NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Patient)*	LOG NUMBER TRE[redacted] b(2)-2
		RECORDS MAINTAINED AT

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS: IRAQ 1

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)*: 29AUG03 | TIME: 1600

TRANSPORTATION TO FACILITY: MEDEVAC

SEX: M

DUTY/LOCAL PHONE	
AREA CODE	NUMBER

AGE

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 INTITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: GSW (R) chest

CATEGORY OF TREATMENT

☐ EMERGENT

☒ URGENT

☐ NON-URGENT

TIME: 1600

b(6)-2 [redacted]

VITAL SIGNS

TIME	1600	1625			
BP	138/62	134/60			
PULSE	72	88			
RESP.	24	16			
TEMP		100.2			
~~WT~~	100%	100%			

LAB ORDERS

☒ CBC/DIFF	☒ ABG	☒ PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S	☒ UA MSCC/CATH		☒ CHEM: Met 8
☒ 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 ☐ 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)
USAPA V1.00

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER

TEST RESULTS

CBC		SMAC				ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
	WBC					SUP 02	PH	PO2	RESULTS	
	H/H					PCO2	SAT	OTHER		
	PLT									
PT					U/A	DIP			EKG INTERPRETATION	
APTT		BHCG	ETOH	GLU		MICRO				

PROVIDER HISTORY/PHYSICAL

S: 28 y. Iraqi ♂ c̄ GSW to ® chest. Seen @ FST. Chest tube placed ®; liver lac packed, diaphm ® repaired, x-lap performed.

O: Paralyzed on vent
Lungs - ~~Rt~~ Bilat breath sounds c̄ rhonch.
Heart - RRR
Abd - soft, non-distended
® chest entrance wound (ant); ® post thorax exit wound.

CXR
Re-exp and
Tube ok ®

KUB
⊖ fb

P: Surgery admit
ET tube advanced 2cm per Dr [redacted] (c̄ initial CXR)

b(6)-2

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

[redacted] b(6)-2

PR [redacted]

MASMC

CODES [redacted]

b(2)-2

DIAGNOSIS

GSW chest, diaphram, liver injuries

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)
USAPA V1.00

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circ... 5

SECTION I - PATIENT ASSESSME...

DATE: 2 NOV 03 | PATIENT ACUITY LEVEL: III | POST-OP DAY: | HOSPITAL DAY:

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 0912 To 1CW2 From 1CW1 ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☒ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (Specify): _____

Procedure/Diagnosis paraplegic / sacral ulcer B/P 119/62 P 72 R 16 T 97.4

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes colostomy

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☒ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From LT [redacted] b(6)-2 Received By LT [redacted] b(6)-2

VITAL SIGNS

TIME:	1010	2000	[redacted]
BP ARTERIAL LINE	—		
BP CUFF	120/64	116/66	116/58
TEMPERATURE	96.3	98.3	99.1
PULSE	78	84	81
RESPIRATORY RATE	14	16	16
OXYGEN (L/%)	—		
PULSE OXIMETER	100	99%	97%
O2 METHOD	RA	RA	RA

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

PAIN

TIME:	2000
PAIN INTENSITY (10 / 5 / 0)	
MED ADMINISTERED (Y/N)	
RELIEF ACCEPTABLE (Y/N)	

OTHER

TIME:	
FINGER STICK GLUCOSE	
INSULIN (Y/N)	

SPECIAL NEEDS

TIME:	1330
*Skin breakdown prevention	NA
*Falls prevention protocol	
*Restraint protocol	
*Seizure precautions	
*Isolation precautions	NA

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

24 HOUR TOTALS	PO	IV #1	IV #2					TOTAL IN	Urine		Stool			TOTAL OUT

PATIENT IDENTIFICATION

C [redacted] b(6)-4

DIAGNOSIS: _____

DRG: _____ ADMISSION DATE: _____

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: _____

ISOLATION REQUIRED (Specify): _____

All b(6)-2

SECTIO[illegible] ATIENT ASSESSMENT - REVIEW OF SYSTE[illegible]

DIRECTIONS: A check ✓ in the small box indic[illegible] patient assessment criteria have been MET. If [illegible] ne stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 1330 INITIALS: [redacted]	TIME: 1910 INITIALS: [redacted]	TIME: 2200 INITIALS: [redacted]
1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	✓	✓	✓
2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)*	✓	✓	✓
3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	✓	✓	✓
4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding.	☐ Colostomy – Stoma pink/red. Poor appetite	☐ Colostomy leaking – Changed.	☐ colostomy Tolge amt loose brown stool Stoma pink
5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	☐ Foley	☐ Foley draining CS medium urine	☐ Foley Clear yellow urine
6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	☐ Paraplegic Total care	☐ Total care	☐ Paraplegia
7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	☐ Sacral decub	☐ Sacral decub	☐ Stage III Sacral decub
8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)*	✓	✓	✓
9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	✓	✓	✓

10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

TIME: 1330 INITIALS: [redacted]	TIME: 1910 INITIALS: [redacted]	TIME: 2200 INITIALS: [redacted]
IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
LOCATION / CONDITION	LOCATION / CONDITION	LOCATION / CONDITION
IV Site #1: (R) forearm WNL	IV Site #1: (R) forearm WNL	IV Site #1: (R) forearm OK
IV Site #2:	IV Site #2:	IV Site #2:
Comments:	Comments:	Comments:

All b(6)-2

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR

SITE: TIME:						
COLOR						
CAPILLARY REFILL						
TEMPERATURE						
EDEMA						
SENSATION						
MOTION						
PASSIVE FLEXION						
PERIPHERAL PULSE						

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

SAFETY

TIME:	1330	1960	0700
ID band visible/legible	[redacted]		
Orient to environment prn			
Side rails (2/4) up	NA	NA	
Bed position low			
Call light within reach			

OTHER

Review & post lab results			
Notify MD abnormal labs			
Incontinent urine/stool			
Linen change prn			
Turn/reposition q2h			
ROM q2h if immobile			
Antiembolic hose			

DIET

BREAKFAST	LUNCH	DINNER
TYPE:	TYPE: Regular	TYPE: Regular
PERCENT CONSUMED:	PERCENT CONSUMED: 30%	PERCENT CONSUMED: 45%
HOW TOLERATED:	HOW TOLERATED: well	HOW TOLERATED: well
☐ SELF ☑ ASSIST ☐ COMPLETE	☐ SELF ☐ ASSIST ☒ COMPLETE	☐ SELF ☐ ASSIST ☒ COMPLETE

ADLs

	0700-1500	1500-2300	2300-0700
BATH/ORAL CARE	☐ SELF ☒ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☒ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL
TYPE OF ACTIVITY (Circle all that apply)	BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT	BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT	BEDREST, AMBULATE, BSC, BRP, CHAIR ☐ SELF ☐ ASSIST # TIMES/SHIFT

TEACHING

TIME: INITIALS:	TIME: INITIALS:	TIME: INITIALS:
CONTENT:	CONTENT:	CONTENT:
☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding

PATIENT IDENTIFICATION	INITIALS	SIGNATURE	SHIFT
	[redacted]	[redacted] CPT AN	D
		CPT AN	E
		LVT/AN	N

MEDCOM FORM 689-R (TEST) (MCHO) MAR 99

SECTION III - INTERVENTIONS & TEACHING (Cont)

WOUND CARE	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
	1995	Sacral decub	3.5 diameter - Beefy red.	Wet → dry

SECTION IV - NOTES

2NOV03 1930: Sacral decub dressing changed, area is approx 3.5 inches in diameter mostly beefy red w/ some areas of gray discoloration towards the middle. Edema noted to left foot. Turned Q2 throughout shift [redacted]

b(6)-2

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circ)-5

SECTION I - PATIENT ASSESSME

DATE 08Nov03 | PATIENT ACUITY LEVEL: III | POST-OP DAY: | HOSPITAL DAY:

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time _____ To _____ From _____ ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time _____ Physician _____ Anesthesia (*Specify*): _____

Procedure/Diagnosis _____ B/P _____ P _____ R _____ T _____

LOC _____ Neurovascular checks _____

Dressing/cast _____ Tubes _____

Intake (IV, po) _____ Output (EBL, other) _____ Voided ☐ No ☐ Yes Amount: _____

Medication _____

Other _____

Report From _____ Received By _____

VITAL SIGNS

TIME:	1200														
BP ARTERIAL LINE	/														
BP CUFF	110/60														
TEMPERATURE	98.8														
PULSE	80														
RESPIRATORY RATE	16														
OXYGEN (L/%)	/														
PULSE OXIMETER	98														
O_2 METHOD	/														

Oxygen Method Key: NC = Nasal cannula; MT = Mist tent; NR = Non rebreather; PR = Partial rebreather; FM = Face mask; A = Aerosol; VM = Venturi mask; TC = Trach collar

PAIN

TIME:	0830	1300						
PAIN INTENSITY (10 / 5 / 0)	0	0						
MED ADMINISTERED (Y/N)	Y	Y						
RELIEF ACCEPTABLE (Y/N)	Y	Y						

OTHER

TIME:	/							
FINGER STICK GLUCOSE								
INSULIN (Y/N)								

SPECIAL NEEDS

TIME:	0830		
*Skin breakdown prevention	/		
*Falls prevention protocol			
*Restraint protocol			
*Seizure precautions			
*Isolation precautions			

YESTERDAY'S WEIGHT: _____

TODAY'S WEIGHT: _____

WEIGHT CHANGE: _____

*Per hospital policy.

24 HOUR TOTALS	PO	IV #1	IV #2					TOTAL IN	Urine		Stool			TOTAL OUT

PATIENT IDENTIFICATION

C[redacted] b(6)-4

DIAGNOSIS: S/p end sigmoid colostomy

DRG: _____ ADMISSION DATE: 29 Sep

LOS: _____ EXPECTED RELEASE: _____

CASE MANAGER: _____

PRIMARY CARE MANAGER: [redacted] b(6)-2

ISOLATION REQUIRED (*Specify*): _____

SECTION II PATIENT ASSESSMENT - REVIEW OF SYSTEMS

DIRECTIONS: A check ✓ in the small box indic tient assessment criteria have been MET. I stated criteria are not met, a brief explanation of abnormal findings will be noted in th propriate column.

