with severe aphasic condition.

Approach Toward Evaluation: Open.

Attitudes/Insight: Good/Poor.

Appearance: Overtly and severely brain injured with a significant aphasic condition and motor deficits.

Tests Administered

As part of this evaluation, I attempted to administer to Adrianna the Beck Anxiety Inventory and the Beck Hopelessness Scale, the Beck Depression Inventory, and the Beck Scale for Suicidal Ideation.

I was able to complete the Beck Anxiety Inventory, by reading each item and having her respond. On the Beck Anxiety Inventory, her score of thirty-five does indicate a severe clinically significant level of anxiety. The combination of test results and clinical interview meet the criteria within the DSM-IV-TR for a diagnosis of General Anxiety Disorder - 300.02

On the Beck Hopelessness Scale, each item was read to Adrianna and her responses were indicated on the test. Her score of twenty suggests a severely pessimistic outlook on her future. Research indicates scores of nine or more are predictive of eventual suicide in depressed suicidal ideators. Research also indicates the Hopelessness Scale is far more predictive of suicidal tendencies in the future than the results of the depression scale, and must be used in conjunction with clinical interview and the Beck Scale for Suicidal Ideation for more accurate results. Adrianna is coping poorly with the psychological issues stemming from her disability. I believe it is the severity of her motor dysfunction that largely prevents her from acting on the suicidal ideation that I believe is present.

I moved next to the Beck Scale for Suicidal Ideation. Within two to three questions, she began to cry and became too upset to complete the inventory. She declined to proceed and further declined to take the Beck Depression Scale.

Based on her response to the testing, coupled with my overall clinical interview, I have several observations before completing my AXIS I through V diagnostic categories. First, although I am aware that there have been discussions of this patient being classified as a "locked-in syndrome," she demonstrates characteristics somewhat different than many of the locked-in patients with whom I have worked in the past. Most of these patients have essentially no movement beyond eye blink and are limited to very sophisticated, computer based, laser eye tracking, augmentative communication systems. This patient has excellent receptive language skills, consistent head nod up and down and left and right to indicate yes and no, as well as the ability to raise her arm consistently to respond to questions. She uses a modified symbol board system to communicate basic thoughts, ideas,

wants and needs. Through additional speech therapy this communication system can be developed further.

Clearly this patient has a significant aphasia. There are several different classifications of aphasia, and at this point, it is not necessary to determine the type, so much as it is necessary to understand that it is not likely to improve in the future.

Based on testing, her emotional response to the attempt to complete the balance of testing and overall clinical interview, the following AXIS I through AXIS V diagnoses are made:

AXIS I: Cognitive Disorder NOS - 294.9.
Aphasia
Generalized Anxiety Disorder - 300.02.
Major Depressive Disorder - Single Episode -Moderate - 296.22.
Adjustment Disorder with Depressed Mood - 309.0.

AXIS II: Deferred.

AXIS III: Acquired brain injury status post pontine hemorrhage during a cesarean delivery.
Severe pre-eclampsia with pontine hemorrhage.
Thrombotic thrombocytopenia purpura.
Hydrocephalus.
Methicillin-Resistant Staphylococcus Aureus.
Hypopotassemia.
Pneumonia.
Thrombosis of the lower extremities.
Bacteremia.
Urinary Tract Infection.

Procedures performed included:
Low cervical cesarean section.
Venous catheterization for plasmapheresis.
Temporary tracheostomy, which was removed prior to transfer.
Percutaneous endoscopic gastrostomy tube for feedings.
Ventriculoperitoneal shunt X 2.
Ventriculostomy X 2.
Thrombosis was noted and umbrella catheter was placed in the vena cava to prevent thromboembolism.
Endotracheal tube placement, which was removed prior to transfer.

AXIS IV: Life Stressors secondary to disability and psychological response to exposure to disability, (severe).

AXIS V: Current GAF – 60.

Highest GAF in past year – 60.

Conclusions

Careful consideration has been given to all of the medical, psychosocial, and rehabilitation/mental health counseling data contained within this file and my report. In addition to this data, consideration is given to the research literature and any practice guidelines pertaining to acquired brain injury, pontine stroke, aphasia, dysphagia, etc. and promulgated by multiple sources and cited in the Life Care Plan. Correspondence with treating physicians was issued and the life care plan was also reviewed by our consulting Physiatrist, Andrea Zotovas, M.D. All of these steps are taken to help in establishing the medical, case management, rehabilitation and psychological foundations for the Life Care Plan.

