Inter – Divisional Communication

TO Barry Shortt, Supervisor, Office Services

FROM Laura Oswald, Receptionist Counsellor

DATE December 11, 1980

SUBJECT Interview - David Oakes
1534 Nairn Avenue
London, Ontario
N5V 2P2
Claim No. C13152209

On the afternoon of December 4, 1980, I attempted to assist David Oakes with his enquiry. Upon receiving his claim number, I checked the V.D.U., and his claim was an initial claim.

I advised him to come with me to one of the reception booths. He was very loud and rude before we entered the booth. When he was seated, he advised me he was here for some f_____ money and wasn't leaving until he got some. I advised him the situation of his claim, and told him a T.C. from Toronto would call him December 5, 1980. The V.D.U. indicated the claim was a Sudbury claim. He advised that the accident was in Sudbury as he was living in Sudbury. I advised him, I would request the file and call him back when the claim was assigned to an adjudicator. He then lifted his crutch, shook it at me and swung the crutch. He started yelling at me about the f_____ Compensation Board. I advised him to lower his voice and watch his language. He became very annoyed, he called me a f_____ whore, because I wouldn't give him his f_____ money.

At this point, I terminated the interview by walking out. I then went to Doug Hogg, (Security Officer), and advised him, I had an irate claimant.

At this point, the I.E. and his friends left the reception area, swearing down the hallway to the elevator.

After about 30 minutes, he returned with his friends. His friends and himself were laying around the reception area. They also helped themselves generously to the free coffee machine. He was then referred to Jim Purchase, T.C., who arranged with Toronto to give the I.E. an assignment.

L. Oswald

Laura Oswald,
Receptionist Counsellor

LO:ll

Noted Dec. 29/80.

Dec. 24/80
Placed on Claimants list
D. Hogg Security

3cont

EARNINGS INFORMATION

The information off the Form 7 with regards to earnings was related to me. For the week of September 29, 1980 to October 4, 1980, the injured employee was on holidays, for the period October 6 to October 11, 1980, the injured employee made $204.00, for the period October 13 to October 18, 1980, the injured employee was on holidays, and for the period October 20 to October 25, he earned $240.00.

I have asked that the file be referred immediately to my attention at the London Office.

THREAT TO BOARD EMPLOYEE

I discussed the situation with Safety and Security Officer, Mr. Doug Hogg, with regards to the possible threat made to the Receptionist-Counsellor, Laura Oswald. Doug indicated that he would ensure that the incident would be recorded, both for his records and for the file.

J. PURCHASE
Team Co-ordinator
/es

M E M O

CLAIM - C13152209 - DAVID E. OAKES MEMO #8

TO: File

FROM: J. Purchase, Team Co-Ordinator

DATE: January 27th, 1981

On January 23rd, 1981 Dr. Bourne contacted us with regards to Mr. Oakes' on-going treatment.

As we had no medical information on file I obtained the diagnosis as well as on-going treatment.

Dr. Bourne indicated that this man has suffered a severe fracture of the left patella as well as the left femur.

He has undergone surgery to repair internal derangement of the knee as well as skin grafting on the left lower leg.

He is presently utilizing both crutches and a cane to get around and is receiving daily physio. Dr. Bourne has indicated that he has recommended non-weight bearing activities for this man and has recommended a prognosis of approximately three to four months.

This is our first receipt of medical information on this particular file and a further payment was processed by assignment to bring his benefits up to January 26th, 1981.

There have been no payments in this claim through the computer as all payments have been made by assignment.

Mr. Oakes has also submitted several receipts for reimbursement most of them including taxi cabs.

It may be necessary once Dr. Bourne's reports are on file to consider this man treatment control with possible referral to H & RC for extensive physiotherapy.

Benefits will be processed on a long term basis.

J. Purchase,
Team Co-Ordinator,
sjf

CHANNEL# 1 DICT: Oct.27/80 TRANS: Oct.29/80 CC: Dr. Jakelski
WCB
Laurentian Hosp. (m)
Dr. Mitra

L08 01 ↩

609-1

SUDBURY GENERAL HOSPITAL
OF THE IMMACULATE HEART OF MARY

PATIENT HISTORY

PATIENT'S NAME: OAKES, David

CHART NUMBER: ROOM NO:

DOB - 13/6/58
ADDRESS - 1543 Naren Ave., London, Ontario
SOCIAL INS. NO. - Not available "455 099 853"
EMPLOYER - Fourstar Construction, 763 Auger Street, Sudbury.

This 22 year old male was brought to the Emergency Department of the General Hospital by ambulance. He was injured at the roadside construction site on Kelly Lake South in Sudbury when a scoop tram or some kind of loading machine apparently toppled over after having been hit by a truck. The loader part of this machine struck and pinned the right knee of this young man to the ground. I understand it was not the actual bucket itself that pinned him but the boom to the bucket. He suffered immediate pain and was knocked to the ground beneath the arm. It took some time for him to be freed. He was transferred by ambulance in a splinted recumbent semiflexed position to this Emergency Department where I saw him first. He claims to have been otherwise well.