	TIME: 0830 INITIALS: [redacted]	TIME: INITIALS:	TIME: INITIALS:
1. NEUROLOGICAL: Alert and oriented to time place and name. Responds appropriately. Communication is adequate to express needs. Pupils equal and reactive to light.	☑	☐	☐
2. CARDIOVASCULAR: Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. *(See page 3 for extremity perfusion)*	☑	☐	☐
3. PULMONARY: Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. No abnormal breath sounds.	☑	☐	☐
4. G.I.: Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea or rectal bleeding.	☐ colostomy c̄ loose brown stool	☐	☐
5. G.U.: Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual discharge.	☐ foley c̄ cl yellow urine	☐	☐
6. MUSCULOSKELETAL: Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal active ROM without pain. No joint swelling/tenderness, weakness or paresthesia.	☐ paraplegic, total care ~~able to move~~	☐	☐
7. SKIN: Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist.	☐ sacral decub ~~drsg~~ to midline - CDI	☐	☐
8. PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)*	☐ see pg 1	☐	☐
9. PSYCHOSOCIAL: Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate to situation. Interacts appropriately with others.	☑	☐	☐

10. IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness * - Central line)

TIME: 0830 INITIALS: [redacted]	TIME: INITIALS:	TIME: INITIALS:
IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:	IV patency ✓ q ___ hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
LOCATION / CONDITION	LOCATION / CONDITION	LOCATION / CONDITION
IV Site #1: (R) forearm / OK	IV Site #1:	IV Site #1:
IV Site #2:	IV Site #2:	IV Site #2:
Comments: [redacted]	Comments:	Comments:

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR

SITE:	TIME:					
COLOR						
CAPILLARY REFILL						
TEMPERATURE						
EDEMA						
SENSATION						
MOTION						
PASSIVE FLEXION						
PERIPHERAL PULSE						

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; O-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

SAFETY

	TIME: 0830		
band visible/legible	[redacted]	b(6)-2	
Orient to environment prn			
Side rails (2/4) up			
Bed position low			
Call light within reach			

OTHER

Review & post lab results			
Notify MD abnormal labs			
Incontinent urine/stool			
Linen change prn			
Turn/reposition q2h			
ROM q2h if immobile			
Antiembolic hose			

DIET

BREAKFAST	LUNCH	DINNER
TYPE: Reg	TYPE: Reg	TYPE:
PERCENT CONSUMED: 25%	PERCENT CONSUMED: 25%	PERCENT CONSUMED:
HOW TOLERATED: well	HOW TOLERATED: well	HOW TOLERATED:
☒ SELF ☐ ASSIST ☐ COMPLETE	☒ SELF ☐ ASSIST ☐ COMPLETE	☐ SELF ☐ ASSIST ☐ COMPLETE

ADLs

	0700-1500	1500-2300	2300-0700
BATH/ORAL CARE	☐ SELF ☒ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL
TYPE OF ACTIVITY (Circle all that apply)	BEDREST ☐ SELF AMBULATE ☒ ASSIST BSC BRP # TIMES/SHIFT CHAIR	BEDREST ☐ SELF AMBULATE ☐ ASSIST BSC BRP # TIMES/SHIFT CHAIR	BEDREST ☐ SELF AMBULATE ☐ ASSIST BSC BRP # TIMES/SHIFT CHAIR

TEACHING

TIME: 1300 INITIALS: ACB	TIME: INITIALS:	TIME: INITIALS:
CONTENT: encouraged to drink more fluids	CONTENT:	CONTENT:
☒ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding

PATIENT IDENTIFICATION	INITIALS	SIGNATURE	SHIFT
[redacted] b(6)-4	[redacted]	[redacted] 2LT/MN	1
	b(6)-2	b(6)-2 [redacted]	

SECTION III - INTERVENTIONS & TEACHING (Cont)

WOUND CARE	TIME	LOCATION OF WOUND	APPEARANCE	TREATMENTS AND DRESSING CHANGE
	0830	Sacral decub	3.5 diameter - beefy red	wo → dry → T 10

SECTION IV - NOTES

1500: Transferred to Iraqi hospital via stretcher. VSS. Foley to gravity. No % pain @ this time. [redacted] Resp

b(6)-2

MEDCOM FORM 689-R (TEST) (MCHO) MAR 99

624TH FORWARD SURGICAL TEAM
PATIENT RECORD

DTG IN: 29 AUG 03
TO OR: 1435
NAME: [redacted] 1991
SSN:
UNIT:
WT LBS: 140
WT KG:
ALLERGIES: UNKNOWN

TIME OF INJURY:
DETAILS OF INJURY EVENT: Shot at American soldiers - fire returned

GCS PRIOR TO ARRIVIAL=

TIME	IV	SZ	SITE
	1		~~Field~~ Blown
~~1415~~	~~2~~	~~18~~	~~(L) FA~~ - Blown
1415	3	18	(R) FA
1420	4	18	(L) Arm

LITERS OF FLUID IN: 1415 #1, 1420 #2, 1430 #3, 1432 #4
UNITS OF BLOOD IN:

TIME	MED & DOSE	INIT.
1420	Ancef 1gm SUCC - 100	
1420	Fentyl 200	
	Amidate 20mg	

TIME	INTERVENTION
1410	OXYGEN ON & RATE: 5L FM
	ETT SIZE:
	SURG. AIRWAY
1425	CT #1 & SITE: #36 (R) T
	CT #2 & SITE:
1430	FOLEY 16 Fr
	GASTRIC

AIRWAY: PATENT / ETT / ORAL / NASAL
FM 5L
CHEST: Absent (R) side, Blat wheezing, Wheezing ⊕ intubation
RIGHT BS= LEFT BS=
NEURO: GCS=
Alert
HEAD, FACE, & NECK: Clean
ABDOMEN: (R) T Quad GS - dsg, firm, tender to touch, Ø distend, Ø BS
PELVIS: Clean
UPPER LEGS: Clean
LOWER LEGS: Clean
ARMS: Clean
POSTERIOR: (R) side GS 5mm

ANESTHESIA / OR

TIMES	
IN:	1435
INCISION:	1441
PROC. END:	1540
TO ACW:	1540
ANESTESIA TECH	
MAC:	
REGIONAL:	b(6)-2
GENERAL:	[redacted]

MEDICATIONS: MIDAZOAM, PENTOTHAL, ETOMIDATE PROP, FENTANYL 250mcg, MSO4, SUCCINYL, ROCURONIUM, VECURONIUM 10mg, AGENTS: FORANE 1.5%
ANTIBIOTIC: 1gm (PRE)
REVERSAL: Ø
OTHER: SCOPOLAMINE 0.4mg

FLUID TOTALS	
CRYSTAL:	
COLLOID:	300
EBV:	
EBL:	300
NG ~~U.O.~~	20
DRAINS:	
CHEST	250
FOLEY	250

VITAL SIGNS		
TIME:	1445	1535
BP:	125/68	96/42
HR:	70	68
RR:	10	10
SpO2:	100	100
TEMP:	98	98

PROC: EX LAP

RECOVERY

TIME IN: O2 VIA & RATE:
SURGEON(S):
PROCEURE:
DRESSINGS:
TUBES:
DRAINS:

IV SITE RE-EVALUATION

IV	SZ	SITE	RATE	AMT IN BAG

POST-OP MEDICATIONS

TIME	MED & DOSE	ROUTE

CUMULATIVE I & O

INTAKE		OUTPUT	
SOURCE	AMT	SOURCE	AMT
		TOTAL=	

POST-ANESTHESIA RECOVERY SCORE

ADMIT=	
30 MIN=	
D/C=	

VITAL SIGNS

	ADMIT	D/C
BP:		
HR:		
RR:		
TEMP:		

PLAN OF CARE FOR SKIN BREAKDOWN AND WOUND MANAGEMENT

MEDICAL RECORD — **PROGRESS NOTES**

Admission Date: 19 Oct 03 **Diagnosis:** Paralysis c [illegible] **HD:** _____ **POD:** X 1

Date: 19 Oct 03 Time: 1700 RN Signature [redacted]

Skin breakdown as evidenced by (immobility), friction, [redacted] wound, skin tear.

Wound type: Surgical wound (s) Location: abd - 35cm In Size: b(6)-2 Drainage: ø
Diabetic ulcer Tubes: _____ Pins: _____ Appearance: _____
Venous stasis ulcer Dressing change: _____
Other ✓ Describe: ① through donor site healed - ② leg multiple allergies healed.

Burn wound (s): % BSA _____ Partial _____ Full _____
Location: _____ Size _____
Appearance: _____
Dressing change: _____

Pressure Ulcer (s):
occipital Stage I, II, III, (IV) (Circle the one that applies and describe below) unable to stage due to wound covered c̄ hard scab.
Location: Coccyx region Size: 10 cm in diameter - irregular 1 cm deep
Wound character: Pink ___ Moist ✓ Dry ___ Granulation tissue ___ Yellow slough ___
Tunneling ✓ Undermining ✓ Odor ___ Purulent discharge ___ Eschar ___ Exudates ___
7 o'clock to 11 o'clock position 8 cm deep. + undermining 3½ deep 11 o' to 1 o'clock posi

Refer to SOP for Dressing Change Instrucitons.

Please check the appropriate dressing Change:

- ☑ Wet to Dry Dressing sacral
- ☐ Carrasyn-V GelDressing
- ☐ Alginate Dressing
- ☑ Comfeel Dressing occipital
- ☐ Pin Site Care
- ☐ J-Tube Care
- ☐ Colostomy Care
- ☐ Chest Tube Care
- ☐ Burn Care

NOTE: Document daily wound and dressing change on Progress Note or Nursing Note.

Select the appropriate products used:

- ☐ Sterile 4x4 gauze dressing
- ☐ Sterile 2x2 gauze dressing
- ☐ Sterile gloves
- ☑ Kerlix (super sponge)
- ☐ Gauze bandage
- ☑ Sterile Normal Saline
- ☑ Sterile Water
- ☐ 8 x 4 Sponge gauze
- ☐ Op-site
- ☑ Tegaderm clear dressing sacral
- ☐ Alkare skin prep
- ☐ Comfeel clear
- ☑ Comfeel pressure ulcer drsg occipital
- ☐ Carrasyn-V Gel
- ☐ Alginate
- ☐ Bacitracin
- ☐ Silvadene Cream

Note: Be sure to pack loosely and pack all Tunneling & undermin[illegible]

- ☐ Petrolatum gauze
- ☐ Hibicleanse
- ☐ Non-adhesive dressing
- ☐ Telpha Pad
- ☐ Carra-smart film
- ☐ Sterile Q-tip applicator
- ☐ Xeroform 5 x 9.
- ☐ Moisture barrier cream
- ☐ 0.125% Dakins sol
- ☐ Betadine Swab sticks
- ☐ ½ Hydrogen Peroxide & ½ Sterile Normal Saline

Select the frequency of dressing change:

- ☑ b.i.d.
- ☐ t.i.d

MD Signature and Date: Dr [redacted]

[redacted] b(6)-2

Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank; hospital or medical facility) **Medical Record, SF 509**

[redacted] b(6)-4

SKIN AND WOUND ASSESSMENT

MEDICAL RECORD — **PROGRESS NOTES**

Admission Date: _____ **Diagnosis:** _____ **HD:** _____ **POD:** _____

Skin assessment must be done initially and every 7 days.

Braden Scale Evaluation (See Braden Evaluation Table for Details)

Sensory Perception	No impairment	4		**Mobility**	No limitations	4
	Slightly limited	(3)			Slightly limited	3
	Very limited	2			Very limited	2
	Completed	1			Completely immobile	(1)
Moisture	Rarely moist	(4)		**Nutrition**	Excellent	4
	Occasionally moist	3			Adequate (Eats >50%)	3
	Moist	2			Adequate (Rarely eats)	2
	Constantly moist	1			Very poor	(1)
Activity	Walks frequently	4		**Friction and Shear**	No apparent problem	(3)
	Walks occasionally	3			Potential problems	2
	Chairfast	2			Problems	1
	Bedfast	(1)	8			5

Add the total score ***Total Score:*** 13

Above 20 — Low Risk
Between 16 and 20 — Medium Risk
Between 11 and 15 — (High Risk)
Below 10 — Very High Risk

Note: A Braden Scale Score of less than 15 indicates **HIGH RISK**-requires immediate Ulcer Prevention program.

Surgical wound (s): Yes ✓ No__ Location: abd. Size: 35cm incision Drainage: Ø
Tubes: Ø Pins: Ø Appearance: Suture intact
Dressing change: wash c soap & H2O.

