

CHILDRENS HOSPITAL OF LOS ANGELES

4614 Sunset Boulevard, Los Angeles, California 90027

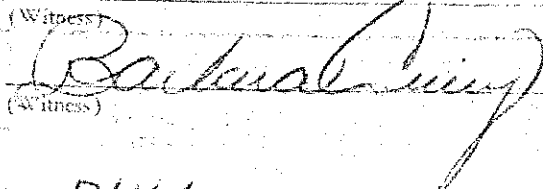
CONDITIONS OF ADMISSION

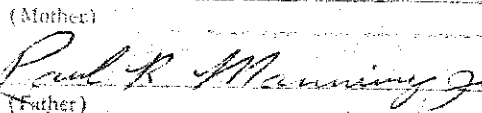
- MEDICAL AND SURGICAL CONSENT:** The undersigned consents, on behalf of the patient, to any x-ray examination, laboratory procedures, diagnostic procedures, vaccinations and immunizations against diseases, anesthesia, medical or surgical treatment or hospital services rendered the patient under the general and special instructions of the attending physicians.
- GENERAL DUTY NURSING:** The hospital provides general duty nursing care. If the patient is in such condition as to need continuous or special duty nursing care, it is agreed that such must be arranged for the patient by the parent, upon recommendation by his physicians, and the hospital shall in no way be responsible for failure to provide the same, and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.
- RELEASE OF INFORMATION:** The hospital may disclose all or any part of the patient's record to any person or corporation which is or may be liable under a contract to the hospital or to a family member of the patient for all or part of the hospital's charge, including, but not limited to, hospital or medical service companies, insurance companies, state or county Disabled Children's Services, welfare funds, the patient's employer; and the hospital may release such information to doctors or other agencies, when such exchange would be beneficial to the patient or medical research.
- I hereby agree to the removal of the patient to the Los Angeles County General Hospital if he or she develops a contagious disease and such removal is recommended by the attending physician.
- CONTINUING CONSENT:** It is understood and agreed that this consent shall cover medical care furnished by the Childrens Hospital of Los Angeles in any of its facilities including the Outpatient Department and the Rehabilitation Center.
- PERMISSION FOR PHOTOGRAPHS AND EDUCATION AND PUBLIC RELATIONS INFORMATION:** I hereby give permission for photographs and/or motion pictures of, and release of information about my child to be used for:

- | | | |
|--|---|-----------------------------|
| 1—Professional Education | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2—Childrens Hospital news stories | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3—News stories for Los Angeles County United Way, Inc.,
Southern California Community Chests and United Funds | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

The undersigned certifies that he has read the foregoing, and is the parent, or legal guardian, of the patient.

NAME OF PATIENT PAUL RUBIC MANNING III

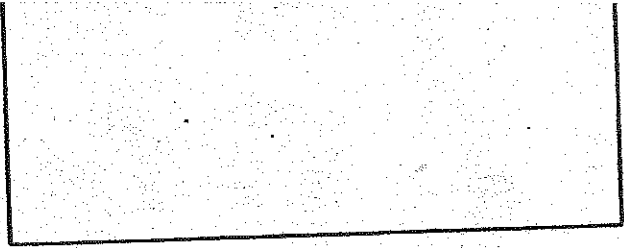
(Witness)

(Witness)

(Mother)

(Father)

or

7/16/69
(Date)

(Legal Guardian)



AGREEMENTS AND CONSENTS FOR PATIENT

MANNING, PAUL INF ICU 374023
 (Name of Patient)

1. I hereby consent to any and all medical and surgical treatment prescribed by the physicians and surgeons of the Childrens Hospital for the above named patient.

This consent includes HEART CATHETERIZATION AND/OR ANGIOCARDIOGRAM

2. I hereby grant authority to perform any and all medical examinations; surgical procedures and administration of anesthetics; diagnostic procedures; vaccinations and immunizations against diseases; and nursing procedures; which may now or during the course of the patient's care at the Childrens Hospital, be deemed advisable or necessary.