PHYSICAL EXAMINATION: Reveals a 22 year old male in obvious distress.

Head and Neck: generally normal.
Chest: clear.
Cardiovascular examination: also normal but for a tachycardia of about 92. The pressure was normal at 112/90. The heart sounds were normal and peripheral pulses were generally palpable. The left dorsalis pedis pulse, however, was somewhat weak compared to the right but tissue perfusion was adequate at this time as the tissue colour was normal and the left foot was warm to touch.
Abdomen: generally normal with no tenderness, guarding, rebound or rigidity with normal bowel sounds. The pelvis was stable.
Musculoskeletal and Integumentary examination: generally negative except for the left knee. The trousers were cut from the left knee and it was noted that there was an open wound of the left knee and a completely disrupted shattered patella could be seen lying beneath the open joint and above the open joint, loosely approximated. The tibial plateau was visible and the cruciates were severed. Fibular condyles were visible. There was moderate bleeding. The area was impacted very heavily with sand and road dirt.
Neurological examination of the left leg was roughly the same as that of the right.

COURSE IN EMERG: This patient was immediately given 75 mg. of Demerol and 50 of Gravol which he is not allergic to. An intravenous of Ringer's lactate was immediately started and run at 150 cc. an hour.

DICTATED BUT NOT READ

L08 01 07

609-1

He was given Valium 5 mg. intravenously first and 2.5 mg. intravenously pushed by myself subsequently and this with the Demerol and Gravol gave him good sedation initially. The remainder of the clothes were cut from the left leg. With some assistance, the left leg was raised and portable lateral and AP films of the left knee were obtained. Prior to this the knee was draped in a sterile fashion and as much dirt as was possible was removed with sterile Saline and Proviodine scrub brush. However, no tissue debridement, etc. was attempted. This actually gave very good results, cleaning away the vast majority of the dirt and leaving only very small impacted pieces behind. On closer examination it could be seen that not only were the cruciates torn, the medial and collateral ligaments appeared to be completely torn and only a small amount of the posterior capsule appears to be intact on gross examination. The x-ray films were reviewed. There is an intracondylar intraarticular fracture of the femur above the knee and there is a fracture of the neck of the fibula and a disrupted type of fracturing of the patella. The patient was started on Cloxacillin, two grams were given intravenous push and two grams were added to one litre of Ringer's Lactate to be run at 150 cc. an hour. Dr. Mitra was notified of the case and the left leg was splinted with a dorsal slab to keep it in roughly the same position. This was loosely wrapped and by ambulance the patient was transferred to the Laurentian Hospital, sixth floor where Dr. Mitra will be attending him. He will be going to the Operating Room at 7 o'clock tonight. Incidentally, there was no noted injury of the right knee or leg.

ADMITTING DIAGNOSIS: Compound fracture of the ~~right~~ Left knee with disruption of collateral ligaments and cruciate ligaments.

ja

K. Jakelski, M.D.

DICTATED BUT NOT READ

HOPITAL LAURENTIAN
LAURENTIEN HOSPITAL
Sudbury, Ontario

November 12, 1980

Dr. J. M. Simmons
1444 Glenora
London, Ontario
N5X 1Z2

RE: David Oakes - L 08 01 00
1543 Nairn Ave.
London, Ontario

Dear Dr. Simmons:

This 22 year old young man was seen at the emergency department of the General Hospital following a work accident. He was injured at the road site, construction site on Kelly Lake, south in Sudbury when a scoop tram or some kind of loading maching, toppled over after having been hit by the truck.

The loader part of the machine, struck and pinned the right knee of this young man to the ground. It took some time for him to be freed. He was transferred by the ambulance in a splinted recumbant semiflexed position of the knee to the emergency department where I saw him first.

Principal injury was a deep laceration over the anterior aspect of the upper third of the left knee exposing the muscles in the periosteum about six inches by eight inches in area. This was associated with a tight compartment syndrome which needed a release of the deep fascia followed by skin grafting. However, the main and principal injury had been an open wound of the left knee with a transverse fracture of the patella with considerable displacement and a very comminuted osteochondral fracture involving the weight bearing aspect of the medial femoral condyle. The main fragment was tilted with the articular surface pressing proximalwards and the other fragments were dispersed around exposing the raw area of the medial femoral condyle.

The joint was full of dirt and metallic particles which had to be cleaned. After usual debridement and cleaning, attempt was made to restore the articular surface. The three fragments could be put together almost in anatomical configuration and fixed with K-wires but a large area was missing and the lower patella fragment was then used as an osteochondral graft fixing with two K-wires. These two long K-wires have been relatively long ones projecting in the popliteal fossa and may need removal in future.

Following this, the patella was repaired and the knee wound was closed. As previously stated, the wound of the leg was skin grafted after debridement. The leg was immobilized in a plaster cast. I have seen the wound on two occasions. Most of the graft area is now epithelialized except probably for another 10% to 20% which may need further grafting if it doesn't heal in two weeks time.