Burn wound (s): Yes__ No__ % BSA_____ Partial_____ Full_____
Location:_____ Size_____
Appearance:_____
Dressing change:_____

Pressure Ulcer (s): Yes ✓ No___
Stage I, II, III, (IV) (Circle the one that applies and describe below)
Location: coccyx, occipital region Size: 8cm diameter
Wound character: Pink___ Moist ✓ Dry___ Granulation tissue___ Yellow slough _____ Tunneling ✓
Undermining ✓ Odor___ Purulent discharge Blood Eschar_____ Exudates _____
Type of dressing change: Wet-to-dry ✓ Comfeel dressing_____ Carrasyn-V Gel_____ Alginate_____
S/P wound debridement
Physician notified/consulted for wound debridement: Yes___ No___ Date/time MD notified MD aware
CNS notified/consulted for Stage II and greater: Yes ✓ No_____
Nutrition Referral: Yes_____ No ✓
Physical Therapy Referral: Yes_____ No ✓
Dr. [redacted] b(6)-2 consulted
Action taken: Need dietary / PT tomorrow Date & Time 21/oct/03
b(6)-2 [redacted]

REGISTER NO.	WARD NO.
	ICU 2

Patient's Identification (For typed or written entries give: Name-last, first, middle: Grade; rank; hospital or medical facility)

PROGRESS NOTES
Medical Record
STANDARD FORM 509

[redacted] b(6)-4

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

For use of this form, see AR 40-66; the proponent is The Office of the Surgeon General.

1. AGE:
HEIGHT:
WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): unknown

3. PREVIOUS SURGERY [ ] NO [X] YES (type): Ex Lap

4. PROPOSED SURGICAL PROCEDURE: s/p GSW (R) chest x liver
Pt. on vent, CT x 2. Foley cath, A-Line,

5. ADDITIONAL INFORMATION: Last PO: NPO Medical Hx: ? Implants: Ø Medications: Versed, Fentanyl, Propofol, Vecuronium, zantac
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	Ø Pt. verbalizes any specific anxiety. Ø Pt. exhibits relaxed body posture.	Ø Allow pt. to verbalize freely. Ø Explain OR environment and answer questions regarding surgery. Ø Offer comfort measures, (e.g., warm blanket, touch) Ø Explain all nursing procedures before they are done. Ø Remain with pt. whenever possible. Ø Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to sedation; positioning; injury	Ø PT. will be able to breathe without difficulty during immediate intra-operative phase.	Ø Offer to elevate head of litter or offer pillow. Ø Observe pt. while awaiting surgery for signs of distress Ø Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to bovie pad; position; fluid shift	Ø PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	Ø Utilize pressure preventing devices on OR table and accessories. Ø Check for proper positioning and support to maintain good body alignment. Ø Pad pressure points. Ø Place ESU ground pad on non compromised skin surface area. Ø 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)

EPW
[redacted] b(6)-4

DA FORM 5179, JUN 91 Previoius editions are obsolete. USAPA V1.01

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	ø Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	ø Check for support stockings or ace wraps. If none, check with doctors. ø Check that safety straps are correctly applied. ø Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. ø 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	ø Pt. will be transferred to OR table without difficulty. ø Pt. will not experience unnecessary physical discomfort.	ø Have sufficient people available for transfer. ø Insure proper body alignment. ø Allow patient to lie in position of comfort while waiting for surgery. ø 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.	ø Pt. will be made aware of surroundings prior to anesthesia induction. ø Pt. will be transferred safely to OR table. ø Pt. will be able to understand instructions. ø Minimize danger of injury during intraop period.	ø Introduce self. Keep pt. informed as to where he/she is and what is happening. ø Inform pt. in which direction to move and assist if necessary. ø Speak clearly and slowly. ø Address pt. from either side. ø Validate pt.'s understanding of verbal communications. ø 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.

b(6)-2

10. [redacted] ENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] 11/A 30 Aug 03 DATE

11. POSTOPERATIVE EVALUATION:

No s/s of distress noted.

b(6)-2

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title [redacted] AS

DATE: 30 Aug 03 TIME: 16.5

b(6)-2

13. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title [redacted] RN

DATE: 30 Aug 03 TIME: 1845

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

FOR Use this form. See AR 40-407: the Proponent Agency is The Office of the Surgeon General.

1. AGE 35

HEIGHT:

WEIGHT:

2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication)
☒ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD
REACTION:

3. PREVIOUS SURGERY [ ] NO [X] YES (type):
s/p GSW (multiple sx's)

4. PROPOSED SURGICAL PROCEDURE:
Decubitus ulcer debridement

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition Decubitus
Tobacco ✓ ppd X ___ vrs Body Piercing ✓ Diabetes (Y) ~~(N)~~ ROM ~~paraplegic~~ ASA/Motrin W 72hrs (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: see chart

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) ✓ 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 breath 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 intubatior 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 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 form pooling.

9. PATIENT'S IDENTIFICATION: (For typed or written entries give: Name-last, first, middle; grade, data; hospital or medical facility)
4 [redacted] b(6)-4
20Oct03
[redacted] b(2)-2

VERIFICATIONS AT HOLDING AREA:
! ID/Allergy Band ✓ ! Dentures Removed
! H & P ✓ ! Contacts Removed
! NPO Since 0700 ! Jewelry Removed
! ~~UHCG/LMP~~ ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated N/A
! Surgical Site/Consent verified by N/A Pt./Anesthesia/Surgeon
! Contact precautions (Y) ~~(N)~~
! Family/Friend: ~~Ø~~

DA FORM 5179, JUN 91 Previous editions are obsolete. USAPA V1.0

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	✓ Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse.	O Check foe support stocking or ace warps. if none, check with doctors. ✓ 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. ✓ Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.I. ✓ Potential Impairment of Mobility due to: ✓ 1) Pain ✓ 2) Intra operative Hazzards 3) prosthesis ✓ 4) Positioning ✓ 5) Transfer pt. To/form OR table E.2. ✓ Potential Discomfort Due to: ✓ 1) Length of Surgery ✓ 2) Positioning 3) Arthritis	✓ pt. will be transferred to OR table without difficultly. ✓ pt. will be not experience unnecessary physical discomfort.	✓ Have sufficient people available for transfer. ✓ Insure proper body alignment. ✓ Allow patient to lie in position of comfort while waiting for surgery. ✓ Offer support (i,e..pillows. Bath towel. etc) for positioning.
F. Special Senses F.I. 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 5) Crowns 3) Bridges	✓ pt. will be made aware of surroundings prior to anesthesia induction. ✓ pt. will be transferred safely to OR table. ✓ pt. will be able to understand instructions. ✓ Minimize danger of injury during intraop period.	✓ Introduce self. keep pt informed as to where he. she is and what is happening. ✓ Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. ✓ Address pt. from [illegible] side. ✓ Validate pt.'s understanding of verbal communication. ✓ Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs. b(6)-2	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS OR continuation of above interventions.

10. OR NURSING INTERVENTION COMPLETE D/ADDITIONAL INTRAOPERATIVE INTERVENTIONS NOTED.

[redacted] CRTNN 200403 DATE

11. POSTOPERATIVE EVALUATION : SKIN INTEGRITY: Bovie Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A DRESSING DRY & INTACT: (Y) (N)

LEVEL OF CONSCIOUSNESS: ☐ A&O ☒ Drowsy ☐ Sleepy ☐ Intubated

LEVEL OF ACTIVITY: ☐ MOVES ALL EXTREMITIES ☒ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal

BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] CRTNN

DATE: 200403 TIME: 1500 b(6)-2 MEDCOM - 18057

13. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title [redacted] CRTNN

TIME: 1620 b(6)-2

All b(6)-2 except last

MEDICAL RECORD — **INTRAOPERA[illegible] [illegible]OCUMENT**

For use of this form, see AR 40-407, the propo[illegible] [illegible]gency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Litter BY Anesthesia

2. PATIENT IDENTIFIED [redacted] AND PROCEDURE
VERIFIED BY ILT [redacted]

3. DATE 30 Aug03 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT IN ROOM
TIME 1635 NUMBER 2 -

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☒ OTHER *(Specify)*

COMMENTS: s/p GSW (R) chest & Liver
Pt. intubated on vent, CT X2, A-Line, Foley cath.

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] 91D	RELIEF SCRUB	
ASSIGNED CIRCULATOR	ILT [redacted] MeleE	RELIEF CIRCULATOR	CPT [redacted] 1750-1820

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Normal anatomic body alignment maintained.

8. SKIN PREPARATION

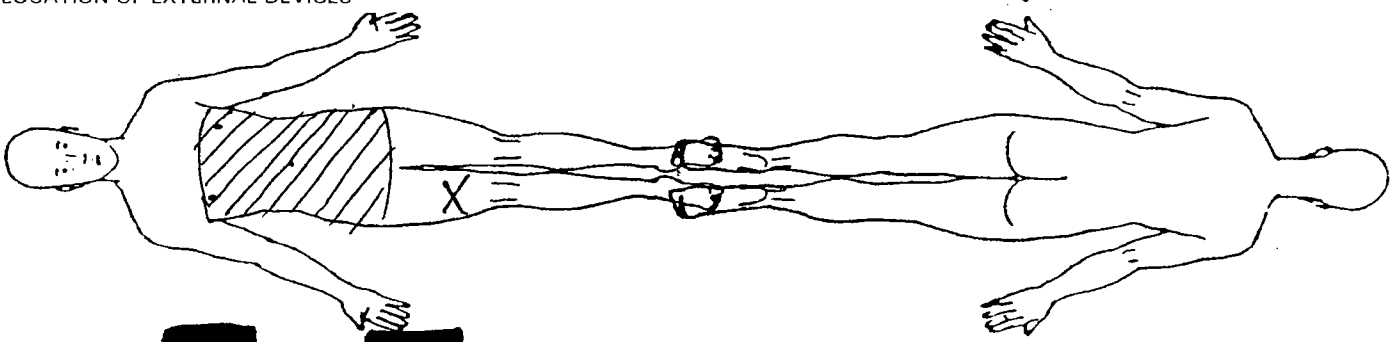
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS: N/A

PREP SOLUTION *(Specify)* Betadine / Betadine
SITE: Abdomen - nipple line BY WHOM: ILT [redacted]
SITE: to pubis - BY WHOM:

COMMENTS: No pooling or adverse reaction

9. LOCATION OF EXTERNAL DEVICES



LEGEND X [redacted] -- [redacted] = = = Tourniquet

Initial: SPC [redacted] ILT

C = Correct I = Incorrect

10. COUNTS

			Initial Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No	C	C	C [redacted]	Spc [redacted]	LT [redacted]
Needle Sharp	☒ Yes	☐ No	C	C	C [redacted]		
Instrument	☒ Yes	☐ No	C	C	C [redacted]		
Other	☒ Yes	☐ No	C	C	C [redacted]	SPC [redacted]	CPT [redacted]

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

EPW
[redacted] b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: R8E 10530S cut: 30 coag: 30, 50, 60, 150
GROUND PAD: BRAND VL Rem Adhesive II
LOT NO: 68936 Exp 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Surgicel Lot 13302164 Exp 2006-09	Q.S.	intra-op	local application	MFR: [redacted]	Dr. [redacted] b(6)-2

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl · Q.S.

