Ward/Section: 1CW2	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. #[redacted] b(6)-4	DATE 2 Aug 03	TIME 1500	SSN/PSEUDO SSN: #[redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^9
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU2	REQUESTING PHYSICIAN: Dr [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted] b(6)-4	DATE 2 AUG 03 / TIME 2130	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^9
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52% (M) 37-47% (F)	
Sed Rate			
Other			

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Stain	
Occ Bld	Negative
H. pylori	Negative
Micro Parasites	
Malaria	
O & P	
Other	

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: [redacted] b(6)-2	DATE: 02 Aug 03	LAB ID NO.:

b(6)-2

Ward/Section: ICU 2	REQUESTING PHYSICIAN: Dr [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] b(6)-4	DATE: 2 Aug TIME: 926	SSN/PSEUDO SSN: [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS: ABG

Sinus 16 T/I 600 FIO2 90 Resp 18

REPORTED BY: [redacted] b(6)-2	DATE: 2 Aug 03	LAB ID NO.:

b(6)-2

Ward/Section: F-Cu 2	REQUESTING PHYSICIAN: Dr. [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted] b(6)-4	DATE: 2 Aug	TIME: 1120	SSN/PSEUDO SSN: [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

HSG T1670 Resp 13 Ht 72 Rec 7201-6

REPORTED BY: [redacted]	DATE: 2 AUG 03	LAB ID NO.:

b(6)-2

Ward/Section: ICU2	REQUESTING PHYSICIAN: Dr [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. b(6)-4 SPW [redacted]	DATE 2Aug03 / TIME 1900	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

PICCOLO
02/08/03 19:01
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	111	73-118	MG/DL
BUN	♦♦♦	7 22	MG/DL
CRE	3.1*	0.6-1.2	MG/DL
CK	637*	39-380	U/L
NA+	131	128 145	MMOL
K+	3.6	3.3-4.7	MMOL
CL-	121*	98-108	MMOL
tCO2	21	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 1+, ICT 0

Bun 44

CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] b(6)-2	2Aug03	

Ward/Section: ICU 2	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI, #[redacted] b(6)-4	DATE 2Aug03	TIME 1500	SSN/PSEUDO SSN: #[redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

======= PICCOLO =======
02/08/03 15:18
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 b(6)-2
DISC LOT #: 3152AA4
OPER #: [redacted] R #: 000
SERIAL #: [redacted]

GLU	99	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	3.1*	0.6-1.2	MG/DL
CK	664*	39-380	U/L
~~NA+~~	~~135~~	~~128-145~~	~~MMOL~~
~~K+~~	~~4.2~~	~~3.3-4.7~~	~~MMOL~~
~~CL-~~	~~121*~~	~~98-108~~	~~MMOL~~
tCO2	26	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 1+

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
CO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS: ABG & ~~the~~ metabolic panel

REPORTED BY: b(6)-2 [redacted]	DATE: 2AUG03	LAB ID NO.:

b(6)-4

Ward/Section: ICU-2	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: # [redacted]	DATE: 2 Aug	TIME: 1243
		SSN/PSEUDO SSN: # [redacted] b(6)-4

(ESTAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REMARKS: ABG TV 670 Resp-13 FiO2 70 IMV 20

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] b(6)-2	2 AUG	

b(6)-2

ICU #2

LAST, FIRST, MI: [redacted] b(6)-4

[redacted]

CHEMISTRY RESULT FORM
(Subject to the Privacy Act of 1974)

DATE: 2 AUG

TIME: 0400

SSN/PSEUDO SSN: [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmo
K		3.5-4.9 mmol
Cl		98-109 mmol
pH	7.343	7.31-7.45
PCO2	30.5	35-45 mmHg 41-51 mmHg (
PO2	65	80-105 mmHg (N/A (ven)
TCO2	18	23-27 mmol/L (24-29 mmol/L (
HCO3		22-26 mmol/L (23-28 mmol/L (
sO2		95-98%
BEecf		(-2) (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mm
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANG
Troponin-I		
Drug of Abuse		

REMARKS:

(Piccolo) Chemistry 12

======= PICCOLO =======

02/08/03 04:11

REFERENCE RANGE: MALE

PATIENT #: [redacted]

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

TEST	RESULT	REF. RANGE	UNIT
ALB	♦♦♦	3.3-5.5	G/DL
ALP	48	26-84	U/L
ALT	14	10-47	U/L
AMY	579*	14-97	U/L
AST	69*	11-38	U/L
TBIL	2.1*	0.2-1.6	MG/DL
BUN	35*	7-22	MG/DL
CA++	9.6	8.0-10.3	MG/DL
CHOL	79*	100-200	MG/DL
CRE	2.7*	0.6-1.2	MG/DL
GLU	70*	73-118	MG/DL
TP	♦♦♦	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0 , ICT 0

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-1[illegible] mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
GGT		5-65 u/l
TP		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

REPORTED BY: [redacted]

DATE: 2Aug03

LAB ID NO.:

b(6)-2

Ward/Section: ICU #2	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: # [redacted] b(6)-4	DATE: 2 AUG / TIME: 0400	SSN/PSEUDO SSN: # [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^9
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		Negative
Ket		Negative
SG		N/A
Bld		Negative
pH		N/A
Prot		Negative
Urob		0.2-1.0
Nit		Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		
O & P		
Other		

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

REMARKS: ABG

REPORTED BY: [redacted] b(6)-2	DATE: 02 Aug 03	LAB ID NO.:

ICU 2

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the [illegible]

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG (Units)												
Vecuronium (mg)	10						10					10
Versed (mg)	2											
Fentanyl (mcg)	50	50	50	50	50	50		50		50		50
( )												
( )												
( )												
VOLAT AGENT 1.50 % del	0.4	0.6	0.6	[illegible]	.6	.6	.6	.4	.6	.6	.6	.6
% e.t.												
AIR L/Min												
N2O L/Min												
O2 L/Min	2	2	2	2	2	2	2	2	2	2	2	2

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

FLUIDS

LINE site												
(L) AC	☐ Warmed											x Hgn
UR (R) SC	☐ Warmed		200					600				900
	☐ Warmed		600			1000			2400			3000
	☐ Warmed											
	☐ Warmed											

LOSSES

EST BLOOD LOSS/Stick		950				2600						
URINE -			401					80/70	40/110	130/240		

PHYS STATUS 1 2 (3) 4 5 (E)

BODY WEIGHT: 80 (KG) LB

HEMATOCRIT: 33

INITIAL DATA: BP- 115/65 HR- 136

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? yes TIME- 1645

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊙

TIME → 1640 1700 X 30 X 1800 : 30 " 1900 15 30 45

Time	Na	K	TCO2	TCa	Hct/Hb	pH	PCO2	PO2	BE	SO2
1800	156	4.6	16	1.0	38/13	7.22	33.9	240	-13	100%
1925	150	4.6	15	.98	34/12	7.152	39.2	170	-15	99%
2005	155	4.3	18	.94	27/9	7.172	44.2	184	-12	99

EVENTS

VT - ml	600	630	640	640	760	750	760	770	780	730	700	660
f - breaths/min	10	14	13	13	13	13	14	13	13	13	14	14
Peak inf pres / PEEP	35	24	23	22	25	26	28	26	26	26	26	28
MODE - S(pon), A(ssist), C(on)	CV	CV	C	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff — ET CO2 (torr)	38	35	34	33	33	29	30	31	31	31	30	31
BP/oth — FIO2 (Frac or %)	86	86	.86	.87	.87	.88	.98	.88	.88	.88	.89	.90
ART line — SpO2 (%)	100	100	100	100	100	100	100	100	100	100	100	100
Steth- PC/ES — ECG	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Gas analyzer — TEMP-site Skin	96	96	96	96	96	96	96	96	96	96	96	96
N-M Block (T/4)	0/4	0/4	0	0	0	0	4/4	0/4	0/4	0/4	0/4	2/4
Warming blkt												
Conv warmer												

Mark with letters & symbols, explain under REMARKS — EVENTS Position → OR — OR

TOTALS

TOTAL EBL: 500 - Blood, 3000 Fluids

TOTAL URINE: 400 cc

FLUIDS SUMMARY

CRYSTALLOID- 5000 cc

COLLOID- 1 unit Hgn

BLOOD- 4 units PRBC

REMARKS

Code drugs with numbers, events with letters

(1635) ID PT
client removed
PT intubated on
ventilation c
ansoy / versed
infusing (1640)
T transfered to
OR via litter
VSS. (E) BBS (E) 12 lc
ABG (I-STAT) @ 1800
Results.
(1922) PRBC #1861389
Warmed Poly Lines T
(1834) PRBC #55 L/R
1900 Report received -
CPT Watters to release
1923 I-Stat ABG
Results reported to surgeon.
1935 2 amps Nalbuphine given,
500 cc Hespan +
2000 1 amp Calcium given

RECOVERY AT 2045

PACU (ICU) 2 (Specify)

OTHER

CONDITION: Stable

RESP- 20 SpO2- 99 %

BP- 103/52 HR- 99/14

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1635	1640	2100
	Ready	Begin	End
PROC	1645	1655	2040

PROCEDURES and CPT Codes: Ileostomy

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA.

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

[redacted]

b(6)-4

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
PT intubated in ICU (+) BBS (+) 12 TCO2 (+) Cuff pressure

SURGEONS: [redacted] b(6)-2 / [redacted] CRNA

PROCEDURE LOCATION: OR1

DATE: 30 JUL 03

PAGE 1 OF 2

DA FORM 7389, FEB 1998 — MEDCOM 15450 — MEDICAL RECORD — USAPA V1.00

[redacted]

MEDICAL RECORD - ANESTHESIA

For use ... s form, see AR 40-66; the proponent agency is the ...

TOTALS	TOTAL EBL	3500
350	TOTAL URINE	200

FLUIDS SUMMARY
CRYSTALLOID- NS - 2500
COLLOID- Hespan - 1000
BLOOD- PRBC - 15 units
REMARKS- FFP ...
Code drugs with numbers, events with letters

0200 From ER → at 10 - DA
[illegible] - assessment done
0210 - Induction & intubation
0050 - [illegible]
CaCl
0355 - [illegible]
0400 - CaCl
[illegible]
0515 TO ICU 2

AGENTS AND ... (Units) — CONTINUOUS/REPEATED ... SPECIFY UNITS - MG/MCG "I" = CONSTANT INFUS
VOLAT AGENT (ISO) % del / % e.t.
AIR L/Min
N2O L/Min
O2 L/Min

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS — ↓ induction

LINE site: IV, Art, ... Warmed / Warmed / Warmed / Warmed
Hespan, PRBC, NS, FFP ×4 units

LOSSES — EST BLOOD LOSS; URINE -

PHYS STATUS 1 2 3 4 5 E
BODY WEIGHT 70 KG LB
HEMATOCRIT:
INITIAL DATA: BP- 110/70; HR- 90's
EQUIP CHECK OK?- Y N
RECHECK

TIME → 0200 × 30 × 0300 × 30 × 0400 × 30 × 0500

SYMBOLS: BP by cuff V Λ; Heart rate •; Resp rate ○; BP (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊘

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

VT - ml
f - breaths/min
Peak inf pres / PEEP
MODE- S(pon), A(ssist), C(on)
BP/Auto Cuff — ET CO2 (torr)
BP/oth — FIO2 (Frac or %)
ART line — SpO2 (%)
Steth- PC/ES — ECG
Gas analyzer — TEMP-site
N-M Block (T/4)

Warm sheets — head wrap; warmer
Warming blkt
Com. warmer

Mark with letters & symbols, explain under REMARKS — EVENTS / Position: arms < 90° abducted/padded

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — #8 ... 22 cm teeth ... bite block, eyes taped
MANAGEMENT: Intubation route, blade, technique, comments ...

PROCEDURES and CPT Codes: Exp Lap / GSW

[redacted]

IDENTIFICATION: Typed or written entries: Name, Grade ... Medical facility

[redacted]

PROCEDURE LOCATION:
DATE: 3...
PAGE

RECOVERY AT: PACU ICU OTHER — Stable
CONDITION:
RESP- CMV SpO2
BP- 115/... HR-
ANESTHESIA / PROC TIMES — ANES Start 0130; PROC Ready 0010

COPY 1 - PATIENT'S MEDICAL RECORD

b(6)-2

MEDCOM - 15451

... FORM 738

(b)(6)-4

[redacted]

[redacted]

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the

ANESTHETIC AGENTS AND DRUGS

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG (Units)					TOTALS
Vecuronium (mg)					30
Versed (mg)	1		1		5
Fentanyl (mcg)	50				500
( )					
( )					
( )					

VOLAT AGENT ISO	% del	.6 – 1.5 – 1.8 – 1.0 X
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	2 – 2 – 2 – 2

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → Hespan — X

TOTAL EBL: /
TOTAL URINE: /

FLUIDS

900
2000

LINE site: LR (R) SC

- ☐ Warmed X NS — 1400 —
- ☐ Warmed — X LR 3200 — } 5000
- ☐ Warmed
- ☐ Warmed

FLUIDS SUMMARY: CRYSTALLOID- / COLLOID- / BLOOD- (lined through)

LOSSES

EST BLOOD LOSS: 3000
URINE - 250/350

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: KG / LB (lined through)

HEMATOCRIT: (lined through)

INITIAL DATA: BP- see p1 / HR- (lined through)

EQUIP CHECK: OK?- Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

TIME → 1945 2000 15 30 45 2100

SYMBOLS: BP by cuff V Λ; Heart rate ●; Resp rate; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-Ø

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20 (BP charted approx. 120–140 / 60s)

REMARKS

Code drugs with numbers, events with letters

2015 PRBC [redacted]

2020 PRBC [redacted]

2015 to ICU c̄ Drummers/drawing, Connected to Vent AC, 500, 20, 100% PAWP 36, Pt stable, report to RW

VENTIL

VT - ml	600	500	400	400
f - breaths/min	14	15	20	20
Peak inf pres / PEEP	30	34	36	36
MODE - S(pon), A(ssist), C(on)	C	C	C	C

MONITORS/ACCESSORIES

X BP/Auto Cuff	X ET CO2 (torr)	32	35	38	37
BP/oth	X FIO2 (Frac or %)	.90	.80	.88	.88
ART line	X SpO2 (%)	100	100	100	100
Steth- PC/ES	X ECG	ST	ST	ST	ST
Gas analyzer	X TEMP-site	96	96	96	96
	X N-M Block (T/4)	0/4	0/4	0/4	0/4
Warming blkt					
Conv warmer					

Mark with letters & symbols, explain under REMARKS EVENTS Position → G-1

RECOVERY AT: PACU ICU ____ (Specify) OTHER
CONDITION: RESP- SpO2- BP- HR- (lined through)

ANESTHESIA / PROCEDURE TIMES

ANES	Start	Room	End
PROC	Ready	Begin	End

PROCEDURES and CPT Codes: Jejunostomy

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* — See p1

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

#[redacted] b(6)-4

SURGEON: [redacted]

ANESTHETIST: [redacted] CRNA b(6)-2

PROCEDURE LOCATION: OR 1

DATE: 30 July

PAGE 2 OF 2

ANESTHESIA PLAN OF CARE - PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age ___ DAYS MOS YRS Sex (✓) MALE ( ) FEMALE

PROPOSED PROCEDURE: Ex Lap
SURGICAL SERVICE: GS
NPO SINCE: ?

ASA Physical State 1 2 3 4 5
WT: 76 KG/LB HT: ___
ALLERGIES: ?

HABITS:
TOBACCO: ___
ETOH: ___
DRUGS: ___

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) ___
( ) ___
( ) ___
( ) ___
( ) ___
( ) ___

?

PREMEDICATIONS:
None Yes (@ ___ Hrs) /CC
___ - ___ mg IV IM PO
___ - ___ mg IV IM PO
___ - ___ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: ___/___
U/A: ___
OTHER: ___

PREOPERATIVE

PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	
Bronchitis/URI	N	Y	
COPD	N	Y	
Other	N	Y	
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological:			
Pregnancy	N	Y	
Other Significant Hx:			
	N	Y	
	N	Y	
Familial HX	N	Y	

unable to assess security of wound

ASSESSMENT
PAST SURGICAL/ANESTH

?
✓

PHYSICAL EXAMINATI
BP 104/60 HR 100 R ___ T ___
Pain Scale 0-10 ___
HEENT - Teeth ___
Trachea ___
TMJ/Neck ___
Oropharynx ___
Nares ___
CHEST: ___
CARDIAC: ___
EXTREMITIES: ___
IV Access: ___
Ulnar Filling: ___
BACK: ___
OTHER: ___

NPO Since ___

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ___ (✓) General: Mask Intubatio

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained discussed with the patient/legal guardian.

The patient [redacted] b(6)-2 agrees. Questions answered.
Signed [redacted] Date: 30 Jy 03 Time: 0200 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ___ Date: ___ Time: ___ Hrs

GSW

Patient Identification: (Ward) ___

CBW # to abdomen

SEDATION KEY:

1. MINIMAL (Anxiolysis) Patient responds normally to verbal commands
2. MODERATE (conscious sedat Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance necessary.
3. DEEP SEDATION/ANALGE Patient responds purposefully following repeated or painful stimulation. Airway assistance

518-124

MEDICAL RECORD

NSN 7540-00-634-4159

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 7 ML

REMARKS:

b(6)-4

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

S/P Ex lap, nephrectomy

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6) [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	POS	Rh	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	COMPAT

PREVIOUS RECORD CHECK: b(6)-2

- [x] RECORD [redacted]
- [ ] NO RECORD

[redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQ [redacted]

REMARKS:

Exp. Date: 4AUG03

DATE 30 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 1818 ON *(Date)* 30 July 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient [redacted] the person named on this Blood Component Transfusion Form and on the [redacted] tion tag.

1st [redacted] b(6)-2

[redacted] MD

[redacted] 24 PULSE 124 BP 119/56

DATE OF TRANSFUSION 30 JUL 03

TIME STARTED 1834

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 1843 7/30/03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 96 PULSE 123 BLOOD PRESSURE 119/58

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER D[redacted]TIES *(Equipment, clots, etc.)*

- [x] [redacted]
- [ ] YES *(Specify)*

S[redacted] PERSON NOTING ABOVE b(6)-2

[redacted] CPT, AN, CRNA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—La[redacted]e, grade; rank; rate; hospital or medical facility)

#[redacted] b(6)-4

SEX M

WARD ICU2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PRINTED ON RECYCLED PAPER

MEDCOM - 15455

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS: OR

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED 0400

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED See original

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Jul 03

REMARKS: Exp 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 1818 ON *(Date)* 30 July 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the p[redacted]tification tag.

1st V[redacted]ure) [redacted] b(6)-2

2[redacted] MD

PR[redacted]

TEMP. 16[redacted] PULSE 123 BP 107/54

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 1824

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—[redacted] rank; rate; hospital or medical facility)

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 Unit ML

TIME/DATE COMPLETED/INTERRUPTED 1832 @ 7/30/03

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 96 PULSE 124 BLOOD PRESSURE 111/57

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHE[redacted]ES *(Equipment, clots, etc.)*

[redacted] YES *(Specify)*

[redacted]RSON NOTING ABOVE [redacted] b(6)-2

SEX M WARD OR

EPW [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED 0400

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)* 1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS: OR

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED SEE outgoing

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: CNR

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST b(6)-2 [redacted]

DONOR

ABO AB

Rh POS

RECIPIENT

ABO O

Rh POS

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED [redacted] DATE 30 Jul 03

REMARKS: EXP 31 Jul 03 @ 0500

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSU[redacted] b(6)-2

AT *(Hour)* 0655 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] b(6)-2

TEMP. 91.3 PULSE 110 BP 94/62

DATE OF TRANSFUSION 30 Jul 03

TIME STARTED 0705

POST-TRANSFUSION DATA

AMOUNT GIVEN 211 ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0720

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 91.7 PULSE 107 BLOOD PRESSURE 112/84

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF PER[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted] rate; hospital or medical facility)

SEX M WARD OR

EPW # [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Medical Record Copy

518-124

MEDICAL RECORD

NSN 7540-00-634-4159

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS: OR

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED 0400

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED See original

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO A

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH CNR

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 31 Jul 03 @ 0500

PREVIOUS RECORD CHECK:

☐ RECORD ☒ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DATE 30 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND I [redacted] b(6)-2

AT *(Hour)* 0650 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted]

2nd V [redacted] b(6)-2

TEMP. [redacted] PULSE 107 BP 118/79

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0730

POST-TRANSFUSION DATA

AMOUNT GIVEN 288 ML

TIME/DATE COMPLETED/INTERRUPTED 0745 30 Jul 03

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE 99.8 PULSE 102 BLOOD PRESSURE 116/78

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☒ NO ☐ YES *(Specify)*

SIGN [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted] rate; hospital or medical facility)

EPW # [redacted] b(6)-4

M

WARD OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) [illegible]

Medical [illegible]

518-124

MEDICAL RECORD | 55 W 45089 BLOOD OR BLOOD COMPONENT TRANSFUSION | NSN 7540-00-634-4159

SECTION I – REQUISITION

COMPONENT REQUESTED (Check one)
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS (Pool of _____ units)
- [ ] CRYOPRECIPITATE (Pool of _____ units)
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER (Specify) _____

VOLUME REQUESTED (If applicable): 1 Unit ML

REMARKS: OR

TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.)
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 30 Jul 03

DATE AND HOUR REQUIRED: 0400

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN (Print): [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED: See original

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: b)(6) -4

TRANSFUSION NO.

[redacted] PATIENT NO.

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	POS	Rh	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 03 Aug 03

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DATE: 30 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND IS [redacted] b(6)-2

AT (Hour): 1235 ON (Date): 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER (Signature): [redacted] b(6)-2

[redacted] b(6)-2

PRE-TRANSFUSION

TEMP. 95.9 | PULSE 119 | BP 106/62

DATE OF TRANSFUSION: 30 Jul 03 | TIME STARTED: 1255

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME/DATE COMPLETED/INTERRUPTED
240 ML	1310 30 Jul 03

REACTION	TEMPERATURE	PULSE	BLOOD PRESSURE
[x] NONE [ ] SUSPECTED	97.3	121	115/69

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER (Specify)

OTHER DIFFICULTIES (Equipment, clots, etc.)
- [x] NO
- [ ] YES (Specify)

SIGNATURE OF PERSON NOTIFIED: [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle initial; rate; hospital or medical facility)

b(6)-4

M

WARD: OR

EPW [redacted]

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15459

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 6 units ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN Type + cross
- [ ] CROSSMATCH

DATE REQUESTED 30 JUL 4

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIA[redacted] PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

S[redacted] b(6)-2

DATE VERIFIED 30 JUL 4 03

TIME VERIFIED 0110

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 30 Jul 03

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 02 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0148 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER [redacted] b(6)-2

2nd [redacted]

[redacted] b(6)-2

PRE-TRANSFUSION

TEMP. 97 PULSE 99 BP 117/48

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0150

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0155

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 97 PULSE 109 BLOOD PRESSURE 115/50

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] [redacted] b(6)-2

SIGNAT[redacted] CRNA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, [redacted] rate; hospital or medical facility)

SEX M

WARD EMT

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15460

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [x] TYPE AND SCREEN
- [x] ~~CROSSMATCH~~

DATE REQUESTED 30 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* b(6)-2 [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE

GOP lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER see original

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b)(6)-4 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO B; Rh POS

RECIPIENT: ABO O; Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	CMR

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST b(6)-2 [redacted]

- [x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE 30 Jul 03

REMARKS: Exp: 31 Jul 03 @ 0330

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0351 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VE[redacted] CPMAN

b(6)-2 [redacted]

2nd VERIFIER *(Sig[redacted]* b(6)-2

PRE-TRANSFUSION TEMP. 32.2 PULSE 99 BP 84/37

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0355

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE ~~COMPLETED/INTERRUPTED~~ 30 Jul 03 0400

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.2	100	82/35

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

S[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX M

WARD ORR-2

#[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR; 201-9.202-1

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED: 30 Jul 03

DATE AND HOUR REQUIRED: 0400

REQUESTING PHYSICIAN *(Print)*: [redacted] b(a)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)*: 1 Unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*:

SIGNATURE OF VERIFIER:

REMARKS: OR

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: See

TIME VERIFIED: Original

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	LNR

PREVIOUS RECORD CHECK: ☐ RECORD ☒ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: b(a)-2 [redacted]

☐ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Jul 03

DONOR		RECIPIENT	
ABO	B	ABO	O
Rh	neg	Rh	pos

REMARKS: Exp 31 Jul 03 @ 0500

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(a)-2

AT *(Hour)*: 0500 ON *(Date)*: 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*: [redacted]

2nd [redacted] b(a)-2

PRE-TRANSFUSION TEMP.: 32.6 PULSE: 99 BP: 134/79

DATE OF TRANSFUSION: 30 Jul 03 TIME STARTED: 0500

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/~~INTERRUPTED~~: 0510 30 Jul 03

REACTION: ☒ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.6	99	120/78

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☒ NO ☐ YES *(Specify)* b(a)-2

SIGNATURE OF PERSON NOTIFIED: [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

EPW # b(a)-4 [redacted]

SEX: M WARD: OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR: 201-9.202-1

MEDCOM - 15462

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS: NR

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED 0400

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED SEE original

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO B

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN NA

CROSSMATCH CNR

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Jul 03

REMARKS: Exp 31 Jul 03 @ 0500

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0500 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted]

2nd VERIFIER *(Signature)* [redacted] b(6)-2

PRE-TRANSFUSION

TEMP. 32.6 PULSE 93 BP 120/74

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0522

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0510

REACTION [ ] NONE [ ] SUSPECTED

TEMPERATURE 32.6 PULSE 98 BLOOD PRESSURE 121/76

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [ ] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX M

WARD NR

EPW # [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15463

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [x] TYPE AND SCREEN
- [ ] ~~CROSSMATCH~~

DATE REQUESTED: 30 Jul 03

DATE AND HOUR REQUIRED: ASAP

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Exp Lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)*: 1 Unit _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER: See original

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
MA	CNR

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DATE: 30 Jul 03

DONOR	RECIPIENT
ABO: B	ABO: O
Rh: POS	Rh: POS

- [x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp: 31 Jul 03 @ 0330

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 0330 ON *(Date)*: 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*: [redacted] b(6)-2 CPT

2nd [redacted] CLWT

PRE-TRANSFUSION

TEMP. _____ PULSE 96 BP 87/38

DATE OF TRANSFUSION: 30 Jul 03 TIME STARTED: 0340

POST-TRANSFUSION DATA

AMOUNT GIVEN: All ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Jul 03 0345

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE _____ PULSE 100 BLOOD PRESSURE 85/38

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Se[redacted]* b(6)-2

SIGN[redacted]VE CLWT

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M

WARD: OR #2

[redacted]

b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☒ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ ~~CROSSMATCH~~

DATE REQUESTED

DATE AND HOUR REQUIRED

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

Op Cop

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED See original

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: CNR

PREVIOUS RECORD CHECK: ☐ RECORD ☒ NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 30 Jul 03

DONOR

ABO: A

Rh: POS

RECIPIENT

ABO: O

Rh: POS

☒ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp: 31 Jul 03 @ 0330

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0330 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted] b(6)-4

2nd [redacted] CRNA

PRE-TRANSFUSION

TEMP. PULSE 99 BP 90/40

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0335

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0340

REACTION ☒ NONE ☐ SUSPECTED

TEMPERATURE

PULSE 98

BLOOD PRESSURE 98/40

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☒ NO [redacted] b(6)-2

SIGNATURE OF PERSON ABOVE [redacted] CRNA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility)

SEX M

WARD DRTH2

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15465

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] ~~CROSSMATCH~~

DATE REQUESTED

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQU[redacted]nt) [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Exp Cap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: See original

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO: A
Rh: POS

RECIPIENT
ABO: O
Rh: POS

TEST INTERPRETATION
ANTIBODY SCREEN: N/A
CROSSMATCH: LNR

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: b(6)-2 [redacted]

- [x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Jul 03

REMARKS: EXP: 31 Jul 03 @ 0330

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0330 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER [redacted] CPS

2nd VERIFIER [redacted] CRWA b(6)-2

PRE-TRANSFUSION 40/40

TEMP. PULSE BP

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0340

POST-TRANSFUSION DATA

AMOUNT GIVEN ALL ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0345

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE

PULSE 98

BLOOD PRESSURE 87/34

If reaction is suspected—IMMEDIATELY:
1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES

b(6)-2

SIGNATURE OF PERSON ABOVE [redacted] CRWA

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade, rank, rate; hospital or medical facility)

[redacted] b(6)-4

WARD: M ORH2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15466

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Explap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER all original

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR ABO O Rh POS

RECIPIENT ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 03 Aug 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 30 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0400 ON *(Date)* 30 July 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER [redacted] b(6)-2

2nd [redacted]

PRE-TRANSFUSION TEMP. 32.3 PULSE 78 BP 94/57

DATE OF TRANSFUSION 0405 TIME STARTED 730 30 Jul 03

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 Unit ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0410

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 32.N PULSE 99 BLOOD PRESSURE 84/40

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank, rate; hospital or medical facility)

SEX M WARD OR #2

[redacted] b(6)-2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15467

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 30 Jul 03

DATE AND HOUR REQUIRED: 0400

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)*: 1 Unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS: OR

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED

TIME VERIFIED: See Original

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DONOR

ABO: O

Rh: POS

RECIPIENT

ABO: O

Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Jul 03

REMARKS: Exp 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 0445 ON *(Date)*: 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*: [redacted]

2nd VERIFIER *(Sig[redacted]* b(6)-2

PRE-TRANSFUSION [redacted]

TEMP. 32.6 PULSE 80 BP 130/54

DATE OF TRANSFUSION: 30 Jul 03

TIME STARTED: 0520

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 Unit ML

TIME/DATE COMPLETED/INTERRUPTED: 0505

REACTION

- [ ] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.6	110	132/88

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE: [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M

WARD: OR

EPW [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15468

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] ~~TYPE AND SCREEN~~
- [x] CROSSMATCH

DATE REQUESTED 30 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Elap Lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER get original

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON [redacted] TEST b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Jul 03

REMARKS: Exp 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0303 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted]

2nd VERIFIER [redacted] b(6)-2

PRE-TRANSFUSION

TEMP. PULSE 101 BP 87/40

DATE OF TRANSFUSION 30 Jul 03

TIME STARTED 0308

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0315

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE

PULSE 100

BLOOD PRESSURE 100/42

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equip[redacted]*

- [x] NO
- [ ] YES

SIGNA[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, m[redacted] rate; hospital or medical facility)

SEX M

WARD OR A-2

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 UNIT ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Exp lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER See signature

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR ABO O Rh POS

RECIPIENT ABO O Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN: MA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK: [ ] RECORD [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Jul 03

REMARKS: Exp 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0303 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] b(6)-2 CRNA

2nd V[redacted] b(6)-2 CRNA

PRE-TRANSFUSION

TEMP. PULSE 100 BP 88/40

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0310

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0315

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE

PULSE 100

BLOOD PRESSURE 90/40

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

[x] NO [redacted] b(6)-2

SIGNATU[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER [redacted] typed or written entries give: Name—Last, first, middle; grade; rank; rate: [redacted] cal facility)

SEX M WARD ORH2

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*: 6 units ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

type + cross

DATE REQUESTED: 30 JUL 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUE[redacted] PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be corre[redacted] b(6)-2

DATE VERIFIE[redacted]: 30 JUL 03

TIME VERIFIED: 0110

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DATE: 30 Jul 03

DONOR

ABO: O

Rh: pos

RECIPIENT

ABO: O

Rh: pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 0220

ON *(Date)*: 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER: [redacted]

