Coruscant General Hospital System Official Medical Record

Name: Lucine Vasano

DOB: 0243, August 02, 12 ABY

Race: Human Height: 52 cm Weight: 4.2 kg

Blood Type: B POSITIVE

Parents: Tarvoth and Evangeline Vasano

Allergies: None

Human female infant born at 41 weeks. No complications, mother and baby are both healthy. Will monitor infant for standard period of time before discharging home.

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SITUATION: 4 year old Human female presented with family to CGHS Emergency Department on 04/04 with fever, malaise, hypotension and respiratory distress. Accompanied by family (Father: Tarvoth Vasano (med rec #4573456), Mother: Evangeline Vasano (med rec # 4573457), Brother: Thomas Vasano (med rec # 4573459), and Sister: Adaline Vasano (med rec #4573460) who present with similar symptoms.

BACKGROUND: Given number of patients who have presented with similar symptoms (45 at present), it appears that all cases are related to an outbreak of some sort of virulent pathogen. Early lab testing identified pathogen to be Toxic Mycoblastosis. Likely source is contaminated bacta, considering close proximity to all patients to bacta plant.

ASSESSMENT: Temp: 104, Pulse: 143, Resp: 28, BP: 67/43, O2 Sat: 78% on Room Air. GENERAL: Well nourished Human child presents with cyanosis, increased work of breathing, elevated temperature. SKIN: Pale, cyanotic nailbeds. HEART: Sinus Tachycardia, S1S2. LUNGS: Coarse, rhonchi and crackles.

RECOMMENDATION: Supplemental Oxygen to maintain O2 sats >= 95%, antibiotics and antifungals, antipyretics to control fever, fluids to improve Blood Pressure, start pressors if necessary. Prognosis is grim, given clear virulence of strain.

Addendum, added 04/06

Patient appears to be improved, maintaining O2 sats >92% on Room Air, normothermic. Remains lethargic. Will continue to monitor given exposure has resulted in deaths of brother (see med rec #4573458) and mother (see med rec #4573457).

Addendum, added 04/14

Patient to be discharged home in care of father. Symptoms appear to have fully resolved.

Discharge Summary 06/14/34 ABY

Patient presented on 06/06/34 ABY, status post multitrauma. An abbreviated list of injuries include:

- 1) Fractures to Occipital and Temporal skull with extensive cerebral contusions
- 2) Multiple displaced left sided rib fractures (ribs 4-7)
- 3) Hemo/pneumothorax
- 4) Liver laceration
- 5) Splenic laceration
- 6) Bruised left kidney
- 7) Defensive wounds to hands

It is obvious that the injuries were obtained as a result of an assault, though patient continues to refuse to give any additional details concerning the attack.

All scans are now clean, indicating injuries are fully healed after multiple days in bacta tank. However, patient displays symptoms concerning for PTSD and/or post concussive disorder, including insomnia, night terrors and persistent headaches. Will follow up with patient on an outpatient basis to assessment mental status.

Addendum added 06/14/34

Patient missed follow-up appointment

Addendum added 06/16/34

Patient missed follow-up appointment.

Addendum added 06/21/34

Patient missed yet another follow-up appointment. States "I am fine," despite obvious symptoms of lack of sleep, persistent headaches and excessive alcohol consumption.

Addendum added 06/23/34

Patient missed follow-up appointment.

Addendum added 06/25/34

Patient missed follow-up appointment. Given patient's noncompliance with medical plan, case will be forwarded to patient's primary care physician, Atyiru.

Discharge Summary

Patient seen and examined as follow-up for injuries sustained on a series of missions. A short list of injuries include:

- 1) Superficial electrical burns. Patient states burns are a result of being subjected to Force Lightning.
- 2) Lacerations on tongue, likely secondary to exposure to Force Lightning
- 3) Blaster burn to left shoulder
- 4) Concussion. Patient states attacker 'used Telekinesis to put [her] through a stone wall'.
- 5) Lightsaber wound to left cheek, appears to be secondary to lightsaber burns.

All of these injuries are per patient, as they appear to be fully healed. Patient states she 'knows someone' who administered medical treatment for aforementioned injuries. At present, patient's only complaint is of persistent headaches. Scan of the head shows some sort of chip implant that was not present on scans from 06/06 or 06/08. Patient states this is a biomedical implant, but is vague on what implant does or when it was placed. Despite suspicious nature of chip, patient has declined additional treatment, stating she would make sure it was 'taken care of'.

Or particular note, patient exhibits personality changes, including increased temper. Verbalizes she is 'fine', though affect appears unusual and flat. Emotions demonstrated by patient appear to be feigned. At this time, patient declines any further psychological evaluation. Given patient's history of noncompliance, all findings have been forwarded to Atyiru for further evaluation.