OTHER ORDERS

	TIME	CARRIED OUT BY
[redacted]		

PH[redacted] b(6)-2

15. [redacted]ATING ROOM
YES ☒ NO ☐ IF YES, SITE Abdomen

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. 10mm JP x 2	2.	3.
SITE	1. Surgical ABD wound	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8

19. ADDITIONAL INFORMATION
Surgeon: Dr [redacted] Dr. [redacted] b(6)-2
Anesthesia: CPT [redacted] b(6)-2

Portable X-ray of Abdomen done - no unintentional retained objects noted. [redacted] b(6)-2
DA 5179 initiated

20. OPERATION(S) PERFORMED
Exp Laparotomy c̄ debridement + liver resection

21. PATIENT TRANSFERRED TO ICU3 b(6)-2 TIME 1845 METHOD Litter c̄ O2

22. REGISTERED NURSE SIGNATURE [redacted] LT/AN

REVERSE OF DA FORM 5179-1, OCT 8[redacted]

USAPA V1.00

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERAT' OM VIA Wheeled litter bed BY / rhesia

2. PATIENT IDENTIF ECORD REVIEWED AND PROCEDURE VERIFIED BY CPT, [redacted] b(6)-2

3. DATE 11SEP03 TIME PATIENT ARRIVED IN SUITE 1015

4. PATIENT IN ROOM TIME 1015 NUMBER 2/1/3

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☒ OTHER (Specify) intubated.

COMMENTS: Allergies: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] 91D b(6)-2	RELIEF SCRUB	SPC [redacted] 91D 1200 - EOC b(6)-2
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt on padded OR bed, Head on foam doughnut. Arms extended out to sides ∠ 90° in CAP secured to padded armboards c̄ safety straps, folded towels under heels

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Arms moved to tucked at sides c̄ rolled sheets, towel in hands, foam doughnuts under heels Correct Body Alignment maintained

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

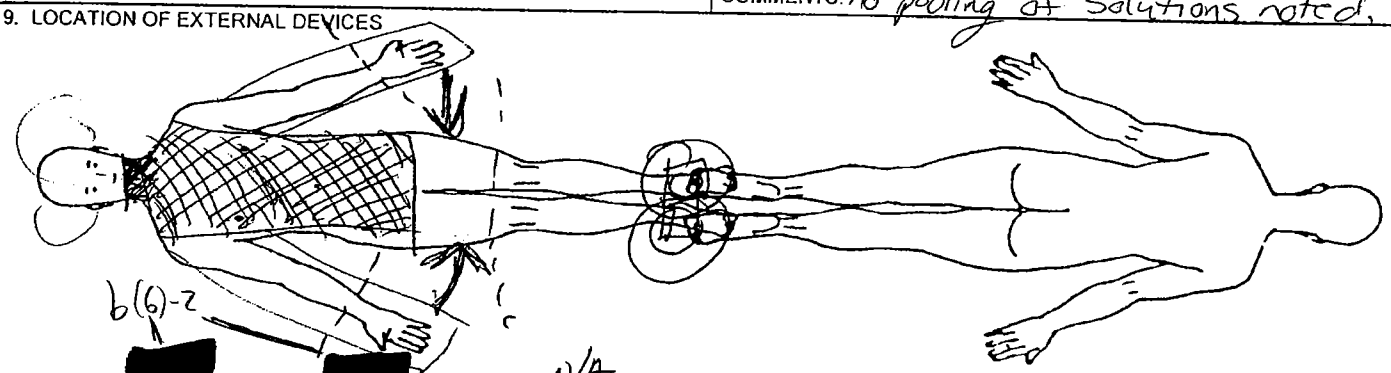
PREP SOLUTION (Specify) Beta/Beta b(6)-2

SITE: abdominal BY WHOM: CPT [redacted]

SITE: (as below) neck. BY WHOM: CPT [redacted]

COMMENTS: no pooling of solutions noted.

9. LOCATION OF EXTERNAL DEVICES



LEGEND [redacted] Ground Pad [redacted] Safety Strap N/A Tourniquet

10. COUNTS

C = Correct I = Incorrect

			Initial Count	First Closing Count	Final Closing Count
Sponge	☒ Yes	☐ No	C	C	C
Needle Sharp	☒ Yes	☐ No	C	C	C
Instrument	☒ Yes	☐ No	C	C	
Other	☐ Yes	☒ No			

SCRUB: SPC [redacted] b(6)-2 SPC [redacted]

CIRCULATOR: CPT [redacted] b(6)-2

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: RSE 105305

GROUND PAD: BRAND Valleylab Polyhesive II REM

LOT NO: 608936 / 2005-03

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

All b(6)-2

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

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 - QS.

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	18. DRESSING/IMMOBILIZATION (Specify) [redacted] - 4x8 sponges + A&D & Silk tape.

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 16F Malecot catheter	2. wet Kerlex packing	3. #8 LPC trach tube	4. 7Fr triple lumen catheter
SITE	1. G-tube stomach	2. abdominal incision	3. tracheostomy	L subclavian

19. ADDITIONAL INFORMATION
WCTII
Surgeons: Dr [redacted] Anesthesia: MA [redacted] CRNA Anesthesia Type: Gen/Endo
Dr [redacted]

Bovie Pad site intact pre-op CDI; post-op CDI Bovie Settings: Coag/Cut 30/30 Blend 1
Tourniquet Site intact pre-op N/A; post-op ____
Tourniquet Time: Up N/A Down ____
pt redraped + prepped at neck + repositioned prior to trach placement.
5179 previously completed

20. OPERATION(S) PERFORMED
Gastrostomy Tube Placement, Triple Lumen Catheter Placement.
- Tracheostomy Placement

21. PATIENT TRANSFERRED TO ICU TIME 1225 METHOD wh [redacted] ICU Bed

22. REGISTERED NURSE [redacted] MEDCOM - 18061

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERAT[illegible] OM
VIA Gurney BY esthesia

2. PATIENT IDENTIF[illegible] ECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 21 Sep 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN RO[illegible] TIME 0836 b(6)-2 NUMBER 2-1 (2)

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Allergies: NKDA
English Speaker

6. NURSING PERSONNEL

ASSIGNED SCRUB	SSG [redacted] 91D b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

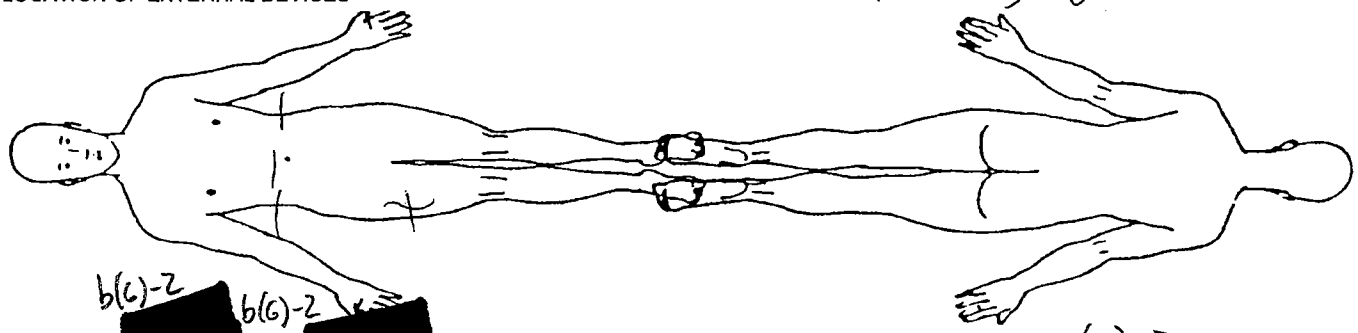
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine b(6)-2
SITE: (L) leg BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS: no pooling of prep noted.

9. LOCATION OF EXTERNAL DEVICES



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

LEGEND [redacted] Pad [redacted] Gap === Tourniquet

C = Correct I = Incorrect

10. COUNTS			Initial Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No	C		C		
Needle Sharp	☒ Yes	☐ No	C		C	SSG [redacted]	CPT [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(6)-4

[redacted] b(2)-2

21 Sep 03

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: CUT 30 Valleylab COAG 30
GROUND PAD: BRAND Valleylab E7507
LOT NO: 689 3B 2005-03

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.01

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER; MANUFACTURER

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	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

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)*

- fluffs mediporc
- Kerlix
- 4x8

19. ADDITIONAL INFORMATION

WC

Surgeons: [redacted] b(6)-2 Anesthesia: MAJ [redacted] b(6)-2 Anesthesia Type:

Bovie Pad site intact pre-op N/A; post-op N/A Bovie Settings: Coag/Cut 30/30

Tourniquet Site intact pre-op ____: post-op ____

Tourniquet Time: Up____ Down____

20. OPERATION(S) PERFORMED

I & D Left leg.

21. PATIENT TRANSFERRED TO ICU-3 b(6)-2 TIME 1025 METHOD gl wy

22. REGISTERED NURSE SIGNATURE [redacted]

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA Wheeled Litter BY Anesthesia

2. PATIENT IDENTIFICATION VERIFIED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 04OCT03 TIME PATIENT ARRIVED IN SUITE 0815

4. PATIENT IN ROOM TIME 0815 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] 91D b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt. on padded OR Bed, Head on foam doughnut. B/lateral Arms extended out to sides <90° in CAP secured to padded arm boards c safety straps, LLE prepped into sterile field, foam doughnut under (R) heel.

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Correct Body Alignment maintained

8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☒ RAZOR LLE by Dr [redacted] ☐ CLIP

COMMENTS: no nicks or cuts noted

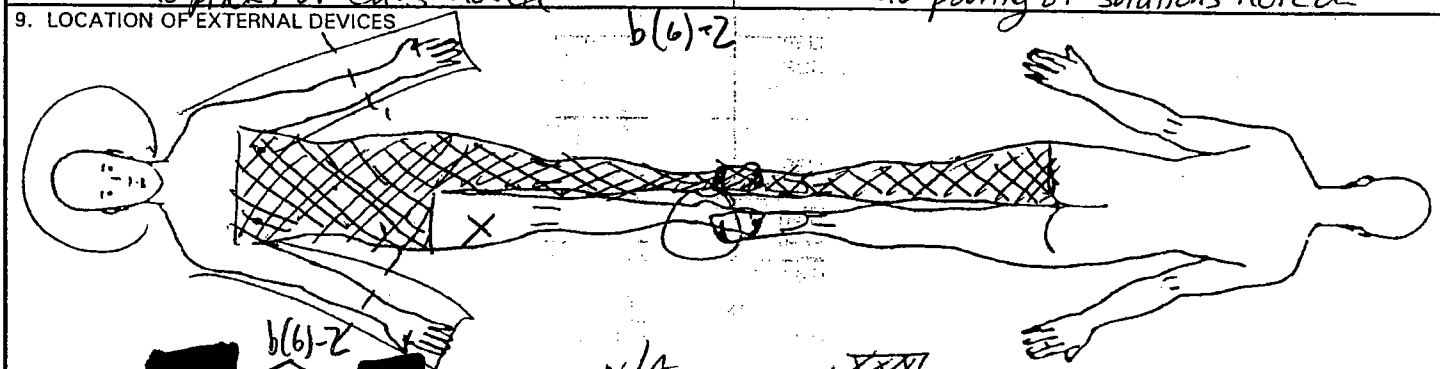
PREP SOLUTION (Specify) Betadine/Betadine

SITE: LLE + Abdomen BY WHOM: CPT [redacted]

SITE: (as below) BY WHOM: b(6)-2

COMMENTS: no pooling of solutions noted

9. LOCATION OF EXTERNAL DEVICES b(6)-2



LEGEND [redacted] = Ground Pad [redacted] = Safety Strap = = = Tourniquet N/A ▨ prep.

b(6)-2

10. COUNTS

C = Correct I = Incorrect

			Initial	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No	C		C	PFC [redacted]	CPT [redacted]
Needle Sharp	☒ Yes	☐ No	C		C		
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

b(6)-2

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: R8E 105305

GROUND PAD: BRAND Valleylab Polyhesive II REM

LOT NO: 68245/2005-02

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

All b(6)-2

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBEF .. TURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☒ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Mineral Oil	QS	intra-op	topical	[redacted]	[redacted]

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl - QS.