2nd VE[redacted]: CRNA b(6)-2

PRE-TRANSFUSION

TEMP.: 33

PULSE: 96

BP: 74/40

DATE OF TRANSFUSION: 30 Jul 03

TIME STARTED: 0215

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Jul 03 0230

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE: 33

PULSE: 87

BLOOD PRESSURE: 84

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* b(6)-2

SIGNATURE OF [redacted]

M | EMT

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; [redacted] rate; hospital or medical facility)

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15471

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 6 units ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN type + cross
- [ ] CROSSMATCH

DATE REQUESTED 30 JUL 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSTIC OR THERAPEUTIC PROCEDURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

[redacted] b(6)-2

DATE VERIFIED 30 JUL 03

TIME VERIFIED 0110

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	POS	Rh	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 03Aug03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 30 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0220 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted]

2nd VERIFIER [redacted] CRWY b(6)-2

PRE-TRANSFUSION

TEMP. 35 PULSE 96 BP 74/40

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0215

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0230

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 35 PULSE 87 BLOOD PRESSURE 80/

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)* b(6)-2

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade, rank; rate; hospital or medical facility)

SEX M WARD EMT

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS: OR

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED 0400

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SEE original

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Jul 03

REMARKS: EAP ~~30 Jul 03~~ 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0445 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] b(6)-2

2nd VERIFIER [redacted]

PRE-TRANSFUSION

TEMP. 32.4 PULSE 86 BP 104/82

DATE OF TRANSFUSION 30 Jul 03

TIME STARTED 0446

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0455

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.4	82	98/56

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* b(6)-2

SIGNATURE [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank, rate; hospital or medical facility)

EPW # [redacted] b(6)-4

SEX M

WARD OR

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 30 July 03

DATE AND HOUR REQUIRED: As Ap

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: EXP Lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)*: 1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*:

SIGNATURE OF VERIFIER: See original

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED:

TIME VERIFIED:

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.:

PATIENT NO.:

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DONOR	RECIPIENT
ABO: O	ABO: O
Rh: pos	Rh: pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Jul 03

REMARKS: Exp 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted] b(6)-2

AT *(Hour)*: 0400 ON *(Date)*: 30 July 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIED (Signature): [redacted] b(6)-2

2nd VERIFIED: [redacted]

PRE-TRANSFUSION

TEMP.: 32.1 PULSE: 99 BP: 92/50

DATE OF TRANSFUSION: 30 Jul 03 TIME STARTED: 0410

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Jul 03 0420

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.1	99	92/42

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE: [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M WARD: OR #2

[redacted] b(6)-2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15474

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 30 Jul 03

DATE AND HOUR REQUIRED: 0400

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

VOLUME REQUESTED *(If applicable)*: 1 unit ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

SIGNATURE OF VERIFIER

REMARKS: OR

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: SEE original

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DATE: 30 Jul 03

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	pos	Rh	pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 03 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 0430 ON *(Date)*: 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient [redacted]

1st VERI[redacted] b(6)-2

2nd VERIFIER [redacted]

PRE-TRANSFUSION
TEMP. 32.3 PULSE 94 BP 104/59

DATE OF TRANSFUSION: 30 Jul 03 TIME STARTED: 0445

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 0450 30 Jul 03

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
32.3	99	104/59

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NO[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M

EMW # [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS: OR

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED 0400

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Trauma

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED SEE original

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 03 Aug 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 30 JUL 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0430 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIF[redacted] b(6)-2

2nd [redacted]

PRE-TRANSFUSIO[redacted]

TEMP. 32 PULSE 99 BP 94/40

DATE OF TRANSFUSION 30 JUL 03 TIME STARTED 0440

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/~~INTERRUPTED~~ 0445 30 Jul 03

REACTION

- [ ] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
36.3	100	109/59

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIG[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX M WARD OR

EPW # [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15476

Medical Record Copy

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

Type +

DATE REQUESTED: 30 JUL 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

[redacted] PHYSICIAN *(Print)* [redacted] b(6)-2

DIAG[redacted]PROCEDURE: GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

S[redacted] b(6)-2

DATE VERIFIED: 30 JUL 03

TIME VERIFIED: 0110

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR ABO: O Rh: POS

RECIPIENT ABO: O Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DATE: 30 Jul 03

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 01 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)*: 0148 ON *(Date)*: 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VE[redacted] b(6)-2

2nd [redacted] b(6)-2

PRE-TRANSFUSION TEMP. 34 PULSE 76 BP 83/46

DATE OF TRANSFUSION: 30 Jul 03 TIME STARTED: 0200

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED: 0210 30 Jul 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE: 34 PULSE: 80 BLOOD PRESSURE: 90/40

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

b(6)-2

SIGNATURE OF PERSON NOTING ABOVE [redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M

WARD: EMT

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15477

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 6 units ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN Type + screen
- [ ] CROSSMATCH

DATE REQUESTED 30 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIA[redacted]DURE GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct. [redacted]

DATE VERIFIED 30 July 03 b(6)-2

TIME VERIFIED 0110

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh pos

RECIPIENT

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Jul 03

REMARKS: Exp 02 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0200 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted] b(6)-2

[redacted] CRWA

PRE-TRANSFUSION

TEMP. 35 PULSE 76 BP 83/46

DATE OF TRANSFUSION 30 July 03 TIME STARTED 0215

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/~~INTERRUPTED~~ 30 July 03 0220

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
35	74	

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [X] NO
- [ ] YES *(Specify)*

SIGN[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; [redacted] rate; hospital or medical facility)

M

WARD EMT

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 15478

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*
- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*
- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Exp Lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO O
Rh pos

RECIPIENT
ABO O
Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Ex 03 Aug 03

PREVIOUS RECORD CHECK:
- [ ] RECORD
- [x] NO RECORD b(6)-2

SIGNATURE OF PERSO[redacted]

DATE 30 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted] b(6)-2

AT *(Hour)* 0235 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)* [redacted] b(6)-2

2nd VERIFIER *(Signature)* [redacted]

PRE-TRANSFUS[redacted]

TEMP. 31.9 PULSE 87 BP 126/45

DATE OF TRANSFUSION 30 July 03 TIME STARTED 0230

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 30 July 03 0250

REACTION
- [ ] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
31.9	87	126/45

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION
- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*
- [x] NO
- [ ] YES *(Specify)*

b(6)-2

SIGNAT[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX M

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 10 unit _____ ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 30 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE Exp Lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR

ABO O

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN N/A

CROSSMATCH COMP

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: Exp 03 Aug 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted] b(6)-2

DATE 30 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)* [redacted]

AT *(Hour)* 0235 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER [redacted] b(6)-2

2nd VERIFIER *(Signature)* [redacted]

PRE-TRANSFUSION

TEMP. 37.9 PULSE 89 BP 125/45

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 0230

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 0250

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
37.9	88	118/70

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle, grade, rank; rate; hospital or medical facility)

SEX M

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)*: 6 units ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN type + cross
- [ ] CROSSMATCH

DATE REQUESTED: 30 JULY 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS: GSW

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

[redacted]

DATE: 30 JULY 03 b(6)-2

TIME VERIFIED: 0110

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	POS	Rh	POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP 02 Aug 03

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [x] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

DATE: 30 JUL 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 0200 ON *(Date)*: 02 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER [redacted] b(6)-2

[redacted] CRWA

PRE-TRANS[redacted]

TEMP. 35 PULSE 76 BP 83/46

DATE OF TRANSFUSION: 30 July 03 TIME STARTED: 0210

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED/~~INTERRUPTED~~: 0215 30 July 03

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
35	76	83/41

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* b(6)-2

SIGNAT[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX: M

WARD: EMT

[redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 30 Jul 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: SIP Ex Lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: SEE ORIGINAL

DATE VERIFIED: SF518

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.: [redacted]

PATIENT NO.: [redacted]

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: COMPAT

PREVIOUS RECORD CHECK: [X] RECORD [redacted]

SIG[redacted] b(6)-2

DONOR

ABO: ~~AB~~ O

Rh: ~~Neg~~ Pos

RECIPIENT

ABO: O

Rh: Pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQU[redacted]

DATE: 30 Jul 03

REMARKS:

Exp. Date: 4 AUG 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 2012 ON *(Date)*: 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the co[redacted] with the intended recipient matches item by item. The recipient is t[redacted]ed on this Blood Component Transfusion Form and on the pati[redacted]

1st VER[redacted] CRWT

[redacted] MA b(6)-2

PRE-TRA[redacted]

TEMP. 96 PULSE 121 BP 143/71

DATE OF TRANSFUSION: 30 Jul 03

TIME STARTED: 2015

POST-TRANSFUSION DATA

AMOUNT GIVEN: All ML

TIME/DATE COMPLETED/INTERRUPTED: 30 Jul 03 2020

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE: 96 PULSE: 120 BLOOD PRESSURE: 146/74

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

[X] NO [redacted]

SIG[redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, f[redacted] middle; grade; rank: [redacted] b(6)-4

SEX: M

WARD: ICU2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR. FIRMR (41 CFR) 201-9.202-1

PRINTED ON RECYCLED PAPER

MEDCOM - 15482

Medical Record Copy

518–124 NSN 7540–00–634–4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [X] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* T ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [X] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED 30Jul03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE S/P Ex Lap

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: COMPAT

PREVIOUS RECORD CHECK: b(6)-2

[X] RECORD [redacted]

SIGNATURE [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQ [redacted] 30Jul03

DONOR

ABO O

Rh Pos

RECIPIENT

ABO O

Rh Pos

REMARKS:

Exp. Date: 04AUG03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* 2012 ON *(Date)* 30Jul03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person [redacted] on this Blood Component Transfusion Form and on the patient identifica[redacted]

1st VER[redacted] b(6)-2

2nd [redacted] MD

PRE[redacted]

TEM[redacted] 96 PULSE 123 BP 134/69

DATE OF TRANSFUSION 30Jul03 TIME STARTED 2020

POST-TRANSFUSION DATA

AMOUNT GIVEN All ML

TIME/DATE COMPLETED/INTERRUPTED 30Jul03 2025

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE 96 PULSE 123 BLOOD PRESSURE 140/64

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

[ ] URTICARIA [ ] CHILL [ ] FEVER [ ] PAIN

[ ] OTHER *(Specify)*

OTHER DIFFICULTIES [redacted] b(6)-2

[X] NO[redacted]

SIG[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, [redacted] rate: hospital or medical facility)

[redacted] b(6)-4

M

WARD ICU2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9–92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- ☐ RED BLOOD CELLS
- ☑ FRESH FROZEN PLASMA
- ☐ PLATELETS *(Pool of _____ units)*
- ☐ CRYOPRECIPITATE *(Pool of _____ units)*
- ☐ Rh IMMUNE GLOBULIN
- ☐ OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 Unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- ☐ TYPE AND SCREEN
- ☐ CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* None

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSIC[redacted]

DIAGNOSIS OR OP[redacted]

GSW Abdomen

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER See original

DATE VERIFIED 5F578

TIME VERIFIED b(6)-2

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	N/A

PREVIOUS RECORD CHECK:

☑ RECORD [redacted]

SIGNATURE [redacted]

DONOR		RECIPIENT	
ABO	AB	ABO	O
Rh	Pos	Rh	Pos

☑ CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 30 Jul 03

REMARKS:

Exp. Date 31 July @ 1400

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

IN[redacted] b(6)2

AT *(Hour)* 1445 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

[redacted]

PRE-TRANS[redacted]

TEMP. 97.4 PULSE 135 BP 103/58

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 1450hrs

POST-TRANSFUSION DATA

AMOUNT GIVEN 231 ML

TIME/DATE COMPLETED/INTERRUPTED 1510 30 Jul 03

REACTION ☑ NONE ☐ SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98.7	133	117/64

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

☐ URTICARIA ☐ CHILL ☐ FEVER ☐ PAIN

☐ OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

☑ NO ☐ YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade; rank; rate; hospital or medical facility)

SEX Male WARD ICU 2

[redacted]

b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PRINTED ON RECYCLED PAPER

MEDCOM - 15484

Medical Record Copy

518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [ ] RED BLOOD CELLS
- [x] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of _____ units)*
- [ ] CRYOPRECIPITATE *(Pool of _____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* _____

VOLUME REQUESTED *(If applicable)* 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 30 Jul 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* none

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)* Dr. [redacted] b(c)-2

DIAGNOSIS OR OPERATIVE PROCEDURE GSW Abdomen

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER original

DATE VERIFIED 30 Jul

TIME VERIFIED 5FB28

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.	TRANSFUSION NO.	TEST INTERPRETATION	
[redacted]	PATIENT NO. [redacted]	ANTIBODY SCREEN	CROSSMATCH
		N/A	N/A
DONOR	RECIPIENT		
ABO AB	ABO O		
Rh Pos	Rh Pos		

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

[redacted] b(c)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT RE[redacted] DATE 30 Jul 03

REMARKS:

Exp. Date: 31 July @ 1400

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

[redacted]

AT *(Hour)* 1445 ON *(Date)* 30 Jul 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st [redacted] b(c)-2

[redacted]

[redacted]

PRE-TRANS[redacted]

TEMP. 99.4 PULSE 131 BP 111/64

DATE OF TRANSFUSION 30 Jul 03 TIME STARTED 1510

POST-TRANSFUSION DATA

AMOUNT GIVEN 300 ML

TIME/DATE COMPLETED/INTERRUPTED 30 Jul 03 1525

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.1	132	127/64

If reaction is suspected—IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION OF REACTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER *(Specify)*

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)*

SIGNATURE OF PERSON NOTING ABOVE [redacted] b(c)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, fi[redacted] rank: [redacted] edical facility)

[redacted] b(c)-4

SEX Male

WARD ICU2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

STANDARD FORM 518 (REV. 9-92)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

PRINTED ON RECYCLED PAPER

MEDCOM - 15485

Medical Record Copy

UNIT #1

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

VOLUME REQUESTED *(If applicable)*: 1 unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 2AUG03

DATE AND HOUR REQUIRED: 2AUG03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: D[redacted] b(6)-2

DIAGNOSIS [redacted] PROCEDURE: GSW abd

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SI[redacted] b(6)-2 ICIAN

DATE VERIFIED: 2AUG03

TIME VERIFIED: 2016

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

DONO[redacted]

RECIPIENT

	DONOR	RECIPIENT
ABO	O	O
Rh	pos	pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON [redacted]RMING TEST: [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONEN[redacted] DATE 02 Aug 03

REMARKS: Exp 04Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2

AT *(Hour)*: 2035 ON *(Date)*: 02 Aug 03

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER *(Signature)*: CPT [redacted]

2nd VERIFIER *(Signature)*: [redacted] b(6)-2

TEMP. 105.0 PULSE 131 BP 78/47

DATE OF TRANSFUSION: 2AUG03

TIME STARTED: 2035

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME/DATE COMPLETED: 2053 2AUG03 2100

INTERRUPTED

REACTION

- [x] NONE
- [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE: CPT [redacted] b(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

SEX: M

WARD: ICU2

EPW # [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

2nd unit

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

- [x] RED BLOOD CELLS
- [ ] FRESH FROZEN PLASMA
- [ ] PLATELETS *(Pool of ____ units)*
- [ ] CRYOPRECIPITATE *(Pool of ____ units)*
- [ ] Rh IMMUNE GLOBULIN
- [ ] OTHER *(Specify)* ____

VOLUME REQUESTED *(If applicable)*: 1unit ML

REMARKS:

TYPE OF REQUEST *(Check ONLY if Red Blood Cell Products are requested.)*

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 2AUG03

DATE AND HOUR REQUIRED: 2AUG 03 ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: ____

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: b(6)-2 Dr [redacted]

DIAGNOSIS: 6SW abd

I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.

SIGNATURE OF VERIFIER: [redacted] b(6)-2 1LTAN

DATE VERIFIED: 2AUG03

TIME VERIFIED: 2016

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh pos

RECIPIENT: ABO O; Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST: [redacted] b(6)-2

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQ[redacted] Aug 03

REMARKS: Exp 09Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: [redacted] b(6)-2 2 Aug 03

AT *(Hour)* 20:58 [redacted] *ate)*

IDENTIFICATION

I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.

1st VERIFIER: CPT [redacted] b(6)-2

2nd VERIFIER: [redacted] 1LTAN

PRE-TRANSFUSION

TEMP. 105.0 PULSE 130 BP 80/49

DATE OF TRANSFUSION: 02/8/03 TIME STARTED: 2100

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1u ML

TIME: 2124 DATE COMPLETED: 2AUG03 INTERRUPTED

REACTION

- [x] NONE
- [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

1. Discontinue transfusion, treat shock if present, keep intravenous line open.
2. Notify Physician and Transfusion Service.
3. Follow Transfusion Reaction Procedures.
4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.

DESCRIPTION

- [ ] URTICARIA
- [ ] CHILL
- [ ] FEVER
- [ ] PAIN
- [ ] OTHER ____

OTHER DIFFICULTIES *(Equipment, clots, etc.)*

- [x] NO
- [ ] YES *(Specify)* ____

SIGNATURE OF PERSON NOTING ABOVE: CPT [redacted] b(6)-2

PATIENT IDENTIFICATION - USE EMBOSSER *(For typed or written entries give: NAME - Last, first, middle; rank/rate; hospital number and name of facility.)*

SEX: M

RD: ICU2

EPW # [redacted] b(6)-4

BLOOD OR BLOOD COMPONENT TRANSFUSION
STANDARD FORM 518 (REV. 8-86)
General Services Administration
Interagency Committee on Medical Records
FIRMR (41CFR) 201-45.505
518-122

MEDICAL RECORD COPY

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
30 July 03	Brief Op Note
	Pre-Op Dx SGSW ② flank, exit anterior abdo midline c̄ evisceration
	Procedure ① Resection of transverse colon
	② Distal stomach resection c̄ stapling of prox duodenum
	③ Resection of 35 cm distal duodenum / jejunum
	④ ⓓ Nephrectomy
	⑤ Repair mesenteric root tear / bleeding
	⑥ Drainage of nephrectomy / pancreas bed
	Surgeon Sawyer / Commandy Drain 10 Fr JP x 2
	Anesth GETA
	IVF
	EBL 3500 cc PRBC 15 u FFP 6 u
	crystalloid 5000 Hespan 2000 cc
	urine 200 cc
	Findings Inferior ½ ⓓ kidney shattered c̄ actively bleeding, transverse mesocolon tear c̄ ischemic transverse colon, transected 4th portion of duodenum, near transection of distal stomach, mesenteric root disruption.
	Pt tolerated procedure well. To ICU stable, critical b(a)-2
	[redacted]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 JUL 03 TIME OF ORDER: 0500 HOURS

LIST TIME ORDER NOTED AND SIGN

1. ADMIT TO ICU #2
2. DX: S/P EX LAP, NEPHRECTOMY, COLON RESECTION, & GASTRIC RESECTION
3. COND: ~~AT~~ CRITICAL
4. VS: CONTINUOUS CARDIOPULM MONITORING b(6)-2

30 JUL 03 [redacted] 0930

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: ↓ TIME OF ORDER: ↓ HOURS

5. ACTIVITY: BEDREST c̄ HOB ≥ 30°
6. ALL: NKDA
7. IVF: LR @ 150cc / hr
8. VENT: SIMV RR = 12, TV = 700cc FIO2 40%, PEEP 5
9. OROGASTRIC TUBE - LIS
10. FOLEY TO GRAVITY

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

11. J-P x 2 TO GRENADE SUCTION
12. VERSED DRIP 1-3 mg / hr - TITRATE TO EFFECT
13. FENTANYL DRIP 50-150 mcg / hr TITRATE FOR PAIN CONTROL
14. ABG AT 0630
15. MET 18 ON ARRIVAL, THEN QAM

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: CBC AT 1000 TIME OF ORDER: HOURS

16. ~~EXTR~~ ROUTINE A-LINE, CORDIS CARE
17. CALL M.D. FOR: T > 101.5, HR > 110, SBPL 80, UOP < 120 cc/HR, SaO2 < 99%
18. lab clarification: chem 12, CBC, PT/PTT, ABG on arrival

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

b(6)-7

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT: ICU #2 | ROOM NO.: | BED NO.: 3

DATE OF ORDER: 30 July 03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1 Δ fentanyl 8 cc to MSO4 8 cc

2 Zantac 50 mg IV q 8°

[redacted] b(6)-2 [redacted] 0545 30 Jul 03

PATIENT IDENTIFICATION

b(6)-2

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 July 03 | TIME OF ORDER: 0800 HOURS [redacted]

1 500 cc NS IV bolus

2 1 Amp HCO3 (done)

3 1000 cc NS IV bolus (done)

4 2 u HP IV ~ 1°

b(6)-2 [redacted] 30 Jul 03 0950

PATIENT IDENTIFICATION

[redacted]

ICU 2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 JUL 03 | TIME OF ORDER: 1035 HOURS

1 ZOSYN 3.375 gm IV Q6°, 1st DOSE NOW

2 ABG AT 1100 [redacted]

b(6)-2 [redacted]

b(6)-2 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 July 03 | TIME OF ORDER: 1050 HOURS 30 Jul 03 1337

1 repeat ABG, PT/PTT, chem 7, CBC @ noon

[redacted] b(6)-2

DA FORM 1 APR 79 4256 REPLA MEDCOM - 15490 ICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 JUL 03 TIME OF ORDER: 1230 HOURS

LIST TIME ORDER NOTED AND SIGN

1. 500cc NS BOLUS NOW
2. 1 U PRBC RUN ĉ LEVER

b(6)-2 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 July 03 TIME OF ORDER: 1500 HOURS

30 Jul 03 [redacted] 1344

1. 500 cc NS IVF Bolus (warm)
2. transfuse 2 u FFP (warm)
3. 1 ℓ LR IVF Bolus (warm)
4. Repeat ABG, PT/PTT, CBC, chem 7 @ ~~[illegible]~~ 1500

[redacted]

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 July 03 TIME OF ORDER: 2030 HOURS

Admit to ICU
S/P Roux En Y Gastrojej (R) colostomy duodenostomy / jejunostomy
Resume previous orders
upper most red rubber is feeding jejunostomy
lower most red rubber is duodenostomy

[redacted]

Added ICTAP

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 July 03 TIME OF ORDER: 2030 HOURS

b(6)-2

routine colostomy care.
duodenostomy / jejunostomy to drainage bag - gravity
pack chest wound moist NS w-to
Arrival labs CBC, ABG, chem 12, PT/PTT
8AM labs CBC, chem 12, ABG

[redacted]

FORM 1 APR 79 **4256** REPLA MEDCOM - 15491 ICH MAY BE USED [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: EPW [redacted]

DATE OF ORDER: 30 Jul 03 TIME OF ORDER: 2200 HOURS

1. Δ Vent rate to 20 BPM
2. ABG @ 2230
3. 1 amp Bicarb IVP x 1 now

V.O. Dr [redacted]

b(6)-2 [redacted]

NURSING UNIT: ICU #2 ROOM NO.: BED NO.: 3

LIST TIME ORDER NOTED AND SIGN

PATIENT IDENTIFICATION: EPW [redacted]

DATE OF ORDER: 31 July 03 TIME OF ORDER: 0715 HOURS

1. T g CaCl2 in 100 cc NS IV ~ 15 min
2. 1000 cc Bolus NS IV
3. T Amps NaHCO3

[redacted]

b(6)-4

NURSING UNIT: ICU #2 ROOM NO.: BED NO.: 3

PATIENT IDENTIFICATION: [redacted] EPW

DATE OF ORDER: 31 July 03 TIME OF ORDER: 0845 HOURS

b(6)-2

1. V.O. CBC & ABG DRAW NOW
2. begin Jevity thru jejunostomy tube @ 5 cc/h
3. elevate head 15° prn
4. keep sedated
5. repeat CBC/chem 7/ABG @ noon today
6. 2 g MgSO4 in 100 cc NS IV ~ 1°
7. 40 meq KCl in ~~100 cc NS IV ~ 2 h~~
8. Send "pancreatic bed JP drainage" for amylase.

b(6)-2 [redacted]

NURSING UNIT: ICU #2 ROOM NO.: BED NO.: 3

FORM 1 APR 79 **4256** REPLA MEDCOM - 15492 ICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
#[redacted]				31 July 03 1000 HOURS	
			1	5% Albumin in 500 cc NS IV in 15 min	
				[redacted]	Noted @ 1003 31 JUL 03 [redacted]
NURSING UNIT: ICU #2	ROOM NO.	BED NO. 3		b(6)-2	
PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER / HOURS	
# [redacted] ER				31 July 03 1300 HOURS	
				500 cc LR IVF Bolus [redacted]	Noted @ 1305 31 JUL 03 [redacted]
NURSING UNIT: ICU #2	ROOM NO.	BED NO. 3			
PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER / HOURS	
ER # [redacted]				31 July 03 1730 HOURS	
				transfuse 500 cc Hespan [redacted]	Noted 1730 31 JUL 03 [redacted]
				b(6)-2	
NURSING UNIT: ICU #2	ROOM NO.	BED NO. 3			
PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER / HOURS	
ER # [redacted]				31 JUL 03 2000 HOURS	
			1	ATROVENT NEB UNIT DOSE Q6°	Noted 2000 31 JUL 03
				[redacted]	MD C
NURSING UNIT: ICU #2	ROOM NO.	BED NO. 3			

b(6)-4

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

EPW [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 31 Jul 03 TIME OF ORDER: 2145 HOURS

LIST TIME ORDER NOTED AND SIGN

1. increase peep to 12, FiO2 to 80%.
2. transduce CVP Q1°
3. Decrease NS to 125 ml/hr

VO Dr [redacted] / [redacted]

b(6)-2 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1 Aug 03 TIME OF ORDER: 1030 HOURS

b(6)-2

1. D abdo drsg to Dakins, w→D BID.
2. MVI-C Fe 2 cc per J-tube QAM
3. add albuterol to ventolin neb, D to q 4°
4. wean FiO2 to keep SaO2 ~95%.
5. repeat labs @ 1500 today; CBC, chem 8, ABG.

[redacted]

b(6)-2 [redacted]

b(6)-4

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1 Aug 03 TIME OF ORDER: 1700 HOURS

1. 1 Amp Nazdilog IV now
2. ↓ IMV to 16
3. Tylenol 650mg PO/PR q 4-6°
4. Repeat ABG, chem 7 @ 1730

[redacted]

b(6)-2

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1 Aug 03 TIME OF ORDER: 1800 HOURS

↓ PEEP to 10

[redacted]

b(6)-2 [redacted]

b(6)-2

2 Aug 03 0221

↑ Peep to 12

V/O Dr [redacted] / [redacted]

[redacted] LTC, CIN

b(6)-2

b(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77 [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Aug 03 TIME OF ORDER: 0300 HOURS

1 ↑ PEEP to 15
2 ↑ IMV to 20
3 500 cc NS IVF bolus
[redacted]

b(4)-2

24 chart ✓ done 02Aug03 @ 0315 MZ

LIST TIME ORDER NOTED AND SIGN: NOTED 02Aug03 0315 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Aug 03 TIME OF ORDER: 0320 HOURS

1 ↓ PEEP to 13
2 Dopamine gtt @ 5mcg/kg/min
b(4)-2 [redacted]

2 Aug 03 0400 [redacted]

1 ↑ Dopamine gtt to 10mcg/kg/min
2 1g CaCl2 IV ~ 5min
[redacted]

b(4)-2 [redacted]

b(4)-4

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Aug 03 TIME OF ORDER: 0400 HOURS

1 ↑ IVF to 150 cc/o
2 500 cc NS IVF bolus
3 ↓ IMV to 16
4 ↓ Dopamine to renal (3mcg/kg/min)
[redacted]

b(4)-2 [redacted]

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Aug TIME OF ORDER: 0710 HOURS

VO 5% Albumin in 250cc NS ✓ dose
Titrate dopamine drip to maintain BP
Systolic ≥100 mmHg
V.O. Dr [redacted]
b(4)-2 [redacted]

24 chart check [redacted] ILAN 2AUG03 1930

DA FORM 1 APR 79 4256 REPL WHICH MAY BE USED.

MEDCOM - 15495

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 August 03 | TIME OF ORDER: 0920 | HOURS | LIST TIME ORDER NOTED AND SIGN

1. Pulmonary TF @ 10 cc/°
2. Flush jejunostomy tube q 4° c 30cc Water
3. Give 250 cc 5% Albumin
4. Arterial assay Nursed to keep sedated/paralyzed.
5. Lactulose OU BID
6. Dopamine to 3 mcg/kg/min [redacted]
7. Draw ABG/chem 8 now please

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Aug 03 | TIME OF ORDER: 0920 | HOURS

8. ↓ FiO_2 to .50, wean slowly to keep SaO2 ≥ 95%. [redacted]
9. Send ABG, chem 8 @ 1300 today [redacted]

b(6)-4

[redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Aug 03 | TIME OF ORDER: 1100 | HOURS

1. ↓ FiO_2 to .70
2. ↑ TV to 670 cc
3. Δ NP to UR @ 150 cc/°
4. run ABG, chem 8 @ 1115
5. T Amp PO

b(6) [redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

#[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 2 Aug 03 | TIME OF ORDER: 1300 | HOURS

1. PO Zosyn
2. Cefoxitin 2 g IV q 8°
3. Gentamicin 400 mg IV q 12°
4. Metronidazole 500 mg IV q 12°
5. Bump to 10 mcg/kg/min [redacted]
6. ABG, Chem 8 1530

b(6)-2

[redacted]

Checked 2AUG03 1930

WHICH MAY BE USED.

