

# Summary of Treatment of the President

DALLAS COUNTY HOSPITAL DISTRICT

11-23-63

STAFF PROGRESS NOTES

DATE, HOUR, NAME

After receiving a report from the hospital operator that the President had been shot and was en route to the emergency room I immediately notified Dr. M. J. Perkins and Miss Audrey Bell who were nearby.

Myself and Dr. McPeery rushed to the emergency room and found the President lying on the gurney. Several severe skull and facial injuries were noted as well as a small laceration on the left side of neck, thought to be a bullet entrance wound.

While Dr. Peery started the traction I performed a cut down on the left common carotid vein and inserted a 1/2" polyethylene catheter to which was attached a heparin lock for irrigation.

It was then noted that there was bleeding through the neck wound and I inserted a 1/2" catheter that takes in the 2nd intercostal space in the mid axillary line and inserted a 1/2" catheter in the 4th intercostal space in the mid axillary line. This was connected to the chest drainage unit. In a similar fashion Dr. Peery and I inserted a 1/2" catheter that takes in the 1st intercostal space in the mid axillary line and attached to the chest drainage unit.

Subsequently closed cardiac massage was begun and the patient revived.

# Summary of Treatment of the President

DALLAS COUNTY HOSPITAL DISTRICT

STAFF PROGRESS NOTES

11-23-63

DATE, HOUR, NAME

After receiving a call from the hospital operator that the President had been shot and was en route to the emergency room I immediately notified Dr. M. J. Perkins and Miss Audrey Bell who were nearby.

I myself and Dr. M. J. Perry rushed to the emergency room and found the President in the dying position. Several gunshot wounds were noted as well as a small laceration in the neck, which I thought to be a bullet entrance wound.

While Dr. Perry started the treatment I performed a cut down on the left Carotid Vein and inserted a polyethylene catheter to which was attached a rubber lactate solution.

It was then noted that air was bubbling through the neck wound and I inserted a left anterior chest tube in the 2nd intercostal space in the M.C. vein. A trachea had heavy pulling feeling. This was corrected to closed chest. Oxygen immediately. In a similar fashion Dr. Paul Peters, Dr. Charles Dexter, and myself inserted a right anterior chest tube just to the right of the mid-clavicular line and attached to closed underwater drainage.

Subsequently closed cardiac massage was begun and the patient expired.