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATI[redacted] 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)*
(L) lower Leg - Zerofarm Gauze
Kertex Fluffs Kerlex Roll.
(L) Thigh - Opsite
Abdomen - 4x8 Plain Sponges, Silk Tape.

19. ADDITIONAL INFORMATION
WC III
Surgeon: Dr [redacted]
Dr [redacted] Anesthesia: MAJ [redacted] CRNA. - Gen/Endo.
Bovie pad site pre-op CDI post-op CDI Bovie Set. 30/30 Blend 1

DA Form 5179 previously initiated ∅ △'s noted.

20. OPERATION(S) PERFORMED
STSG - to (L) lower leg from (L) thigh
Closure of Abdominal wound.
Removal of G tube

21. PATIENT TRANSFERRED TO ICU 3 TIME 1005 METHOD wheeled litter

22. [redacted] PT/AN

MEDICAL RECORD

INTRAOPER[illegible]VE DOCUMENT

For use of this form, see AR 40-407, the propo[illegible]ency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATI[illegible]M
VIA Litter BY Anesthesia

2. PATIENT IDENTIF[illegible]CORD REVIEWED AND PROCEDURE
VERIFIED BY CPT [redacted] b(6)-2

3. DATE 20040503 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM
TIME 1525 NUMBER 9

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SG [redacted] b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

☐ SUPINE ☐ LITHOTOMY ☒ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: correct body alignment maintained, pillows under chest, thighs + lower legs, arms on padded armboards above head, position approved by surgeon + anesthesia

8. SKIN PREPARATION

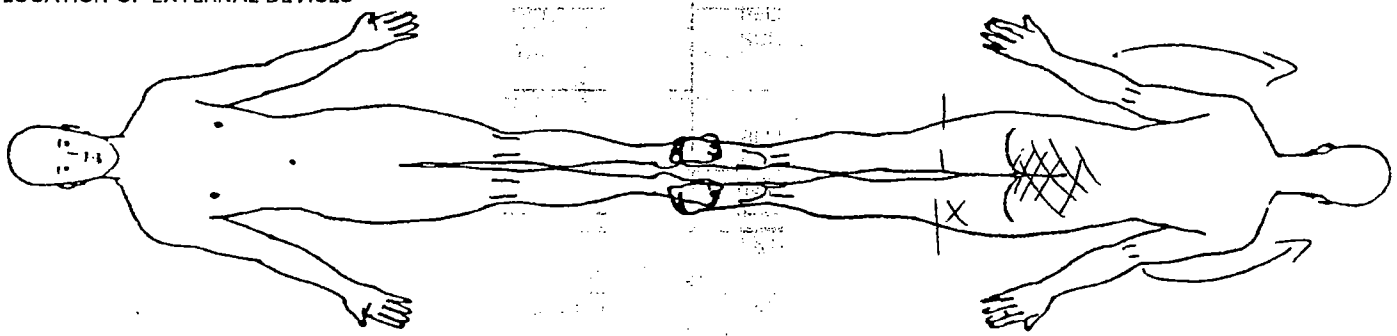
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine Scrub / Betadine Paint
SITE: Lower Back to coccyx BY WHOM [redacted] b(6)-2
SITE: BY WHOM:

COMMENTS: no pooling or skin damaged

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet ▨ prep area

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB b(6)-2	CIRCULATOR b(6)-2
Sponge	☒ Yes	☐ No		C	C	[redacted]	[redacted]
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
[redacted] b(2)-2
+8 20040503

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO
40140

☒ ESU NO: Valleylab Force 40 R&B 102395
GROUND PAD: BRAND VL Reem Polyhesive II
LOT NO: 68245 2005-02

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME: ID NUMBER MANUFACTURER

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	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

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. 14F (already Foley in place)	2.	3.
SITE	1. Bladder	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
Kerlix
Fluffs
Tape

19. ADDITIONAL INFORMATION
Surgeon: [redacted] b(6)-2
Anesthesia: [redacted] b(6)-2

20. OPERATION(S) PERFORMED
Decubitus ulcer debridement
b(6)-2

21. PATIENT TRANSFERRED TO
~~PACU (FCU2)~~ ICU2
TIME see DA2389
METHOD Litter

22. REGISTERED NURSE SIGNATURE
[redacted] CPT IAN
b(6)-2

MEDICAL RECORD — **INTRAOPERATIVE D[illegible]UMENT**

For use of this form, see AR 40-407, the propo[illegible] is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATIN[illegible]M VIA Litter BY Anesthesia

2. PATIENT IDENTIF[illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2

3. DATE 29Oct03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM [redacted] TIME 1815 NUMBER 13

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS: Ø Concerns voiced

6. NURSING PERSONNEL

ASSIGNED SCRUB	Pf [redacted] b(6)-2	RELIEF SCRUB	Pf [redacted] (1915-EOC) b(6)-2
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	CPT [redacted] (1910-EOC)

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS: Correct body alignment maintained, arms on padded armboards at less than 90°, position approved by surgeon + anesthesia

8. SKIN PREPARATION

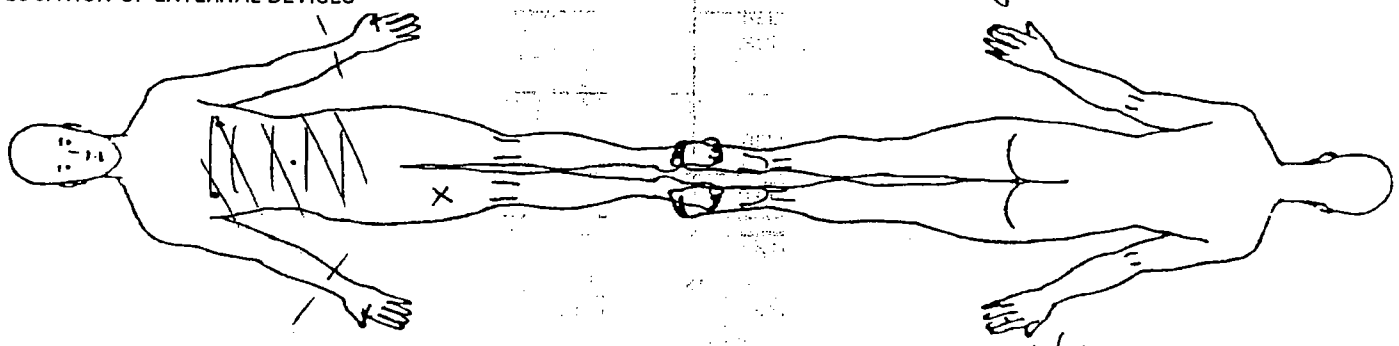
HAIR REMOVAL ☒ YES ☐ NO
DONE BY: ☒ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: no nicks or cuts noted

PREP SOLUTION *(Specify)* Betadine Scrub / Betadine Paint
SITE: Abdomen BY WHOM [redacted] b(6)-2
SITE: BY WHOM

COMMENTS: no pooling or skin ∆'s noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

b(6)-2

C = Correct I = Incorrect Initial: [redacted]

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No		C	C	[redacted] b(6)-2	[redacted] b(6)-2
Needle Sharp	☒ Yes	☐ No		C	C		
Instrument	☒ Yes	☐ No		C	C		
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

[redacted] b(2)-2

29Oct03

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

30130

☒ ESU NO: Valleylab Force R&B 102395
GROUND PAD: BRAND VL Rem Polyhesive II
LOT NO: 70011 2005-04

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

13. PROSTHESIS, IMPLANTS ☐ NO IF YES NAME: ID NUME JFACTURER

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	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☒ IF YES, SITE

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 ☐

	1.	2.	3.
TYPE/SIZE	16F FIC *	3/8 in Penrose	
SITE	Bladder	Abdomen	

18. DRESSING/IMMOBILIZATION *(Specify)*
4x8
Tape
Colostomy Bag

19. ADDITIONAL INFORMATION
Surgeon [redacted]
Anesthesia: [redacted]
b(6)-2
-DA5179 on chart, ø Δ's noted

* already in place prior to surgery

20. OPERATION(S) PERFORMED
Diverting Colostomy

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU2 b(6)-2	See DA7389	Litter

22. [redacted] CPT IAN

REVERSE OF DA FORM [redacted]

USAPA V1.00

DATE | DX | HOSPITAL DAY

VITAL SIGNS

TIME	07 ~~24~~	08	09	10	04	02	03 VS	07	15	18	09 VS	18	19	20	21	22	23	~~24~~
~~BP Arterial line~~			120/				124/82				118/61				129/64			111/63
BP Cuff			80															
Temperature			98.4				98.6				98.6				98.0			97.9
Pulse			90				89				71				89			97
Respiratory Rate			16				17				19				15			19
SaO2															100			99
FiO2															2L			RA
Source															NC			

Patient Tray off @ 2010

INTAKE

TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
[redacted]	75	75	75	75	75	75	75	75	75	75	75				75	75	75	75
IVPB																		100
TOTALS																		

OUTPUT

URINE	HOUR / TOTAL	100/100	50/150	100/250	100/350	100/450	100/550	100/650	100/750	100/850	100/950	75/1025			400/1425				405/1830
	SP gr																	
	S/A																	
NG	OUTPUT																	
	PH																	
	GUIAC																	
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