DA FORM 1 APR 79 4256 REP

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 2Aug03 TIME OF ORDER: 1745 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Start Neosynephrine gtt 20mg/250ml D5W titrate to MAP >60

(2) Decrease Dopamine to 3mcg/kg/min

(3) Repeat ABG CBC Chem 7 @ 1900 v.o. Dr [redacted] LTAN

PATIENT IDENTIFICATION

EPN [redacted]

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 02Aug03 TIME OF ORDER: 1940 HOURS

b(6)-2

(1) 5% Albumin 250cc IV x1 now done

(2) 15mg Toradol IVP x1 now done

3) ↑ Dopa to 5mc [redacted] done

[redacted]

PATIENT IDENTIFICATION

EPN [redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 8/2/03 [redacted] HOURS

2300 8/3/03

1) Levophed 4mg/250 titrate to MAP 60

2) NS 500cc/hr done [redacted]

b(6)-2 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: [redacted] HOURS

b(6)-2

2u PRBC infuse as fast as possible. Inform [redacted] before hand. [redacted]

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted]				0710 HOURS	
				Give 40mg LASIX IVP now	
				V.O. DR. [redacted]	
NURSING UNIT	ROOM NO.	BED NO.		b(6)-2 [redacted]	
ICU #2		2			

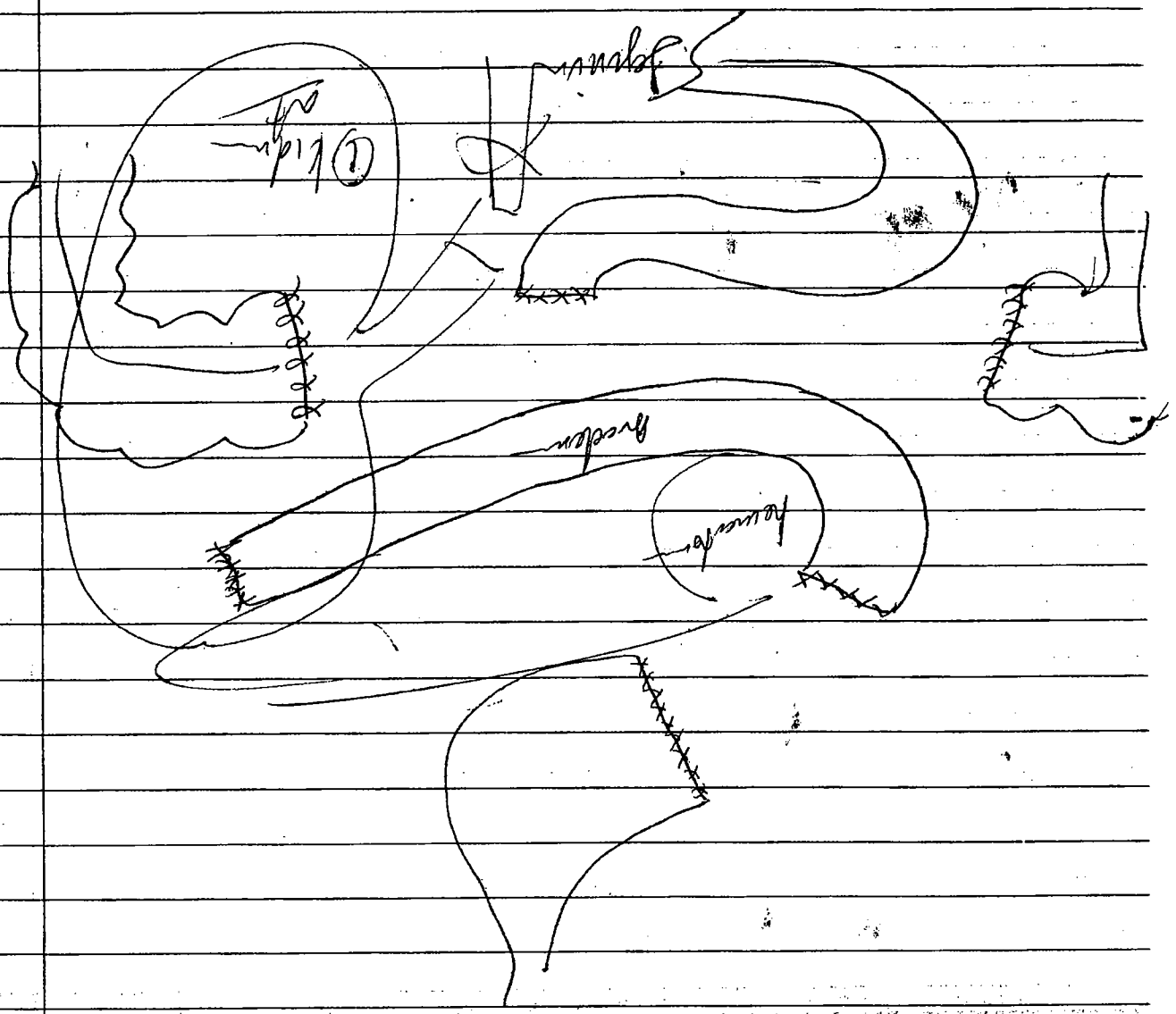
PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
b(6)-4 # [redacted]				3 Aug 03 9810 HOURS	
			1	Lasix gtt, 10 mg/h	Noted @ 0820h 3 AUG 03
				[redacted]	[redacted]
NURSING UNIT	ROOM NO.	BED NO.			
ICU #2		2			

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted]				3 Aug 03 0830 HOURS	
			1	Increase lasix gtt to 20mg/h if no response to 10mg/h after 60 min	
			2	KCl 20 meq in 100 cc NS Nw/h	
			3	Wean neosyn to off, use Levophed for BP & maintain MAP ~ 70	
NURSING UNIT	ROOM NO.	BED NO.	4	restart TF @ 5cc/h [redacted]	3 AUG 03 [redacted]
ICU #2		2			

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted]				3 Aug 03 0820 HOURS	
			1	draw BG, CBC, chem 8 @ noon today	cf 0850
				b(6)-2 [redacted]	
NURSING UNIT	ROOM NO.	BED NO.			
ICU # 2		2		24° chart check 4 AUG 03 0100 [redacted]	LTHN

DA FORM 1 APR 79 4256 REPLACES EDITI MEDCOM - 15498 BE USED.

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*



b(6)-2 b(6)-2

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 07 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	08 → DATE COMPLETED → 30	31	01	02	03	04	05	06	07	08	09	10	11	12
30Jul03	[redacted]	S/P Roux Eny Gastrojej (@)colostomy	05	[redacted]													
		duodenostomy/jejunostomy	17	[redacted]													
30Jul03	[redacted]	Resume Previous Orders	05	[redacted]													
			17	[redacted]													
30Jul03	[redacted]	Routine Colostomy Care	05	[redacted]													
			17	[redacted]													
30Jul03	[redacted]	Duodenostomy/jejunostomy to	05	[redacted]													
		foley bag-gravity	17	[redacted]													
[redacted]																	
30Jul03	[redacted]	am labs CBC, Chem 12,	05	[redacted]													
		ABG															
30Jul03	[redacted]	Upper most Red rubber is	05	[redacted]													
		feeding jejunostomy	17	[redacted]													
30Jul03	[redacted]	lower most Red rubber	05	[redacted]													
		is ~~feeding~~ duodenostomy	17	[redacted]													
2Aug	[redacted]	RESTART T.F. at 20cc/h	05	[redacted]													
			17	[redacted]													
2Aug	[redacted]	Flush Jejunostomy Tube	05	[redacted]													
		@ q4h c 30cc H_2O	12	[redacted]													
			16														
			20	[redacted]													
			00														
			04														
2Aug	[redacted]	↓ FiO_2 to 90% wean slowly	05	[redacted]													
		~~to keep~~ SaO_2 ≥ 95%	17	[redacted]													

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Roux Eny Gastrojej /@colostomy duodenostomy /jejunostomy

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

b(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo JULY Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
30 JUL 03	[redacted]	Admit ICU	30 JUL 03	NOW	2045	[redacted]
30 JUL 03	[redacted]	Arrival labs CBC, ABG, Chem 12, PT/PTT	30 JUL 03	NOW	2050	[redacted]
31 JUL	[redacted]	CBC & ABG DRAW NOW	31 JUL	NOW	0900	[redacted]
31 JUL	[redacted]	SEND "PANCREATIC BED JP DRAINAGE" FOR AMYLASE	31 JUL	CAN NOT PERFORM		[redacted]
1 AUG	[redacted]	↓ PEEP TO 10	1 AUG	1800	1800	[redacted]
2 AUG	[redacted]	↑ PEEP TO 12	2 AUG	0220	0220	[redacted]
2 AUG	[redacted]	↕ PEEP TO 15	2 AUG	NOW	→	[redacted]
2 AUG	[redacted]	↑ IPW TO 20	2 AUG	0300 NOW	→	[redacted]
2 AUG	[redacted]	↓ PEEP TO 13	2 AUG	0330 NOW	→	[redacted]
2 AUG	[redacted]	↓ IPW TO 16	2 AUG	0400	0400	[redacted]
~~2 Aug~~	[redacted]	~~DRAW ABG ASAP~~ Error				
2 Aug	[redacted]	DRAW ABG / chem 8 NOW please	2 Aug.	0930	0933	[redacted]
2 Aug	[redacted]	SEND ABG, Chem 8 at 1300 today	2 Aug	1300	1245	[redacted]
2 Aug	[redacted]	↓ FIO_2				
2 AUG	[redacted]	ABG, Chem 8 at 1500	2 Aug	1500		
2 AUG	[redacted]	ABG Chem 7 CBC x1 @ 1900			1905	[redacted]

b(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													

USAPA V1.00

b(6)-2 All

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 7 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	Aug 30	31	1	2	3	4	5	6						
30 Jul 03	[redacted]	VS: continuous cardiopulm.	05	[redacted]													
		monitoring	17														
[redacted]																	
30 Jul	[redacted]	Foley to gravity	05	[redacted]													
			17														
[redacted]																	
30 Jul	[redacted]	Routine Aline, cardis	05	[redacted]													
		care	17														
31 Jul	[redacted]	BEGIN JEVITY THRU JEJUNOSTOMY TUBE	05	[redacted]													
		@ 50/hr	17														
1 Aug	[redacted]	Δ Abdominal distending to	10	[redacted]													
		DAKIN'S W/D BID	22														
1 Aug	[redacted]	WEAN FiO2 to KEEP SaO2	05	[redacted]													
		≥ 95%	17														
31 JUL	[redacted]	NGT TO LIS	05	[redacted]													
			17														
02 Aug	[redacted]	↑ PEEP to 15; ↑ SIMV to	05	[redacted]													
		20	17														
2 Aug	[redacted]	↑ TV to 670 cc	05	[redacted]													
			17														

D/C'd 2 Aug 03

D/C'd 2 Aug 03

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: (L)
S/P Ex Lap; nephrectomy, colon resection, Gastric resection

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO: _____

PATIENT IDENTIFICATION:

EPW # [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

b(6)-2

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 7 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
30 Jul	[redacted]	Admit to ICU2 condition: critical	30 Jul	NOW	0630	[redacted]
30 Jul	[redacted]	Chem12, CBC, PT/PTT, ABG on arrival	30 Jul	0530	0545	[redacted]
30 Jul	[redacted]	ABG 0630	30 Jul	0630	0645	[redacted]
30 Jul	[redacted]	CBC @ 1000	30 Jul	1000	1000	[redacted]
30 Jul	[redacted]	ABG @ 1100	30 Jul	1100	done	[redacted]
30 Jul	[redacted]	ABG, PT/PTT, chem 7, CBC @ noon	30 Jul	1200	1200	[redacted]
30 Jul	[redacted]	Repeat ABG, PT/PTT, CBC, chem 7 @ 1500	30 Jul	1500	1535	[redacted]
1 Aug	[redacted]	Repeat Labs at 1500 today CBC Methyprednisolone Chem 7 ABG	1 Aug	1500	1485	[redacted]
1 Aug	[redacted]	Repeat ABG, chem 7 at 1730	1 Aug	1730	done	[redacted]
1 Aug	[redacted]	↓ IMV to 16	1 Aug	1700	1715	[redacted]

	-----					
31 Jul	-----					
	-----					

b(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED												
30 Jul	AW	Call MD for T>101.5 HR>110 ; SBP<80													
		uop<120cc/4° ; SaO2<92%													

USAPA V1.00

b(6)-2 ✓ AM

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 7 Yr. 03

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	AUG 30	31	1	2	3	4								
[redacted]																	
✓ 30Jul03	AW	Zantac 50mg IV q 8°	06	[redacted]													
			14														
			22														
[redacted]																	
✓ 1Aug03	[illegible]	Albuterol Neb q4h	08	[redacted]													
			12														
			16														
			20														
			00														
			04														

ALLERGIES: ☐ YES ☐ NO
NKDA

PRIMARY DIAGNOSIS: (5)
SIP Ex Lap, nephrectomy, colon resection
Gastric resection

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. _____

PATIENT IDENTIFICATION:
EPW # [redacted]
b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

b(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 7 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
30 Jul	[redacted]	~~NS~~ LR 500cc IVF Bolus	30 Jul	Now	0600	[redacted]
30 Jul	[redacted]	1 amp NaHCO3	30 Jul	Now	0625	[redacted]
30 Jul	[redacted]	NS 1L bolus now	30 Jul	Now	0620	[redacted]
30 Jul	[redacted]	~~NS 50~~ 2u FFP IV #W001303000616#1	30 Jul	Now	0705	[redacted]
	-----	#2448193 #2	30 Jul	Now	0730	[redacted]
30 Jul	[redacted]	NS 500cc bolus now	30 Jul	Now	1240	[redacted]
30 Jul	[redacted]	1u PRBC run c̄ level 1 [redacted]	30 Jul	Now	1255	[redacted]
30 Jul	[redacted]	Give 500cc NS IVF Bolus (warm)	30 Jul	Now	1300	[redacted]
30 Jul	[redacted]	Give 1L LR IVF Bolus (warm)	30 Jul	Now	1305	[redacted]
30 Jul	[redacted]	Transfuse 2u FFP (warm) [redacted] #1	30 Jul	Now	1450	[redacted]
	-----	/ # [redacted] #2	30 Jul	Now	1510	[redacted]
31 JUL	[redacted]	1gm Calcium Chloride ($CaCl_2$) IN 100cc NS IVPB ~~in~~ 15min	31 JUL	Now	0800	[redacted]
31 JUL	[redacted]	1 amp Sodium Bicarbonate ($NaHCO_3$)	31 JUL	Now	0745	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED												
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														
-----	-----														

USAPA V1.00

b(6)-2

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407: the proponent agency is the Office of The Surgeon General.	Mo. JUL Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 31	1 AUG	2	3	4	5	6	7
✓ 1 Aug	-JT---	Albuterol Neb Q4h	08	/	/	[redacted]					
	------		12	/							
	------		16	/							
	------		20	/							
	------		00	/							
	------		04	/							
✓ 1 Aug	-JT---	MVI ē Pe 2cc Per G-Tube	10	/							
	------	@ AM									
[redacted]											
✓ 2 Aug	-JT---	Titrate MSO4 to Keep	05	//	//	[redacted]					
	------	Sedated/Analgesia	17	//	//						
✓ 2 Aug	-JT---	Titrate Versed to	05	//	//						
	------	Keep Sedated/analgesed	17	//	//						
✓ 2 Aug	-JT---	Lactulose OU BID	10	//	//						
~~2 Aug 03~~	~~-JA--~~	~~Titrate Neosynephrine gtt~~	~~22~~	//	//						
2 AUG 03	-JA--	Titrate Neosynephrine gtt	05	X	X	X					
✓	------	to MAP > 60	17	X	X	[redacted]					
2 AUG 03	-JA--	Dopamine gtt @ 3mcg/kg/min	05	X	X	X					
	------		17	X	X	[redacted]					

D/C'd 2 AUG 03

ALLERGIES: ☐ YES ☒ NO
NKDA

PRIMARY DIAGNOSIS: S/P Roux-en-Y Gastrojejunostomy, (R) colostomy, Duodenostomy, Jejunostomy (30 JUL)

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO
PAGE NO. _____

PATIENT IDENTIFICATION:
EW # [redacted] b(6)-2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

b(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. JUL/AUG Yr. 03	
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
31 JUL	[redacted]	1,000cc Bolus NS IV	31 JUL	NOW	0840	[redacted]
31 JUL	[redacted]	KEEP SEDATED	31 JUL	NOW	0900	[redacted]
31 JUL	[redacted]	REPEAT CBC, CHEM 7, ABG @ NOON TODAY	31 JUL	1200	120	[redacted]
31 JUL	[redacted]	2gm MgSO4 IN 100cc NS IV IN 1°	31 JUL		1045	[redacted]
31 JUL	[redacted]	40mEq KCL IN 100cc NS IV OVER 2°	31 JUL		1145	[redacted]
31 JUL	[redacted]	5% ALBUMIN IN 500cc NS IV IN 15 min	31 JUL	NOW	1030	[redacted]
31 JUL	[redacted]	500cc LR IVF Bolus	31 JUL	NOW	1300	[redacted]
31 JUL	[redacted]	500cc Hespan IVF x1 NOW	31 JUL	NOW	1730	[redacted]
1 Aug	[redacted]	1 Amp Na2SO3 IV NOW (Sulfite Bisulfite)	1 Aug	NOW	1800	[redacted]
~~1 AUG~~	[redacted]	~~↓ PEEP TO 10~~	~~1 AUG~~	~~1800~~	~~10~~	[redacted]
02 Aug	[redacted]	500cc NS IVF Bolus	02 Aug	0800	—	[redacted]
02 AUG	[redacted]	DOPAMINE GTT @ 5mcg/kg/min	02 AUG	NOW	—	[redacted]
02 AUG	[redacted]	↑ DOP GTT TO 10mcg/kg/min	02 AUG	NOW	—	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
1 Aug	[redacted]	Tylenol 650mg PR	1 Aug TID 2000	1 AUG 102 1900 PR	1 AUG 101 2310 PR	2 Aug 0000 GTD PR	2 Aug 100 0130 PR	2 Aug 100 0600								
		Colostomy care q 4 hrs	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]								

USAPA V1.00

b(6)-2 AU

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. 8 Yr. 03

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 2	3	4	5
[redacted]							
2 Aug	[redacted]	ADUF to D5W/LE 3 Amps	05	[redacted]			
		Sodium bicarbonate at 150cc/h	17	[redacted]			
2 Aug	[redacted]	Cefoxitin 2gm IV	06	/			
		Q 8h	14	[redacted]			
			22	[redacted]			
2 Aug	[redacted]	Ciprofloxacin 400mg	10	/			
		IV Q12h	22	[redacted]			
2 Aug	[redacted]	Metronidazole 500mg	06	/			
		IV Q6h	12	[redacted]			
			18	[redacted]			
			00				
2 Aug		↑ Dopa drip to 10mcg Titrate	05	[redacted]	D/C'd 2AUG03		
			17	[redacted]			
2AUG03	[redacted]	↑ Dopamine gtt to 5mcg/kg/min	05	✓			
			17	[redacted]			
2Aug03	[redacted]	Levophed gtt titrate to	05	[redacted]			
		MAP >60	17	[redacted]			

ALLEERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ROUX EN Y

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ______

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

b(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 8 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
2AUG	[redacted]	500 NS BOLUS IV	2AUG	0400	0400	[redacted]
2Aug	[redacted]	Give 250cc 5% Albumin	2Aug	0700	0700	[redacted]
2Aug	[redacted]	5% Albumin 250cc 1st dose	2Aug	0930	0930	[redacted]
2AUG	[redacted]	250cc 5% Albumin x1 Now			1945	[redacted]
2AUG	[redacted]	15mg Torodol IVP x1 Now			1945	[redacted]
2AUG	[redacted]	500cc NS bolus x1 Now	[redacted]		1945	[redacted]
2AUG	[redacted]	2units PRBC-each over 15min			2045	[redacted]
2AUG	[redacted]	20mg lasix x1 between units of bld			2055	[redacted]

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															

USAPA V1.00

0200=OR
GSW ABD
½ stomach
Kidney
bowel

15u PR
6 FFP
1L Hespan

2 amp HCO3
pH 7.04
(R) SC cordis
(L) AC 18G
(L) EJ 18G

Cl

Post-Anesthesia Care Unit (PACU) Flow Sheet

Date: 29 Jul 03
Time In: 0530
Allergies:
Pre-op V/S: 110/70, 90
Procedures:

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 5000 Colloid
OR Output: UOP 200 EBL 3500
Meds/Times:

Fent 350mcg
Versed 3mg

Drains
Hemovac
NG OGT
JP X 2
~~T tube~~
Foley
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Pre Op Meds / History

Time	0537	0535	0540	0555	0610	0625	0630	0645	0700
SaO2	100	100	100	100	100	100	100		
FiO2	50	50	50		50	50	50		
Methods	vent								
240									
220									
200									
180									
160									
140									
120						^	^		
100	• ^	• ^	• ^	• ^	• ^	•	•		
80						V	V		
60	V	V	V	V	V				
40									
20									
RR	14	12	12	12	12	12	12		
T	37					98			
Time									
Pain (0-10)									
LOS									

Pacu Intake

Time	Solution	Amount	Site	By	Infused
0600	LR	500			AW
0635	NS	1000			AW

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	Sedated	→	→
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	vent	→	→
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	→	→
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	sedated	→	→
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	→	→
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	/	/	/
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	4 current status	4	4

Codes
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = Room Air
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU2
DATE: 29 Jul 03

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle; grade; date; hospital or medical facility)

#[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
		NA				

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	extrem	sedated	sedated	P	B	C	P
15'							
30'							
45'							
60'							
90'							
D/C	"	"	sedated	"	"	"	"

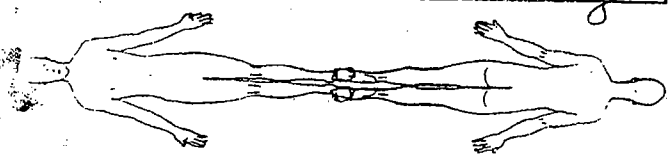
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia		NA					
Peripad#							
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	Abd	ABD Pad	Bloody midline marked
30'	"	"	Bloody
90'	"	"	Bloody
D/C	"	"	Bloody



PACU OUTPUT

Time	Source	Color/Appearance	Amount
0550	JP 1	Blood	120
0550	JP	Blood	70

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

0530 Pt arrived to ICU2 for recovery phase. Sedated. ETT 24cm @ lip vent SIMV R12 P5 TV 700 FIO2 50% SpO2 100% T 90.2 axillary. IVF NS infusing via (R)SC and (L)EJ line PIV to (L)AC HL. Foley cath BSID, JP x2. Drsg to midline abd c̄ bloody drainage to mid-drsg area only. OGT placed L/S. (R)fem A line. Rewarming measures started c̄ blankets and heating lamp. Will cont. to monitor - b(6)-2 [redacted]
0630 Remains sedated. Warm HLs infusing. Rec'd 500cc bolus of LR per Dr Salim. Labs drawn. See ABG slips for results. pH 7.29 PCO2 36.7 pO2 274 HCO3 18 BE -9 Pt rec'd ½ amp NaHCO3 @ 0625 and 500cc NS. Temp ↑ 91.8 will cont. rewarming measures. Otherwise stable SBP 90-110. Transferred to ICU2 status for further therapy and treatment — [redacted]
b(6)-2

Discharge Criteria:
Date: 30Jul03 Time: 0630 PARS: see front
BP: 121/71 T: 91.8 HR: 97 RR: 12 SaO2: 100
Pain Level at D/C (0-10):
Intake: Output:
Additional Data:
Transferred To: ICU status c̄ continual monitoring
Report Given To: NA
Transferred Via: W/C Litter Gurney Ambulan
Transferred By: NA
Cleared IAW Recovery [redacted]
Charge Nurse Signatu [redacted]

WAMC OP 173-E

[redacted] b(6)-2

. H = 27; 9

AOG PN 1.17;

2 Amp Bicard;

Post-Anesthesia Care Unit (PACU) Flow Sheet

Date: 30 JUL 03 Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

Time In: 2050

Allergies: OR Intake: Crystalloid 500 mL Colloid

Pre-op V/S: OR Output: UOP 400 cc EBL 500 cc

Procedures: Colostomy Meds/Times: Sublimaze Fent, 30 sec, 5 versed 4 units PRBC, 2 bespain

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds History Colostomy (R) side.

Time	2050	2055	2101	2105	2110	2115	2120	2125	2130	2135	2140	2145	2150	2155	2200	2205	2210	2215	2220	2225	2230
SaO2	99	99	99	100	99	99	99	99	99												
FiO2	50	50	50	50	50	50	50	50	50												

Methods

	2050	2055	2101	2105	2110	2115	2120	2125	2130	2135	2140	2145	2150	2155	2200	2205	2210	2215	2220	2225	2230
240																					
220																					
200																					
180																					
160																					
140		142																			
120	121		134		120	129	121	111													
100	98																				
80																					
60	64	64	63	59	68	64	59														
40																					
20																					
BR	99	99	99	99	99	99	99														

Time	2050			
Pain (0-10)	0	0	0	0
LOS				

Pacu Intake

Time	Solution	Amount	Site	By	Infused
2050	LR	500	Cordis	Ja	500
2150	NS	100	Cordis	Ja	150

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	0	rec	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	0	intubated	
Blood Pressure (2) SBP +/- 20 of Pre-op (1) SBP +/- 20-50 of Pre-op (0) SBP +/- 50 of Pre-op	2	2	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	0	sedated	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	1	1	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse			
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.			

Codes: AIRWAY A = Airway, BB = Blow, M = Mask, FT = Face Tent, RA = Room, NC = Nasal Cannula. V/S X = A-line, ^ = Cuff BP, = Pulse. TEMP S = Skin, O = Oral, A = Axillary, T = Tympan, R = Rectal. LOS C = Cervical, T = Thoracic, L = Lumbar, S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB, Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title) b(6)-2 [redacted] CPT

DEPARTMENT/SERVICE/CLINIC ICU #2

DATE

PATIENT'S IDENTIFICATION (For typed or printed entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

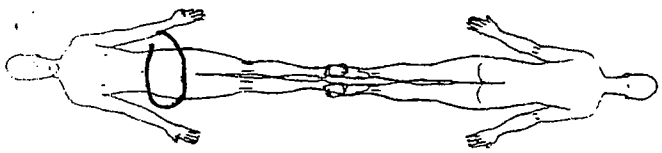
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	ABD	Bulky	Ø
30'			
60'			
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount
2110	Foley	Amber	70cc

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

Nursing Note:
JP #1 = 140cc. JP #2 = 20cc
Pt. back from OR @ 2050, pt is intubated; c the following vent. setting; FIO2 = 50, P = 5, SIMV = 20BPM, TV = 450. V.S.S. except temp of 94°. Heat lamp at bedside, pt. had two wool blankets on. will continue to monitor temp. JP #1 with additional drainage of 70cc. for total of 210cc.

Discharge Criteria:
Date: **Time:** **PARS:**
BP: **T:** **HR:** **RR:** **Sa02:**
Pain Level at D/C (0-10):
Intake: _____ **Output:** _____
Additional Data: _____
Transferred To: _____
Report Given To: _____
Transferred Via: W/C Litter Gurney Ambulan
Transferred By: _____
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: _____

WAMC OP 173-E

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	ZPW# [redacted] b(a)-4	N O	M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
U N K	3 7 4	Z	9	Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
U N K	NO	9 9	U N K

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	UNK	0110	NO

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
N O	K 7 8	U N K

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
I Z	N O	9	YEAR ✓ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
8	ICU 2	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
[redacted] (b)(2)-2	

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
2 1		0 3 0 8 0 3

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
A B O A		0 3 0 7 3 0

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		0 3 0 7 3 0

FOR LOCAL USE

DX: GSW to Abd.

Blood given - Yes -

DX- 86399
86352
86331
86610
E9912

Trauma - 1
Injury - 450

PR - 5475
5551
4562
4574
4639
9904(23)
9907(10)

ADMITTING OFFICER (Signature, as required) b(a)-2

[redacted] CLERK

Dr. [redacted] b(a)-2

DA FORM 2085, MAR 80

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) EPW [redacted] b(a)-4			3. GRADE	ADMISSION REMARKS
4. SEX m	5. AGE 54y	6. RACE Z	7. RELIGION unk	8. LENGTH OF SVC N/A	9. ETS N/A	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN b(a)-4 [redacted]		13. ORGANIZATION N/A		14. WARD KW2	
15. FLYING STATUS N/A	16. RATING/ DSG	17. DEPT./ BEN K78 ~~K79~~		18. BRANCH/CORPS N/A	19. UIC/ZIP	20. TYPE CASE NB1	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER				22. HOURS OF ADMISSION 1100	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE —			25. TYPE DISPOSITION ~~50~~ 24		26. DATE OF DISPOSITION 12 Aug 03		b(a)-2
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) —			27b. TELEPHONE NO. —		28. DATE OF THIS ADMISSION 30 July 03		ADMITTING OFFICER Dr. [redacted]
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2					30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(1) Ruptured Eye

871.0
870.8
789.01
E917.9

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	14	14

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø b(a)-4	Ø	Ø	14	14

SIGNATURE OF ATTENDING [redacted] Dr. [redacted]

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE *(YYYYMMDD)* 2003/07/30

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

54yo Iraqi EPW A/G to 28th CSH after being hit in (L) side of face suffering laceration left lower eyelid, ruptured (L) globe and possible orbital fx.

3. PHYSICAL EXAMINATION *(Including pertinent positives and negatives)*

Pt reports No light perception vision OS. No APD. Observes laceration Inferior left lower eyelid, probable ruptured (L) globe and possible orbital fx's based on ? step off defining orbital rim. ∅ Conjunctival hemorrhage with blood at notes.