L08 01 07

609-1

He was given Valium 5 mg. intravenously first and 2.5 mg. intravenously pushed by myself subsequently and this with the Demerol and Gravol gave him good sedation initially. The remainder of the clothes were cut from the left leg. With some assistance, the left leg was raised and portable lateral and AP films of the left knee were obtained. Prior to this the knee was draped in a sterile fashion and as much dirt as was possible was removed with sterile Saline and Proviodine scrub brush. However, no tissue debridement, etc. was attempted. This actually gave very good results, cleaning away the vast majority of the dirt and leaving only very small impacted pieces behind. On closer examination it could be seen that not only were the cruciates torn, the medial and collateral ligaments appeared to be completely torn and only a small amount of the posterior capsule appears to be intact on gross examination. The x-ray films were reviewed. There is an intracondylar intraarticular fracture of the femur above the knee and there is a fracture of the neck of the fibula and a disrupted type of fracturing of the patella. The patient was started on Cloxacillin, two grams were given intravenous push and two grams were added to one litre of Ringer's Lactate to be run at 150 cc. an hour. Dr. Mitra was notified of the case and the left leg was splinted with a dorsal slab to keep it in roughly the same position. This was loosely wrapped and by ambulance the patient was transferred to the Laurentian Hospital, sixth floor where Dr. Mitra will be attending him. He will be going to the Operating Room at 7 o'clock tonight. Incidentally, there was no noted injury of the right knee or leg.

ADMITTING DIAGNOSIS: Compound fracture of the ~~right~~ Left knee with disruption of collateral ligaments and cruciate ligaments.

ja

K. Jakelski, M.D.

DICTATED BUT NOT READ

OAKES, David

He has got good circulation in the foot and there is no neurovascular damage. He moves his toes and the foot well. As far as the knee is concerned, I had to aspirate the knee joint a couple of days ago but the patella mechanism seems to be working and the plaster is now changed and he will need the care of an orthopaedic surgeon for continued postoperative supervision.

I should imagine that in about four to five weeks time, the plaster may be discarded for nonweight bearing mobilization of the knee with exercises. However, the prognosis of the joint remains severe because of the comminution in the medial femoral condyle and the threat of the osteochondral fracture, remains uncertain at this moment.

I would be interested in his future progress and will be glad to hear from you in the near future. I am also enclosing photocopy of relevant documents concerning this young guy, particularly at the time he was admitted including the operation notes.

Many thanks,

Dr. A. K. Mitra

sp
trans Nov 17.80
dict Nov 12.80

cc. Dr. A. K. Mitra
Dr. Simmons
chan 3

HOPITAL LAURENTIAN
LAURENTIEN HOSPITAL
Sudbury, Ontario

L 08 61 00
OAKES, David
Room 609-1

PROTOCOLE OPERATOIRE
OPERATIVE REPORT

DIAGNOSTIC PREOPERATOIRE: Compound fracture of (L) ankle with ob-
PREOPERATIVE DIAGNOSIS: vious fracture of patella with displace-

DIAGNOSTIC POSTOPERATOIRE:
POSTOPERATIVE DIAGNOSIS: Same.

OPERATION: Debridement, skin grafting, partial patellectomy and re-
OPERATION: pair of articular surface of mediofemoral condyle.

CHIRURGIEN:
SURGEON: Dr. Mitra ASSISTANTS:

ANESTHESISTE:
ANESTHETIST: DATE: October 28, 1980

PREOPERATIVE DIAGNOSIS: ment and fracture of fibular neck and possible injury to the articular surface of the femur. Compound wound with skin loss over the anterior aspect of the leg in its middle third exposing the tibia and the muscles of the anterolateral compartment.

PROCEDURE: The wound was first cleaned thoroughly which was containing a lot of dirt and metallic particles and small chips of stones. This took about half an hour to clean with hydrogen peroxide, Savlon and normal saline.

After the usual drape and prep and applying a tourniquet the knee wound was debrided. The skin margin was very unhealthy and about half a centimetre of this margin had to be excised though it was not totally satisfactory. The prepatellar bursa was very thickened and contaminated. It had to be excised. The skin flap was very undermined.

The joint was entered and it was full of foreign bodies and blood clots. This was evacuated. The most important finding was a large chunk of articular surface coming from the weight bearing aspect of the mediofemoral condyle which was tilted downwards though still attached by a small hinge of soft tissue coming from the intercondylar fossa. The articular surface was facing proximally. The fracture was downwards. In addition, the other three fragments and part of the bone from the middle third, especially from the lateral aspect were missing.

After considerable difficulty the three fragments could be put together in approximately anatomical configuration and K wires were used to fix this fragment passing in various directions. Altogether about eight or ten K wires were used. The lower fragment, for a proper grip, a long thick K wire had to be used but subsequent X-rays

show that two of the K wires are projecting into the popliteal fossa though there was no evidence of injury either to the popliteal vessels

or to the lateral popliteal nerve. This will have to be removed later on.