b(2)-2 [redacted] Q6

[redacted] VENTILATOR FLOW SHEET

ICU #3 7.0 ETT

Pt# [redacted] 26 cm a teeth

b(6)-4

DATE	Time	Mode	AR	TV	FIO2	PEEP	PIP	Pt RR	HR	SPO2	B/P	PaO2	PCO2	HCO3	PH	BE	SaO2	
29 Aug	1730	SIMV	16	750	50	5	36	16	62	100	121/52							CTA TTO
	2000	SIMV	16	750	50	5	32	16	53	100	128/57							
	2204	SIMV	16	750	50	5	36	16	81	100	112/59	156	346	22	7.41	+2	99	↓FIO2 40% JAK
30 Aug	0015	SIMV	14	750	40	5	37	14	79	100	154/60							
	0200	SIMV	14	750	40	5	41	14	87	100	126/58	84	366	24	7.42	-1	97	no Δ's
	0415	SIMV	14	750	40	5	38	14	91	99	127/[illegible]							
	0600	SIMV	14	750	40	5	40	14	97	98	100/[illegible]	64	355	23	7.42	-1	93	↑FIO2 45, SX
	0820	SIMV	↑16	↑650	↑45	5	35	16	102	98	99/34	69	45	25	7.34	-1	93	
	1000	SIMV	16	650	45	7	45	16										
	1200	SIMV	↑22	↓490	↑50	7	↑50	16	84	97	134/75							
	1400	SIMV	22	490	50	7	30	22	83	98	134/72							
30 Aug	1939	SIMV	22	530	50	7	42	24	87	100	115/62	66	41.5	21	7.308	-5	91	DBT 24 ABG 30min
	0137	SIMV	22	530	50	8	39	22	88	100	112/57							
	2328	SIMV	22	530	50	8	39	22	97	100	131/57							Alb/Atro
31 Aug	0134	SIMV	22	530	50	8	37	22	115	98	113/40							
	0352	SIMV	22	530	50	8	38	22	110	99	104/46							
	0529	SIMV	22	530	60	8	39	22	109	97	132/52							Alb/Atro
	0800	SIMV	22	530	60	7	36	22	114	99	126/57							
	1000	SIMV	22	530	50	7	43	22	113	97	125/50							
	1200	SIMV	22	530	50	7	39	22	110	98	144/59							Alb/Atro
	1400	SIMV	22	530	50	7	40	22	108	98	132/52							
	1600	SIMV	22	500	50	7	42	22	101	97	137/57							
	1810	SIMV	22	530	50	7	38	21	100	98	144/65							Alb/Atro/Sxn Sec
	2000	SIMV	22	500	50	7	36	22	89	99	119/58							
	2230	SIMV	22	500	50	7	34	22	88	100	126/55							
1 Sep	0001	SIMV	22	500	50	7	34	22	93	99	131/56							Alb/Atro/Sx
	0543	SIMV	22	500	50	7	33	22	112	98	150/6[illegible]	136	45	26	7.37	1	99	Alb/Atro/Sx
	0800	SIMV	22	500	40	7	53	22	111	98	127/51							
	1000	SIMV	20	500	40	5	36	22	110	95	135/57							
	1200	SIMV	20	500	40	5	34	22	108	97	130/52							Alb/Atro/Sxn
	1400	SIMV	22	500	50	5	30	22	116	94	149/55							
	1600	SIMV	22	500	50	5	31	22	121	94	131/62							Sxn Sec out
	1800	SIMV	22	500	50	5	32	22	110	94	151/71							Sxn Sec
	1949	SIMV	22	500	50	5	24	25	112	99	163/70							
	2235	SIMV	22	500	50	5	27	25	105	96	179/95							

[redacted]

b(6)-2

MEDCOM - 18071

b(2)-2

Alb/Atro Q6

ICU #3

7.0 ETT
Pt [redacted] b(6)-4
26cm @ teeth

[redacted] VENTILATOR FLOW SHEET

DNR ORDERS

All b(6)-2

DATE	TIME	MODE	RATE	VOLUME	FIO2	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
2Sept	0000	Simv	22	500	50	5	31	24	109	93	170/69							Alb/Atro Sx	[redacted]
	0200	Simv	22	500	50	5	29	24	114	92	159/68								
	0350	Simv	22	500	50	5	32	24	114	94	135/60								
	0540	Simv	22	500	50	5	30	28	113	93	114/76							Alb/Atro Sx	
	0800	Simv	22	500	50	5	31	26	95	95	1								
	1000	Simv	22	500	100	5	34	23	80	99	153/63							Δ vent Sx	
	1200	Simv	22	500	50	5	34	24	107	96	143/81							Alb/Atro Sx	
	1410	Simv	22	500	50	5	31	22	100	94	137/61								
	1600	Simv	22	500	50	5	38	22	101	92	137/69								
	1855	Simv	22	500	50	6	31	22	93	95	153/61							↑ Vt to 550 per Neo	
	2016	Simv	22	↑ 550	50	6	36	22	98	97	139/61							Sx	
	2140	Simv	22	550	50	6	38	22	104	97	159/72								
	2358	Simv	22	550	50	6	44	23	119	92	187/76	7.37	46	65	1	27	89	Alb/Atro/Sx	↑ FiO2 100%
	0157	Simv	22	550	↑55	↑10	39	27	129	89	132/67	7.						packed/Sx	
	0340	Simv	22	550	50	6	38	25	124	95	107/49	7.43	38	66	1	25	93	No Sx	
	0500	Simv	22	550	↑60	8	35	26	143	95	110/40							Sx/Alb/Atro	
	0800	Simv	22	560	60	8	40	22	129	90	102/59								
	1000	Simv	22	560	90	14	43	23	117	100	114/51								
	1200	Simv	22	560	100	15	40	28	125	94	84/40							Sx/Alb/Atro	
	1400	Simv	22	560	80	15	47	30	114	100	109/55								
	1600	Simv	22	560	60	15	47	23	104	100	96/35								
	1800	Simv	22	560	50	15	45	29	109	100	97/49							Sx/Alb/Atro	
	1940	Simv	22	560	50	15	45	23	107	100	91/50								
	2159	Simv	22	560	50	15	46	22	112	100	58/41								
	2343	Simv	22	560	50	15	46	22	118	100	91/49							Alb/Atro/Sx	
4Sept	0200	Simv	22	560	50	15	46	23	124	99	98/48								
	0526	Simv	22	560	50	15	46	30	122	98	96/54	7.327	40.9	100	-5	21	97	Alb/Atro/Sx	
	0800	Simv	22	560	50	15	45	22	124	97	110/66								
	1020	Simv	22	560	50	↓10	38	35	127	95	123/66								
	1200	Simv	22	560	50	10	44	37	125	98	115/68							Alb/Atro	
	1430	Simv	22	560	50	10	47	48	121	96	113/82								
	1600	Simv	22	560	50	10	40	43	117	96	135/72								
	1810	Simv	22	560	50	10	38	44	119	96	137/71								
	1940	Simv	22	560	50	10	43	44	120	97	130/63								
	2145	Simv	22	560	50	10	44	28	112	99	128/69								

MEDCOM - 18072

b(2)-2

[redacted] b(6)-4

PACU

[redacted] VENTILATOR FLOW SHEET

DATE	TIME	MODE	RATE	VOLUME	FiO_2	PEEP	PIP	PT RATE	HR	SO_2	BP	PH	PCO_2	PO_2	BE	HCO_3	SaO_2	REMARKS
4 Sep	2338	Simv	22	550	50%	+10	55	32	115	99	122/69							Sx/Alb/Atro/desat 88
5 Sep	0310	Simv	22	550	50	10	46	36	107	98	138/66							
	0400	Simv	22	550	50	10	38	42	110	98	142/71	7.33	48	81	0	25	94	
	0550	Simv	22	550	50	10	43	26	96	96	150/70							
	0800	Simv	22	550	50	10	47	31	111	96	118/60							
	1000	Simv	22	550	50	10	41	26	98	99	105/55							
	1200	Simv	22	550	50	10	45	22	100	97	121/63							
	1400	Simv	22	550	50	10	43	24	103	98	115/60							
	1600	Simv	22	550	50	10	41	25	110	98	118/61							
	1800	Simv	22	550	45	8	46	22	99	97	130/70							
	2050	Simv	22	550	50	6	41	34	87	96	125/63							
	2332	Simv	22	550	50	6	46	37	94	98	138/72							Alb/Atr/Sx
6 Sept	0220	Simv	22	550	50	6	47	34	102	96	144/77							
	417	Simv	22	550	50	6	42	23	92	100	120/60							Sx Blood tinged
	0800	Simv	22	550	50	6	35	25	80	98	127/74							
	1030	Simv	22	550	50	6	36	28	83	100	113/61							
	1200	Simv	22	550	50	6	28	25	82	100	120/69							
	1400	Simv	22	550	50	6	40	27	74	99	129/62							
	1600	Simv	22	550	50	6	43	28	73	99	134/60							
	1800	Simv	22	550	50	6	30	25	70	99	129/67							
	1948	Simv	22	550	45	6	43	24	75	97	141/72							
	2140	Simv	22	550	45	6	41	37	90	95	176/86							Sx per nurse
7 Sept	0055	Simv	22	550	45	6	37	27	87	94	146/68							
	0244	Simv	22	550	45	6	36	28	87	93	134/76							
	0412	Simv	22	550	45	6	42	33	77	94	132/69	7.38	41	65	0	25	92	
	0620	Simv	22	550	45	6	32	23	87	95	118/63							
	0800	Simv	22	550	45	6	28	29	83	99	146/81							
	1000	Simv	22	550	50	6	31	24	85	97	118/64							
	1200	Simv	22	550	50	6	37	28	83	97	132/75							
	1400	Simv	22	550	50	6	31	27	89	98	153/87							
	1600	Simv	22	550	50	6	33	26	87	99	152/88							
	1800	Simv	18	550	50	6	37	25	85	99	152/66							
	1950	Simv	18	550	50	6	34	25	76	95	149/64							
	2130	Simv	18	550	50	6	38	23	82	96	129/62							
	[redacted]	Simv	18	550	50	6	45	28	93	95	142/74							Alb/atro/sx

0126

[redacted]

b(6)-2

MEDCOM - 18073

b(2)-2 * * * * * * Icu #3

[redacted] **VENTILATOR FLOW SHEET**

Alb/Atro Q6

Pt [redacted] b(6)-4

7.0 ETT

26cm @ teeth

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
8Sept03	0415	SIMV	18	550	50	6	37	28	72	94	146/64	7.371	42.2	70	-1	24	93%	Sx
	0543	SIMV	18	550	50	6	40	22	106	94	124/61							Alb/Atro
	0830	SIMV	22	550	50	6	33	22	79	94	145/69							
	1020	SIMV	22	550	50	6	39	25	84	96	138/67							
	1200	SIMV	22	550	70	6	41											
	1400	CT																
	1600	SIMV	22	550	75	10	50	32	76	95	142/67							
	1800	SIMV	22	550	70	10	46	22	86	96	141/66							
	1936	SIMV	22	550	60	8	41	22	77	94	131/67							
	2040	SIMV	22	550	60	8	43	26	93	99	161/85							Sx-A bradyp
	2350	SIMV	22	550	60	8	36	26	82	99	141/75							Sx
9Sept03	0140	SIMV	22	550	60	8	45	22	69	100	140/56							
	0350	SIMV	22	550	60	8	46	22	86	99	125/51	7.41	36.4	98	2	23	98	
	0605	SIMV	22	550	60	8	45	22	81	98	132/71							
	0800	SIMV	22	550	60	8	41	38	94	106	120/73							
	1000	SIMV	22	550	60	6	42	38	94	100	111/47							
	1200	SIMV	22	550	50	6	43	31	103	99	133/62							
	1400	SIMV	22	550	50	6	47	48	91	100	137/64							
	1600	SIMV	22	550	50	6	36	34	97	97	145/65							
	1800	SIMV	22	550	50	6	37	49	103	96	144/64							
	1959	SIMV	22	550	50	8	42	42	102	99	138/66							
	2135	SIMV	22	550	50	8	38	30	115	99	132/64							
	2339	SIMV	22	550	50	8	41	25	108	100	131/72							
	0227	SIMV	22	550	50	8	38	27	84	98	134/77							Alb tx / Sx
	0345	SIMV	22	550	50	8	39	22	71	95	171/72							
	0533	SIMV	24	550	50	8	49	24	82	99	114/57	7.332	44.5	102	-2	24	97	Alb/Atro/Sx
	0800	SIMV	24	550	50	8	44	24	87	98	122/57							
	1000	SIMV	24	550	50	8	49	24	88	98	128/60							
	1200	SIMV	24	550	50	8	50	24	86	98	127/61							
	1400	SIMV	24	550	50	8	44	24	80	99	144/71							
	1600	SIMV	24	550	50	8	50	24	78	99	154/72							
	1800	SIMV	24	550	50	8	38	24	81	95	147/71							
	1935	SIMV	24	550	50	8	47	24	75	97	140/65							
	2000	SIMV	24	550	70	8	65	24	104	95	127/58							
	0040	SIMV	24	550	45	8	46	24	88	96	141/65							Alb/Sx/Atro

[redacted]

b(6)-2

MEDCOM - 18074

1.