4. IMPRESSION *(Enter admission note with plan on progress notes)*

1) Laceration Inferior (L) lower eyelid
2) Ruptured globe OS
3) ? orbital fxs on (L) → getting skull series.

b(6)-2

5. [redacted]ER b(6)-2

a. [redacted] MD
CPT, MC
CDR, [redacted] SURG TRAUMA

b. DATE SIGNED *(YYYYMMDD)* 2003/07/30

6. DISCHARGE NOTE *(Brief hospital course, diagnoses, procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)*

(b)(2)-2

7. DISCHARGE DATE *(YYYYMMDD)*

8. DISCHARGING OFFICER

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE

9. PATIENT IDENTIFICATION *(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

EPW [redacted]

b(6)-4

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD *(X when done)*

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
30 Apr 03 1040	OPHTHALMOLOGY NOTE
	54yo WM EPW Iraqi who was kicked in the (L) side of head. Medevac'd to 28th CSH. Injured 7 to 7:30 am today.
	Sx Ox → Pt denies being able to see right OS (NLP?).
	Pupils: Unable to evaluate OS due to blood in AC. (−) Reverse APD.
	EOM Appears full.
	EXT (−) Steep off. 7 lg orbital rim — very tender so difficult to palpate fully. Laceration over distal if rim.
	ANT SEGMENT With penlight pt found to have blood in AC obscuring iris details.
	Subconj hemo.
	Arm movements for palpable systems behind 12 o'clk limbus.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

EPW # [redacted]

b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	IMP 1) Possibly distal orbital fx ? fx of orbital rim on left.
	2) Laceration distal lower eyelid, left.
	3) Probable ruptured globe OS
	4) Hyphema OS.
	PLAN - Skull series looking for fxs of orbit/rim
	- Will need to take to OR to explore left globe / repair ruptured globe.
	[redacted] b(6)-2 [redacted] LTC, MC [redacted] CDR, [redacted] Eye Surgy Team b(2)-2

b(6)-2 A11

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
30JUL03 1515	- Recieved PT from Port-of in journey. PT VSS. HRLR. Breathsounds are clear Bilateral. Breathsounds Normal. PT is SAT 94%. Will encourage PT to Deep Breath, and cough. BS x4. PT has Good Pulse motor function to All extremity. (+) ROM to All extremity. Skin is warm + Dry. IV to (L) Arm running well CDI ō (-) S/S of infection. Slight hematoma to (L) orbital eye noted. Dressing to (L) eye CDI. PT is currently resting comfortably in bed. Will cont to monitor. [redacted] LPN
2137	Pt. care assumed @ 2100. VSS. HOB @ 30°. HR Reg. lungs CTA, BS (+) x4. Drsng to (L) eye CDI. Eye edematous to the point of being swollen shut. Hematoma to (L) eye. Sclera bloodshot, both pupils PERRLA. Dried blood noted to both naves. IV to (L) FA infusing S diff. Ø S/S infiltration or infection. Will cont to monitor. [redacted] LCTAN.
31JUL03	0640: Assumed pt. care @ 0500: Pt. awake. Lungs CTA. (+) pulses x4. (+) BS x4. HL (R) FA patent to flush. Eye patch on (L) eye intact. Denies any complaints @ this time: [redacted]
1330	Pt stable at this time. AAOx3. (L) eye [redacted] patch, wrapped + Kerlix to reinforce. Lungs CTA bilat. Ø resp distress. NSR. Abd soft, non-tender, bowel sounds active x4 quads. Strong pulses and brisk cap refill x4 extrem. Ø complaints [redacted]

NSN 7540-00-634-4176 600-108

HEALTH RECORD | [redacted]E

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
31 Jul 03 22:00	Rec'd c/o pt @ 21:00. VS WNL per flowsheet. Pt sleeping in bed easily awakened. Restraints x2 @ wrist/ankle. Skin W/D. OS (+) ecchymotic c̄ moderate periorbital edema noted. Yellow mucous discharge noted to lashes. Sclera of eye erythematous. Iris and pupil c̄ opaque film noted. Pupil undistinguishable. Pt states he "can not see the flash light when passed over OS pupil. C/o pain x1 b(6)-2
b(6)-2	1 Percocet given. Will cont. to mon. [redacted]
01 Aug 03 02:17	Upon chart review pt. initial EMT assessment was determined a light receptive to OS. Dr [redacted] aware and instructed Eye surg team to be notified [redacted]
1 Aug 03 0230	Dr [redacted] awakened & informed of LT [redacted] b(6)-2
b(6)-2	eye assessment above. I explained that yesterday pt could distinguish light, tonight's exam pt could not distinguish light. He explained due to nature of illness (rupture globe) this is okay & there is nothing we can do at this point. b(6)-2 He also clarified patch off / shield on [redacted] LTC, AN
01 August 03 0600	Pt. asleep in bed easily aroused by verbal stimuli. VSS. HR Regular, lung sounds clear bilat, bowel sounds (+) x4 quads. OS c̄ ecchymosis, sm. amt. of swelling noted, Sclera is a bld red color, pupil unreactive to light, film over Iris & pupil noted. Pt. states that he is able to see the light from pinlight, whereas earlier this AM he was unable to distinguish. Sutures below OS intact & S/S of infection. HL in

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

EPW [redacted] b(6)-4 ICW

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1 August 03 0600	(R) hand flushed well c̄ 3cc NS c̄ s/s of infection. Medication gtts applied to OS & eyeshield reapplied. Pt. c̄ complaints @ this time. All other assessment findings WNL. Will continue to monitor [redacted] b(6)-2
1 Aug 03 1300	- Recieved Pt Alert sitting in bed ⊖ c/o pain or discomfort. VSS. HRR. Breath sounds B/lateral. ⊕ ROM to all extremity. Good Pulse motor function to all extremity. BSX4. IV in (R) hand flushing well c̄ 3cc N/S. Medication gtts Applied to OS & eyeshield reapplied. Sclera remains red. c̄ slight bruising noted around (L) orbital eye. Pt claims he could see small amount of light in OS. Will cont to monitor Pt. [redacted]
1 AUG 03 1830	- Pt states that he sees minimal amount of light from OS eyes. Will cont to monitor. UAEW: [redacted] b(6)-2
2133	Pt. care assumed @ 2100. VSS. HR Reg, lungs CTA, ABD rotund, soft c̄ BS ⊕ X4 HL to (R) hand flushes c̄ diff. eyeshield to (L) eye. (L) eye swollen shut, erythematous. Opaque film noted to iris. pupils = & reactive to light. Pt. states he can barely detect the light. Sutures to (L) periorbital region intact c̄ s/s infection. Will cont. to monitor - [redacted] b(6)-2
0200-0730 July 03	NURSING ASSESSMENT: Assumed care of pts. Airway intact, breathing even and unlabored, LS clear to all fields (B). Abd soft, nontender, c̄ distention. BS ⊕ x4. Voids spontaneously. Pt moves neurovascularly intact to all extremities (B). IV to (R) hand flushes well and c̄ s/s infection/infiltration. (L) eye (OS) has shield over eye. Pt prefers to also have Kerlix wrapped around head to cover portion of shield. Pt states ⊕ for seeing light from OS. Sclera to OS reddened, some purulent drainage noted to conjunctiva. Exterior of eye reddened and swollen. Lacs to OS upper lid & lower lids, sutured c̄ s/s infection. Sutures remain intact. Cornea appears slightly cloudy to OS. [redacted] b(6)-2

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2Aug03 1400	Pt stable. AAOx3. (L) eye swollen and ecchymotic. Pt able to distinguish light. Assessed by opthothis and will most likely lose all vision to (L) eye. Gtts continue q2° as ordered. Lungs CTA bilat, Ø resp distress. NSR. Abd soft, non-tender, bowel sounds active x4 quads. Strong pulses & brisk cap refill x4 extremities. Ø complaints b(6)-2 [redacted]
2100	Pt. care assumed @ 2100. VSS. Pt. c/o HA. HK Reg, lungs CTA, BS (+) X4. Eye shield to (L) eye intact OS swollen, sclera blood shot. Perrla. Ø drainage. Pt. states he can see light in OS. will cont. to monitor. b(6)-2 [redacted]
030530 Aug 03	Nursing Assessment: Assumed care of pt. Airway intact, breath, even and unlabored, LS clear to all lobes (B). Abd soft, nontender, ± distention. BS(+)x4. Voids spontaneously, FROM and sensorimotor intact to all extremities (B). IV to (R) hand flushes well & ± s/s infection or infiltration. OS has conjunctive redness, swelling, periorbital, and scleral emphysema. Lens/pupil appears clear. Pt states that he can see light from OS. b(6)-2 [redacted] 4AW
3Aug03 1400	Pt stable. AAOx3. (L) eye swollen and ecchymotic but pt now able to open on his own. Pt states that he can see light. Gtts to (L) eye q2°, eye shield in place. Lungs CTA bilat Ø resp distress. NSR. Abd soft, non tender bowel sounds active x4 quads. Strong pulses and brisk cap refill x4 extremities. Ø complaints at this time. b(6)-2 [redacted] 10/DN

STANDARD FORM 600 (REV. 6-97) BACK

FPI. LEX. Printed on Recycled Paper

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
8-3-03 2114	Pt. care assumed @ 2100. VSS. HR Reg, lungs CTA, BS(+)x4. Eyeshield to OS intact. OS detects some light, pt denies vision OS. OS swollen, sclera red. Sutures intact ∅ S/S infection. Perrla. HL (R) hand intact, flushes ∅ diff. Will cont. to moniter. b(a)-2 [redacted] CTAN
4 Aug 03	0700 Assume pt care @ 0500. Awake and Alert. No c/o pain @ this time. VSS. pt detects light. Eye drops as ordered. Sclera red, stitches intact. HL to (R) hand (+) flush. Eye sheild placed to OS @ this time. Will cont. to monitor b(a)-2 [redacted] RWilke
1400	Pt stable at this time. AAOx3. (L) eye swollen, but much decreased. Pt able to open own eye for gtts. Gtts x3 92° to (L) eye. Lungs CTA bilat, ∅ resp distress. VSS. Abd soft, non-tender, bowel sounds active x4 quads. Strong pulses and brisk cap refill x4 extremities. ∅ complaints at this time. b(a)-2 [redacted] RN
2126	Pt. care assumed @ 2100. VSS. Pt HR Reg, lungs CTA, BS(+)x4 (L) eye swollen, sclera erythematous, unable to distinguish pupil, pt denies vision. (R) eye WNL. HL (R) hand flushes ∅ diff, ∅ S/S infection. ∅ complaints @ this time. Will cont. to monitor — [redacted] CTAN

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

b(a)-4

[redacted]

RECORDS MAINTAINED AT: b(a)-2

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
050530 Aug 03	~~NURSING ASSESSMENT: Assumed care of pt. [redacted] b(6)-2 intact, breathing even and unlabored, LS clear to all fields (B). Abd soft, nontender, ± distention. BS(+)x4. (-) N/V. Voids spontaneously. ROM and neurovascularly to (B) UE. ROM to (B) LE but neurovascularly ↓ to (B) LE. ↓ sensation to (B) LE toes. Wounds to toes are dry, scabbed, open to air. Pt expressed dislike for blood draws this AM. Will address ± MD [redacted] b(6)-2 [redacted]~~
Erlot CS	
050530 Aug 03	NURSING ASSESSMENT: Assumed care of pt. Airway intact, breathing even and unlabored, LS clear to all fields (B). Abd soft, nontender, ± distention. BS(+)x4. (-) N/V. Voids spontaneously. ROM and neurovascularly intact to all extremities (B). OS has added sclera. Pupil to OS is not visible. Pt denies ability to see light through that eye. Bruising around contralateral eye is improving. [redacted] b(6)-2 [redacted] prior b.x.1
5 AUG 03 1300	- Assumed care of PT. VSS. HAR. Breath sounds B. lateral BSx4. PT has (+) ROM to all extremity. Dry to OS is CDI. "5x4. Abdomen soft. non tender. Pupil to OS remains non visible. PT states he could see flex light 4"-5" from face. PT has (-) c/o pain or discomfort at present time. will cont to monitor.
b(6)-2 [redacted]	
2121	Pt. care assumed @ 2100. VSS. Pt. c/o HA, ½ percocet given. HL to (R) hand D/C'd ° tenderness and site 77° old. AR Reg, lungs CTA, BS (+) x4. OS ⊼ shield. Pupil undistinguishable. Pt. states he can see some light in OS. ↓ edema, ↓ erythema to OS. On Perio la. will cont. to monitor. [redacted] b(6)-2
6 Aug 03	0530: Assumed pt. care @ 0500: VSS. A&OX3. lungs CTA. (+) pulses x4. (+) BSx4. OS ⊼ shield. c/o headache. will continue to monitor. [redacted] b(6)-2

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
6Aug03 1400	Pt stable at this time. AAOx3. Deye open, $\bar{5}$ eye shield. Pt unable to visualize shapes or light T (L) eye. Prednisolone gtts q2°. Ciloxan to OLD. Lungs CTA bilat. Ø resp distress. NSR, Abd soft, non-tender, bowel sounds active x 4 quads. Strong pulses and brisk cap refill x 4 extremities. Ø complaint at this time b(6)-2 [redacted] CT/RN
2146	Pt. care assumed @ 2100. HR Reg, lungs CTA, ABD soft $\bar{c}$ BS ⊕ X4. OS $\bar{5}$ eyeshield. unable to distinguish pupil. Sclera bloodshot. Pt. states she can see light OS. OD WNL. Pt. c/o aches/pains throughout and fatigue. Will cont. to monitor. b(6)-2 [redacted] LUTAN
7Aug03 0530	Pt. awake & alert in bed. HR Regular, Lungs sounds clear bilat, bowel sounds (+) x 4 quads. OS $\bar{5}$ eyeshield, sclera red, pupil nondistinguishable pt. states that he can see light, $\bar{5}$ c/o pain. Stitches below are intact, approximating well $\bar{5}$ s/s of infection. Pt. $\bar{5}$ IV access. All other assessment findings WNL. Pt. $\bar{5}$ complaints @ this time. Will continue to monitor [redacted] b(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO. ICW2

b(6)-4

TPW # [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

b(6)-2 All

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7 Aug 03	OS rupture c/o dysuria @ post void & (B) CVAT ; little Abd discomfort Pt ∅ grain pain ∅ N/V ; (+) urinary renal infection. 4/4 [redacted]
7 Aug 03 1400	Pt stable. AAO×3. Denies ability to see from (L) eye. GTFS continue. To have sutures removed today. ∅ residual swelling, minimal bruising to (L) eye. Lungs CTA bilat, ∅ resp distress. NSR. Abd soft, bowel sounds active x4 quads, pt c complaint of (R) UQ and (R) side pain. Labs sent this am all normal. Pt states he has had regular BM. Strong pulses and brisk cap refill x4 extremities. [redacted]
2350 7 Aug 03	Pt care assumed @ 2100. VSS, no c/o pain. Lung sounds CTA, pulses (+) x4, bst x4 quads. Pt denies being able to see from (L) eye, (R) eye perrla. Sutures OTA CDI, erythromycin applied as ordered. No complaints at this time, will continue to monitor. [redacted]
0400 8 Aug 03	Pt c/o abd pain, Dr [redacted] informed & and 20mg Bentyl given PO. [redacted]
8 Aug 03 0600	Pt. awake & alert sitting up in bed c/o (R) UQ pain that radiates to his lower back, pain is evident by facial grimaces when areas palpated, Percocet given & will notify MD. HR Regular, lung sounds clear bilat, bowel sounds (+) x4 quads. OS sclera red, pupil non distinguishable, minimal ecchymosis to after lid, pt states that he can see light. Sutures below OS intact, possible D/c of them today. Pt ⅋ IV access & ⅋ other complaints @ this time. Will continue to monitor. [redacted]

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD PROGRESS NOTES ~~CHRONOLOGICAL RECORD OF MEDICAL CARE~~

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8 Aug 03	Asked to see pt. for 2d of (R) UQ pain c̄ radiation to flank. Not assoc c̄ meals, but admitted ↓ po intake.
VSS AF	Ø N/V/D. last BM yesterday. Ø dysuria.
W/A = nl gait	Pain "squeezing" worse @ night, little during day.
HE nl gait.	? result from Ø sleep this AM.
	(O) ABD = NAOS soft ND mild (R) UQ pain. [redacted] Ø masses.
	(A) ADD pain c̄ radiation.
	dont: Pyelo (w/ W/A, AF), pancreatitis (no N/V), Cholecystitis (Ø post prandial pain)
	? Muscle spasm ? Gastritis. ?
	(P) Flexeril 10mg TID & Zantac 150mg BID
	[signature] ; if no Δ, tomorrow check
8Aug03 1300	Pt stable. AAOx3. (L) eye ↑ swelling, sutures still intact. Pt denies ability to see from (L) eye. Neck supple. From. lungs CTA bilat, Ø resp distress. NSR. Abd soft, bowel sounds active x 4 quads, pt c̄ complaint of (R) UQ which radiates to (R) flank. Pt has had BM in last 24 hrs, refusing to eat. Assessed by Dr. [redacted], will monitor closely. Strong

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
b(6)-2			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* REGISTER NO. WARD NO. CW2

EPW
[redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	pulses and brisk cap refill x 4 extremities
	b(a)-2 [redacted]
2120	Pt. care assumed @ 2100. VSS x̄ lowgrade temp 99.1 Pt. c/o aches all over body ii Percocet given. HR Reg, lungs CTA, ABD rotund, soft ī BS ⊕ x 4. Pt. c/o ⊕ ↓ ABD pain radiating to ⊕ flank. MD aware. Chem12 due in a.m. Pt. says he "can't" eat: Pt. tol H_2O s̄ difficulty. will cont. to monitor. b(a)-2 [redacted]
2345	OS reddened, unable to distinguish pupil. Question in OS. [redacted]
	b(a)-2
9 Apr 03 0900	Ophthalmology
	Continues to improve. Pt still says he can see some light
	↓ chemosis. Still ī significant subcong hemo and injection.
	Still no ant segment details visible through hemorrhage
	Prolene sutures removed from skin wounds.
	Continue present meds.
	Hope to release from hospital early next week
	[redacted]
	b(a)-2

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
090700 Aug 03	NURSING ASSESSMENT: Pt awake, alert, Ox3. Airway intact, breathing even and unlabored. LS clear to all fields (B). Abd soft, nontender, BS (+)x4. Voids ~ difficulty. ROM and neurovascularity intact to all extremities. (L) eye still remains erythematic to sclera, mil edema. MD removed stitches from periorbital area. Drops to (L) eye continue. b(6)-2 [redacted]
09Aug03 1300	Pt stable at this time. AAOx3. (R) eye ↓ swelling. Sutures removed from under left eye. (R) eyes reddened, pt denies ability to visual objects but states that she can still see light. Ø c/o pain to eye. Lungs CTA bilat, NSR, abd soft, non-tender, bowel sounds active x4 quads. Strong pulses, brisk cap refill to 4 extremities. Pt c/o lower back and (R) side pain, being given flexeril [redacted]
2131	Pt. care assumed @ 2100. VSS. HR Reg, lungs CTA. ABD soft ~ BS (+)x4. Pt. cont. to c/o RUQ ABD pain radiating to (R) flank. Pain ↑ ~ palpation. OS sclera reddened. Pt. claims he can see light only. unable to distinguish pupil. OR WNL. Pt. denies pain to OS. will cont. to monitor. b(6)-2 [redacted]
100530 Aug03	NURSING ASSESSMENT: Assumed care of pt. Airway intact, breathing even and unlabored, LS clear to all fields (B). Abd soft, nontender, ~ distention. BS (+)x4. Voids spontaneously. ROM and neurovascularity intact to all extremities. Ø IV access. Sclera to (L) eye remains somewhat erythematic, mil/mis edema. Pt denies being able to see light. Ø purulent discharge noted to (L) eye. [redacted] b(6)-2

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

EPW [redacted] 1CW2

b(6)-4

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
10 AUG 03 1300	-Received PT Alert + oriented. VSS, 1 hr. Breath sounds clear Bilateral. BSX4. PT has ⊕ ROM to All extremity ⊕ PMS. Skin is warm + Dry. Cap Ref +3 seconds. PT c/o pain on ⓛ shoulder. PT states that it's muscle tension. Give PT warm pack. OS sclera is still reddened. unable to determine pupil. Will cont to monitor PT. PT has only eaten 25% of meal. [redacted]
10 Aug 03 22:16	Rec'd c/o pt @ 21:00. Restraints x 2 ⓑ wrist/Ankle. VS WNL per FS. PERRLA ⊕ to OD. OS sclera red. Pupil enlarged. Pt states c̄ OS can see a little amt light when shined in eye. LCA ⓑ. HRRS. BS ⊕ x4. ⊕ PP ⓑ *2. ⊖ c/o's @ this time will cont to mon [redacted] b(6)-2
11 Aug 03 0530	Pt. awake and alert. c̄ complaints @ this time. HR Regular, Lung sounds clear bilat, bowel sounds (+) x 4 quads. VSS. Pt c̄ IV access. OS sclera red, pt. states that light is distinguishable when pin light shined in eye, minimal visibility of pupil, OS c̄ drainage. All other assess findings WNL. Will continue to monitor. [redacted] b(6)-2 LT/Hn
11 AUG 03 1300	-Received PT Alert + oriented x 3. VSS, 1 hr. BSX4 Breath sounds clear Bilateral. ⊕ ROM + PMS to All extremity. Perrla ⊕ to OD. OS sclera red. Pupil remains enlarged. PT states he sees light 3-4" from face. Will cont to monitor. [redacted] b(6)-2
12 Aug 03 0030	Pt care assumed @ 0100. VSS, alert and awake c̄ c/o back pain. Lung sounds CTA, pulses ⊕ x4, BS+. OD perrla, OS c̄ eye drops. Pt sees maglite a few inches from his eye. Will continue to monitor. [redacted] assumes b(6)-2

b(6)-2 All

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
12 Aug 03 5-12N	Pt was asleep during early AM when no pain was given. Pt breathing rhythmic. Pt awoke with breakfast. Pt medicated as ordered. Pt did own AM care. OD eye slightly red in lower area. Pt OD eye remain responsive to light and light touch. VS stable. Pt cannot see out of OD eye — as per patient. — [redacted]
12 AUG 03 1302	Received PT alert + oriented in bed. [redacted] VSS. HNR. Lung sounds CTA. Pulses x4, BS x4 [redacted] OD Perrla. OS sclera remains red. Pupil undistinguishable, will cont to medicate as per MD orders. PT states he could see very minimal light. Will cont to monitor. [redacted] Lpn.
2145	Pt. care assumed @ 2100. VSS. Pt. c/o HA, gave 650mg Tylenol P.O. Pt. alert, cooperative c̄ care. HR Reg lungs CTA, BS ⊕ x4. OS sclera erythematous, unable to distinguish pupil, pt. denies vision OS. OD WNL. Will cont. to monitor. — [redacted]
13 Aug 03 0645	Pt. asleep in bed easily aroused by verbal stimuli. OS sclera red, pt. states he can distinguish light, s̄ drainage. Pt. s̄ complaints @ this time. VSS. Pt. s̄ D/C summary & order in place, awaiting transfer to EPW Camp. Will continue to monitor. — [redacted] 24/A

b(2)-2 [redacted] CSA

558-104 7540-01-075-3786

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT *(Patient)*

LOG NUMBER | TREATMENT FACILITY

RECORDS MAINTAINED AT

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS: EPW

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)*: 30 JUL 03 | TIME: 1030

TRANSPORTATION TO FACILITY

SEX: M

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

AGE: 54

MILITARY STATUS ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

THIRD PARTY INSURANCE ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY —		

CURRENT MEDICATIONS: Ø

ALLERGIES: NKDA

INJURY OR OCCUPATIONAL ILLNESS

ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS	—		
HOW			

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: (D) eye injury

CATEGORY OF TREATMENT

☐ EMERGENT
☒ URGENT
☐ NON-URGENT

TIME: 1030

INITIALS: [illegible]

VITAL SIGNS

TIME	1030				
BP	168/123				
PULSE	67				
RESP	16				
TEMP	97.4				
~~PUX~~	99%				

LAB ORDERS

☒ CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S	UA MSCC/CATH		☒ ~~CHEM~~ 12 MUF8
BLOOD C&S X			

X-RAY ORDERS

CXR PA & LAT/PORTABLE	C-SPINE
ACUTE ABDOMEN	LS SPINE
SINUS	HEAD CT
ANKLE R/L	☒ SKULL
	☒ FACIAL (ORBITS)

ORDERS

☐ PULSE OX ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
1030	MSO4 4mg IV [redacted]	1045			

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS

MODIFIED DUTY UNTIL | RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE | TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted] EPW

b(4)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER ANK

TEST RESULTS

CBC		SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
WBC			SUP O2	PH	PO2	RESULTS	Head scans.
H/H			PCO2	SAT	OTHER		
PLT							
PT			U/A	DIP		EKG INTERPRETATION	
APTT	BHCG	ETOH / GLU		MICRO			

PROVIDER HISTORY/PHYSICAL

54 y/o ♂ c/o (L) eye pain s/p direct trauma, kicked – head this am ≈ 0730 this am. ∅ other trauma. ROS neg for neck pain / chest pain / SOB / Abd pain

O. A&Ox4 — mod distress. USS

HEENT: oP/dsr/pnt MP (+) lg clotted noses ∅ septal hematoma noted

(R) eye PERLE 3-4 mm. clear

(L) eye cornea clouded, (+) globe rupture superior aspect ∅ vision to light.

(+) sup orbit bony tenderness. ∅ step offs noted

CTMF grossly

MP (+) Stable

→

b(6)-2

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIG[redacted]P

PROVIDER SIGNATURE AN[redacted]

DIAGNOSIS

(L) eye globe rupture

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted]

b(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

[redacted] (b)(2)-2

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
13 AUG 03	b(a)-d DISCHARGE NARRATIVE
0800	EPW # [redacted] is a 54yo Iraqi M brought from EPW facility after being kicked in left side of head on 30 July 03. Brought to [redacted] b(2)-2
	On arrival he had no light perception out of (L) eye and globe was soft with blood in anterior chamber. He had deep lacerations along lateral inferior orbital rim and in left brow.
	There was no step off deformity along orbital rims and skull x-ray series showed no significant orbital fractures.
	That afternoon 30 July patient taken to OR. The left globe was explored. A large >180° rupture was discovered inferiorly that then extended under medial rectus muscle.
	The extent of the laceration was explored and uvea replaced in eye and rupture repaired with tight closure. The (L) cheek and brow lacerations were also repaired.
	Post op patient placed on IV antibiotics and frequent topical steroids (Prednisolone Acetate 1% suspension) and topical antibiotics (Ciloxan).
	Over last 2 weeks the eye has quietened down and conjunctiva with decreased conjunctival swelling.

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

EPW [redacted]

b(a)-d

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Currently the patient is off all IV antibiotics and fluids and eating Regular Diet.

He is now on:

Prednisolone Acetate 1% ophth susp 1 gtt OS QID
(Shake bottle well)

Ciloxan ophth soln 1 gtt OS QID.

PLAN 1) Left eye now healed well enough to return to EPW facility.

2) Medications are as follows:

- Ciloxan Ophth Soln 1 drop left eye QID for 2 weeks or until bottles finished.
- Prednisolone Acetate 1% Ophth Susp
  1 drop left eye QID × 2 weeks
  then decrease to
  1 drop left eye BID × 1 week
  then decrease to
  1 drop left eye QD × 1 week
  then stop.

[redacted] b(2)-2 [redacted] and
[redacted] EYE SURGICAL TEAM
b(2)-2

MEDICAL RECORD	**PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT** For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: 54 HEIGHT: } Pt. does not speak English WEIGHT: } unable to assess	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA 3. PREVIOUS SURGERY [ ] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE:
Repair OS orbital fx + globe; laceration repair OS lower lid

5. ADDITIONAL INFORMATION: Last PO: Medical Hx: Implants: Medications:
Jewelry removed: yes/no Family waiting: yes/no

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment	o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures, (e.g., warm blanket, touch) o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to sedation; positioning; injury	o PT. will be able to breathe without difficulty during immediate intra-operative phase.	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress o Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to bovie pad; position; fluid shift	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

9. PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

#[redacted] b(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to sedation; pain; injury E.2. ✓ Potential discomfort due to injury; pain	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ✓ Disminished visual perception due to being injury; sedation; F.2. ✓ Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures.	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from _____ side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. Ø	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. Ø	OTHER NURSING INTERVENTIONS. Or continuation of above interventions. Ø

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.
[redacted] LTC 30 Jul. 03 DATE

11. POSTOPERATIVE EVALUATION: [redacted]
Dsg. to OS clean & dry.
Pt. on O_2 via mask.
Denies complaints.

b(a)-2

b(a)-2

12. PREOPERTIVE EVALUATION PREPARED BY	13. PREOPERTIVE EVALUATION PREPARED
[redacted] LTC, AN	[redacted] LTC
DATE: 30 Jul 03 TIME: 1145	DATE: 30 Jul 03 TIME: 1425

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

MEDICAL RECORD

INTRAOPERATIVE [illegible]MENT

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA: Gurney BY Anesth.

2. PATIENT IDENTIFIED, [redacted] AND PROCEDURE VERIFIED BY LTC [redacted] b(a)-2

3. DATE 30 Jul. 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME [redacted]MBER 1

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SSG [redacted] b(a)-2	RELIEF SCRUB	b(a)-2
ASSIGNED CIRCULATOR	LTC [redacted]	RELIEF CIRCULATOR	Cpt [redacted] (lunch)

7. POSITION AND POSITIONAL AIDS *(Specify)* ~~Lt. arm tucked~~ MS

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: pillow under knees; body in correct anatomical align.

8. SKIN PREPARATION

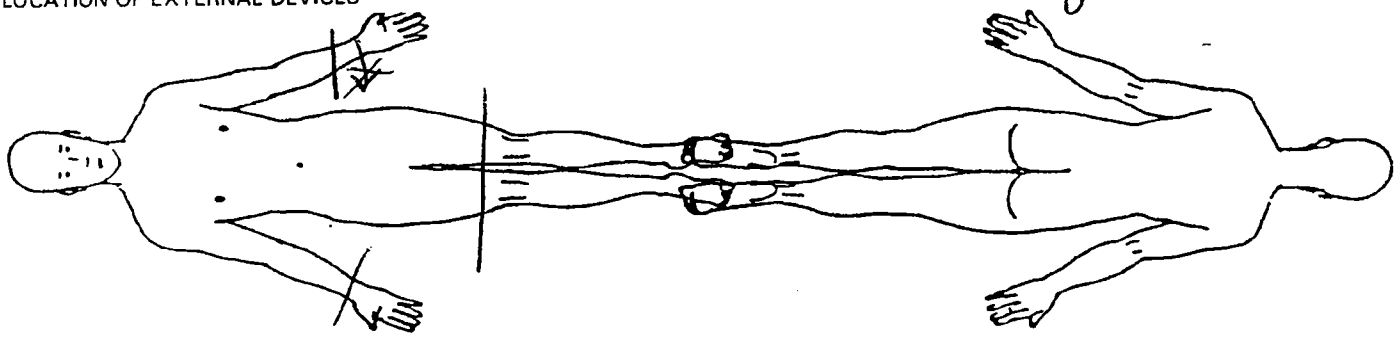
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Sol.
SITE: OS BY WHOM: LTC [redacted]
SITE: BY WHOM:

COMMENTS: No pooling noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

b(a)-2

C = Correct I = Incorrect

10. COUNTS			Initial Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☒ No					
Needle Sharp	☒ Yes	☐ No	✓	C	C	SSG [redacted]	LTC [redacted]
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted]

b(a)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☒ NO

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

b(a)-2

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

MEDICATIONS.SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Erythromycin oint	gs	intraop	topical	Mfct.	Dr. [redacted]

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

BSS gtts

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE

YES ☐ NO ☒

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

~~B~~ Erythromycin oint
~~Bacitracin~~
Eye pad X2 OS
Fox Shield plastic tape

19. ADDITIONAL INFORMATION

Surgeon: Dr. [redacted]
Anesth: Cpt. [redacted], CRNA
WC I

b(a)-2

20. OPERATION(S) PERFORMED

OS Orbital fracture, globe repair; suture laceration of lower lid

21. PATIENT TRANSFERRED TO ICU-1 TIME 1420 METHOD via Gurney [redacted]

[redacted] LTC AN

REVERSE OF DA FORM 5179-1, [redacted]7 USAPA V1.01

b(a)-2

MEDCOM - 15539

MEDICAL RECORD

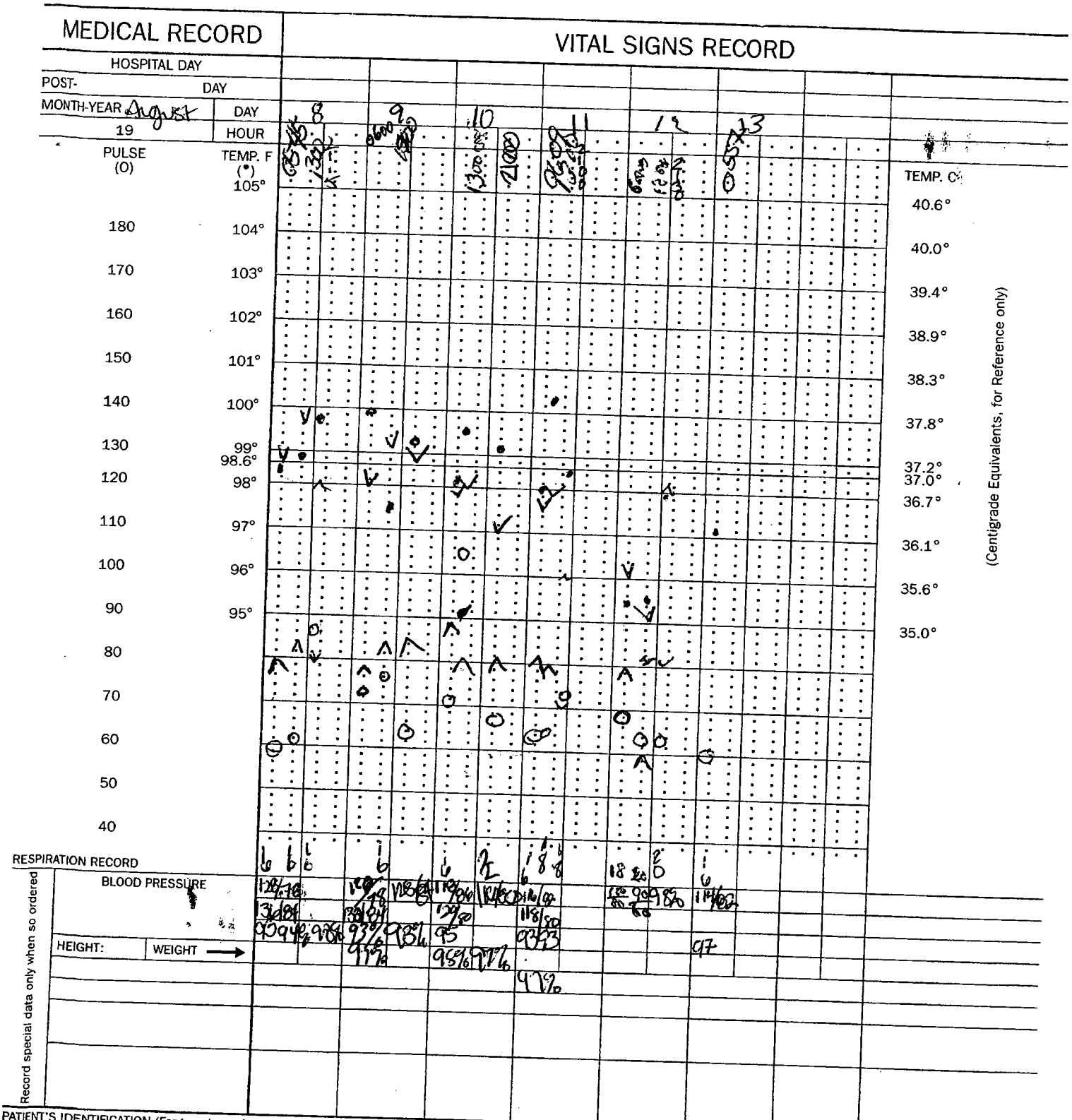
VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR August 19 | DAY | HOUR

PULSE (O) | TEMP. F (°) | TEMP. C



RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO. 1aw2

EPW

[redacted]

b(a)-4

STANDARD FORM 511 (REV. 7-95) **BACK**

511-119 NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY: 30 | 31 | 1 | 2-3 | 3-4 | 5 6 | 7 8

19 HOUR

PULSE (0) — TEMP. F (°): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO. 1CW2

EPW b(6)-4

[redacted]

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

Chem 12.