A large chunk of bone was missing from the lateral aspect of the lateral femoral condyle along with the articular surface near the middle third which was also weight bearing.

It was decided at this stage that it was better to fill this gap with bone containing the articular surface and for this reason the lower half of the patella which was excised articular surface was preserved, most of the bone was trimmed to shape the contour and it was hammered in gently and kept with two K wires. This seemed to be very satisfactory though it has no blood supply.

Following this the ligamentum patella was sutured to the proximal fragment using two wire loops and this seemed to be quite satisfactory. This was done with the knee kept in extension. The lateral retinacular structures were then repaired with chromic catgut and the extensor apparatus superior to the patella was also repaired. The large haemovac was left behind.

The skin wound was then closed in one layer with interrupted silk.

Following this debridement was carried out of the wound of the middle third of the leg and as it seemed to be very tense the tourniquet was released at this moment and the circulation was seen which seemed to be quite unsatisfactory. More blood was pumped and at this point a Dopler shows the tibialis posterior artery was bringing in enough blood supply.

The wound was debrided but surrounding the skin wound there was about four inches in diametre all around the skin was completely undermined and probably this is nonviable. Obviously nonviable muscles from the anterior compartment was removed leaving the so called bleeding muscle but the extent of the contusion damaging the muscle was remaining still undetermined.

At this point it was decided to decompress all the compartment and this was done with the help of a long scissor cutting all the deep fascia. The skin wound was not closed but a thick skin graft was taken from the anterior aspect of the right thigh and covered over the raw area in a longitudinal strip. Hopefully this will heal by primary intention. No plaster cast was used but a long back slab was used for immobilization of the knee supplemented with a back brace. Postoperatively circulation seemed to be satisfactory.

After three units of blood the blood pressure raised to the normal level and thus also the local circulation of the toes.

The patient was able to move the toes satisfactorily suggesting possibly no damage either to the anterior tibial or the lateral popliteal nerve.

A. K. Mitra, M.D.

Page Three

OAKES, David

/hp

cc: Dr. Mitra
Dr. Desmarais

Transcribed October 30, 1980

Dictated October 28, 1980

2

Hôpital Laurentien Laurentian Hospital
SUDBURY, ONTARIO

L 08 01 00

OAKES, David,
Rm; 609-1
1543 Nairn Ave.London, Ont.

DATE OF INJURY: October 27th, 1980
EMPLOYER: Four Star Construction
7630 Auger St. Sudbury.

This 22 year old male was brought to the Emergency Department at the General Hospital by ambulance after he had had his left leg pinned beneath the scoop boom of a front-end loader or scooping tram device of some sort. This injury occurred on Kelly Lake Road on a job site. He had been brought to the Emergency Hospital after the front end loader had been removed from pinning him down and he was transported to the Emergency Department with his left leg and right leg splinted in a semi-flexed position to about 30-40 degrees.

He denies any significant past illnesses stating that he has been an asthmatic but he has not suffered any asthma since leaving certain dusty environments. His past health is otherwise unremarkable.

PHYSICAL EXAMINATION:
HEAD & NECK: Grossly normal.
CHEST: No tenderness or instability. Air entry is equal bilaterally and no adventitious sounds are heard.
CARDIOVASCULAR SYSTEM: Pulse 92, regular. B.P. 112/90. Heart sounds were normal. Peripheral pulses were palpable. The left dorsalis pedis was less in volume than the right dorsalis pedis however, it was present.
ABDOMEN: Non contributory with no tenderness, guarding, rebound or rigidity. Normal bowel sounds.
MUSCULO-SKELETAL SYSTEM: Normal arms. The pelvis was normal. The right was normal. The left leg reveals an open type fracture of the left knee with dirt impacted. The patella is disrupted. The medial and lateral collateral ligaments are broken and the anterior and posterior cruciate ligaments appear to be broken also. The only remaining member of the knee joint that appears to be intact from circumspect examination would appear to be the posterior part of the joint capsule. The circulation of the left leg otherwise appears to be adequate. The leg is warm and the dorsalis pedis pulse is felt in a very distant fashion. Neurologically, the left leg is equal to the right. No other injuries were detected at this time.

COURSE IN EMERG.: Under sterile draping with sterile Saline and Proviodine brush, the knee was cleaned as much as possible maintaining it in a splint position. AP and lateral x-rays were obtained by the portable method after the wound had been covered up. A plaster type of splint has been applied to the lateral aspect in back of the left leg to keep it in a proximate position and make this patient transportable. I.V. Cloxacillin 2 gm. has been given push by myself and 2 gm. had been added to a liter of Ringer's Lactate and this has been run at 150 cc. now. Dr. Mitra has been notified of the admission and will be operating on him at 7 o'clock tonight.