3. I hereby agree to the removal of the above named child to the Los Angeles County General Hospital if he or she develops a contagious disease.

4. Should medical care at Childrens Hospital be discontinued, contrary to the advice of the physician or physicians attending the patient, I relieve the Hospital and physicians attending my child, of all responsibility for any untoward results which may follow.

5. I hereby authorize the hospital to furnish to my insurance carrier(s) requested information from the above named child's medical records.

6. I agree that this consent shall cover medical care furnished by the Childrens Hospital Society in any of its facilities, including the Out-patient Department and the Convalescent Home.

7. I agree that this consent covers exchange of information to doctors and/or other agencies when such exchange of information will be of benefit to the patient.

 (Witness)
Bernice [Signature]
 (Witness)
 7/17/69
 (Date)

 (Mother)
Paul R. Manning Jr.
 (Father)
 or

 (Legal Guardian)

PHOTOGRAPHIC RELEASE

Childrens Hospital Society of Los Angeles - 4614 Sunset Boulevard, Los Angeles 27

I hereby give consent for photographs and/or motion pictures of my child to be used for:

- 1. Professional education at Childrens Hospital yes no _____
- 2. Childrens Hospital publicity yes no _____
- 3. Southern California Community Chest or United Fund publicity yes no _____

Remarks: _____

 (Witness)
Bernice [Signature]
 (Witness)

 (Parent or Guardian)
Paul R. Manning Jr.
 7/17/69
 (Date)

PATIENT NAME MANNING, Paul	UNIT NUMBER 37 40 23
DATE ADMITTED 7-14-69	FLOOR Infants West
DATE DISCHARGED 7-21-69	PRIVATE PHYSICIAN

HISTORY: This 48-hour-old White male was born to a 20-year-old G II, P II female. His birth weight was 8 lb: 10 1/2 oz. He was noted to be tachypneic at six hours of age by the mother. The child was seen by Dr. Baker at 36 hours of age who felt the child to be in considerable respiratory distress. X-ray taken at a local hospital was negative. The patient was also noted to be jaundiced and was transferred to CHLA.

PHYSICAL: Vital signs: temp 36.8°, respiratory rate 120, apical pulse 140, blood pressure flush 70 in the upper extremities. Weight 8 lb. 8 oz. Head circumference 35 cm. Physical exam was within normal limits except for examination of the chest which revealed tachypnea with mild subcostal retractions. Examination of the heart showed S-1 was of normal intensity, S-2 was increased in intensity and no splitting was heard.

LAB DATA: Within normal limits with exception of total bilirubin of 14.8 with direct of 1.1 and indirect of 13.7. Hemoglobin 21.2, hematocrit 66. Chest x-ray revealed increased vascular markings. On 7-18 total bilirubin was 10.2, direct 0.9 and indirect 9.3. Hemoglobin on 7-18 was 20.3, hematocrit 60. Hemoglobin on 7-21 was 20.8 and hematocrit 66. Repeated x-rays showed increased pulmonary vasculature and normal sized cardiac silhouette.

COURSE: On admission workup included EKG, chest x-ray. Because of severe tachypnea, cardiac consultation was obtained and two diagnostic possibilities were discussed - (1) polycythemia of the newborn and (2) congenital heart disease. In preparation for cardiac catheterization, it was found that an ABO incompatibility did exist between mother and child. However, the child's condition improved and on the second and third day of hospitalization tachypnea decreased to a respiratory rate of 50. The child was watched carefully. Appetite increased and jaundice decreased. On the sixth hospital day, the child's tachypnea increased once again. Cardiac catheterization was decided upon at this time but was refused by the parents. The child was signed out AMA by his parents.

DISPOSITION: The child was discharged to be followed in Cardiac Clinic in three weeks.

DIAGNOSIS:

- 1) Tachypnea, etiology unknown, possible congenital heart disease.
- 2) Hemolytic disease of the newborn, i.e. ABO incompatibility.

Dict: 7-21-69
Trans: 7-23-69/lmb

ROCHELLE SHAPIRO, M. D.