Ward/Section: ICW#2	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. b(6)-4 [redacted]	DATE 8/9	TIME 0400	SSN/PSEUDO SSN: [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA^{++}		8.0-10.3mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
tCO_2		18-33 mmol/l

=====: PICCOLO ===
09/08/03 03:35
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	3.6	3.3-5.5	G/DL
ALP	75	26-84	U/L
ALT	15	10-47	U/L
AMY	36	14-97	U/L
AST	22	11-38	U/L
TBIL	0.5	0.2-1.6	MG/DL
BUN	17	7-22	MG/DL
CA++	8.9	8.0-10.3	MG/DL
CHOL	147	100-200	MG/DL
CRE	1.5*	0.6-1.2	MG/DL
GLU	109	73-118	MG/DL
TP	7.4	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted] b(6)-2	9 Aug 03	

ID: [redacted]
WB

30-07-03
10:54

			Patient Limits	
WBC	13.3 H	x10^3/uL	4.5	10.5
RBC	5.89	x10^6/uL	4.00	6.00
Hgb	17.7	g/dL	11.0	18.0
Hct	55.6	%	35.0	60.0
MCV	94.5	fL	80.0	99.9
MCH	30.0	pg	27.0	31.0
MCHC	31.8 L	g/dL	33.0	37.0
Plt	252.	x10^3/uL	150.	450.
LY%	5.8 *L	%	20.5	51.1
LY#	0.8 *L	x10^3/uL	1.2	3.4

b(a)-2

Ward/Section: ONT	REQUESTING PHYSICIAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] b(a)-4	DATE 30 Jul	TIME 1030	SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**		
Sed Rate			Cell Count			**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**		
Other			Directigen		Negative	ABO/Rh		

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 secs			
D dimer		<20 ug/ml			
FDP		<10 ug/ml			

REMARKS: b(a)-4

REPORTED BY: [redacted]	DATE: 30 Jul 03	LAB ID NO.:

MEDICAL RECORD - ANESTHES

Fo s form, see AR 40-66; the proponent age h

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG (Units)															TOTALS	TOTAL EBL
Versed (mg)		3					1								4	Minimal
Fentanyl (mcg)		50, 100					50, 50,	50	50						350	
Propofol (mg)		160														TOTAL URINE
Rocuronium (mg)		90				10										NOT measured
( )																
( )																
VOLAT AGENT	150 % del	1.3	1.3	.8	1.5	1.5	.8	.8	.6	0						
	% e.t.															
AIR	L/Min															
N2O	L/Min															
O2	L/Min	8	2	2	2	2	2	2	2	2						

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →

FLUIDS

LINE site														
18G (1) FA	☐ Warmed		1000		1200			1400		2000				
	☐ Warmed													
	☐ Warmed													
	☐ Warmed													

LOSSES: EST BLOOD LOSS; URINE -

FLUIDS SUMMARY: CRYSTALLOID- 2000; COLLOID- Ø; BLOOD- Ø

REMARKS

Code drugs with numbers, events with letters

(1140) To PT, plan[illegible] reviewed, pre-op assessment complete by DR [redacted]

(1201) To Room, standard monitors placed

(1205) RSI induced c̄ cricoid. PT bag/mask easily stable

(1405) neostigmine c̄ 0.8 Robinul

PHYS STATUS: 1 2 3 4 5 (E)

BODY WEIGHT: 86 (KG) LB

HEMATOCRIT:

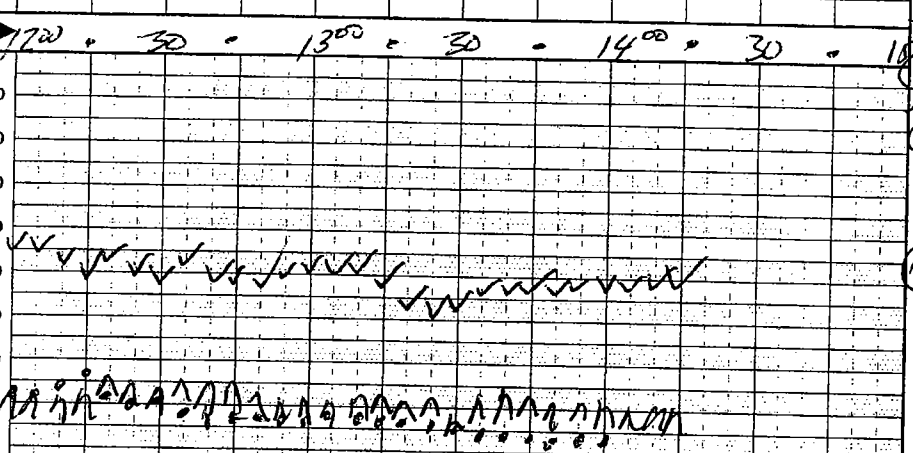
INITIAL DATA: BP- 153/85; HR- 76

EQUIP CHECK: OK?- (Y) N

PATIENT RECHECK: OK for PROCEDURE? MDS; TIME- 1205

TIME → 1200 · 30 · 1300 · 30 · 1400 · 30 · 15

SYMBOLS: BP by cuff (V ∧); Heart rate (●); Resp rate; BR (transduced) (╪); TOURNIQUET (T—T); ANES- X-X; PROC- ⊙-Ø



VENTIL

VT - ml	790	780	800	790	800	800	780	760	470	
f - breaths/min	12	9	9	9	9	8	9	15	14	
Peak inf pres / PEEP	23	24	23	23	23	24	23/5			
MODE - S(pon), A(ssist), C(on)	SV	C	C	C	C	C	C	SV	SV	

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	33	33	33	33	33	34	35	46	47	
BP/oth	FIO2 (Frac or %)	.87	.87	.85	.85	.86	.87	.87	.73	.90	
ART line	SpO2 (%)	100	100	100	100	100	100	100	100	100	
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR	SR	SV	SV	
Gas analyzer	TEMP-site	AXILLA									
	N-M Block (T/4)	4/4	0/4	0/4	0/4	2/4	0/4	4/4	c̄ sustained	Tetany	
Warming blkt											
Conv warmer											

Mark with letters & symbols, explain under REMARKS — EVENTS Position → 0-1

RECOVERY AT: 1215

PACU ICU _____ (Specify)

OTHER _____

CONDITION: RESP- 14; SpO2- 96; BP- 143/82; HR- 65

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1140	1201	1220
	Ready	Begin	End
PROC	1210	1230	1210

PROCEDURES and CPT Codes: OS Ruptured globe repair.

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

[redacted]

b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

GA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

Pre-ox 5 min 90% FIO2, RSI c̄ cricoid pressure, DL x 1 mic 3 blade II, min 7.0 ETT Placed 24 cm @ lip (+) BBS (+) ETCO2

SURGEONS: (+) [redacted] 2 to intubation

ANESTH[redacted] b(6)-2

PROCEDURE LOCATION: OR1

DATE: 30 JUL 03

PAGE 1 OF

DA FORM 7389, FEB 1998

COPY 1 - PATIENT'S MEDICAL RECORD

USAPA V1.00

MEDCOM - 15545

ANESTHESIA PLAN OF CARE PrePROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 54 DAYS MOS YRS Sex (X) MALE ( ) FEMALE

PROPOSED PROCEDURE: Explore Left Eye / Repair Ruptured Globe on Left
SURGICAL SERVICE: Ophthalmology
NPO SINCE: MN

ASA Physical State 1 2 3 4 5 E
WT: 85 KG/LB HT: 186 IN/cm
ALLERGIES: NKDA

HABITS:
TOBACCO: yes
ETOH: 3-4x/week
DRUGS:

CURRENT MEDICATIONS:
( ) = ordered as premed

( )
( )
( )
( )
( )
( )

PREMEDICATIONS:
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: 17, 55
U/A:
OTHER: WBC 13
Plts 252,000

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	
Bronchitis/URI	N	Y	
COPD	N	Y	
Other	N	Y	Smoker
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological:			
Pregnancy	N	Y	NA
Other Significant Hx:	N	Y	Was kicked in (R) eye No other trauma
	N	Y	
Familial HX	N	Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC
Abdominal Procedure - 1968

PHYSICAL EXAMINATION
BP 155/75 HR 72 R ___ T ___ SpO2 9 on RA
Pain Scale 0-10
HEENT - Teeth ok
Trachea Midline
TMJ/Neck Full ROM
Oropharnyx MP II
Nares
CHEST: Clear bilaterally
CARDIAC: S1, S2
EXTREMITIES:
IV Access: PIV (L) forearm
Ulnar Filling:
BACK:
OTHER:

NPO Since MN

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ (X) General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian. Translation present for H&P & Anes. Plan
b(6)-2

The patient [redacted] and agrees. Questions answered.
Signed: [redacted] MD Date: 30 July 2003 Time: 1115 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ICW 2

EPW
[redacted] b(6)-4

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: EPW [redacted]

NURSING UNIT: ICW 2 | ROOM NO. | BED NO.

DATE OF ORDER: 30 Jun 03 | TIME OF ORDER: 1100 HOURS | LIST TIME ORDER NOTED AND SIGN

ADMIT ORDERS

✓ADMIT TO: ICW-2

✓ADMITTING SERVICE: Ophthal

✓DX: Ruptured (L) Eye / Laceration (L) lower eyelid!

✓DIET: NPO

✓VS: ~~q8hr~~ q30min x 3 then q8hr

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

✓ACTIVITY: BR

HEAD OF BED @ 30-45°

✓MEDS: ✓MSO4 2-4mg IV q6h PRN pain

✓Percocet 1-II PO q4h PRN pain (sips of H2O)

Ancef 1 gm IV q8h

~~Gentamicin IV~~

NURSING UNIT | ROOM NO. | BED NO.

b(6)-4

noted & sent to pharmacy 30Jun03 1100

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

✓Cipro 400mg IV q12h

✓Pt to go for surgery to repair (L) eye injuries today.

[redacted] LTC, MC [redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: EPW [redacted]

DATE OF ORDER: 30 Jun 03 | TIME OF ORDER: 1420 HOURS

CONTINUE ADMISSION ORDERS EXCEPT:

DIET: PROGRESS TO RVD AS TOLERATED

MEDS: REMOVE PATCH TOMORROW MORNING

THEN: CILOXAN 1 gtt OS q2h WHILE AWAKE

HOMATROPINE 5% 1 gtt OS BID

PREDNISOLONE ACETATE 1% 1 gtt OS q2h WHILE AWAKE

ERYTHRO OINT TO SUTURES BID

noted 30Jun03 1520 (RN)

NURSING UNIT: ICW2 | ROOM NO. | BED NO.

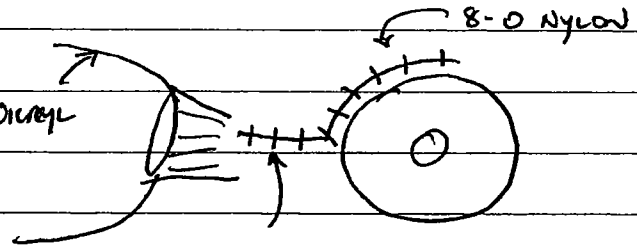
DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 72

24 V.S. [redacted]

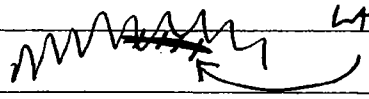
NSN 7540-00-634-4176 600-108

HEALTH RECORD | [redacted]

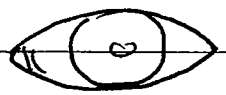
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
30 JUL 03 1415	OP NOTE PRE OP DX 1) (L) LOWER EYELID LAC 2) PROBABLE RUPTURED (L) GLOBE POST OP DX 1) (L) UPPER (BROW) EYELID & (L) LOWER EYELID LACS 2) LIKELY RUPTURE OF (L) GLOBE PROCEDURE: 1) REPAIR OF RUPTURED (L) GLOBE 2) REPAIR OF (L) UPPER & LOWER EYELID LACS. SURGEON BLAYDON ANESTHESIA GETA CONDITION STABLE COMPLICATIONS Ø



Med Rectus reattached c̄ 6-0 Vicryl
Conj closed c̄ 6-0 Vicryl



LAC REPAIRED c̄ DEEP 5-0 MONOCRYL & SKIN CLOSED RUNNING 6-0 PROLENE



LAC REPAIRED c̄ DEEP 5-0 MONOCRYL & SKIN CLOSED c̄ INTERRUPTED 6-0 PROLENE

b(6)-2 [redacted]

[redacted] LAC JME CDR, [redacted] EYE SURGICAL TEAM.

(b)(2)-2

PATIENT'S IDENTIFICATION *(Use this space for Imprint)*

[redacted]

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

EPW
b(6)-4
[redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

EPW 513

2 Aug 03 1120

D/C IV Ancef
D/C IV Cipro

Continue Eye Drops / Ointment as previously ordered

[redacted] (b)(6)

8/2/03 1145

[redacted] LTC, MC 5652

TEW #2

24°V's [redacted] ICTAN 8-2-03 32055
24°V's [redacted] ICTAN. 8/3/03 2112.
24°V's [redacted] ICTAN 8/5/03 2101

b(4)-2 All

EPW 513

6 Aug 03 0910
DISCHARGE CIPROXAN OPTH SOLN TO:
1 gtt OS QID
CONTINUE PREVIOUS DROPS AS ORDERED

NOTED 8 AUG 03 0910 [redacted]

[redacted] LTC, MC [redacted]

24°V's [redacted] ICTAN [redacted]

7 Aug 0830

1. WA ; Metabolic Panel (BUN/Cre)

[redacted] / [redacted]

#513

noted [redacted] 0830

ICW 24°Vs 2350 7 Aug 03

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
2 Aug 03	OPHTHALMOLOGY NOTE
1130	POD #3 s/p repair ruptured left globe w/ repair
	(L) UL/LL lacs.
	No significant discomfort.
	Pt reports only light perception in OS.
	SCVA < LP in nasal half only.
	Ant Seg Blood in AC, still has conj flap over superior limbus. Globe formed.
	No evidence of hypopyon.
	Opined to patient that most likely be able to retain (L) eye, but that prognosis for return of any vision is very poor.
	Questions answered.
	Continue Ciloxan ¬ gtt OS q2h WA
	Homatropine ¬ gtt OS BID
	Pred Forte 1% ¬ gtt OS q2h WA
	D/C IV abx.
	[redacted] LTC, MC
	b(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

EPW [redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER: 8 Aug 03 — TIME OF ORDER: 0400 HOURS — LIST TIME ORDER NOTED AND SIGN

Ben SS

V.O Dr [redacted] to Spc [redacted]

20mg Benzyl PO now x 1

noted 8 Aug 03 0400 [redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: b(6)-4 [redacted]

DATE OF ORDER: 8 Aug 03 — TIME OF ORDER: 0930 HOURS

1. Zantac 150mg 1 po BID (1st now)
2. Flexeril 10mg 1 po TID
3. Chem 12 tomorrow.

noted 8 Aug 0930 [redacted]

[redacted] / [redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.: 24° V's

[redacted] 1LT AN 8/8 [redacted]

PATIENT IDENTIFICATION

DATE OF ORDER: 11 AUG 03 — TIME OF ORDER: 1530 HOURS

Decrease Prednisolone Acetate 1% 1 gtt OS q4h while awake.

[redacted]

LTC, MC [redacted]

b(6)-2

0045 12 Aug [redacted]

NURSING UNIT | ROOM NO. | BED NO.: 24°/S 0045 12 AUG 03 [redacted]

PATIENT IDENTIFICATION: [redacted] b(6)-4 [redacted]

DATE OF ORDER: 12 AUG 03 — TIME OF ORDER: 0925 HOURS

Decrease Prednisolone Acetate 1% ophthalmic drops to: 1 gtt OS QID.

[redacted]

b(6)-2

[redacted] 0

LTC, MC 3652

1LT, AN 12 0930 Aug

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 12 AUG 03 TIME OF ORDER: 1800 HOURS

LIST TIME ORDER NOTED AND SIGN

- PATIENT CAN BE DISCHARGED FROM [redacted] TO FORMER PLACEMENT (b)(2)-2
- TO BE DISCHARGED ON:

PREDNISOLONE ACETATE 1% ¬ gtt OS QID

CIPROFAN ¬ gtt OS QID

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

- DISCHARGE SUMMARY & SCRIPTS ON FRONT OF CHART.

[redacted] VCC [illegible] 5652 b(6)-2

240 V's [redacted] AW 8/12/0[redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
12 Aug 03 0930	OPHTHALMOLOGY NOTE POD #12 s/p repair ruptured globe OS and repair of lacerations (L) upper cheek and (L) brow. Sutures from chin incisions have been removed. Pt states he only sees glimmer of light in nasal VF. Skin wounds healing very nicely. Anterior Segment: ✓ conj chemosis and some ✓ injection of subconj hemorrhage. Still has blood in AC. Unable to do c/s but suspect posterior segment trauma. PLAN ✓ topical steroids: Pred Forte 1% OS QID Continue Ciloxan OS QID Can d/c from [redacted] due to EMD fatigability tomorrow on tapering steroids. (b)(2)-2 Prognosis for any return of vision is poor due to probable post segment trauma. This has been explained to pt. [redacted] b(6)-2 [redacted] AC, MC [redacted] EYE DUTY FORM [redacted]

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

b(a)-2 b(a)-2 MD. 7 YR 2003

the proponent agency is the Office of The Surgeon General.

RIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	August DATE COMPLETED 30	31	1	2	3	4	5	6	7	8	9	10	11
30JUL03	[redacted]	Vitals: Q Shift	06	/	[redacted]											
			14	/												
			22													
30JUL03	[redacted]	Activity: Bedrest	06	/	[redacted]											
			14	/												
			22													
30JUL03	[redacted]	HOB @ 30-45°	6	/	[redacted]											
			13	O												
			21													
30JUL03	[redacted]	Reg. Diet	7	/	[redacted]											
			11	/												
			17	O												

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Rupture (L) eye / Laceration (L) lower eyelid

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW b(a)-4

[redacted]

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIME

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

b(2)-2 All

Verify by Initialing: Order Date	Clerk Nurse	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) — SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
						Mo July Yr 2003
30July	[redacted]	Admit to ICW2	—	—	—	[redacted]
30July	[redacted]	Admitting service: opthalmology		—	—	[redacted]
30July	[redacted]	Diet: NPO for surgery	30July	today		[redacted]
30July	[redacted]	Vitals q30min x3 then Q Shift	30July	① 1130		[redacted]
				② 1200		[redacted]
				③ 1230		[redacted]
30July	[redacted]	Pt. to go to surgery to repair (b) eye injuries today	30July	today	DONE	[redacted]
30	[redacted]	Pt. move patch tomorrow morning	31	08	0630	[redacted]
7Aug	[redacted]	UA & metabolic panel x1 NOW	7Aug	NOW	0630	[redacted]
8Aug	[redacted]	chem 12 tomorrow AM	9Aug	04	—	[redacted]
12Aug	[redacted]	Pt. can be discharged from [redacted] to former placement	13Aug	ASAP		[redacted]
		~~pt on~~ (b)(2)-2				

Order/ Expir Date	Clerk Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													

ECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*
For use of this form, see AR 40-407;
the proponent agency is the Office of The Surgeon General.

Mo. ____ *Yr.* ____

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

b(6)-2

RK/ RSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	b(6)-2 DATE COMPLETED 12	13	14	15	16	17	18	19	20	21	22	23	24	25
11Aug [redacted]	Vitals q Shift	5	[redacted]													
---		13	[redacted]													
---		21	[redacted]													
11Aug [redacted]	Activity: Bedrest	5	[redacted]													
---		13	[redacted]													
---		21	[redacted]													
11Aug [redacted]	HOB↑ 30-45°	5	[redacted]													
---		13	[redacted]													
---		21	[redacted]													
11Aug [redacted]	Reg Diet	8	[redacted]													
---		12	[redacted]													
---		17	[redacted]													

ES ☐ NO

PRIMARY DIAGNOSIS:
① Ruptured eye

ADDITIONAL PAGES IN USE:
☐ YES ☐ NO

PAGE NO: ____

TION:

#[redacted]
b(6)-4

(cw2

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

1 OCT 78 EDITION OF 1 DEC 77 MAY BE USED. USAPA V1.00

b(6)-2 All

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICAL ORDERS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 7 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	August DATE DISPENSED 30	31	1	2	3	4	5	6	7	8	9	10	11	12
30July03	[redacted]	Ancef 1GM IV q8h	06	/	[redacted]												
			14						DC								
			22									8/2/03					
												1145					
30July03	[redacted]	Cipro 400mg IV q12	10	/	[redacted]				DC								
			22														
30July03	[redacted]	CILOXAN ♀ gtt OS q2H while awake. 0600-2200: 06,08,10,12,14,16,18,20,22	06	[redacted]										SEE Δ below			
			14														
			22														
30Jul03	[redacted]	Prednisolone Acetate 1% ♀ gtt OS q2H while awake 06,08,10,12,14,16,18,20,22	06	/	[redacted]												DC'd
			14	/													
			22														
30Jul03	[redacted]	Homatropine 5% ♀ gtt OS BID	08	[redacted]													
			20														
30Jul03	[redacted]	erythromycin oint to stitches BID.	10	/	[redacted]												sutures removed
			22														
6 Aug03	[redacted]	CILOXAN ♀ gtt OS QID	6	→	→	→	→	→	→	→	→	[redacted]					
			12	→	→	→	→	→	→	→	→						
			18	→	→	→	→	→	→	→	→						
			24	→	→	→	→	→	→	→	→						
8Aug	[redacted]	Flexeril 10mg ♀po TID	08	/	/	/	/	/	/	/	/	/	/	[redacted]			
			16	/	/	/	/	/	/	/	/	/	/				
			24	/	/	/	/	/	/	/	/	/	/				
8Aug	[redacted]	Zantac 150mg ♀po BID	10	/	/	/	/	/	/	/	/	/	/	[redacted]			
			20	/	/	/	/	/	/	/	/	/	/				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Rupture ⓡ eye / laceration ⓛ lower eyelid

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION:

EPW

[redacted]

b(6)-4

ICW2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

b(6)-2 All

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo. 7 Yr. 03

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
2	[redacted]	Continue eye gtts as ordered.	—			[redacted]
8	[redacted]	Bontyl 20mg PO x1 now	8Aug	0400	0400	[redacted]
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
30Jly03	[redacted]	MSO4 2-4mg IV q6° PRN Pain															
.....	.....																
.....	.....																
30Jly03	[redacted]	Percocet 1-2 po q4° PRN Pain (sips of water)	30Jly 1830 [redacted]	31Jly 0700 [redacted]	1Aug 0001 1-PO [redacted]	1Aug 1042 2-PO [redacted]	1Aug 2133 [redacted]	2Aug 0745 2-PO [redacted]	2Aug 1130 [redacted]	2Aug 1630 2-PO [redacted]	4Aug 820 1-PO [redacted]	5Aug 0700 1-PO [redacted]	5Aug 1630 2-PO [redacted]	5Aug 2110 [redacted]	6Aug 0700 2-PO [redacted]		
.....	.....																
.....	.....																
.....	.....	Percocet 1-2 po q4° PRN pain.	8Aug 2130 2-PO [redacted]	8Aug 0530 1-PO [redacted]	8Aug 2100 2-PO [redacted]	9Aug 0330 2-PO [redacted]											
.....	.....																
.....	.....																
.....	.....																
.....	.....																
.....	.....																
.....	.....																

USAPA V1.00

EP... [redacted]

ICW2

b(6)-2

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. ____ Yr. ____

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 13	14	15	16	17	18	19	20	21	22	23	24	25	26
11 Aug	[redacted]	Prednisolone Acetate	05	DC'd see below													
		1% ¼ gtt OS q 2 hr while	13														
		awake	21														
		06/12/16/20/24 ~~06,08,10,12,14,16,18,20,22~~															
11 Aug	[redacted]	Homatropine 5% 1 gtt	08	[redacted]													
		OS BID	20														
11 Aug	[redacted]	Erythromycin oint to	08														
		sutures	20														
11 Aug	[redacted]	Ciloxan ¼ gtt to OS	6	[redacted]													
		QID	12														
			18														
			24														
11 Aug	[redacted]	Flexoril 10mg ¼ PO	8	[redacted]													
		TID	16														
			24														
11 Aug	[redacted]	Zantac 150mg ¼ PO BID	10														
			20														
12 Aug	[redacted]	Prednisolone Acetate 1%	06														
		¼ gtts OS QID	12														
			18														
			24														

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Ruptured OD eye

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW b(6)-4

[redacted]

1CW2

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. ____ Yr. ____

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	b(6)-2 DATE DISPENSED												
				12	13											
12 Dec [redacted]		PREDNISONE PRETATE	8a													
b(6)-2	------	1% ÷ GTT OS BID	12 [redacted]													
	------		1p [redacted]													
	------		2p [redacted]													

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (E) ruptured eye

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

1 cw 8

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 30 Jul 03
Time In: 1415
Allergies: NKDA
Pre-op V/S: 135/85
Procedures: Ruptured Spleen
Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 2000 Colloid
OR Output: UOP EBL
Meds/Times: 4 VERSED 350 mcg Fent

Drains: Hemovac, NG, JP, Tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds History

Time	1415	1420	1425	1430	1435
SaO2	97	96	94	95	96
FiO2	40	100	60	60	40
Methods	M	M	M	NC	NC
240					
220					
200					
180					
160					
140	✓	✓	✓	✓	✓
120					
100					
80	^	^	^	^	^
60	•	•	•	•	•
40					
20					
RR	32	16	18	15	13
T	96.5				

Time									
Pain (0-10)									
LOS									

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1415	LR	900	L AFA	[redacted]	900
					b(6)-2

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	N/A		
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	9	9

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
" = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

b(6)-2 PREPARED BY: [redacted], RN

DEPARTMENT/SERVICE/CLINIC: ICU #1

DATE: 30 Jul 03

PATIENT [redacted] (Enter entries give: Name — last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

ASA II SMOKER

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

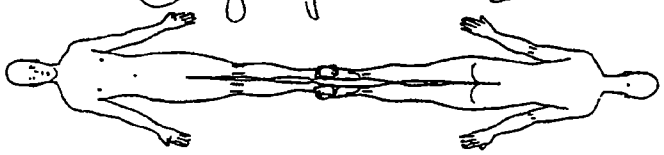
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	(D) Eye	patch	~~0~~
30'	(D) eye	patch	~~0~~
60'			
D/C	(D) eye	patch	~~0~~



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1415	NSR	NO	NO

WAMC OP 173-E

NURSING NOTES

Pt to ICU #1 from OR via litter for recovery. s/p ruptured globe. Pt very drowsy but arousable. Patch to (D) eye intact. IV of LR infusing into (D) arm. ~~0~~ s/s of redness or edema to site. VS-BP 133/80 P-66 R-23 SPO2 97% RA. T-96.5. ~~0~~ c/o @ this time. Will continue to monitor. [redacted] LPN

1500 - Report given to SGT [redacted] LPN

b(u)-2 All

Discharge Criteria:
Date: 30 Jul 03 **Time:** **PARS:**
BP: 133/80 **T:** 96.5 **HR:** 66 **RR:** 22 **Sa02:** 97% RA
Pain Level at D/C (0-10):
Intake: 50 **Output:** ~~0~~
Additional Data:
Transferred To: ICU #1
Report Given To: SGT [redacted]
Transferred Via: W/C (Litter) Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room [redacted]
Charge Nurse Signature: [redacted]

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	EPW [redacted] b(6)-4		M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	54 y	Z	9	unk

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
	N/A	99	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
N/A	U	1100	N/A b(6)-4

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K 7 ~~9~~ P	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
			YEAR / [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
Ø	1CW2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
5 ~~Ø~~		Ø 3 Ø 8 1 2

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
A A FP		Ø 3 Ø 7 3 Ø

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)

FOR LOCAL USE

Dx: (L) Ruptured eye

DX-8710
E9179
Trauma - 1
Injury - 459
PR-1682

b(6)-2

ADMITTING OFFICER (Signature, as required) [redacted] Dr. [redacted]

SIGNATURE OF ADMITTING CLERK [redacted] SPC, 91G10

DA FORM 2[illegible]

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER [redacted]	2. [redacted] b(6)-2				3. GRADE EPW	ADMISSION REMARKS
4. SEX M	5. AGE 45Y	6. RACE X	7. [redacted] Muslim	8. LENGTH OF SVC —	9. ETS —	10. PREVIOUS ADMISSION no
11. FMP 99	12. SSN [redacted]			13. ORGANIZATION b(6)-4		14. WARD ICW2
15. FLYING STATUS —	16. RATING/DSG —	17. DEPT./BEN K78		18. BRANCH/CORPS —	19. UIC/ZIP —	20. TYPE CASE NIA

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct from ER	22. HOURS OF ADMISSION: 0700	23. CLINIC SERVICE: ORTHO	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: —	25. TYPE DISPOSITION: D/C TO CAMP	26. DATE OF DISPOSITION: 01 AUG 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): —	27b. TELEPHONE NO.: —	28. DATE OF THIS ADMISSION: 31 July 03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b(6)-2		30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(1) GSW (R) Leg.

[redacted] EST (b)(2)-2

(b)(2)-2 [redacted]

904.2
904.1
E922.9

39.32
39.31
86.22
31.1

998.11
286.6

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. [redacted]	[redacted]	f. TOTAL SICK DAYS
0	0	0	[redacted]	[redacted]	1

SIGNATURE OF ATTENDING MEDICAL OFFICER

DR [redacted] b(6)-2

b(6)-2

DA FORM 3647, MAY 75

MEDCOM - 15564 [redacted]

USAPPC V1.10

EDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1 JUL 07 0150	① Admit OR ② Dx GSW 1 RD ⓡ groin / battle wound ③ Cont stable ④ VS q 15 min x 8 then q 20 m x 8 ⑤ Diet - NPO ⑥ Act bedrest ⑦ IV present at 150 cc/hr then DT/LR at 125 cc/hr ⑧ Foley to gravity ⑨ Meds MSO4 2mg IV q 10-15 m prn pain phenergan 25 mg IM q 4hrs prn N/V ⑩ To CCU w/ PM [redacted] b(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

[redacted] b(6)-4

1 RAA Cochran

REGISTER NO. | WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

EDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
July 03	
0145 L –	Iraqi Male to ICU post op I+D of GSW to ® buttock. Dsg
VS 93/46	to ® groin – Foley cath to gravity ē 75cc concentrated urine
P-105	IV LRx2 infusing into ®AC + Cline in Ⓛ femeral via pressure
R-26	bags – Oral airway in place – O2 5L/NC. Pt sedated, unresponsive.
T-96.3 Aux.	Resp. labored, using abdominal muscles. — [redacted] RN-CPT,A
SpO2 98%	0220 ÷ unit PRBC's to C-Line [redacted] [redacted] Tm
0200-B/P 73/39	0315 SpO2 ↓ to 60's – warming efforts in process. Pt placed
HR-105	on 100% O2 NRB SpO2 ↑ 90's. Resp effort ↑ – pt using
R-26	accessory muscles.
SpO2-93%	
0215- 87/42- Bag 7+8 [redacted] Tm b(4)-2	
HR 93	
R-27	0330- Dr. [redacted] @ bedside – I+ + H done 16 + 5. b(4)-2
SpO2-98%	0340 – ÷ unit PRBC's to C-line [redacted] — [redacted]
0230 85/43	0345 – Neo drip 10mg/50mL hung to infuse — [redacted]
HR 98	0415 – Pt moved to OR for re-exploration of wound. Tm
R 35	
SpO2 92%	
0245 80/41 Bag 9+10 [redacted] Tm	
HR 98	
R 36	
SpO2 96%	
0300 83/41	
HR 96	
R 32	
SpO2-96%	
0330- 71/39	
HR 100	
R 40	
SpO2 65%	

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

[redacted] b(4)-4

Iraqi Civilian

REGISTER NO. | WARD NO.