Adrianna remains significantly disabled secondary to the pontine hemorrhage she suffered on September 20, 2004, which subsequently resulted in a catastrophic brain injury, aphasia and a reported classification of Locked-in Syndrome. The following is an explanation of Locked-In Syndrome: *"Locked-In syndrome is a condition in which a patient is aware and awake, but cannot move or communicate due to complete paralysis of nearly all voluntary muscles in the body. It is the result of a brain stem lesion in which the ventral part of the pons (pontine hemorrhage) is damaged. Locked-in syndrome results in quadriplegia and inability to speak in otherwise cognitively-intact individuals. Those with Locked-In syndrome may be able to communicate with others by coding messages by blinking or moving their eyes, which are often not affected by the paralysis. Patients who have Locked-In syndrome are conscious and aware with no loss of cognitive function. They can sometimes retain proprioception and sensation throughout their body. Some patients may have the ability to move certain facial muscles, most often some or all of the extraocular eye muscles. Unlike persistent vegetative state, in which the upper portions of the brain are damaged and the lower portions are spared, Locked-In syndrome is caused by damage to specific portions of the lower brain and brainstem with no damage to the upper brain."1* As discussed earlier in this report, I do not feel that Adrianna is currently displaying characteristics consistent with the definition of Locked-In syndrome. I do, however, certainly believe that she has suffered a severe brain injury, and as a result of this brain injury, she is severely impaired cognitively, motorically and psychologically and demonstrates a severe aphasic condition.

Adrianna is nonfunctional for independent living skills, and it is anticipated that she will remain totally dependent throughout the remainder of her life. The Life Care Plan outlines all of her needs dictated by the onset of disability

throughout her life expectancy. In addition to the recommendations specifically for Adrianna, education and counseling is provided to the family members, in order to assist them in adjusting to her disability, particularly her children as they progress through their developmental years. Adrianna will also require ongoing medical monitoring, equipment, medications and supplies. All of these recommendations, along with additional considerations, will be outlined in the Life Care Plan.

According to her father, Adrianna has been evaluated for admission to an inpatient brain injury rehabilitation program. Based on information provided by Shepherd Rehabilitation Hospital in Atlanta, Georgia, the typical length of stay for inpatient rehabilitation is 30 to 42 days. During this time period, the patient participates in an intensive therapy program to facilitate as much recovery as possible. Although, it is not common for a patient who is almost 4 years post injury to be admitted into an inpatient rehabilitation program, in Adrianna's case, her condition was only upgraded from persistent vegetative state in January 2008. She has not had the opportunity, to date, to participate in a rehabilitation program. I feel she deserves this opportunity to determine how much she can accomplish with intense therapy.

Even with a good outcome from an inpatient rehabilitation program, Adrianna will require care and support for the remainder of her life expectancy. Home care assistance will provide the least restrictive environment while providing the nursing care, support and interaction Adrianna requires. The Life Care Plan will outline two options for home care. The first option will be one in which caregivers are hired on a private hire basis, with the assistance of case management. The second option will be a home care program staffed with caregivers provided by a home health agency. The third option would be returning to a skilled nursing facility. Because of Adrianna's level of disability, she does not meet the criteria for placement in long-term care programs designed for people with brain injures. Placement in a skilled nursing facility is the only option, other than a home care program.

A Vocational Worksheet, attached as Appendix B, outlines Adrianna's capacity to earn pre-injury as compared to her capacity to earn post-injury, along with her loss of earning capacity and related vocational issues.

After you have had an opportunity to review this narrative report and the attached appendices, please do not hesitate to contact me should you have further questions.

Respectfully Submitted,

Paul M Deutsch, Ph.D, CRC, CCM, CLCP, FIALCP
Licensed Mental Health Counselor, (FL MH#0000117)
PAUL M. DEUTSCH & ASSOCIATES, P.A.

ATTACHMENTS: Appendix A - Life Care Plan
Appendix B - Vocational Worksheet

1. *Source: Locked-In Syndrome. Retrieved from http://en.wikipedia.org/wiki/Locked-In_syndrome. Categories: Neurotrauma | Syndromes.*