ADMITTING DIAGNOSIS: Compound fracture left knee with disruption of collateral ligaments and cruciate ligaments.

lmd:
Dict; Oct.27.80
Trans; Oct.30.80

Signature du médecin traitant
Signature of Attending Physician K.D. Jakelski, M.D.

c.c. Dr. Jakelski (2) Dr. Mitra WCB

HOPITAL LAURENTIAN
LAURENTIEN HOSPITAL
Sudbury, Ontario

L 08 01 00
OAKES, David
Room 609-1

OCT 31 1980

CONSULTATION

609-1

___ Opinion
___ Traitement simultane/Concurrent Care
___ Transfert/Transfer
___ Accepte Accepted _____ M.D.

MEDECIN CONSULTE/
CONSULTING PHYSICIAN: Dr. Mitra

RAISON/REASON

MEDECIN TRAITANT
DATE _____ TREATING PHYSICIAN _____

This young man was involved in a serious accident while working on a farm. I gather the fork went through the left knee sustaining a very severely comminuted compound fracture. The joint structure was showing through the knee joint with a considerable amount of derangement and also a deep laceration over the anteromedial aspect of the left leg at its middle third exposing the muscles of the anterolateral compartment. The leg was considerably swollen and there has been a considerable amount of bleeding and as a result was hypovolaemic. He is conscious.

He has no other injury elsewhere.

As regards to the knee X-ray was concerned it was difficult to study but this shows definitely a fracture of the patella with complete considerable displacement. The knee was held in flexion. In addition the articular surface was showing through the wound and before surgery it was difficult to decide where it was coming from. In addition, there was a fracture through the neck of the fibula.

His circulation in the extremities was peculiar, though capillary filling seemed to be satisfactory but I was unable to palpate both the dorsalis pedis and tibialis posterior. This could be due to hypovolaemia. The compartment of the right leg was very tight and tense.

So far I can gather his past and family history are noncontributory. No medications. No allergies.

SYSTEMIC INQUIRY: Negative.

SYSTEMIC EXAMINATION: Reveals otherwise a young healthy man of good colour except for the pallor which was temporary with no abnormality

in fauces, lymph nodes, tongue and tonsils. Abdomen: soft, no tenderness, no scar. Liver, spleen, kidneys and bladder: not palpable. Genitourinary system: no abnormality. Central nervous system: no abnormality. Respiratory system: normal air entry, no accompaniment. Cardiovascular system: heart normal size, normal sound, no murmur. Pulse 100. Blood pressure 90/60.

Specific examination of the left leg which has been splinted at the General Hospital shows a gaping wound over the front of the left knee with ragged laceration through which the articular ends of both the bones was showing and broken patella was distracted by about six inches. The knee joint was full of clot. In addition, there was an oval shaped wound through which one can see the medial aspect of the middle third of the tibia and the muscles of the anterolateral compartment which were black and blue. The leg was swollen and capillary circulation was satisfactory but one was not possible to either examine the neurological status or to feel the dorsalis pedis or the tibialis posterior muscle and artery.

In summary, this gentleman has sustained a very serious injury following a farm accident sustaining a compound fracture of the left tibia and gross laceration involving the anterolateral compartment of the same leg and a fracture of the fibula with possible injury to the vessels or to the peripheral nerves.

A. K. Mitra, M.D.

/hp

cc: Dr. Mitra

Transcribed October 30, 1980

Dictated October 28, 1980

2

HOPITAL LAURENTIAN
LAURENTIEN HOSPITAL
Sudbury, Ontario

NO. L NO. L 08 01 00

NOM DU MALADE
PATIENT'S NAME OAKES, David

DATE D'ADMISSION
DATE OF ADMISSION

DATE DE SORTIE
DATE OF DISCHARGE

NOTE DE SORTIE
FINAL NOTE

The final note is the same as the letter to Dr. Simons dictated on the 12th of November and things have not changed.

A. K. Mitra, M. D.

hsg:
Dict. Nov. 21.80
Trans. Nov. 25.80
c.c. Dr. Mitra
#5

609 (609 I)

Hôpital Laurentian
Laurentien Hospital

COMBINED REQUEST FOR BLOOD GROUPING, MATCHING, PRENATAL, POST-NATAL AND ERYTHROBLASTOSIS INVESTIGATION

PLEASE PROVIDE THE INFORMATION REQUIRED IN ALL SECTIONS IN ORDER TO AVOID DELAY IN PROCESSING REQUEST.

DEMANDE COMBINÉE DE GROUPEMENT ET L'APPARIEMENT SANGUIN D'INVESTIGATION PÉRINATALE ET ERYTHROBLASTOSE.

VEUILLEZ S.V.P. FOURNIR LES RENSEIGNEMENTS REQUIS DE TOUTES LES SECTIONS POUR ÉVITER LE RETARD DU PROCÉDÉ.

L OB 01 00
OAKES DAVID IX
4/232 VAN HORNE
SUDBURY

12/06/50

3091

DIAGNOSIS

DATE 5/11

SPECIMEN ☐ ADULT ☐ CORD

TEST REQUIRED

☑ GROUPING ☐ HOLD SERUM ☐ PRENATAL
☑ MATCHING ☐ ERYTHROBLASTOSIS ☐ POST-NATAL

TRANSFUSION IS INTENDED: CHECK APPROPRIATE BOXES

☐ URGENTLY ☑ ROUTINE ☐ IN O.R. Date 6/11 Time to surgery in AM.