Pg 1 of 2

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
21 Nov	Op Note
0145	Pre/Post Op Dx (R) groin/buttock GSW
	Procedure: wound exploration
	(R) IPD (R) hip/groin
	Lung, bowel, liver — Drain peritoneum
	Aperitoneal GCS 2 each side
	Full intact, pain pulse — EBL - 1000cc
	no fx, no sciatic deficit
	[redacted] b(a)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

[illegible]
[illegible]

64 yo ♂ sent (R) leg GSW as result of returned fire. No other injuries
PMH neg ø last pt this AM
allergies ø
meds ø
PE - NEENT - WNL ø lesion
Chest clear to auc
CV RR
Abd soft, ø pulsatile tend ↓ BS
Pelvis stable
(R) groin entry GSW. palp femoral
↓ DP & PT pulse bilat
No evidence for ~~[illegible]~~ fem
Ext wound (R) calf
XR: pelvis / femur no fx

Imp (R) groin thru & thru
no evidence arterial or bone injury

Plan debride / explore later

b(4)-2

[redacted]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVIC[redacted]
SPONSOR'S NAME	SSN/ID NO.	REL[redacted]

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

31 July 03
0530

Surgeon's Transfer note

~45 yo Iraqi male brought to the [redacted] FST @ ~ 00:30 c̄ GSW to R thigh. Entrance wound anteromedial thigh & exit wound @ buttocks. ATLS protocol performed & pt brought to OR. wound debrided, Irrigated & packed c̄ ÷ active bleeder identified posteriorly. @ 0500 pt had mild resp. distress p̄ recieving 10L crystalloid & 2u PRBC to keep BP WNL. He began to hemorrhage briskly & HCT noted to be 16. Return to OR & exposed femoral vessels. @ this time a major (R) fem VV & minor sidebranch of fem aa actively bleeding & controlled c̄ prolene sutures. Wound partially closed over vessels & repacked. PT was a difficult airway & required emergency trach @ the beginning of this procedure. Hemodynamically unstable

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
31 Jul 03	throughout requiring "wide open"
	epi & multiple units PRBC's (11u).
0022 HR 125	Noted to be bleeding from
IV 0035 0.9 Sodium Cl	Nares & IV sites as well as
(R) central TKO	fem incision. Suspect DIC.
0039 infused 1.0.9 NACl	No FFP or Platelets available.
(R) femur	
0050 115	P/ Continue aggressive supportive
	care & Evac to CSH asap.
	b(6)-2
	[redacted] MD
	MAJ

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
0345 75/37	
HR 100	
RR 40	
SpO2 92%	
0530 - 135/81	
HR 100	
RR 20	

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

b(6).4

[redacted]

Iraqi Civilian

REGISTER NO.	WARD NO.

Pg 2 of 2

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

558-104 b(2)-2 7540-01-075-3786

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT *(Patient)*

LOG NUMBER | TREATMENT [redacted]

RECORDS MAINTAINED AT [redacted]

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)* 31 July 03 | TIME 0615

TRANSPORTATION TO FACILITY Medevac

SEX M

AGE 45

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS

ITEM	YES	NO	N/A
PRP			
FLYING STATUS			

MEDICAL HISTORY OBTAINED FROM

THIRD PARTY INSURANCE

ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS

ALLERGIES

INJURY OR OCCUPATIONAL ILLNESS

ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT GSW (R) leg Femoral Compressions 0723

CATEGORY OF TREATMENT

☒ EMERGENT

☐ URGENT

☐ NON-URGENT

TIME

INITIALS

Sp02 98

VITAL SIGNS

TIME	0630	0710				
BP	88	90				
PULSE	101	96				
RESP	20	ET 20				
TEMP	100.2					
WT						

LAB ORDERS

CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S	UA MSCC/CATH		CHEM: Mg R
BLOOD C&S X 6			ABG
Platelets			
FFP 6u			

X-RAY ORDERS

CXR PA & LAT/PORTABLE	C-SPINE
ACUTE ABDOMEN	LS SPINE
SINUS	HEAD CT
ANKLE R/L Pelvis	

ORDERS

☐ PULSE OX ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
0635	Levophed 10 mc/min		[illegible]		
	repeat CBC/ABG				
0726	1 Amp Calcium / 1 Amp EPI	[redacted]			
0725	1 Amp Bicarb				

DISPOSITION ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE ☒ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted] b(6)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER ARR

TEST RESULTS

CBC		SMAC		ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
WBC 36.9		135 / 4.4	113 / 9 / 21 / 1.6 / 180	SUP O2	PH	PO2	RESULTS Pelvis ∅ fx Femur	
H/H 18/54				PCO2	SAT	OTHER	CXR unobtainable 2° ∅ film / ∅ portable	
PLT 84								
PT		Ca 6.1		U/A	DIP		EKG INTERPRETATION	
APTT 65.7		BHCG	ETOH / GLU		MICRO		UA 1.030 1g blood ⊕PR	

PROVIDER HISTORY/PHYSICAL

45 y/o ♂ s/p GSW T-T ⊕ pelvis/femur @ 2 midnight. OR FST x 2 2° to femoral venous SO arterial injury. Total of 11U PRBCs given ∅ Plts/FFP given, began on neo pmr to exam, Trach placed 2° difficult airway upon initial resuscitation. ∅ fxs reported by FST. Vascular repair done then sent to CSH for stabilization/recall. Evac Medic unaware of meds, ⊕ pulse.

PE 1° A: Trache in place ⊂ ⊕ blood oozing, easily bagged
B CTA ⊕ =
C ⊕ dorsalis pedis pulse pulses faint
D paralyzed
E: open wound @ gluteal fold
Foley in place ⊕ blood in 300cc urine
2° OG in place

HEENT: Head atraumatic, ∅ wounds neck: ∅ stepoffs, ∅ JVD PE @ 5cm NR
NP ⊕ oozing blood
Trache – place
Chest: ⊕ BS = CV: RRR, PA/L/T Abd: ⊕ non distention, ∅ palpable masses/wounds
Ext: ⊕ wound ⊕ inguinal → inner thigh,
⊕ wound ⊕ gluteal fold
⊕ dorsalis pedis

A/P Pt initially tenuous ⊂ SBP 80s ⊂ HR manag @ 90-100. began Levophed. 1° into course pt becomes pulseless/↓ BP. ACLS provided. Pt died / time of death 0730

Gen/CT surgery, Pt likely in OIC upon arrival FFP/Plts ordered.

b(6)-2

CONSULT WITH	TIME	ACTION
Gen/CT surgery		

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP [redacted]

PROVIDER SIGNATURE [redacted]

DIAGNOSIS
GSW to pelvis/thigh

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted]

b(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD — **INTRAOPERA[illegible]MENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA stretcher BY EMT TRIAGE

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY Spc [redacted] b(6)-2

3. DATE 31 July 03 TIME PATIENT ARRIVED IN SUITE 0052 hrs

4. PATIENT IN ROOM TIME 0052 hrs NUMBER OR 1

5. PREOPERATIVE EMOTIONAL STATUS

[X] CALM [ ] ANXIOUS [ ] EXCITED [ ] CRYING [ ] ANGRY [ ] WITHDRAWN [ ] OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc [redacted] b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Spc [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

[ ] SUPINE [ ] LITHOTOMY [ ] PRONE [ ] KRASKE LATERAL: [ ] LEFT SIDE UP [X] RIGHT SIDE UP

COMMENTS: Pt propped on side & rolled chucks to upper back / between BLS

8. SKIN PREPARATION

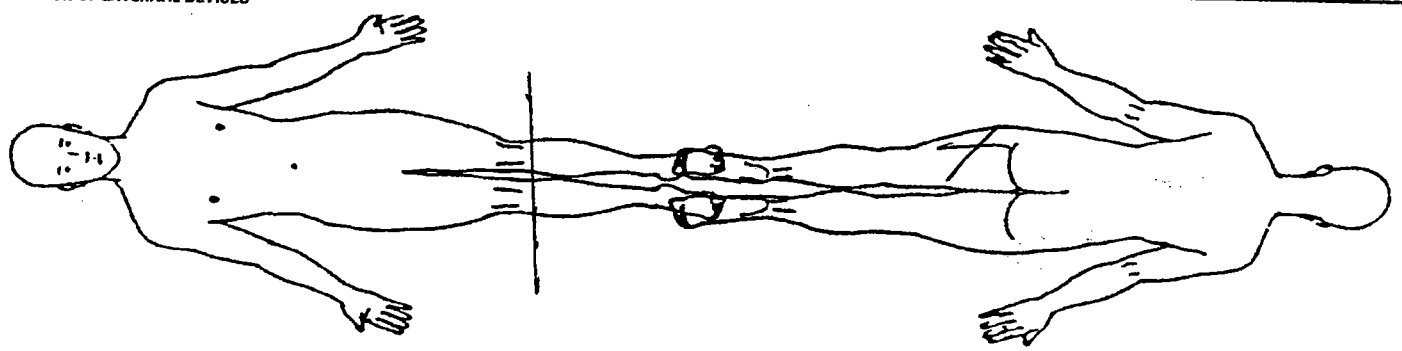
HAIR REMOVAL [ ] YES [X] NO
DONE BY: [ ] OR [ ] NURSING UNIT
METHOD: [ ] DEPILATORY [ ] RAZOR [ ] CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine / Betadine
SITE: Rt buttocks BY WHOM: Spc [redacted]
SITE: Rt Groin BY WHOM:

COMMENTS: Ø adverse reaction noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap - - - Tourniquet

10. COUNTS

C – Correct I – Incorrect

		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	[X] Yes [ ] No	5+5	5+5	5+5	Spc [redacted] b(6)-2	Spc [redacted]
Needle Sharp	[ ] Yes [ ] No					
Instrument Blade	[X] Yes [ ] No	1	1	1		
Other Bovie Tip	[X] Yes [ ] No	1	1	1		

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

LOG#

SSAN# b(6)-4

NAME: [redacted]

IRAQI CIVILIAN

12. ELECTROSURGERY DEVICE(S) (ESU) [X] YES [ ] NO

[ ] ESU NO: Cut 30 / Coag 30
GROUND PAD: BRAND
LOT NO:

[ ] ESU NO:
GROUND PAD: BRAND
LOT NO:

[ ] BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM

USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ ☒ NO IF YES NAME: ID NUMBER; MA

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
Irrigate 1000 cc NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE Dr [redacted] b(6)-2

15. X-RAY IN OPERATING ROOM IF YES, SITE
YES ☐ NO ☒

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 16 Foley Cath	2. PEN ROSE	3.
SITE	1.	2. Rt buttocks	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
* Large Bulky Gauze Dressing Pressure to Rt Buttocks, Kerlix Pads placed to Rt groin

19. ADDITIONAL INFORMATION

Assisted by Dr [redacted]

Foley cath = scant amount dark yellow concentrated urine.
Central line + Lt Femoral

Cut: 0115 hrs.
Close: 0130 hrs

LOG #
SSAN#
NAME:

20. OPERATION(S) PERFORMED
Exploration L+D

21. PATIENT TRANSFERRED TO ICU b(6)-2 TIME 0145h METHOD Via Cutter

22. REGISTERED NURSE SIGNATURE Sp [redacted]

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

STERILE WITH PREP - FOLEY

MEDICAL RECORD — **INTRAOPERA[illegible]MENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA BY

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY

3. DATE TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM
TIME SAME AS #3 NUMBER OR 1

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SCRUB TECH SILVA / R	RELIEF SCRUB	
ASSIGNED CIRCULATOR	OR NURSE	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

☐ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: ANY PROPS

8. SKIN PREPARATION

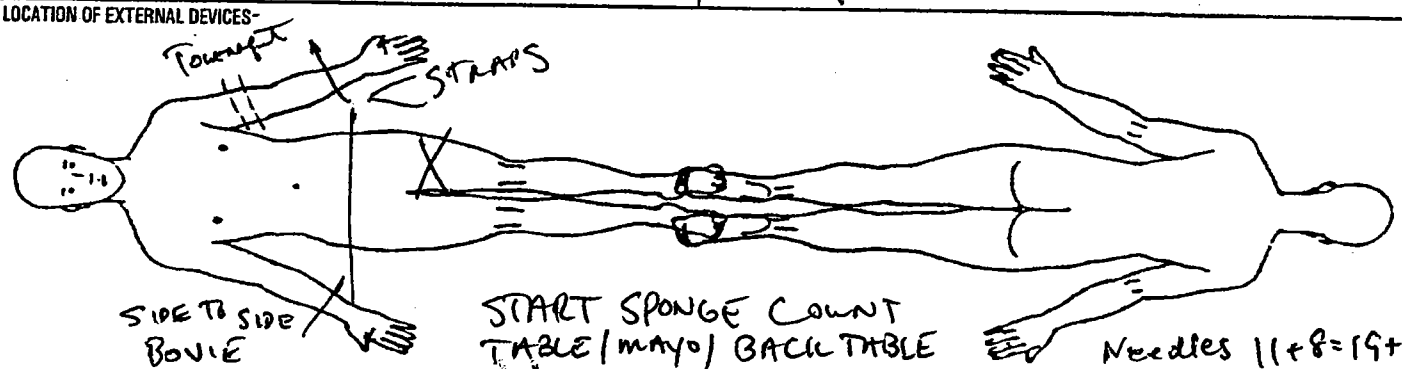
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine / Betadine Scrub / Paint
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS: Reaction

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad NO BODY PROM – Safety Strap --- Tourniquet

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge Counts 5	☐ Yes	☐ No	5+5+5+5				
Needle Sharp	☐ Yes	☐ No					
Instrument	☐ Yes	☐ No					
Other BLADE	☐ Yes	☐ No	1+1				

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

LOG#

SSAN#

NAME:

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☐ ESU NO: CUT 50/50 Coag 50
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM

MEDCOM - 15576

USAPA V1.01

4 times

IN
OUT
CLOSE
OUT

13. PROSTHESIS, IMPLANTS ☒ ☐ NO IF YES NAME: ID NUMBER; MAN

Ext Fix (1 FUSED)

PASTE LABEL HERE
Reference # / Lot #

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Kylocain (%)					

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
LR, 0.9% NS 1000cc + 1gm Ancef

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE Dr. [redacted] b(6)-2

15. X-RAY IN OPERATING ROOM IF YES, SITE
YES ☐ NO ☐

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

18. DRESSING/IMMOBILIZATION *(Specify)*

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	1. PENROSE	2.	3.
SITE	1. FOLEY	2.	3.

19. ADDITIONAL INFORMATION

SIMULTANEOUS SURGERY
Assisted By

CUT :
CLOSE

LOG #
SSAN#
NAME:

20. OPERATION(S) PERFORMED
Exploration (+D)
Repair of -

21. PATIENT TRANSFERRED TO ICU b(6)-2 TIME OUT METHOD LITTER

22. REGISTERED NURSE SIGNATURE [redacted] TIME

REVERSE OF DA F[redacted], OCT 87 USAPA V1.01

b(6)-2

Ward/Section: EMT

ESTING PHYSICIAN: [redacted]

CHEM RY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, F[redacted] b(6)-4 | DATE 31 Jul | TIME 0612 | SSN/PSEUDO SSN: [redacted] b(6)-4

i-STAT

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE

======= PICCOLO =======
31/07/03 06:42
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.4*	3.3-5.5	G/DL
ALP	44	26-84	U/L
ALT	23	10-47	U/L
AMY	93	14-97	U/L
AST	67*	11-38	U/L
TBIL	1.1	0.2-1.6	MG/DL
BUN	21	7-22	MG/DL
CA++	6.1*	8.0-10.3	MG/DL
CHOL	29*	100-200	MG/DL
CRE	1.6*	0.6-1.2	MG/DL
GLU	180*	73-118	MG/DL
TP	2.6*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP [illegible]

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE

31/07/03 06:42
REFERENCE RANGE: MALE
PATIENT #: [redacted]
ELECTROLYTE
DISC LOT #: 3135AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

NA+	135	128-145	MMOL/L
K+	4.4	3.3-4.7	MMOL/L
CL-	113*	98-108	MMOL/L
tCO2	9*	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0, ICT 0

Frequivilian

SPECIMEN/LAB RPT. NO.

MISC
URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE | REPORTED BY MD TECH | DATE | LAB ID NO.

REMARKS

557-107

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
PH				7.264
PCO2				34.2
PO2				***
BE				-12
HCO3				15
TCO2				17
Na				136
K				2.9
Ca				1.12
Hct				41
Hb				14

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by DA-DAHL-46
HIMAC (4) (CRD) 30-45-505

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
[redacted] b(6)-4	31 Jul	0612	[redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^9
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yellow	N/A
App	Cloudy	N/A
Glu	Neg	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.030	N/A
Bld	LARGE	Negative
pH	6.0	N/A
Prot	300	Negative
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Coagulation Studies

TEST	RESULT	REF. RANGE
PT	61.0	9.8-13.6 secs
APTT	65.7	21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Stain	
Occ Bld	Negative
H. pylori	Negative
Micro Parasites	
Malaria	
O & P	
Other	

Microscopic Urinalysis

WBC - 20-30 SSA-Kings
RBC, 20-30
Sperm present

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE

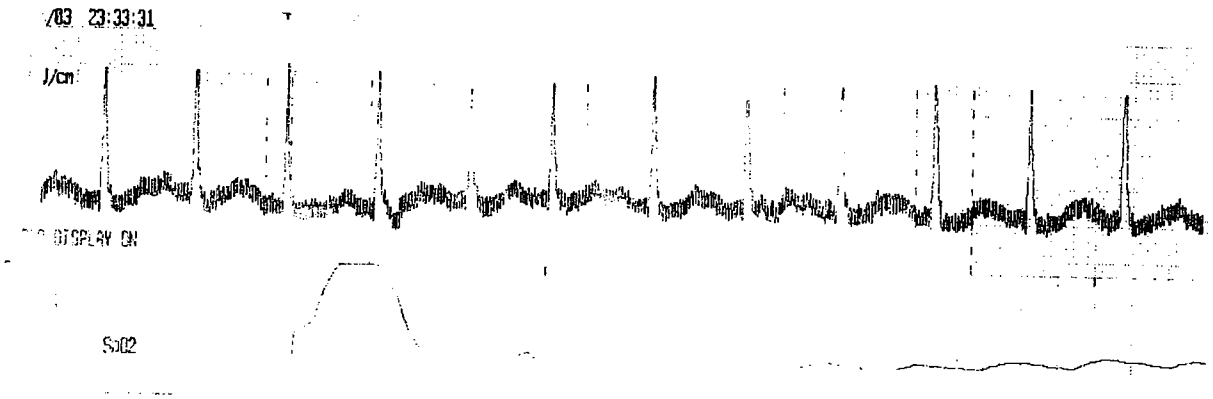
ID: [redacted] 31-07-03
WB 06:43

				Patient Limits	
WBC	36.9 H	x10^3/uL		4.5	10.5
RBC	6.42 H	x10^6/uL		4.00	6.00
Hgb	18.0	g/dL		11.0	18.0
Hct	59.3	%		35.0	60.0
MCV	92.3	fL		80.0	99.9
MCH	28.0	pg		27.0	31.0
MCHC	30.3 L	g/dL		33.0	37.0
Plt	84. *L	x10^3/uL		150.	450.
LY%	10.7 *L	%		20.5	51.1
LY#	3.9 *	x10^3/uL		1.2	3.4

REMARKS: b(6)-7

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	31 Jul 03	

IRAQI CIVILIAN



ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
1 2 3 4 5 6 A	7 8	9 10 11 12 13 14 15	[redacted] b(6) - 4	16 17	18

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
73 74	75 76 77 78 79 80	81 82 83 84 85 86

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
103 104	105 106 107 108 109 110	111 112 113 114 115 116

FOR LOCAL USE

Dx 9040 Proc 3932 Trauma Y
9042 3931 Inj 569
8900 311
8700 8604 [redacted]
E9912

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	[redacted] b(6)-4	EPW	M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	45Y	Z	9	Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
—	—	99	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
—	Z		— b(6)-4

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
—	K 7 8	—

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
—	—	1	YEAR ☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
O b(2)-2	ICW2	NK
[redacted]		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): NK
		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: NK

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
05 42		030801

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
NX X A		030801

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)
I Z		

FOR LOCAL USE

DX: GSW (R) leg

Dx: 1799 8771 9042 9040 8991.2 8302 3931

Blood, PRC(1)

ADMITTING OFFICER (Signature, as required) b(6)-2

DR [redacted]

SIGNATURE [redacted]

DA FORM [illegible]

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. [redacted]	2. NAME (Last, First, MI) EPW 518					3. GRADE N/A	ADMISSION REMARKS
4. SEX M	5. AGE 17y	6. RACE Z	7. RELIGION unk	8. LENGTH OF SVC N/A	9. ETS N/A	10. PREVIOUS ADMISSION No	
11. FMP 99	12. SSN b(u)-2 [redacted]		13. ORGANIZATION N/A			14. WARD ICW2	
15. FLYING STATUS N/A	16. RATING/ DSG	17. DEPT./ BEN K79	18. BRANCH/CORPS N/A	19. UIC/ZIP		20. TYPE CASE WIA	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from ER				22. HOURS OF ADMISSION 1409	23. CLINIC SERVICE ASIA		[redacted]
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE —			25. TYPE DISPOSITION ~~50~~ 24		26. DATE OF DISPOSITION 31 July 03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) —			27b. TELEPHONE NO. —		28. DATE OF THIS ADMISSION 5 Aug 03		ADMITTING OFFICER b(u)-2 Dr. [redacted]
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2					30. DATE OF INITIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY [redacted]

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

S/P GSW Abd.

879.3

88.03
96.36
86.3

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	6	6

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
[redacted]	b(u)-2 Ø	Ø	Ø	6	6

SIGN [redacted] MAJ [redacted] Dr [redacted]

SIGNATURE OF PAD OR MEDICAL-RECORDS OFFICER

For [redacted]

b(u)-2

DA FORM 3047, MAY 79 EDITION OF 1 AUG 76 IS OBS[redacted]

MEDCOM - 15[redacted]84

USAPPC V1.10

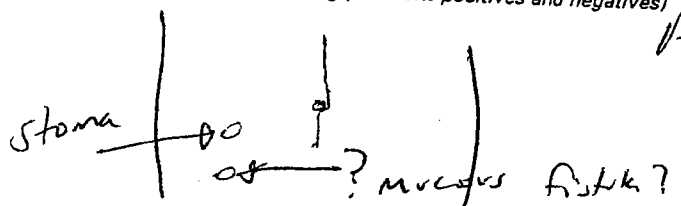
ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE *(YYYYMMDD)*

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

Young Iraqi adult male, s/p GSW, we think 11 July, with stomas + abd pain. last BM today.

3. PHYSICAL EXAMINATION *(Including pertinent positives and negatives)*



Abd Soft (NT) mildly Tender
Abd suture inferior knot spitting into wound.
Back - either its an infected GSW entry or a fistula.

4. IMPRESSION *(Enter admission note with plan on progress notes)*

PAIN + Stomas, Both stoma + MF communicating
→ Uncertain Intestinal Arrangement

5. ADMITTIN [redacted] b(6)-2

a. SIGNATU [redacted]

b. DATE SIGNED *(YYYYMMDD)* 20030731

6. DISC [redacted] *(Brief hospital course, diagnoses, procedures, condition on discharge, pertinent discharge information (including medications, diet, activity limitations, follow-up instructions).)*

7. DISCHARGE DATE *(YYYYMMDD)* 20030805

17 yo Iraqi male EPW came with history of GSW, abdominal surgery + "stomas". After doing contrast studies of 3 holes on him (2 abdominal, 1 Back), none were found to communicate c̄ intestine. We did a contrast enema to clean him out + started him on fiber + MOM. He improved dramatically. Now he is totally asymptomatic + wounds are healing. He still has low-grade fevers + will treat for presumptive UTI but he has no symptoms. Plan is to continue fiber, MOM, start Abx for 5 days + follow-up as needed. Dressings - only DSD qD.

8. DISCHARGING OFFICER b(6)-2

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE
[redacted]	O4	Surgeon

9. PATIENT IDENTIFICATION *(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

[redacted] b(6)-4 EPW

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD *(X when done)*

DD FORM 2770, APR 1998 (EG)

USAPA V1.00

NSN 7540-00-634-4176

HEALTH RECORD Progress note ~~CHRONOLOGICAL RECORD OF MEDICAL CARE~~ 600-108

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
31 Jul 03 1550	pt. admitted to ICW 2 from EMT via litter @ 1500 - ambulated from litter to bed c̄ minimal assistance, 2° to abd pain - lungs CTA (B) - follows simple commands - LRC 125 cc's - in fusing into (L) AIV, site patent - foley to gravity, draining QS, cyll - BS in (L) lower quad only, colostomy bag on two small stomas on (R) side of abdomen, stomas very small, top stoma flat, grey in color, lower stoma raised pink in color, no output noted from either stoma - scars noted on upper chest and midline abdomen - wound on back drained pus then blood, ~~ee~~ wound dime sized, healed edges c̄ subcutaneous fat exposed to air in center of wound - pt. given water and crackers for snack - I/O's recording started - VSS, T 100°F - abdomen flat, soft, tender to touch in lower quad & upper (R) quad b(6)-2 [redacted] CPT AN
31 Jul 03 1930	fleets enema plus 400cc NS given @ 1815, moderate results of soft formed stool and ~100cc dark liquid - drank 1 bottle mg citrate, vomited ~100cc p/½ bottle - T 102.2, HR 107, given 1gm tylenol PO, will recheck temp - [redacted] CPT AN

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

EPW [redacted]

b(6)-4

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle initial) b(6)-2		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDCOM - 15586

STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
31Jul03 2040	T 99.2 - Starting to drink 2nd bottle of Mag Citrate - no more stool as of this time - interpreter in to explain that pt must drink Mag Citrate or an NGT will be placed. pt stated understanding b(a)-2 [redacted] CRNA
2230	Pt care assumed @ 2100. VSS, aware and alert.
31JulCB	Pt refused to drink magnesium citrate, explained through interpreter that NG tube would be inserted so that medication could be given, pt aware. NG inserted into R nare ∅ difficulty. Placement checked c̄ 20cc air. Pt recieved 237ml Mg Citrate, 500 more to be given @ 0300. Lungs CTA, pulses x4. Bs were hypoactive prior to ng placement, active x4 Quads after administering 237ml Mg Citrate. Colostomy bag ∅ output, two stomas. Dsg on back CDI. ~~HL~~ IV in L wrist running well, pt on strict I's and O's. To recieve enema in am, will continue to monitor. b(a)-2 [redacted] alumco
1Aug03 0400	500cc Mag Citrate given per NG tube. After medication pt had episode of vomiting. Dr. [redacted] informed, 10mg Reglan given IVP. Pt's bed linens changed, IV restarted b(a)-2 in RFA due to infiltration. Will continue to monitor. [redacted] alumco
1Aug03	0630 - Pt asleep in bed, easily arousable. VSS, lungs CTA, HR reg, Bs⊕ to L side. Colostomy bag intact over both very small stomas. ∅ output. NG tube intact to L nare → clamped. LR @ 125 c̄/o. O/C to OR will cont to monitor [redacted] b(a)-2

NSN 7540-00-634-4176

600-108

HEALTH RECORD progress ~~CHRONOLOGICAL RECORD OF MEDICAL CARE~~ notes

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1 Aug 03	Rec'd pt from ICU 2 @ 1300 in stable condition back from surgery. pt has 4 sm drains to abd area, all CDI. IV fluid Δ'd to D5½NS c 20 KCL @ 125 cc/hr. drains to lower back CDI. Foley cath intact draining ⅗ diff. pt sleepy, on & off. ⊘ complaints voiced. Will cont to monitor — [redacted] 9 [redacted] b(6)-2
2 Aug 03 0030	Pt care assumed @ 2100. T @ 100.2, other VSS. Dsg on ABD and back all CDI, ABD Δ'd prior shift. Foley dc'd @ 2330, pt able to void @ 0020, 300cc cyuop. IV fluid replacked. Laxatives given @ 2200, ⊘ BM this shift. Lung sounds CTA, pulses x4, BS ⊕, but hypoactive. No complaints, will continue to monitor. [redacted] 9 [redacted] b(6)-2
02 AUG 03 0726	Surgery Day well T 100.2 ⊘ Sm yet wounds - Sm drainage flu — Mom Fish Diet - Reg. wound care. [redacted] b(6)-2 MAT [redacted]

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

b(6)-4

EPW [redacted]

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

~~CHRONOLOGICAL RECORD OF MEDICAL CARE~~

MEDCOM - 15588

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

b(6)-2 All

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
2Aug03	0940 - Pt alert & oriented OOB x1. Voiding adequately. Ø BM this AM. VSS, lungs CTA, HR reg, BS⊕ x4. Dsg Δ'd to back, very small open sore. Dsg x2 Δ'd to abd. Wet → dry dsg applied. Voicing Ø complaints at this time. Will cont to monitor — [redacted]
2Aug03 1300	assumed pt care from previous shift, pt awake & alert, VSS. lungs CTA, abd soft BS⊕x4, drsing to ⒷLQ CDI. ↓ & ↑ Ext c̄ full ROM ⊕ pulses. HL to RFA ⊖ redness / swelling noted. drsing to lower ~~ab~~ back CDI ⊖ complaints voiced @ this time. Will cont to monitor — [redacted] 91WM6
2Aug03	2130 Assumed pt care @ 2100. VSS, no complaints of pain at this time. Lung sounds CTA, BS⊕, pulses+x4. Dsg Δ on RLQ and R back, CDI. ⊖ S/S infection noted. A⊖ complaints at this time, will continue to monitor. — [redacted] 91WM6
3AUG03	0700 Assume pt care @ 0500. Pt awake and alert. VSS. No c/o pain @ this time. HR reg lungs CTA Abd. flat BS×4. Dsg to Abd CDI Dsg to back CDI. HL to ⒷFA flushes well. Will continue to monitor [redacted] 91WM6
3AUG03	1020 Dsg Δ's done by MD - see note. Encouraged pt to ambulate — [redacted] 91WM6

*U.S. Government Printing Office: 1998 - 404-763/40001

STANDARD FORM 600 BACK (REV. 5-84)

NSN 7540-00-634-4176

600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
01 AUG 03 12:20.	OP Note

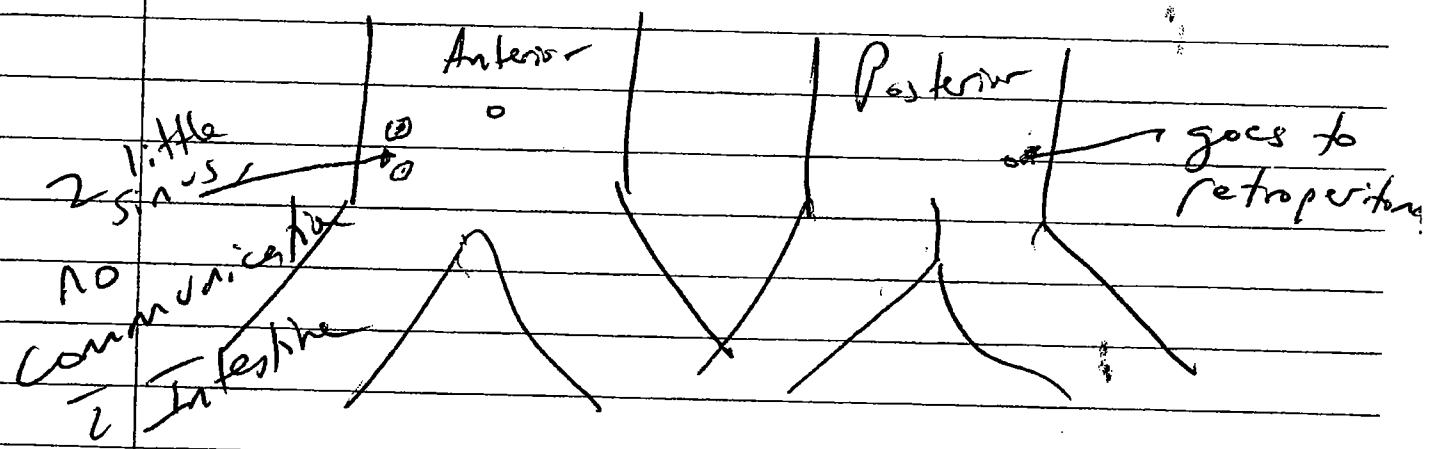
Fistulograms / Contrast Enema / Cauterization of wounds

Rosen / Wright - Surgeons

GETA

EBL: Ø

Findings:



Contrast Enema - normal.