R Shapiro
at home

374023
MANNING, PAUL C-33-B
7-14-69 677-0717

MRS WASC MANNING JR

LEAVING HOSPITAL AGAINST

ADVICE

CHILDRENS HOSPITAL OF LOS ANGELES

DATE July 21 1969

This is to certify that Manning Paul

a patient in the above-named hospital, is leaving the hospital against the advice of the attending physician and the hospital administration. I acknowledge that I have been informed of the risk involved and hereby release the attending physician, and the hospital, from all responsibility and any ill effects which may result from this action.

Phil L. Manning
(MOTHER)

Paul B. Manning Jr
(FATHER)

OR _____
(LEGAL GUARDIAN)

Robinson A. D.
(Witness)

(Witness)

REFERRAL FORM
CHILDRENS HOSPITAL OF LOS ANGELES

Initial (X) Renewal ()

Date 7/22/69

CT 6010

CHLA # 37 40 23

Medi-Cal# _____

A.

1. From: Childrens Hospital of Los Angeles
Address: P. O. Box 54700
City: Los Angeles, Calif. Tel: 663-3341
Dept: OPS Medical
Name: (Miss) Louisa McClurkin, PHN
Ext. 554

Patient MANNING, Paul
Sex M Birthdate 7/14/69
Address 705 So. Jarch Apt. 6
City Inglewood Tel: 677-0717

2. To: Inglewood Health Department
Address: 101 S. Grevillea Ave.
City Inglewood, Calif. 90301

Responsible relative Paul 24 - Gail 20

3. Hosp. Adm. date _____ Disch: _____
Clinic App't. Dr. Stanton - Cardiology

Other _____ Relationship _____
Address _____ Apt. _____
City _____ Zone _____
Telephone _____

B.

1. Medical Diagnosis and Prognosis (Other significant factors)
? Transposition Gr. Vessels
CHD - B. Wt. 8 lb. 10 oz. ? Total anomalous venous return

2. Medical orders and instructions:

Please supervise newborn care and evaluate home situation.

Dr. Stanton

Signature of Physician
Dr. Stanton/L. McClurkin, PHN

C.

Hospital Staff Reports -

Second baby. Father signed baby out against Medical Advice. Refused cardiac cath. - seemed hostile. Will have appointment in Cardiology Clinic.

Family not told of PHN visit.

Louisa McClurkin

Name and Title

McClurkin PHN

D. Plans:

E. Report by Public Health Nurse and/or other workers in community agency.

7/22/69 TC for children's hosp. Plm in HV etc.

7/23/69 HV. Mrs Manning was home with her children - but was taking a nap & req. Plm to ret another day - apt made 7/24/69

7/24/69 HV. Mrs & Mrs Manning and their 2 children reside in 2 BR sparsely furnished clean apt - but intend to move to Glendale soon - cheaper rent & they want a main house & its near to their Church. "Assembly of God" which seems to play a very important part in their life - she refused any "cutting" procedure on baby because baby was "touched by God" and seems to be better - they also rely a great deal on prayers - Mrs. Manning seems to feel the strongest about this and encourages her husband to do so - seems to feel whatever is - is God's Will.

P.E. of baby - color appeared somewhat flushed - but skin clear - no exposure noted - when baby was quiet or crying - is taking SMA 4oz q 4h - stools soft - also take approx. 4oz water daily - mother was affectionate & baby, rocking him etc. Respiration regular - mother had no problems with feeding - intends to follow through w/ X Ray appts at Children's - but otherwise wants to keep baby under care of her long-time family physician Dr. Vincent & Associates. Mother-to-mother resuscitation procedure discussed - mother seemed interested and asked questions.

Mrs. M. was cooperative - discussed her feelings re religion & medical care & only appreciated to visit but will receive her medical supervision in Dr. Vincent.

Agency LA County Health Dept. Inglewood Station Name Mrs. E. J. Gudecki
Address 101-50 Inglewood Tel. No. 677-2161 Date 7/25/69