NUMBER OF PACKS 1 ② 3 4

☑ WHOLE BLOOD
☑ PACKED CELLS
☐ FRESH FROZEN PLASMA
☐ PLATELET RICH PLASMA
☐ PLASMA
☐ PLATELET CONC.
☐ OTHER (Specify)

HA PATIENT EVER HAD A TRANSFUSION? ☐ Yes ☐ No
IF SO, WAS IT FOLLOWED BY A REACTION? RIGOR, JAUNDICE, ETC.) ☐ Yes ☐ No
HA DEXTRAN GIVEN IN PAST MONTH? ☐ Yes ☐ No
ANY PREGNANCIES (1 2 3 4 MORE)? ☐ Yes ☐ No
BY STILL BIRTHS? ☐ Yes ☐ No
ANY BABIES JAUNDICED? ☐ Yes ☐ No

Signature du médecin
Signature of Physician

GROUPE
GROUP — RH A POSITIVE

GENOTYPE

DIRECT COOMBS

INDIRECT COOMBS

ANTICORPS
ANTIBODIES

Signature J Hutchison Date Nov 6

BANQUE DE SANG / BLOOD BANK

2/79 8451-0208

SUDBURY HOSPITALS / HOPITAUX DE SUDBURY

CHECK: COCHEZ: GENERAL ☐ LAURENTIEN ☐ MEMORIAL ☐

CODE	INITIALS / INITIALES / POSTED / REPORTE	TIME / HEURE

PHYSICIAN'S ORDERS / ORDONNANCES DU MEDECIN

"NEW SECTION TO BE USED FOR EACH SET OF NEW ORDERS"
"S.V.P. UTILISER UNE SECTION NOUVELLE POUR CHAQUE NOUVELLE ORDONNANCE."

ADDRESSOGRAPH

L 08 01 00
OAKES DAVID
4/232 VAN HORNE
SUDBURY
13/06/58
1X
FOX 4

1 DATE Oct 27/80 TIME: HEURE: 18

111847 Cards

L Urinalysis
CBC, Smac, Art.

135514

FDeB
1830

SIGNATURE M.D. Routine Hospital orders / FDeBenedetti

2 DATE Oct 27/80 TIME: HEURE: 1800

L (done) Type + cross for (2) units of blood

L 08 01 00
OAKES DAVID
4/232 VAN HORNE
SUDBURY
13/06/58
1X
FOX 4

FDeB
1800

SIGNATURE M.D. T.O. Dr. Mitra / FDeBenedetti

3 DATE Oct 27/80 TIME: HEURE: 1855

L Type for another 2 units of blood.

P Demerol 100 mgm. I.M. stat.

N Apply pressure dressing to thigh
T.O. Dr Mitra / K. McEachern.

L 08 01 00
OAKES DAVID
4/232 VAN HORNE
SUDBURY
13/06/58
1X
FOX 4

FDeB
1900

SIGNATURE M.D.

SUDBURY HOSPITALS' / HOPITAUX DE' SUDBURY

CHECK: / COCHEZ: GENERAL ☐ LAURENTIEN ☐ MEMORIAL ☐

PHYSICIAN'S ORDERS / ORDONNANCES DU MEDECIN

"NEW SECTION TO BE USED FOR EACH SET OF NEW ORDERS"
"S.V.P. UTILISER UNE SECTION NOUVELLE POUR CHAQUE NOUVELLE ORDONNANCE"

CODE | INITIALS / INITIALES | TIME / HEURE | POSTED / REPORTE

ADDRESSOGRAPH

L 02 01 00
Oakes David
I 609

1 DATE / TIME HEURE

Stop I/V. Cloxacillin
Lincocin 1 gm I/m BID
Stop morphine / Valium
Fiorinal C/4 1-2 tab q4h prn.

SIGNATURE M.D.

2 DATE 5.11.80 TIME HEURE 1550

Cross and type for 2 units of packed cells to be given tomorrow.

V.O. Dr. [illegible] / T.V. [illegible]

SIGNATURE M.D.

3 DATE 6/11/80 TIME HEURE

Hg. Ht in am

[illegible]

SIGNATURE M.D.

SUDBURY HOSPITALS / HÔPITAUX DE SUDBURY

CHECK: / COCHEZ: GENERAL ☐ LAURENTIEN ☐ MEMORIAL ☐

PHYSICIAN'S ORDERS / ORDONNANCES DU MEDECIN

"NEW SECTION TO BE USED FOR EACH SET OF NEW ORDERS"
"S.V.P. UTILISER UNE SECTION NOUVELLE POUR CHAQUE NOUVELLE ORDONNANCE."