Wounds on Abdomen cauterized

Pt tolerated procedure well [redacted] b(6)-2

[redacted] MAJ. [redacted]

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD [redacted]

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, [redacted]NIZATION *(Sign each entry)*
03 AUG 03 10:10.	Surgery
	T ~ 100.2 ∅ BM yet.
	Wounds look fine.
	Back wound - AgNO3 applied.
	Plan ↑ PO.
	Probable D/C Tomorrow.
	[redacted] b(6)-2 [redacted]
3 Aug 03 1300	pt care assumed @1300 from previous shift. Pt sitting up in bed awake & alert. VSS. lungs CTA, abd soft BS(+)x4, dressing RLQ CDI. ↓ & ↑ Ext c̄ FROM (+) pulses. dressing to ↓ back (R) side CDI. (-) complaints voiced @ this time. Will cont to monitor. [redacted] 9 lumbe
3 Aug 03 2230	Pt care assumed @ 2100. VSS, alert and awake c̄ c/o pain. Lung sounds CTA, pulses (+)x4, BS(+). Dsgs on ↓ back and RLQ CDI, ↓'d @ 2200 c̄ difficulty. Pt c̄ bm this shift, no complaints, will continue to monitor. [redacted] b(6)-2 lumbe

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* REGISTER NO. WARD NO. ICU2

EPW [redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
04 AUG 03 0155	Surgery
	T 100.2, VSS b(6)-2A11
	ABM yet
	wounds clean
	flu ↑ mom.
	contin wound care [redacted]
04Aug03	0720 pt had Large soft BM [redacted]
	1151 - Pt A+O x3, OOB ambulating x 2 this shift. Afebrile @ 1130. VSS, lungs CTA, BS⊕ x4. Pulses ⊕ x4. Dsg D'd to abd wounds x 2. Wet → dry dsg applied. Dry dsg applied to wound on L back. Voiding ∅ complaints at this time. Will cont to monitor [redacted]
4Aug03 1930	assumed care @1300 - VSS, Tmax 100.0 - SL patent - abdomen dsgs D'd W→D, dry dressing placed on back wound - sleeping most of shift [redacted]
2148	Pt. care assumed @ 2100. VSS ⊼ temp @ 101. 650mg tylenol given. HR Reg., lungs CTA, ABD firm ⊂ BS⊕ x4. Pulses 2+ x4, Dsngs to ABD, back CDI. ∅ complaints @ this time, will cont. to monitor. [redacted]

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD PROGRESS ~~CHRONOLOGICAL RECORD OF MEDICAL CARE~~

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
5AUG03	0545 Assume pt care @ 0500. Pt awake and alert. temp 102° 650mg tylenol given. HR reg. Lungs CTAB Abd flat soft tender to palpate LLQ BSx4. Ambulates s difficulty. HL to (R) AC (+) flush. No c/o pain @ this time or discomfort. Will continue to monitor [redacted] b(6)-2
100 AST 102	SURGERY
05 AUG 03 0521	Doing well Asymptomatic + stooling. Wounds healing. No source of fever. Totally asymptomatic + ∅ collection at wounds D/C. Flu as needed [redacted] b(6)-2
5Aug03 1930	assumed care @ 1300 - VSS - afebrile - no c/o pain - SL removed - pt. dressed for EPW camp & meds, dc summary - escorted to helicopter w/ wrists restrained by MP [redacted] b(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* REGISTER NO. WARD NO. CCW2

[redacted] EPW

b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

558-104

7540-01-075-3786

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT *(Patient)*

LOG NUMBER | TREATMENT FACILITY

RECORDS MAINTAINED AT

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

SEX: ♂

DUTY/LOCAL PHONE: AREA CODE | NUMBER

AGE: 17

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS

ITEM	YES	NO	N/A
PRP			
FLYING STATUS			

MEDICAL HISTORY OBTAINED FROM

ARRIVAL

DATE *(Day, Month, Year)*: 31 JUL 03 | TIME: 1225

TRANSPORTATION TO FACILITY: medevac

THIRD PARTY INSURANCE

ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		

NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS: Ø

ALLERGIES: Ø

CHIEF COMPLAINT

INJURY OR OCCUPATIONAL ILLNESS

ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			

HOW

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

CATEGORY OF TREATMENT

☐ EMERGENT

☐ URGENT

☒ NON-URGENT

TIME: 1225

INITIALS: [illegible]

VITAL SIGNS

TIME	1225	1320			
BP	100/56	—			
PULSE	99	88			
RESP	28	18			
TEMP	100.9	—			
WT	100%	NA			

LAB ORDERS

CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S	UA MSCC/CATH		CHEM: 12 lytes/BUN/CR
BLOOD C&S X			

X-RAY ORDERS

CXR PA & LAT/PORTABLE	C-SPINE
ACUTE ABDOMEN	LS SPINE
SINUS	HEAD CT
ANKLE R/L	

ORDERS

☒ PULSE OX 99%

☐ MONITOR

☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☒ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted]

b(6)-4

EMERGENCY CARE AND TREATMENT *(Patient)*

Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER ARR

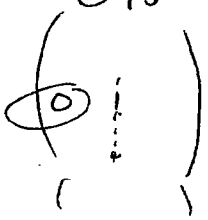
TEST RESULTS

CBC		SMAC		ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
WBC 15.2		126 / 3.9	103 / 22	4 / .6	90	SUP 02	PH	PO2	RESULTS AAS Stool Thyghout
H/H 9.2/30.2						PCO2	SAT	OTHER HA 1,020 Neg	
PLT 579									
PT		Alb 2.3		Ca 8.9		U/A DIP			EKG INTERPRETATION
APTT		BHCG	ETOH	GLU		MICRO			

PROVIDER HISTORY/PHYSICAL

17 yo ♂ s/p GSW Abd (1 Jul; Pt seen in Trauma hospital, hx unclear 2° NO Paperwork. fm Medevac. Surgical hx unclear. Pt c/o difficulty urinating. AF/C/N/V. c/o ↑ abd pain ⊕ side "inflammation in belly". ⊘SOB

O: A&O x4 – non distress. VS as abn
HEENT: unremarkable
Chest: CTA(B) = CT scan ⊕ T5 CV: tachy ⊕ on left HR 92
Abd: soft. ⊕TS



⊕ pain colostomy pain on palp & rebound or percussive tend
⊕ tenderness suprapubic tend on palp, non palpable bladder

A/P ① leukocytosis / F → Admit

b(6)-2

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP [redacted]

PROVIDER SIGNATURE AND STA[redacted]

DIAGNOSIS S/P GSW Abd

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

[redacted]
b(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use of this form, see AR 40-407; the proponent agency is The Office of the Surgeon General.

1. AGE: 17

HEIGHT: Unknown

WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodine, Tape, Medication)
☐ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD
REACTION:

3. PREVIOUS SURGERY [ ] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE: Fistulogram
Contrast Enema
Coagulation of Abd. wound
see Hx

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition_____
Tobacco____ppd X___yrs. Body Piercing_____ Diabetes (Y) (N) ROM_____ ASA/Motrin w/72 hrs (Y) (N)
ETOH_____ Implants_____ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures_____ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to: 1) Surgical Procedure & Operating Room Environment 2) ~~Separation Anxiety (Child)~~ N/A 3) Surgical Outcomes	o ~~Pt.~~ verbalizes any specific anxiety. o ~~Pt.~~ Exhibits relaxed body posture.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures. (e.g.. warm blanket. touch). o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface. Parents to stay with pt.
B. AERATION ✓ Potential for respiratory dysfunction due to: 1) Positioning 2) Effects of Anesthesia 3) Medical/Smoking History	o ~~Pt.~~ will be able to breathe without difficulty during immediate intraoperative phase .	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress. o Assist anesthesia during intubation and extubation.
C. INTEGUMENT ✓ Potential impairment of skin integrity due to: 1) Intraoperative Immobility 2) ESU Pad Placement 3) Positional Aids 4) Prosthesis 5) Pooling of Prep Solutions	o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas).	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

9. PATIENT'S IDENTIFICATION: (For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)

[redacted]

b(a)-t

VERIFICATIONS AT HOLDING AREA:
[redacted] ID/Allergy Band [redacted]ntures Removed
[redacted]H & P [redacted]ntacts Removed
[redacted]NPO Since 5 PM [redacted]welry Removed
UHCG/LMP N/A [redacted]ody Pierce Removed
[redacted]Consent/Blood Transfusion
[redacted]ned/Witnessed/Dated
[redacted] Surgical Site/Consent verified by
[redacted]/Anesthesia/Surgeon
[redacted]Contact Precautions (Y) ([redacted]
! Family/Friend: None

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION _____Potential for inadequate tissue perfusion due to: _____1) Intraoperative Mobility _____2) Positioning _____3) Existing Disease _____4) Safety Devices _____5) Hypothermia	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o ~~Place and take down legs from stirrups with slow bilateral motion.~~ LY o Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1._____Potential impairment of mobility due to: _____1) Pain _____2) Intraoperative Hazards _____3) Prosthesis _____4) Positioning _____5) Transfer pt. to/from OR table E.2._____Potential discomfort due to: _____1) Length of Surgery _____2) Positioning _____3) Arthritis	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1._____Diminished visual perception due to being: _____1) Pre-Medicated _____2) W/O Glasses F.2._____Potential for decreased communication due to: _____1) Diminished Hearing _____2) Language Barrier F.3._____Potential injury due to dentures: _____1) Upper _____4) Caps _____2) Lower LY _____5) Crowns _____3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from ETK side. o Validate pt.'s understanding of verbal communication. o Verify removal of dentures.
G OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

10. OR NURSING INTERVENTIONS COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTION S NOTED.

_____ b(6)-2 _____ DATE

11. POSTOPERATIVE EVALUATION: SKIN INTEGRITY: Bovie Pad Site: ☑ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)

LEVEL OF CONSCIOUSN[redacted] A&O ☑ Drowsy ☐ Sleepy ☐ Intubated BREATHING EASY: (Y) (N)

LEVEL OF ACTIVITY: [redacted] All Extremities ☐ Moves Upper Extremities

☐ T[redacted] litter with roller due to spinal [redacted]

12. P[redacted] (Sig[redacted] and Title) [redacted] 13. POSTOPERATI[redacted] BY (Signature and Title) [redacted] PMA

DATE: 1 Au[redacted]03 TIME: 1[redacted]0 DATE: 1 Aug 03 TIME: 12 10

13. PROSTHESIS, IMPLANTS [ ] ☒ NO IF YES NAME: ID NUMB[ ] JFACTURER

b(6)-2 All

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9% NACl

OTHER ORDERS

	TIME	CARRI[redacted]BY
Conray x 5 bottles 50ml Dosage QS mix c̄ NS 50/50 mixture	intra-op	Dr. [redacted]
[redacted] MAJ [redacted]		

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE C-Arm (R) flank wound / Contrast enema

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

3x2
Tape

19. ADDITIONAL INFORMATION

WC

Surgeons: [redacted] Anesthesia: [redacted] Anesthesia Type: General

Bovie Pad site intact pre-op Yes ; post-op Yes Bovie Settings: Coag/Cut

Tourniquet Site intact pre-op N/A: post-op N/A

Tourniquet Time: Up N/A Down N/A

20. OPERATION(S) PERFORMED

Fistulogram
Contrast Enema
Coagulation of Abd wound

21. PATIENT TRANSFERRED TO ICU-2 TIME see DA7381 METHOD Litter c̄ O2

22. REGISTERED NURSE SIGN[redacted] CPT/AN [redacted] CPT/AN

REVERSE OF DA FORM 5179-1, [redacted]

MEDCOM - 15598

USAPA V1.01

b(6)-2 All

MEDCOM - 15599

MEDICAL RECORD | **...ATIVE DOCUMENT**

For use of this form, see AR 40-66, the [redacted]icy is the [redacted] Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY Anesthesia [redacted]

2. PATIENT [redacted]D AND PROCEDURE
VERIFIED BY [redacted] CPT/AZ

3. DATE 1 Aug 03 TIME PATIENT ARRIVED IN SUITE 1145

4. PATIENT IN [redacted] TIME 1145 [redacted]MBER 2-2

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☒ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Allergies:

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] ORT	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted] AZ	RELIEF CIRCULATOR	CPT [redacted] 1220-EOC)

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt transferred to OR table, anatomically aligned for surgical procedure c̄ pad under head (R) arm across chest c̄ pillow under arm.

☐ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☒ RIGHT SIDE UP

COMMENTS: (L) arm on padded arm board less 90° pillow between leg c̄ (R) leg slightly bent & (L) leg straight.

8. SKIN PREPARATION

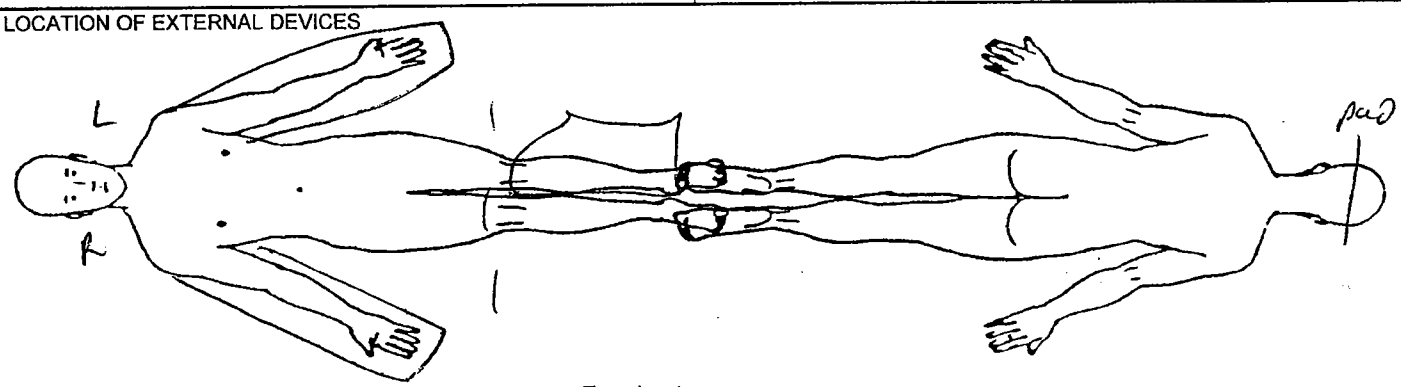
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap === Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes ☒ No					
Needle Sharp	☐ Yes ☒ No					
Instrument	☐ Yes ☒ No					
Other	☐ Yes ☒ No					

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

[redacted]

b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: VL Force c̄ #3
GROUND PAD: BRAND VL Rem Polyhesive II
LOT NO: 68936 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 ES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBS USAPA V1.01

MEDCOM 15599

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR Jul/Aug DAY

2003 HOUR

PULSE (0) — TEMP. F (°) — TEMP. C (Centigrade Equivalents, for Reference only)

PULSE (0)	TEMP. F (°)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99° / 98.6°	37.2° / 37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO. ICW2

EPW

(3)

[redacted]

DCW-4

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

b(a)-2

Ward/Section: EMT | TESTING PHYSICIAN: Dr [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

b(a)-4

LAST, FIRST, MI: [redacted] b(a)-4 | DATE: 31 Jul 03 | TIME: 1228 | SSN/PSEUDO SSN: [redacted]

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mm						
K		3.5-4.9 mmc						
Cl		98-109 mmo						
pH		7.31-7.45						
PCO2		35-45 mmHg 41-51 mmHg (						
PO2		80-105 mmHg N/A (ven)						
TCO2		23-27 mmol/L 24-29 mmol/L						
HCO3		22-26 mmol/L 23-28 mmol/L						
sO2		95-98%						
BEecf		(-2) – (+3) mmol/L						
AnGap		10-20 mmol/l						
Ca		1.12-1.32 mm						
BUN		8-26 mg/dl						
GLU		70-105 mg/dl						
Creat		0.7-1.5 mg/dl						
Hct		38-51% PCV						
Hgb		12-17 g/dl						

Misc. Chemistry		
TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

======= PICCOLO =======
31/07/03 12:36
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	2.3*	3.3-5.5	G/DL
ALP	78	26-84	U/L
ALT	84*	10-47	U/L
AMY	38	14-97	U/L
AST	42*	11-38	U/L
TBIL	0.4	0.2-1.6	MG/DL
BUN	4*	7-22	MG/DL
CA++	8.9	8.0-10.3	MG/DL
CHOL	69*	100-200	MG/DL
CRE	0.6	0.6-1.2	MG/DL
GLU	90	73-118	MG/DL
TP	6.8	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

======= PICCOLO =======
31/07/03 12:35
REFERENCE RANGE: MALE
PATIENT #: 0518
ELECTROLYTE
DISC LOT #: 3135AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

NA+	126*	128-145	MMOL/L
K+	3.9	3.3-4.7	MMOL/L
CL-	103	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICT 0

REMARKS:

b(a)-4

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	31 Jul 03	

ID: [redacted] 31-07-03
WB 12:36

				Patient Limits	
WBC	15.2	H	x10^3/uL	4.5	10.5
RBC	3.60	L	x10^6/uL	4.00	6.00
Hgb	9.2	L	g/dL	11.0	18.0
Hct	30.2	L	%	35.0	60.0
MCV	84.0		fL	80.0	99.9
MCH	25.5	L	pg	27.0	31.0
MCHC	30.4	L	g/dL	33.0	37.0
Plt	579.	H	x10^3/uL	150.	450.
LY%	16.0	*L	%	20.5	51.1
LY#	2.4	*	x10^3/uL	1.2	3.4

b(a)-4

Ward/Section: EMT	REQUESTING PHYSICIAN: Dr. [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] b(a)-2	DATE 5/24/03	TIME 1228	SSN/PSEUDO SSN: [redacted] b(a)-2

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		4.7-6.1 x 10^9
Hgb		14-18 g/dl (M) 12-16 g/dl (F)
Hct		42-52% (M) 37-47% (F)
MCV		80-94 fl (M) 81-99 fl (F)
Plt		130-500 x 10^3 verified
Lymph %		20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yel	N/A
App	Clear	N/A
Glu	Neg	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.020	N/A
Bld	Neg	Negative
pH	6.5	N/A
Prot	Neg	Negative
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Leuk		Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Stain	
Occ Bld	Negative
H. pylori	Negative
Micro Parasites	
Malaria	
O & P	
Other	

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

TEST	RESULT	REF. RANGE
PT		9.8-13.6 secs
APTT		21-34 secs
D dimer		<20 ug/ml
FDP		<10 ug/ml

Blood Bank Unit Crossmatch
(MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: [redacted] b(a)-2	DATE: 3/5/03	LAB ID NO.:

Met8 b(6)-2

Ward/Section: ICW2

TESTING PHYSICIAN: [redacted]

CHE[illegible]RY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] b(6)-4

DATE 1Aug | TIME 0400 | SSN/PSEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5			
K		3.5-4.9 mmol/L	ALP		26-84			
Cl		98-109 mmol/L	ALT		10-47			
pH		7.31-7.45	AMY		14-97			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 m			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA^{++}		8.0-10.			
sO2		95-98%	CHOL		100-200			
BEecf		(-2) – (+3) mmol/L	CRE		0.6-1.2			
AnGap		10-20 mmol/L	GLU		73-118			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1			
BUN		8-26 mg/dl	(Piccolo) Metlyte 8					
GLU		70-105 mg/dl	TEST	RESULT	RE RAN			
Creat		0.7-1.5 mg/dl	GLU		73-118			
Hct		38-51% PCV	BUN		7-22 mg			
Hgb		12-17 g/dl	CRE		0.6-1.2			
Misc. Chemistry			CK		39-380 u 30-190 u			
TEST	RESULT	REF. RANGE	NA^+		128-145			
Troponin-I			K^+		3.3-4.7 m			
Drug of Abuse			CL^-		98-108 m			
			tCO_2		18-33 mm			

======= PICCOLO =======
01/08/03 04:06
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	103	73-118	MG/DL
BUN	4*	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	43	39-380	U/L
NA+	141	128-145	MMOL/L
K+	4.7	3.3-4.7	MMOL/L
CL-	107	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 1+, LIP 0 , ICT 0

REMARKS:

REPORTED BY: [redacted]

DATE: 1Aug03

LAB ID NO.:

b(6)-2

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM 1500 HOURS TO 2400 HOURS | TOTAL HOURS COVERED 9 | DATE 31

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
1500	milk	240	240
1530	H_2O	240	480
1830	MgCitrate	237	717
1900	H_2O	30	747
2100	MgCitrate	237	984

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
1500	400	LR @ 125cc/hr	400	1800	400
1800	1000	LR @ 125cc/hr	1000	2200	1000
2200	1000	LR	1000	0200	2000

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. B1, A1b, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

USAPPC V1.00

EPW [redacted]

b(6)-4

OUTPUT

URINE – Foley

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
1500	475	475			
2000	200	675			
2330	475	~~475~~ 1100			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL
1930	100cc	clear, pinkish	100

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
1900	H. brown	solid	~200cc	(2000) x 1

OTHER OUTPUT enema

TIME	AMOUNT	TYPE	ACCUM TOTAL
1900	100cc	N.S. enema fld.	100cc

GRAND TOTAL OUTPUT

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS *(1 oz)*	30	HALF PINT MILK	240
SMALL FRUIT CUP	120	LARGE SOUP BOWL	240
COFFEE CUP	160	LARGE WATER GLASS	240
LARGE COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

TWENTY-FOUR HOUR PATIENT I...AKE AND OUTPUT WORKSHEET

FROM 0000 HOURS TO 2359 HOURS | TOTAL HOURS COVERED 24 | DATE 01 Aug 03

INT

~~ORAL~~ NG

TIME	TYPE	AMOUNT	ACCUM TOTAL
0300	Mag Citrate	250	250
0500	Mag Citrate	250	500

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0800	1000cc	NS			

Urine ~~IRRIGATIONS~~ (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
0233	CKU	700	700

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. Bl, Alb, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

~~OTHER INTAKE~~ emesis

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
0300	emesis X1		

GRAND TOTAL INTAKE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

EPW [redacted]

D(a)-4

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz) .30	HALF PINT MILK 240
SMALL FRUIT CUP 120	LARGE SOUP BOWL.....240
COFFEE CUP.....160	LARGE WATER GLASS..240
LARGE COFFEE MUG...180	PLASTIC OR PAPER JUICE CONTAINER ...180

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM ___ HOURS TO ___ HOURS | TOTAL HOURS COVERED | DATE 2Aug

INT

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0700	H_2O	200	
	Milk	120	
	H_2O/metamucil	120	440
12	H_2O	240	680
17	lemonade	120	800

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL

Urine Output ~~IRRIGATIONS (N/G, Bladder, etc.)~~

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
0600	Urine	800	
12		750	1550
2030	voided x2	x2	1550x2

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. B1, A1b, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

CPW [redacted]

b(6)-2

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
SMALL FRUIT CUP	120	LARGE SOUP BOWL	240
COFFEE CUP	160	LARGE WATER GLASS	240
LARGE COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

TWENTY-FOUR HOUR PATIENT I. AKE AND OUTPUT WORKSHEET

FROM ___ URS
TO _____ HOURS

TOTAL HOURS COVERED

DATE

INT

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
0600	Milk	240	240
0600	Water c Metamucil	120	360
1000	Water	120	480
1230	Kool-Aid	240	720
1700	Kool aid	240	960

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL

IRRIGATIONS (N/G, Bladder, etc.) urine

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
0300	400cc Cyu	400	400
0920	600cc Cyu	600	1000
1800	voided x2	x2	1000xc

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. Bl. Alb. P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, grade, date; hospital or medical facility)

[redacted] b(6)-4

WENTY

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz) .30	HALF PINT MILK 240
SMALL FRUIT CUP 120	LARGE SOUP BOWL.....240
COFFEE CUP.....160	LARGE WATER GLASS..240
LARGE COFFEE MUG...180	PLASTIC OR PAPER JUICE CONTAINER ...180

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM ___ HOURS
TO ___ HOURS

TOTAL HOURS COVERED

DATE

INT

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
1700	milk	120	120
1715	water	120	240

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
	1000	LR	200	1330	200
1330	1000	D5½NS & 20KCL	1000	1815	1200
1815	1000	D5½NS & 20KCL			

IRRIGATIONS (N/G, Bladder, etc.)

Foley

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL
2045	amber color	600	
2200	CyU	300	

BLOOD/BLOOD DERIVATIVES

TIME STARTED	PRODUCT (i.e. B1, A1b, P. cells, etc.)	TIME COMPL	AMOUNT	ACCUM TOTAL

OTHER INTAKE

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

GRAND TOTAL INTAKE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

EPW

[redacted] b(6)-4

INTAKE EQUIVALENTS (Serving levels cc)

MEDICINE GLASS (1 oz) .30	HALF PINT MILK 240
SMALL FRUIT CUP 120	LARGE SOUP BOWL.....240
COFFEE CUP.....160	LARGE WATER GLASS..240
LARGE COFFEE MUG...180	PLASTIC OR PAPER JUICE CONTAINER...180

DD FORM 1 JAN 74 792

EDITION OF 1 SEP 54 IS OBSOLETE. REPLACES DA FORM 3630(TEMP) 1 JUL 72 WHICH MAY BE USED.

*U.S.GPO:1996-404-613/30343

MEDICAL RECORD - ANESTHESIA

For use of this form, see AR 40-66; the proponent agency is the OTSG

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "I" = CONSTANT INFUSION

DRUG	(Units)	
fentanyl	(UG)	250
Versed	(MG)	40
propofol	(MG)	150
Sup	(MG)	100
MSO4	(MG)	<10>
	( )	
VOLAT AGENT 150	% del	1.0-2.0 X
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	6 - 2 - 8

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 6 induction

FLUIDS — LINE site #20 (2) A/C ☐ Warmed ☐ Warmed ☐ Warmed ☐ Warmed

LOSSES — EST BLOOD LOSS; URINE -

PHYS STATUS 1 (2) 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT: 30.2

INITIAL DATA: BP- 114/70; HR- 80

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? (+) TIME- 0730

TIME → 1145 1200 X

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate ‡; BR (transduced); TOURNIQUET T—T; ANES- X-X; PROC- ⊙-⊘

220 / 200 / 180 / 160 / 140 / 120 / 100 / 80 / 60 / 40 / 20

VENTIL

VT - ml	600 150
f - breaths/min	12 15
Peak inf pres / PEEP	24
MODE - S(pon), A(ssist), C(on)	SVA CV SV

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	31 49
BP/oth	FIO2 (Frac or %)	.80 .80 .80
ART line	SpO2 (%)	100 100 100
Steth- PC/ES	ECG	
Gas analyzer	TEMP-site	available
	NM Block (T/4)	4/4 5
Warming blkt	wool blanket →	
Conv warmer		

Mark with letters & symbols, explain under REMARKS — EVENTS Position → w/ d/c d/t - arms <90° abducted, padded

TOTALS 200 ug; **TOTAL EBL** —; **TOTAL URINE** 10 mL 200

FLUIDS SUMMARY — CRYSTALLOID- LR-1000; COLLOID-; BLOOD-

REMARKS (Code drugs with numbers, events with letters)

0730 - pre op
Procedure verified
Chart reviewed
Prep done
1145 - On room
Monitors on
Induction
Intubation
1200 - spot
resp. Extubation
Eyes open
TO ICU 2

RECOVERY AT: PACU ICU 2 (Specify) OTHER Stable

CONDITION: RESP 14 SpO2- 95% BP 143/93 HR- 93

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0730	1145	1200
PROC	Ready	Begin	End
	1150	1151	1210

PROCEDURES and CPT Codes: 2-D (B) Hank / fluoroscopy colostogram contrast enema cauterization rectal wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: topped 2 lower teeth - #2 Miller. Eyes taped. set bite block

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: Peggy. DL x 1 (Cormack) ETT #7 and ETT #7 easy passed. Atraumatic. Teeth ok

PATIENT IDENTIFICATION: Typed or written entries: Name, Grade/Rate, Medical facility

[redacted] b(6)-4

ICU 2

SURGE[redacted] b(6)-2

ANE[redacted]

PROCEDURE LOCATION: #2

DATE: 1 Aug 03

PAGE 1 OF

DA FORM 7389, FEB 1998 — COPY 1 - PATIENT'S MEDICAL RECORD — USAPA V1.00

MEDCOM - 15611

S/P GSW - 11 Jul 03

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

debilitated state

Age [ ] DAYS MOS (YRS) Sex (✓) MALE ( ) FEMALE

PROPOSED PROCEDURE: D&D (R) flank / fluoroscopy colostogram

SURGICAL SERVICE: GS

NPO SINCE: 3/July 03

ASA Physical State 1 (2) 3 4 5 E

WT: 70 KG/LB HT: ____ IN.

ALLERGIES: ?

HABITS:

TOBACCO: ?

ETOH: ?

DRUGS: ✓

CURRENT MEDICATIONS:

( ) = ordered as premed

() Mg Citrate

()

() Lx C125 1/hr

()

()

()

PREMEDICATIONS:

None Yes (@ ____ Hrs) /CC

____ . ____ mg IV IM PO

____ . ____ mg IV IM PO

____ . ____ mg IV IM PO

LABORATORY STUDIES:

HB/HCT: ____ / ____

U/A: ____

OTHER: ____

14 / 10 / 4 / 03

4.7 20 .9

9.2

15.2 / 30.2 577

1 AUG 03

PREOPERATIVE

PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	
Bronchitis/URI	N	Y	
COPD	N	Y	
Other	N	Y	
Renal System:			
Acute/Chronic RF	N	Y	
Gastrointestinal:			
Hepatitis	N	Y	
Hiatal Hernia	N	Y	
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	
Neuropathy	N	Y	
Other	N	Y	
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:			
	N	Y	
	N	Y	
Familial HX	N	Y	

ASSESSMENT

PAST SURGICAL/ANESTHETIC

SP Lap + Colostomy

c TRAGI Hospital

July 03

c Anesth. complications

PHYSICAL EXAMINATION

BP 170 HR 105 R ____ T ____

Pain Scale 0-10 ____

HEENT - Teeth missing front

Trachea midline

TMJ/Neck FROM

Oropharynx C/2 3/5 TM

Nares

CHEST: B/S+/CTA

CARDIAC: S1S2 RC

EXTREMITIES:

IV Access: #20 @ A/C

Ulnar Filling: OK

BACK: OK

OTHER: OK

NPO Since 8 July 03

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ { } General: Mask Intubation

INFORMED CONSENT/COUNSELING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed with the patient/legal guardian.

The pa[redacted] b(6)-2 stand and agrees. Questions answered.