b(2)-2

[redacted] ICU 3/PACU

VENTILATOR FLOW SHEET

Pt [redacted] b(6)-4

~~7.0 ETT~~
~~26 cm @ teeth~~

10 Sep 03 7 Alb + Atro Q6

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS	INT
11 Sep 03	0400	SIMV	24	550	50	8	41	24	96	95	128/64							Sx	
	0550	SIMV	24	550	50	8	44	24	89	96	126/67							Alb/Atro	
	0800	SIMV	24	550	50	8	45	24	88	96	131/59								
	1000	SIMV	24	550	100	8	55	26	78	92	158/70								
	1200	SIMV	24	550	100	8	41	24	103	100	135/70							Alb/Atro	
	1400	SIMV	24	550	100	8	42	21	111	100	113/49								
	1600	SIMV	24	550	100	8	37	15	101	97	122/54								
	1800	SIMV	24	550	70	8	37	23	98	96	128/60							Alb/Atro	
	2018	SIMV	24	550	70	8	41	24	96	98	137/57								
	2144	SIMV	24	550	50	8	37	24	96	97	129/50								
	2340	SIMV	24	550	50	8	35	24	112	99	128/61							Alb/Atro	
at	0148	SIMV	24	550	50	8	34	24	99	97	119/59								
	0400	SIMV	24	550	50	8	36	24	97	97	124/61	7.489	34.9	67	3	27	95%	Sx ↑60%	
	0534	SIMV	24	550	60	8	38	24	97	94	119/57								
	0800	SIMV	24	550	50	8	34	24	95	97	117/58								
	1000	SIMV	24	550	60	8	34	30	99	99	125/58								
	1200																		
	1400																	Alb/Atr	
	1600																		
	1800	SIMV	24	550	50	8	37	25	93	99	129/58								
	2000	SIMV	24	550	50	8	33	25	111	98	149/71							Alb/Atr	
	2145	SIMV	24	550	50	8	43	26	103	95	149/71								
13 Sep	0255	SIMV	24	550	50	8	38	29	104	97	134/63								
	0550	SIMV	24	550	50	8	35	37	93	99	121/58								
	0800	SIMV	20	550	50	8	21	22	94	99	120/58								
	1000	SIMV	20	550	40	8	41	26	89	99	134/61								
	1200	SIMV	20	560	40	8	29	24	87	100	139/66								
	1400	SIMV	20	560	40	8	29	25	97	100	124/59								
	1600	SIMV	20	560	40	8	25	24	87	99	139/68								
	1817	SIMV	20	560	40	8	21	24	86	95	137/63							Alb/Atro	
	2105	SIMV	20	560	40	8	35	20	94	99	141/67								
14 Sept	0115	SIMV	20	560	40	8	37	22	92	100	134/60								
	0403	SIMV	20	560	40	8	30	20	91	100	134/67								
	0547	SIMV	20	560	40	8	34	20	101	96	125/57								
	0800	SIMV	20	560	40	8	35	25	104	98	126/57								

[redacted]

b(6)-2

MEDCOM - 18075

b(2)-2 [redacted] b(6)-4

trach 8 [redacted]

[redacted] VENTILATOR FLOW SHEET

alb

DATE	TIME	MODE	RATE	VOLUME	FI02	PEEP	PIP	PT RATE	HR	SO2	BP	Ph	Pco2	Po2	BE	HCO3	SaO2	REMARKS
14 Sept	1006	Simv	20	560	40	8	34	26	105	98	127/58							[redacted]
	1010		TRACH Collar				40%											[redacted]
	1845	T-collar			40%			24		100		7.46	405	78	5	74	96	[redacted] = 1pl. 7
	2135	Simv	12	700	40	5	36	36	115	99	138/60	↑ 7.499		↓ ↓ ↑	600			
15 Sept	0040	Simv	20	604	40	5	29	25	105	98	143/71							[redacted]
	0300	Simv	20	600	40	5	31	21	94	98	140/60							
	0400	Simv	20	604	40	5	28	23	97	100	150/77							
	0500	Simv	20	604	40	5	35	31	109	99	160/80							[redacted] = alb
	0530	—	T-collar		50%	—		26	115	100	140/60							
	0800	-	Trach Collar 50%															
	1200		Trach Collar 50%					24	120	100	150/48							Alb tx
	1800				40%			32	90	100%	rale							Tx
16 Sept	1850	T-collar		—	50%			27	88	95	154/71							2gtl Alb tx - wheezing
	0200	T collar		—	40%			18	94	97	155/60							Alb tx
	0415	T collar		—	40%			23	81	98	158/78	7.48	46	82	11	35	97%	[redacted] b(6)-2

b(6)-2

MEDCOM - 18076

511-119 NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY												
POST- DAY					OCT	OCT	3 Octo3		4 OCT	4/		
MONTH-YEAR	DAY	29	30		1	02						
Sept 2003	HOUR	1 19	1		10	08 1		18	07 ~~20~~	20		
PULSE (O)	TEMP. F (°)	3 9 0 4 5	9 0 4 3		9 2 4 0 0	8 5 5						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°											37.2°
	98.6°											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		2 0	2 0		22 0.0	12 0	1 8		2 1			
BLOOD PRESSURE		126/71	131/69		126/72	125/60	126/61	116/62	129/65	114/57		
		92	91		129/73	91	98.6	97	85	86		
		129/76	127/64			98.8	183	99	99	100		
HEIGHT:	WEIGHT →					96%			97%			
		99 98 97 96%			97%		99%	96%	RA	98%		
		RA RA RA RA			(RA)	126/68						
					97% (RA)	97% (RA)						

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.

(Centigrade Equivalents, for Reference only)

[redacted] b(6)-4

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

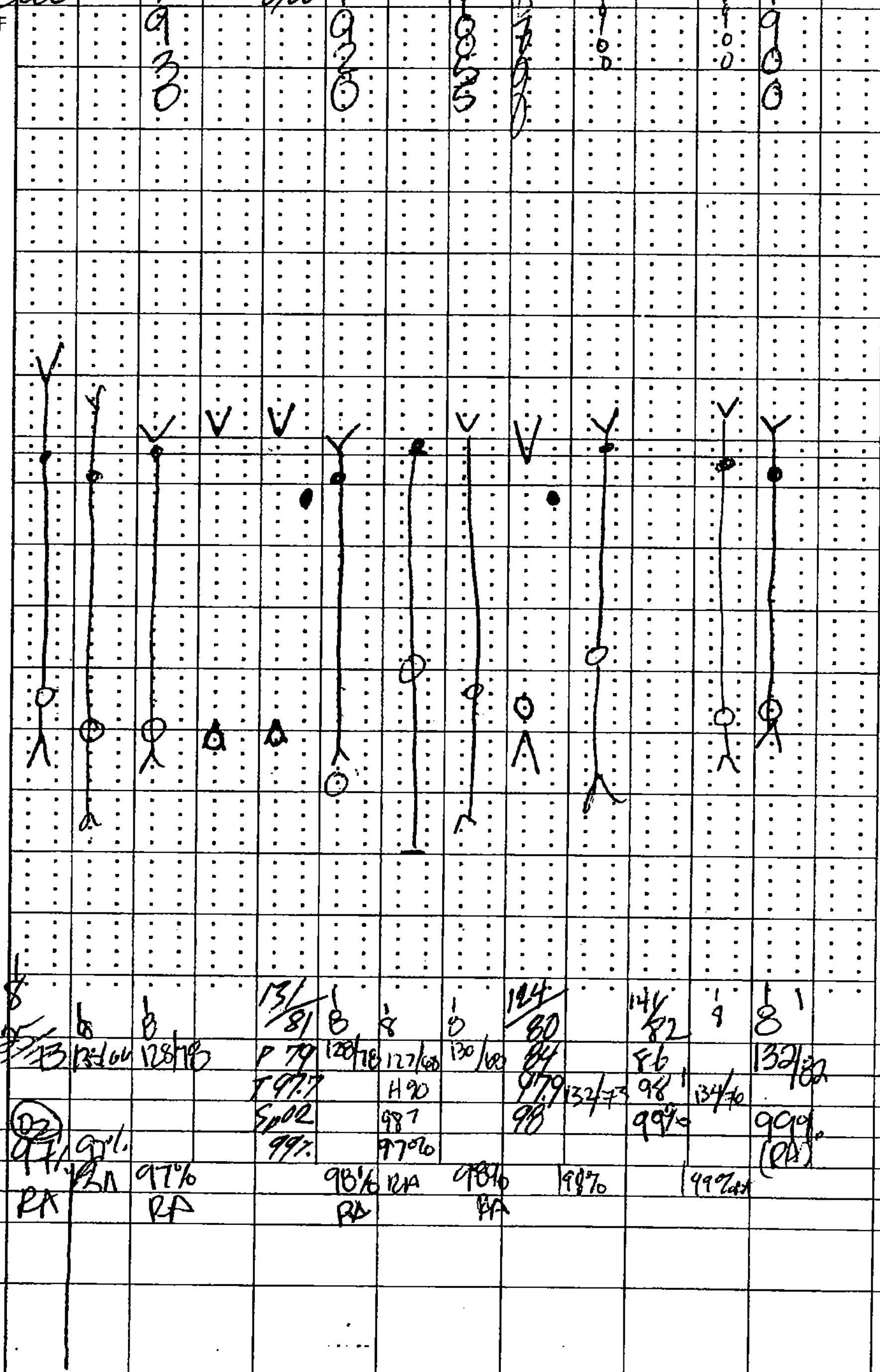
MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY							
POST- DAY	5 Oct 03	6	7 Oct	8	9	10	11
MONTH-YEAR / DAY							
19 / HOUR	2000		0700				

PULSE (O)	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		

(Centigrade Equivalents, for Reference only)



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.

STANDARD FORM 511 (REV. 7–95) **BACK**

#[redacted] b(6)-4

PATIENT NAME [redacted] b(6)-4

DATE: 20 Oct 03

1750
5002
60
0.10

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	* 02	03	04	05	06
BP INV														105/55	91/41	104/48				116/60				115/67
BP NIBP														98										98
TEMP														98	98	102				86				98
PULSE														21	23	20				20				21
RESP														99		98				100				100
ISP02														RA		RA				RA				RA
2																								
INPUT																								
IV													75	75	75	75	75	75	75	75	75	75	75	75
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TOTAL																								900
OUTPUT																								
URINE																								
NGT														100		80				105	100	100	100	100
STOOL																								
O.R. OUT																								
SUBTOTAL																								
TOTAL																								
BALANCE																180				285	385	485	585	685

MEDCOM - 18079

b(6)-4

[redacted]

DATE: 21 Oct 03

Begin Q 15 Exemp

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV																								
BP NIBP				113/103				105/103	103/46	107/51	127/60	91/41	121/69	94/49	104/57	104/46	101/49	116/60	107/60	109/57	104/54	110/61	112/60	104/57
TEMP				97.7				98.5	98.5	98.3	98.5	97.2	96.9				96.4				96.4			97.2
PULSE				85				85	85	82	80	83	73	69	76	71	74	69	71	70	70	66	71	70
RESP				20				25	24	27	20	23	17	17	21	16	18	18	14	17	12	14	15	14
[illegible]				100				100	100	100	98	98	100	98	96	100	100	100	98	100	100	100	100	100
[illegible]				[redacted]																				
				b(6)-2																				
INPUT																								
IV	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
PO	100	200	—	100	—		200	40	20	40	60	240												
NGT																								
O.R. IN																								
SUB TOTAL												315												
TOTAL								1240			1510	1825									675 2500			
OUTPUT																								
URINE				160				160	50	34	30	25	30	6	36	80	16	110	10	0	50	180	20	100
NGT																								
STOOL																								
O.R. OUT																								
SUBTOTAL																								
TOTAL								320		404	434	25	30	6	36	80	16	110	10	0	50	180		
BALANCE																								