ADDRESSOGRAPH

L 08 01 00
OAKES DAVID 1X
4/232 VAN HORNE
SUDBURY
13/06/58

CODE	INITIALS / INITIALES	POSTED / REPORTE	TIME / HEURE	ORDERS
				1 DATE: TIME: / HEURE:
				PostOp
Nsg				(1) Admit ICU
Nsg				(2) Check Pedal Circulation with Doppler 1 hourly
L				(3) Give 3 UNITS of Blood [illegible]
D				Dextrose Saline 500 ml Q8h add 2 gm.
				SIGNATURE M.D.
				2 DATE: TIME: / HEURE: [illegible] 10 [illegible] 500 ml.
P				(4) Keflex 500 mgm Q6h Prn
P				(5) Demerol 100 mgm Q3h Prn
P				(6) Valium 10 mgm hs Prn
P				(6) Fiorinal C¼ 1-2 tab Q4h Prn
				SIGNATURE M.D.
Xray				**3** DATE: TIME: / HEURE: (7) Xray (L) knee - Tower
Nsg				(8) Catheter - indwelling done 2445 28/10/80
				[signature]
				0330 J Meadows Reg
				SIGNATURE M.D.

L 08 01 00
OAKES DAVID 1X
4/232 VAN HORNE
SUDBURY
13/06/58

L 08 01 00
OAKES DAVID 1X
4/232 VAN HORNE
SUDBURY
13/06/58

SUDBURY HOSPITALS / HOPITAUX DE SUDBURY

CHECK: / COCHEZ: GENERAL ☐ LAURENTIEN ☐ MEMORIAL ☐

PHYSICIAN'S ORDERS / ORDONNANCES DU MEDECIN

"NEW SECTION TO BE USED FOR EACH SET OF NEW ORDERS"
"S.V.P. UTILISER UNE SECTION NOUVELLE POUR CHAQUE NOUVELLE ORDONNANCE"

CODE | INITIALS / INITIALES | POSTED / REPORTE | TIME / HEURE

ADDRESSOGRAPH

L 08 01 00
OAKES DAVID 1X
4/232 VAN HORNE
SUDBURY
13/06/58
16091

1 DATE | TIME / HEURE

31/10/80

Restore previous Drugs (medical)

NSG – Push fluid

Hg/Hct tomorrow

nsg Foley at 6 a.m. tomorrow

nsg up to chair [illegible]

Continue [illegible] not [illegible]

[illegible] [illegible]

EF 1930

SIGNATURE M.D. [illegible]

2 DATE 1/Nov/80 TIME / HEURE 0600

Send urine for C+S. (Catheter removed).

110412

0700

Hospital Routine / [illegible] RN

SIGNATURE M.D.

L 08 01 00
OAKES DAVID 1X
4/232 VAN HORNE
SUDBURY
13/06/58

3 DATE | TIME / HEURE

SIGNATURE M.D.

L 08 01 00
OAKES DAVID 1X
4/232 VAN HORNE
SUDBURY
13/06/58
16091

SUDBURY HOSPITALS / HÔPITAUX DE SUDBURY

CHECK: / COCHEZ: GENERAL ☐ LAURENTIEN ☐ MEMORIAL ☐

PHYSICIAN'S ORDERS / ORDONNANCES DU MEDECIN

"NEW SECTION TO BE USED FOR EACH SET OF NEW ORDERS"
"S.V.P. UTILISER UNE SECTION NOUVELLE POUR CHAQUE NOUVELLE ORDONNANCE."

ADDRESSOGRAPH: OAKES DAVID 1X / 47232 VAN HORNE / SUDBURY / 13/06/58 / 609 1

CODE	INITIALS / INITIALES	POSTED / REPORTÉ	TIME / HEURE	ORDERS
				1 DATE: 30-10-80 TIME / HEURE: 1430 hrs
	Bh	CG		Morphine 15 mg sc. q3h prn or IM also
				V.O. Dr Mitra / C. Gauvreau Reg N
				[signature] SIGNATURE M.D.
				2 DATE: 30 1 10 TIME / HEURE: 1400
				D/C Keflex
	Bh	CG		Lincocin 1 gm po. B.I.D.
	Mitra	CG		For OR Monday for change of dressing
	1415 hrs			DAT
				V.O Dr Mitra / [illegible] Reg
				[signature] SIGNATURE M.D.
				3 DATE: 31/10/80 TIME / HEURE: 0915
	J.K.			Book in OR tomorrow for
	MC		0925	change of dressing, post. under anesthetic
				V.O. Dr Mitra / J. [illegible] Reg N.
				[signature] SIGNATURE M.D.

SPINAL

SPINAL	EPIDURAL SINGLE	EPIDURAL CONTINUOUS
LOCAL	LOCAL	LOCAL
AGENT	AGENT	AGENT
DOSE	DOSE	DOSE INITIAL
POSITION	POSITION	OTHERS
SITE	SITE	
H.O.A.	H.O.A.	
OTHER (SPECIFY) AGENT - % - DOSE		POSITION
		SITE
		H.O.A.

HISTORY AND PHYSICAL

BP 120/80
Heart lung is fresh
Hb. 14.9

INFUSION

5% GNR	1200
½ - ½	
R/L	1000
BLOOD	1000
OTHER	
TOTAL	3200

EST. BLOOD LOSS 500.