Signed: [redacted] Date: 1 AUG 03 Time: 0730 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)

{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ____

b(6)-4

#[redacted] - ICW

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-68, the proponent agency is OTSG

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM [illegible] IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

50 kg

b(6)-2

[redacted]

EPW

NG UNIT	ROOM NO	BED NO.
ICW2	b(6)-4	6

DATE OF ORDER 31 JUL 03 TIME OF ORDER 14:09

Admit to Surgery ICW2
Regular diet
VS q 6h
Strict I&O
Foley to BSD
Please weigh patient

Maj [redacted]

[redacted] noted

15/6

[redacted]

[redacted]

EPW

[redacted]

NG UNIT	ROOM NO.	BED NO.
ICW2		6

DATE OF ORDER TIME OF ORDER

LR @ 125 cc/h
MOM 30 cc x 1 po. - done 1445 BS
NPO after midnite tonite
~~BMP @ 6 AM.~~
Tylenol 650 mg po q 4h PRN

[redacted]

[redacted]

[redacted]

[redacted]

EPW

NG UNIT	ROOM NO.	BED NO.
ICW2	b(6)-4	6

DATE OF ORDER TIME OF ORDER

1. Clear liquids only [redacted] noted
2. Mag citrate 1 liter po. 500 cc at a time 4 hrs apart
3. Enemas Saline 0.9% 400 cc + 1 Fleet One Tonite + One Tomorrow AM.

D/C by Ans.

[redacted]

[redacted]

NG UNIT	ROOM NO.	BED NO.

DATE OF ORDER 31 JUL 03. 1600. TIME OF ORDER

1. D/C Mag citrate
2. Metamucil 5g po c a glass of juice or water 3 Times Tonite
3. MOM 30 cc po q 4h start Tonite

Encourage clear fluids
Prune Juice if available 12oz. TID.

Faint
Mag Citrate
BS

[redacted]

[redacted]

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, NOTE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

Epo

[redacted]

b(6)-2

DATE OF ORDER | TIME OF ORDER | HOURS

31 July 03

May Citrate via NG okay, as previously written

D/C Metamucil & Mom.

[redacted]

noted 31 Jul 03

NURSING UNIT: ICW2 | ROOM NO | BED NO. 6

[redacted] 24 / day [redacted] PAN

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

1 Aug 2003 0300

10 mg Reglan IV Q 6 hours

[redacted]

noted [redacted] 0330 1 AUG 03

NURSING UNIT | ROOM NO | BED NO

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

b(6)-2

NURSING UNIT | ROOM NO | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO | BED NO

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION: EPW [redacted]

NURSING UNIT: ICW2 | ROOM NO. | BED NO.

DATE OF ORDER: 01 AUG 03 | TIME OF ORDER: 1210 HOURS | LIST TIME ORDER NOTED AND SIGN

Post op
Regular Diet ✓
VS q 6h ✓
Strict I+O ✓
Foley to BSD ✓

PATIENT IDENTIFICATION: [redacted] b(6)-4

NURSING UNIT: ICW2 | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER HOURS

D/C Foley at midnite ✓
D5 1/2 NSS + 20 meq KCl/L @ 125 cc/h until he voids tomorrow AM
→ Heplock ✓
Dressings to wounds Back + Abdomen DSD B.i.d ✓

PATIENT IDENTIFICATION: [redacted] b(6)-4

NURSING UNIT: ICW2 | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER HOURS

(1) Fiber 5 gm po TID serve ½ glass of juice or H2O [redacted] b(6)-2
(2) MOM 30cc po qHS PRN [redacted]

Psyllium

b(6)-2

NURSING UNIT: ICW2 | ROOM NO.: 24 VS | BED NO.: 2 Aug 03 0800 Dec Seq [redacted] noted 1 Aug 03 1320

PATIENT IDENTIFICATION: [redacted]

DATE OF ORDER: 03 AUG 03 | TIME OF ORDER: 10:10 HOURS

(1) Dressings for q 5D wounds. Saline gauze Wet-to-Dry B.i.d 0020 3 Aug
~~Back apply Ag NO3 stick to the red little spot & cover c DSD B.i.d~~
Back - DSD B.i.d.
(2) Ag NO3 stick used by MO [redacted]

noted [redacted]

NURSING UNIT: ICW2 | ROOM NO.: 24 VS | BED NO.: 3 Aug 03

b(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITI BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

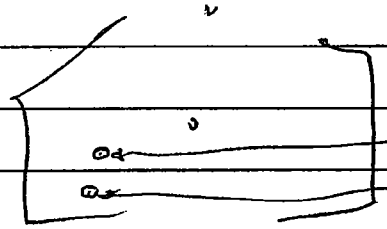
THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] b(6)-4			04 AUG 03 0655 HOURS	
			MOM 30 cc po q AM + q HS.	
NURSING UNIT: ICW2	ROOM NO.	BED NO.: 15	[redacted] MAJ [redacted]	
PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
[redacted]			04 AUG 03 1100 HOURS	
			(1) MOM => 30 cc po q HS only 4 Aug 03 1148	
			(2) D/c strict I+O?	
			[redacted]	
NURSING UNIT: ICW2	ROOM NO.	BED NO.: 15	[redacted] b(6)-2	
PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
E.P.W. [redacted] b(6)-4			05 AUG 03 0521 HOURS	
			Discharge to EPW Camp	
			Follow-Up only PRN	
			[redacted] MAJ [redacted]	
NURSING UNIT	ROOM NO.	BED NO.		
PATIENT IDENTIFICATION			DATE OF ORDER / TIME OF ORDER	
			HOURS	
NURSING UNIT	ROOM NO.	BED NO.		

DA FORM 1 APR 79 4256 REPLACES EDIT MEDCOM - 15616 BE USED.

NSN 7540-00-634-4176 SURGERY AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
31 JUL 03 1413	This young male EPW, reportedly s/p GSW 11 July 03, who underwent laparotomy + ostomy at that time presents c no other history from EPW cmp to us. C/o ABD pain, T 100°F, pain urinating. AXR - normal.
	E/O: T 100°F, VSS ABD Soft / ND / Mildly Tender RLQ Rectal - normal.
	 stool leaking here. Stoma. I injected water + it came out here ? Stoma.
	Back draining pus, ? stool could be old GSW site (entry) or fistula or ?
	NR 126.
	Rep Diet - NPO p MN OR Dx Agent for Colostogram + to define anatomy. [redacted]

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			b(6)-2
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

[redacted]
b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
1 Aug 03	Surgery
0700	Nothing out of ostomy
	Eneme @ ans → stool
	Abds, NES
	Plan / On Today
	- FAD Back
	- Colostogram
	[redacted] b(6)-2

STANDARD FORM 600 (REV. 6-97) BACK

FPI. LEX. Printed on Recycled Paper

b(6)-2 b(6)-2

the proponent agency is the Office of The Surgeon General.

MO. 7 YR 2003

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 31	1	2	3	4	5	6	7	8	9	10
31	[redacted]	~~Regular diet~~ Δ'd	07	✓	[redacted]									
31	[redacted]	clear liquid Δ'd	12	✓										
1 Aug	[redacted]	Req diet	17	[redacted]										
31	[redacted]	V.S - Q6° Δ'd BS ~~See below~~	06	✓	[redacted]									
4	[redacted]	VS Q8°	12	[redacted]										
N.C	[redacted]		18											
			24											
31	[redacted]	Strict I&O	05	✓	[redacted]									
			13	[redacted]										
			21											
31	[redacted]	Foley to BSD	05	✓	[redacted]									
			13	[redacted]										
			21											
1 Aug	[redacted]	Adding to Back & abdomen wounds DSD BID ~~to D~~	10	✓	[redacted]									
			22	[redacted]										
3 AUG	[redacted]	Dsg for Abd saline gauze W→D BID Dsg to back DSD · BID	10	✓	✓	✓	[redacted]							
			22	✓	✓	✓								

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

b(6)-4

EPW [redacted]

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

MEDCOM - 15619

USAPA V1.00

continue sheets

b(6)-2 All

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo 7 Yr 2003	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
31	[redacted]	admit to Surgery	31	now	1500	[redacted]
31	[redacted]	please weight pt.				
31	[redacted]	lytes 8 in AM	1 Aug	06	04	[redacted]
1 Aug	[redacted]	D/C foley @ midnight	2 Aug	2400	2330	[redacted]
3 AUG	[redacted]	$AgNO_3$ stick used by MD to back wound	3 Aug	1010	1010	[redacted]
5 Aug	[redacted]	DC to SHW camp, f/u pra	5 Aug	Aug		

Order/ Expir Date		PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
-----	-----															
-----	-----															
-----	-----															
-----	-----															

-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----																

b(6)-2 A11

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 7 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 31	1	2	3	4	5	6	7	8	9	10
31	[redacted]	LR @ 125cc/hr	05	[redacted]										
			13	[redacted]										
			21	[redacted]										
1 Aug	[redacted]	D5 1/2 NS + 20meq KCl.	5	[redacted]										
		@ 125cc/hr p̄ he voids	13	[redacted]										
		2 Aug HL	21	[redacted]										
1 Aug	[redacted]	MOM 30cc po q̄ hs only	22	[redacted]										
1 Aug	[redacted]	Psyllium 5gm po tid serve c̄ glass of juice or H2O	6	[redacted]										
			14	[redacted]										
			22	[redacted]										

Ad 1 Aug 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

E.P. (2) [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

b(6)- 4 All

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 7 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
31	[redacted]	MgCitrate 1 liter PO	31	~~now~~		
	-----	500cc now	31	now		
	-----	500cc @ 4 hrs p 1st 500cc				
31	[redacted]	400cc NaCl enema & 1 Fleet enema	31	now	1845	[redacted]
31	[redacted]	repeat above in AM (both per anus)	1			
31	[redacted]	MgCitrate 1 liter PO				
31	[redacted]	500cc now (1 bottle)	31	1830		[redacted]
31	[redacted]	500cc 4 hrs p 1st 500cc (1 bottle)	31	2345	0300	[redacted]

Order/ Expir Date	Clerk/ [redacted]	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
31	[redacted]	Tylenol 650mg PO	830 1930 1900 2015 (E)	4 Aug 2300 0530 0530 KD	5 Aug 0515 1600 KW												
-----	-----	q4° prn															
1 Au [redacted]	-----	Reglan 10mg IVP	0400 [redacted]														
-----	-----	for vomitting	1000 [redacted]														
-----	-----																
-----	-----																
-----	-----																
-----	-----																
-----	-----																
-----	-----																
-----	-----																
-----	-----																
-----	-----																

USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 1 Aug 03
Time In: 1225
Allergies: NKA
Pre-op V/S:
Procedures: Flowscopy, Colostomy

Anesthesia Type (Circle): General Spinal Epidural IV Sedation Nerve Block

OR Intake: Crystalloid 1000 Colloid
OR Output: UOP 500 EBL 0
Meds/Times:

Drains	Airway
Hemovac	Nasal
NG	Oral
JP	ETT
T-tube	Trach
Foley	Other
TLS	

Pre Op Meds / History

Time	1220	1230	1235	1245	1310	1325
SaO2	94	94	98	94	97	
FiO2	RA	RA	RA	RA	RA	
Methods						
240						
220						
200						
180						
160						
140						
120						
100	✓			✓	✓	
	•	✓	✓	•	•	
80		•	•			
60						
40	∧		∧	∧	∧	
		∧				
20						
RR	24	20	22	23	24	
T	97.1				98.3	
Time						
Pain (0-10)						
LOS						

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse			
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	9	10

Codes

AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done: Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

PREPARED BY (Signature & Title): [redacted] CPT /NN

b(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 1 Aug 03

(Continue on reverse)

PATIENT'S IDENTIFICATION [redacted] or written [redacted] give: first, middle; grade; date [redacted] or medical fac[redacted]

Name – last,

#[redacted]

b(6)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	(R) hand	+	+	P	B	W	PK
15'	(R) hand	+	+	P	B	W	PK
30'	(R) hand	+	+	P	B	W	PK
45'							
60'							
90'							
D/C	(R) hand	+	+	P	B	W	PK

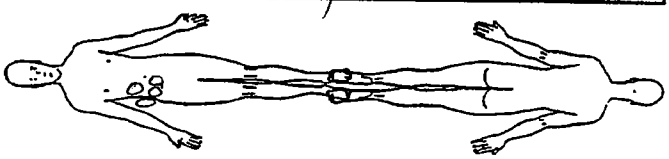
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#			N/A				
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	(R) Hand	gauze	minimal
30'	(R) Hand	gauze	minimal
60'			
D/C	(R) Hand	gauze	minimal



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

Pt arrived on unit via gurney accompanied by OR staff. Alert but very drowsy. Bags to (R) Hand intact & small amt of bloody drainage noted. Foley to gravity draining adequate amt of urine. Will continue [redacted] b.(6)-2

Discharge Criteria:
Date: ~~1305~~ 1304 V3 **Time:** 1305 **PARS:**
BP: 99/40 **T:** 98.5 **HR:** 88 **RR:** 19 **Sa02:** 97%
Pain Level at D/C (0-10):
Intake: 40 cc **Output:** 0
Additional Data:
Transferred To: ICU
Report Given To:
Transferred Via: W/C Litter (Gurney) Ambulance
Transferred By: CPT [redacted]
Cleared IAW Recovery Room SOP B-3 [redacted]
Charge Nurse Signat [redacted]

b.(6)-2

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I Z	[redacted]	EPW [redacted] -KW-4		M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	1 7 4	Z	9	unk

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
	N/A	9 9	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
N/A	U	1489	N/A

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K 7 9	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
			YEAR / [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
Ø	1CW2	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
[redacted] (b)(2)-2	

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYMMDD)
5 Ø		Ø 3 Ø 8 Ø 5

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYMMDD)
A B A A		Ø 3 Ø 7 3 1

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYMMDD)

FOR LOCAL USE

Dx's S/P GSW abdomen

Dx: 8793
E9912

Pr 8814
9639

Inj Trauma
450 1

KW-2

ADM[redacted] (Signature, as required)	SIGNATURE OF ADMITTING CLERK
[redacted] MAO [redacted] Dra [redacted]	[redacted]

DA FORM 2085, MAR 80

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) ZPW# [redacted] b(a)-2			3. GRADE NO	ADMISSION REMARKS
4. SEX M	5. AGE 37y	6. RACE X	7. RELIGION unk	8. LENGTH OF SVC NO	9. ETS NO	10. PREVIOUS ADMISSION NO	
11. EMP 99		12. SSN [redacted]		13. ORGANIZATION ZPW		14. WARD KW2	
15. FLYING STATUS NO		16. RATING/ DSG	17. DEPT./ BEN K78	18. BRANCH/CORPS NO	19. UIC/ZIP unk	20. TYPE CASE neuro	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Ø					22. HOURS OF ADMISSION 1730	23. CLINIC SERVICE AAJA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE —				25. TYPE DISPOSITION 21		26. DATE OF DISPOSITION 030802	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) —				27b. TELEPHONE NO. unk		28. DATE OF THIS ADMISSION 030801	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] (b)(2)-2						30. DATE OF INTIAL ADMISSION 030801	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: S/P assault c Closed head injury

Trauma

9

Injury

979

DX: 8501

E9600

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	1	1

36. Total Days All Facilites b(a)-2

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
Ø	Ø	Ø	Ø	1	1

SIGNATURE OF [redacted] Per... FOR [redacted]

MEDCOM - 15

DA FORM 3647, MAY 78 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE *(YYYYMMDD)*: 20030801

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

37 y/o EPW IRAQI OF SIP ASSAULT. PT WAS APPARENTLY APPREHENDED AFTER ASSAULT DURING ATTEMPTED THEFT. REPORTED LOC (1 min). EVENT OCCURRED THIS AM. PT C/O (L) CHEEK, (L) COSTAL MARGIN PAIN

3. PHYSICAL EXAMINATION *(Including pertinent positives and negatives)* HR: 60 SaO2: 95% - RA

HEENT: PERRL; EOMI; ⊖ HEMO-TYMPANUM / BATTLE'S SIGN
SWELLING OVER (L) ∠ OF MANDIBLE c̄ TTP
NECK: (+) TTP IN MID C SPINE; STEP-OFF

CHEST: CTA (B) ⊖ CHEST WALL CONTUSION
CARD: RRR
ABD: ⊖ DISTENTION / ECCHYMOSIS (+) PAIN c̄ PALP - EPIGASTRIUM

4. IMPRESSION *(Enter admission note with plan on progress notes)*

RAD: C-SPINE: (-) FX / SUBLUXATION
(-) MANDIBLE FX OR SKULL FX
CXR: (-) PTX, RIB FX
(+) LLL MASS - ROUND
PELVIS: (-) FX

NEURO: GCS = 13
NONFOCAL
EXT: (-) DEFORMITY OR ECCHYMOSIS

PRECAUTIONS
- C-SPINE
- ADMIT
- OBSERVE, NEURO V'S

DX: SIP ASSAULT c̄ CHI

5. ADMITTING OFFICER

a. SIGNATURE: [redacted]

b. DATE SIGNED *(YYYYMMDD)*: 20030801

b(a)-2

6. DISCHARGE NOTE *(Brief hospital course, diagnoses [redacted] condition on discharge, pertinent discharge information (including medications, diet, a[redacted]tions, follow-up instructions).)*

7. DISCHARGE DATE *(YYYYMMDD)*: 20030802

IMPROVED NEURO STATUS TO GCS 15 AT DISCHARGE
C-SPINE CLEARED
DISCHARGE DX: TRAUMATIC BRAIN INJURY
DISCHARGE Rx: TYLENOL, MOTRIN PRN
NO DUTY / ACTIVITY RESTRICTIONS

8. DISCHARGING OFFICER

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. TITLE	d. SIGNATURE
[redacted] b(a)-2	O-4	SURGEON	[redacted] b(a)-2

9. PATIENT IDENTIFICATION *(For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)*

#[redacted] b(a)-4

10. OUTPATIENT/HEALTH RECORD [redacted] MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD *(X when done)*

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
8-1-03	35 y/o ♂ c/o severe Mandibular pain. pain c̄ movement. swelling (L) side of mandible. unable to palpate well enough to feel for crepidus. Pt was beaten c̄ both fists & pipes this morning.
11/8/80	Los of conciousnes for 1 hour some blood noted in (R) ear
pm	– Pt (D) pain on (L) hip, limping, please x-ray (L) hip.
	– Ruptured (R) ear drum.
	– trauma to head check skull & neuro.
	Thanks b(a)-2
	Spc [redacted] MD

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.

b(a)-4

[redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

NSN 7540-00-634-4176 AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
1 AUG 03 @ 1920	OMFS Consult
	Called to eval 35 yo/m EPW S/P assault. Pt arrived on a back board c̄ C-collar in place. Pt c̄ pain on palpation of left side of face. c̄ hematoma & swelling.
	Exam: NC Perrl EOMI nares patent TM's clear (B) Max & mand stable c̄ poor dentition c̄ repeatable occlusion & palpable steps noted.
	Plain film: no evidence of facial fractures.
A/P	35 yo/m EPW S/P assault c̄ facial hematoma & no facial fractures. b(6)-2 (1) no tx necessary [redacted] MAJ

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			OMFS
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* REGISTER NO. | WARD NO.

EPW [redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

b(6)-2 A11

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8-2-03	0000: Pt. awaken to physical stimuli. PERRLA Pulses 2+ x4 ext. Pt. c̄ full ROM x4 ext. — [redacted]
	0200: Neuro ✓'s WNL — [redacted]
020830 Aug 03	Nursing Assessment: Assumed care of pt. Airway intact, breathing even and unlabored, LS clear to all fields (B). Abd soft, nontender, ± distention BS(+)x4. Voids spontaneously. Pt. and neurovascular intact to all extremities. IV to (L) FA flushes well ± s/s infection/infiltrating D5½NS ± 20K @100 cc/hr. Neuro: (+) PERRLA. (-) pain to spine. C-collar in place. Pt ambulates ± assist. Equal strength to (B) UE and LE. Pinch pulls and grips strong and equal. (-) nystagmus (B) eyes. Brisk intact pupillary (B) eyes. Pt appears oriented x3, but also awake and alert. — [redacted]
020800 Aug 03	Nursing Neuro Note: Neuro status unchanged from 0000 — [redacted]
020900 Aug 03	Nursing Note: Abrasion to (L) posterior flank 2x2 gauze applied. — [redacted]
024000 Aug 03	Nursing Neuro Note: Neuro status remains unchanged from 0600 ± pt c/o HA. Tylenol 650mg PO given per MD order. — [redacted]
021200 Aug 03	Nursing Neuro Note: Neuro status remains unchanged from 0600. Pt c/o continued pain. Motrin 800mg PO given for c/o pain per MD order. — [redacted]
1400	Pt stable at this time. AAO x3. PERRLA. Neuro checks gross intact. (+) and equal strength to bilateral upper and lower extremities. (L) eye swollen. Pt ± c/o pain to neck, on either side of cervical vertebrae. From to neck. Lungs CTA bilat, ⊘ resp distress. NSR, Abd soft, non-tender, bowel sounds active x4 quad. Small abrasion to (L) lower back. Strong pulses and brisk capreflex x4 extremities. Pt awaiting transport to EPW camp. Meds ready, x-rays @ bedside and paperwork ± PAO. — [redacted] LT/DN
1600	Pt. sent on transport to EPW camp. X-rays, meds and paperwork sent ± pt. MP escort, sent ± pt to camp. — [redacted] LT/DN

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176 Progress Notes 600-108

HEALTH RECORD ~~CHRONOLOGICAL RECORD OF MEDICAL CARE~~

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
2 AUG 03	GENERAL SURGERY
1100	(S) PT C/O (L) CHEEK PAIN; DENIES
	CERVICAL PAIN
	(O) VSS, AF
	(O) C-SPINE TTP, STEPOFF OR DEFORM.
	GCS = 15 CXR: (O) LLL LESION
	A/P TBI S/P ASSAULT
	- ORAL ANALGESICS PRN
	- D/C TO EPW CAMP WHEN
	TRANSPORTATION AVAILABLE
	[redacted]
	b(a)-2

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

[redacted]

b(a)-4

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDCOM - 15631

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE** COB 109 th

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1 Aug 03	S/ Blunt injury to head, Lt hip & Lt leg 350
1615	was unconscious for few minutes
Allergies NKA	C/o pain in the occipital region, ~~[illegible]~~ in neck, Lt hip (pain toward iliac crest & Lt knee)
	No nausea, vomiting or seizures.
	O/E Conscious Answers questions appropriately through an interpreter
1630 10mg Morphine IM	C (Non Hx of PMS on Zoloft)
	Pupils L = R Reacts well to light
	No conjunctival injx
	No ~~[illegible]~~ blood in nostrils.
	Some blood in Rt ear – no active bleeding.
	now:
	In cervical collar – Hx pain in jaw.
	Chest: – good air entry both lung fields
	CVS: S1 S2 + No murmurs CG (G) Ext: Swelling & tenderness Lt T on joint.
	Abd: Soft No palpable masses BS+
	Ext: No bruises noted in upper extremity
	No neurovascular deficit noted
	Lower Extremity – Toe movement WNL
	Unable to move knee & hip due to pain
	Minimal swelling & tenderness over iliac crest (Lt)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

[redacted]

b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

(A) (1) Blu[redacted] trauma – Skull, [redacted] hip

(2) LOC – ? Cerebral concussion

(P) - X Ray skull, pelvis, Lt hip, neck, mandible

- Morphine 10 mg im
- IV fluids.
- Neuro checks
- If Fx → CASH
- ~~CAA~~ [redacted] major

Unable to obtain adequate views of skull & C spine

(1) Cerebral Concussion – ~~was~~ LOC for 1 hr.

(2) possible Fx Pelvis & Fx mandible

Transfer CASH for Ortho evaluation after X Rays

b(6)-2

Dr. [redacted] maj me

CO B 1/19th

- URGENT
- STRETCHER

medivac

58-104 b(6)-6 7540-01-075-37

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Patient)*	LOG NUMBER	TREATMENT FACILITY [redacted]
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

SEX: M

AGE: 34

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS

ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

ARRIVAL

DATE *(Day, Month, Year)*: 1 Aug 83 | TIME: 1730

TRANSPORTATION TO FACILITY: Medevac

THIRD PARTY INSURANCE

ITEM	YES	N
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: ZANTAC

ALLERGIES: NKDA

INJURY OR OCCUPATIONAL ILLNESS

ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT

DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS

DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: Facial Trauma — Etoh (+) Tob pack a day

CATEGORY OF TREATMENT

☐ EMERGENT
☐ URGENT
☐ NON-URGENT

TIME
INITIALS

VITAL SIGNS

TIME	1730					
BP	105/60					
PULSE	86					
RESP	15					
TEMP	98.5					
WT	78 kg					

LAB ORDERS

☒ CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S	UA MSCC/CATH		☒ CHEM: BS, Lytes
BLOOD C&S X			

X-RAY ORDERS

	CXR PA & LAT/PORTABLE	☒	C-SPINE
	ACUTE ABDOMEN		LS SPINE
	SINUS		HEAD CT
	ANKLE R/L		
☒	Skull & Face		AAA, Pelvis

ORDERS

☐ PULSE OX ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
1732	2 Liters Bolus	SM			

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

E [redacted] b(6)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER

CK- 519

TEST RESULTS

WBC	H/H	PLT	SMAC			
9.4	12.6/41	330	133	103	14	
			4.2	22	74	1.2

PTT	BHCG	ETOH	GLU

ABG/PULSE OX					
SUP O2	PH	PO2			
PCO2	SAT	OTHER			
U/A	DIP				
	MICRO				

RADIOLOGY	Check if read by radiologist ☐
RESULTS	
EKG INTERPRETATION	

PROVIDER HISTORY/PHYSICAL

S: 35yo Iraqi ♂ c̄ blunt trauma to face/ribs/abdomen. Sustained concussion/LOC x 1min.

O: GCS = 12, somnolent but arousable c̄ tactile stimuli.
Head/face ⊕ left mandibular swelling. X-ray s̄ fx
Neck - nontender, moving s̄ pain
Heart - RRR s̄ ⊖ Lungs - CTAB
Rectal - good tone, ⊖ gross blood
JM's/ears - ⊖ blood, ⊖ fluid

Abd - soft, ⊕ tender - minimal LUQ, nondistended, initial FAST exam ⊖ by [redacted], MD b(6)-2
Extremi: ⊖ deformities or swelling.
Pelvis - ⊖ rock ⊖ fx
Back - ⊖ stepoff or tenderness.
Chest - mild TTP ⊕ multi chest ⊖ fx's

A: Multiple blunt trauma's
Closed head injury.

P: Admit/observe/neuro v's
Pain control

C-spine: ⊖ fx
CXR - no acute disease.

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

[redacted]

PROVIDER STAMP b(6)-2

DIAGNOSIS

see above

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CONSULTATION SHEET**

b(2)-2

REQUEST

b(6)-2

TO: Ortho | [redacted] Surgeon

FROM: (Requesting physician or activity) Dr. [redacted] major me

DATE OF REQUEST: 1 Aug 2003

REASON FOR REQUEST (Complaints and findings)

Blunt trauma to skull, neck, Lt hip, Lt femur
LOC for 1 Hr.
marked swelling Lt mandible & Lt iliac crest
Unable to obtain adequate xrays for assessment

PROVISIONAL DIAGNOSIS

b(6)-2

Fx mandible / Fx pelvis / LOC - Cerebral [redacted]

DOCTOR'S SIGNATURE

b(6)-2

[redacted]

APPROVED

PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL

☐ ROUTINE ☐ 72 HOURS ☐ TODAY ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NO

PATIENT EXAMINED ☐ YES ☐ NO

TELEMEDICINE ☐ YES ☐ NO

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

DEPARTMENT/SERVICE OF PATIENT

RELATION TO SPONSOR

SPONSOR'S NAME (Last, first, middle)

SPONSOR'S ID NUMBER (SSN or Other)

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)

b(6)-4

[redacted]

REGISTER NO.

WARD NO.

SPW

[redacted]

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66. The proponent agency is OTSG

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED RECORD IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

IT IDENTIFICATION

[redacted]

b(6)-4

NG UNIT | ROOM NO | BED NO.

DATE OF ORDER | TIME OF ORDER

1 AUG 03 | 1920 HOURS

1. ADMIT TO ICW2 ✓
2. DX: S/P ASSAULT c̄ CLOSED HEAD INJURY ✓
3. COND: STABLE ✓
4. VS: Q 4° ✓
5. ALL NKDA ✓
6. ACTIVITY: AD LIB
7. DIET: NPO

IT IDENTIFICATION

NG UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

HOURS

8. IVF: D5 1/2NS c̄ 20 meq KCl/L @ 100 cc/hr
9. C-SPINE / FALLS PRECAUTIONS
10. Q 2° NEURO CHECKS ✓
11. CALL M.D. FOR: T > 101, HR > 100 ✓, SBP < 90

IT IDENTIFICATION

NG UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

HOURS

ΔIN NEURO

12. PA / LAT CXR IN AM ✓

[redacted]

NG UNIT | ROOM NO | BED NO.

24° VS [redacted]

IT IDENTIFICATION

[redacted] | DATE OF ORDER | TIME OF ORDER

2 AUG 03 | 2107 HOURS

noted [redacted] 1 Aug 03 2030

0730 b(6)-2 [redacted] noted

1. D/C CERVICAL COLLAR
2. REG DIET

[redacted]

NG UNIT | ROOM NO. | BED NO

b(6)-2 All

the proponent agency is the Office of The Surgeon General. MD VR 2003

RIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4
1 Aug	[redacted]	VS q 4°	4	/	[redacted]		
			8	/			
			12	/			
			16	/			
			20	/			
			24	[redacted]			
1 Aug	[redacted]	Activity: ab lib	5	/	[redacted]		
			13	/			
			21	[redacted]			
1 Aug	[redacted]	~~Diet NPO~~	6	/	[redacted]		
2 Aug	[redacted]	Regular Diet	12	/			
			17	/			
1 Aug	[redacted]	C Spine/falls precautions	6	/	[redacted]		
			13	/			
			21	[redacted]			
1 Aug	[redacted]	call MO for T>101 HR>100, SBP<90, Ain neuro	6	/	[redacted]		
			13	/			
			21				
1 Aug	[redacted]	Q2° Neuro checks	6	/	[redacted]		
			14	/			
			21	[redacted]			

D/C 02 Aug 03 1615 [redacted]

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P assault c̄ closed head injury

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

EPW #[redacted] b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIME

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 EDITION OF 1 DEC 77 MAY BE USED. USA

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. ____ Yr. ____

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 1	2	3	4
1 Aug	[redacted]	D5½NS c̄ 20meq KCL @100cc/hr	6	/	[redacted]		DC'd 8/2/07
			13	/			
			21	[redacted]			
		b(6)-2					

b(6)-2

ALLERGIES: ☐ YES ☐ NO

NKDA

PRIMARY DIAGNOSIS: S/P assault c̄ closed head injury

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ____

PATIENT IDENTIFICATION:

EPW

[redacted] b(4)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. [redacted]TF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 1 D 1	I 2	b(a)-4 [redacted]	FPW# [redacted] b(a)-4	n 0	M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
unk	34	X	9	unk

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
n 0	no	9 9	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	unk	1730	no b(a)-4

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
n 0	K 7 8	unk

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
	n 0	9	YEAR / ☑ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0 b(2)-2	ICW2	
[redacted] b(2)-2		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. [redacted]	[redacted]RANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
21		0 3 0 8 0 2

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
A A J A		0 3 0 8 0 2

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		0 3 0 8 0 2

FOR LOCAL USE

DX: O/P assault c closed head injury

850.1
959.09
959.7
959.6
719.46
723.1
E968.2

b(a)-2

ADMITT[redacted]nature, as required) [redacted]ING CLERK

[redacted]

DA FORM 2098, MAR 80 [redacted]