SUPPLEMENTARY NOTES:

SUDBURY HOSPITALS / HOPITAUX DE SUDBURY

CHECK: / COCHEZ: GENERAL ☐ LAURENTIEN ☒ MEMORIAL ☐

PHYSICIAN'S ORDERS / ORDONNANCES DU MEDECIN

"NEW SECTION TO BE USED FOR EACH SET OF NEW ORDERS"
"S.V.P. UTILISER UNE SECTION NOUVELLE POUR CHAQUE NOUVELLE ORDONNANCE."

CODE | INITIALS / INITIALES | POSTED / REPORTE | TIME / HEURE

ADDRESSOGRAPH

OAKES DAVID
4/232 VAN HORNE
SUDBURY
13/06/58
IX
[redacted]

1

Nov. 7/11

May have a beer BID prn
Verbal order: Dr. Mitra
C.A. Sanders RN

DATE | TIME / HEURE | SIGNATURE M.D.

2

Do not cleanse wound as yet
Neosporin spray to wound - then adaptic + gauze pad window c abds + then retape to cast

VORB Mitra / Blanchard

DATE | TIME / HEURE | SIGNATURE M.D.

3

May go to OT
V.O. Dr. Mitra [illegible]

DATE 9/1/80 | TIME / HEURE [illegible] | SIGNATURE M.D.

Hôpital Laurentian
Laurentien Hospital

41, chemin du Lac Ramsey
Sudbury, Ontario
P3E 5J1

CO CI CO
OAKES DAY:D IX
4/232 VAN HORNE
SUDBURY

13/06/53

131 LT KNEE OR DR MITRA

RADIOLOGIE - RADIOLOGY

CHAMBRE / ROOM NO. 710-1 DATE Oct 21-80

J.N. DESMARAIS ET ASSOCIÉS

J.N. DESMARAIS AND ASSOCIATES

	W.C.B.	AUTRE	INT	EXT	
			X		
O.H.I.P.	W.C.B.	OTHER	IN	OUT	

Lt. knee - two views of the knee were done in the O.R. with the portable equipment. Numerous metallic pins of varying diameter and length are seen inserted into the lateral femoral condyle immobilizing the fractured fragments of that condyle in good position. Some fragments of bone appear to be missing from the lateral epicondylar region. The lower half of the patella is also absent.

There is also a fracture in the upper neck of the fibula with the fragments in good position.

A.J. VALIANO
Radiologist.

AJV:DD
4-11-80

RAPPORT DE RADIOLOGIE
RADIOLOGY REPORT

Hôpital Laurentien
Laurentien Hospital

41 chemin du Lac Ramsey
Sudbury, Ontario
P3E 5J1

710 1

08 01 00

OAKES DAVID IX
4/737 VAN HORNE
SUDBURY

17/05/18

LT LEG C.P.A. DR. MITRA 17

RADIOLOGIE - RADIOLOGY

710-1

OCT. 28-80

CHAMBRE ROOM NO. 710' DATE 28/10/80

	W.C.B.	AUTRE
		OTHER

	EXT.
X	
IN	OUT

J.N. DESMARAIS ET ASSOCIÉS

J.N. DESMARAIS AND ASSOCIATES

Lt. leg - two views were done showing again the previously noted metallic pins in the lateral femoral condyle. Wire loops are now seen in the patella, the lower half of which is absent.

A.J. Valiahb,
Radiologist.

AJV:DD
4-11-80

RAPPORT DE RADIOLOGIE
RADIOLOGY REPORT

Hôpital Laurentien / Laurentian Hospital

Sudbury, Ontario

601 4
08 01 00
L
OAKES DAVID 1X
47232 VAN HORNE
SUDBURY

13/06/58

DATE		SIGN.
Nov1/80	- I.V. still in, very drowsy & c/o pain. Measured for crutches & had him stand by the bed. Dizzy. Suggest he sit up for several periods over the weekend before he tries crutches again.	B.B.
Nov 3/80	Up c crutches standing only. Unable to take steps. Very unco-operative.	[illegible]
Nov. 4/80	Up c walker. Still doing poorly. Not to be up alone.	[illegible]
Nov 5/80	Up c walker again. Still very unsteady & needs standby supervision.	[illegible]
Nov 6/80	Doing much better c walker a.m. To try c crutches p.m.	[illegible]
Nov 7/80	Up c crutches NWB. did fairly well but should have standby assistance for crutches yet. Needs more practice.	[illegible]
8-11-80	Pt unable to get up on crutches as cast was just opened. S. Woods PT. Reg.	

ÉTE DE PROGRES - READAPTATION
PROGRESS NOTES - REHABILITATION 11/77 8451-1204-3

CONCLUSION

Consequently, the appeal is denied.

DATED August 16, 2000, at Toronto, Ontario

(Mr.) E. Mroczek
Appeals Resolution Officer
Appeals Branch
DRC/240258/dd1