1080

MEDCOM - 18080

#

PATIENT NAME [redacted]

b(6)-4

DATE 22 OCT 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV	105/64				94/42				113/50				119/56				112/54				109/52			
BP NIBP																								
TEMP	97.0				97				98.3				98.2											
PULSE	67				77				76				86				80				87			
RESP	14				16				18				20				18				16			
O2	100				97				98				96				97				95			
	[redacted]				[redacted]				[redacted]				[redacted]				[redacted]				[redacted]			
INPUT																								
IV LL	75	75	75	75	75 (450)	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
ENSURE		1 can		1 can					1 can				1 can											
PO		480	60	340		100	400		500				500											
DGT																								
Mean		<35%				80%																		
SUB TOTAL																								
TOTAL									2410															
OUTPUT																								
URINE	60				200		110		100				180				120				200			
NGT																								
STOOL																								
O.R OUT																								
SUBTOTAL																								
TOTAL					260		370		470															
BALANCE																								

b(6)-2

b(6)-2

b(6)-2

MEDCOM - 18081

PATIENT NAME EPW [redacted] b(6)-4

DATE 23 OCT 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV	105/51				105/51					104/56				99/51				124/64				120/61		
BP NIBP																								
TEMP	98.2				98.4					100.1				99				98.5				99.6		
PULSE	91				97					100				94				92				91		
RESP	23				14					28				19				13				23		
SPO2	100				100					99				99				95				99		
O2	[redacted]				[redacted]					[redacted]				[redacted]				[redacted]				[redacted]		
INPUT																								
IV	75	75	75	75	75	75	75	75	75	75	25	25	25	25	25	25	25	25	25	25	25	25	25	
Enteral																								
PO	500				500																			
NGT									240	240														
O.R. IN	235				80%																			
SUB TOTAL																								
TOTAL																								
OUTPUT																								
URINE	200		200		180		200		200					550				160				250		
NGT																								
STOOL	X1		X1				X1																	
O.R. OUT																								
SUBTOTAL																								
TOTAL										980														
BALANCE																								

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

MEDCOM - 18082

PATIENT NAME: #[redacted] b(6)-4

DATE: 24 OCT 03

	07	08 (VS)	09	10	11	12 (VS)	13	14	15	16 (VS)	17	18 (VS)	19	20	21	22	23	24	01	02	03	04	05	06
BP INV																								
BP NIBP		116/64				118/62				121/64								97/45				108/61		
TEMP		100.4				100.9				100.9	101.3			100.9				100.5				101		
PULSE		101				90				107				100				102			1	100		
RESP		23				22				23				23				26				25		
02		96				97				95				96				98				95		
		[redacted]				[redacted]				[redacted]				[redacted]				[redacted]				[redacted]		
			b(6)-2								b(6)-2								b(6)-2					
INPUT																								
IV	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75
Urine																								
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TOTAL																								
OUTPUT																								
URINE	200	50	150	70	70	80	50	40	50	70	100	125	100	125	75	100	25	70	30	25	20	25		
NGT																								
STOOL			1X watery		1X watery	1X		1X		1X urine			x1 watery					X2 solid	X1 Solid		x1 semi solid			
O.R. OUT																								
SUBTOTAL																								
TOTAL																								
BALANCE																								

MEDCOM - 18083

PTS NAME #[redacted]

DATE 25 Oct 05

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
		VS				VS				VS				VS				VS				VS		
BP INV																								
BP NIBP	121/63					124/68				125/60				104/46				119/55				121/65		
TEMP	100.3	100.3				98.4				98.1				96.7				96.4				96.8		
PULSE	106	106	94			98				83				80				85				85		
RESP	25	25				25				20				21				22				22		
SP02	96	96				95				94				95				98				97		
O2	[redacted]	[redacted]				[redacted]				[redacted]				[redacted]				[redacted]				[redacted]		
			b(6)-2								b(6)-2								b(6)-2					
INPUT																								
IV LRC 75cc/hr.	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TAL																								
OUTPUT																								
URINE	70	80	100	100	100	100	90	100	150	100	50	50	100	100	100	110	110	70	70	100	100	100	70	
NGT																								
STOOL	1X urgency		1X urge			1X liquid		4	1X urgency	1X	x			x2 liquid	x1 sm		x1 sm							
O.R. OUT																								
SUBTOTAL																								
TOTAL																								
BALANCE																								

MEDCOM - 18084

PT NAME: [redacted] b(6)-4

[illegible]

DATE: 26OCT03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
		VS				VS				VS														
BP INV																								
BP NIBP		110/50								115/60				116/61				130/71					131/73	
TEMP		99.8								97.9				100.7				96.5					97.2	
PULSE		92								99				102				87					91	
RESP		16								16				20				20					19	
O_2		96								100				100				100					118	
		[redacted] b(6)-2								[redacted] b(6)-2				[redacted] b(6)-2				[redacted] b(6)-2					[redacted] b(6)-2	
INPUT							[redacted] b(6)-2																	
IV LR 75cc/hr	75	75	75	75	75	75	~~80~~ 100	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	
PO	/	/	/	/	/	/	/	/	/															
NGT																								
O.R. IN																								
SUB TOTAL																								
AL																								
OUTPUT							[redacted] b(6)-2																	
URINE	100	100	80	80	100	100	~~600~~ 175	50	100	100	100	100	110	110	110	100	100	100	100	100	100	100	100	
NGT																								
STOOL			1X				OR	XX			1x	1x		X1	X1									
GxL							250																	
O.R. OUT																								
SUBTOTAL																								
TOTAL																								
BALANCE																								

PT'S NAME

DATE

[redacted] b(6)-4

28 8 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
BP INV				114/60				118/58				113/54				127/52							115/62	
BP NIBP				97				84															98	
TEMP				99				82				75				98							91	
PULSE				20				99				15				19							18	
RESP				99%				99%				100%				99%							98	
02																								
LO2																								
INPUT																								
IV	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	75	
												900											1725	
PO																								
NGT																								
O.R. IN																								
SUB TOTAL																								
TOTAL																								
OUTPUT																								
URINE																								
NGT												1200				2460							600	
STOOL												1200											2260	
														X										
O.R. OUT																								
SUBTOTAL																								
TOTAL																								
BALANCE																								

MEDCOM - 18086

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR Oct/Nov 19 2003 | DAY 31 1 2 3 | HOUR

PULSE (0) | TEMP. F (°)

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

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)

RESPIRATION RECORD

R

BLOOD PRESSURE B/P 124/61 118/64

P 92

T 99.2

HEIGHT: WEIGHT →

967 RA

SAT 97%/0

96% RA

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)*

[redacted] b(6)-4

REGISTER NO.

WARD NO. ICW2

VITAL SIGNS RECORDS

Medical Record

STANDARD FORM 511 (REV. 7-95)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

b(6)-4

MEDICAL RECORD — PROGRESS NOTES

DATE	HR	BP	RR	SpO2	T	Time
#2 [redacted]	94	133/65	31	100	100.1	1045
" "	101	137/66	29	100		1050
" "	94	134/66	34	94	100.3	1055
" "	94	134/65	32	97		1100
" "	92	140/74	31	95		1115
Completed	90	149/75	31	96		1130
2nd unit	96	150/83	31	99	99.2	1145
[redacted]	92	160/82	30	99	99.4	1230
" "	93	160/83	32	99		1235
" "	93	160/85	30	99	99.6	1240
" "	98	154/85	31	100		1245
	99	159/88	29	100	99.1	1300
	98	160/77	32	99	99	1315
	99	168/72	31	99	99.1	1330
	99	168/69	28	99		1400

completed 2nd unit [redacted]

b(6)-2

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR)
USAPPC V1.00

RPW [redacted] b(6)-4

[redacted] RN verified VS.

b(6)-2

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET

FROM ____ HOURS TO ____ HOURS | TOTAL HOURS COVERED | DATE 29/30 Sep

INTAKE

ORAL

TIME	TYPE	AMOUNT	ACCUM TOTAL
29 Sep 1730	water	100	100
1730	juice	240	340
1830	water	100	
2000	water	100	
0000	water	100	640
30 Sep 0730	water	300	300
0730	juice	200	500
1845	juice	200	700
1845	H2O	100	800
2400	H2O	100	900
2345	H2O	100	1000
0545	H2O	100	1100

INTRAVENOUS

TIME STARTED	AMOUNT	TYPE (Include Medications)	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
2200	100cc	BL flush	100cc		100cc

IRRIGATIONS (N/G, Bladder, etc.)

TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

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

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

[redacted] b(6)-4

OUTPUT

URINE

	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
29 Sept	1800	800	800			
30 Sep	0515	1200	2000			
	1710	1000	1000			
	0015	500	1500			
	0600	600	2100			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL

GRAND TOTAL OUTPUT

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

DD FORM 792, JAN 74

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET	FROM ____ HOURS TO ____ HOURS	TOTAL HOURS COVERED	DATE 10 OCT 03

INTAKE

ORAL				INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE *(Include Medications)*	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0700	Water	1000cc	100						
0700	Juice	1000cc	200						
1200	Juice	1000cc	300						
1200	water	2000cc	500						
1800	Juice	100	600						
1800	Water	250	850						
2300	H20	100	950cc						

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			

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

OUTPUT

URINE						NASOGASTRIC			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
0922	180	180						Ø	
1238	240	420							
1510	490	910							
1800	80	990							
2330	350	1340							

CHEST						EMESIS			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS					OTHER OUTPUT			
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
					GRAND TOTAL OUTPUT			

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

(10CT03)

#[redacted]

b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

DD FORM 792, JAN 74

MEDCOM - 18092

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET	FROM 000 HOURS TO 2359 HOURS	TOTAL HOURS COVERED 24	DATE 20CT03

INTAKE

ORAL				INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE *(Include Medications)*	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0500	50cc (H2O)	50cc							
0900	400 H_2O	450							
1300	200 Juice	650							
1800	100 H_2O	750cc							

IRRIGATIONS *(N/G, Bladder, etc.)*			
TIME	TYPE	AMOUNT	ACCUMULATIVE TOTAL

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			

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

#[redacted] b(6)-4

OUTPUT

URINE						NASOGASTRIC			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
0515	200 (CYU)	200cc							
1800	1000	1200cc							
2000	300	1500							

CHEST						EMESIS			
TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS					OTHER OUTPUT			
TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	TYPE	ACCUM TOTAL
					GRAND TOTAL OUTPUT			

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*

[redacted] b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

DD FORM 792, JAN 74

PART 03

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

TWENTY-FOUR HOUR PATIENT INTAKE AND OUTPUT WORKSHEET	FROM 000 HOURS TO 2359 HOURS	TOTAL HOURS COVERED	DATE 30CT03

INTAKE

ORAL				INTRAVENOUS					
TIME	TYPE	AMOUNT	ACCUM TOTAL	TIME STARTED	AMOUNT	TYPE *(Include Medications)*	AMOUNT RECD	TIME COMPL	ACCUM TOTAL
0500	H2O	200	200cc						

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			

DD FORM 792, JAN 74 (EG) EDITION OF 1 SEP 54 IS OBSOLETE. Designed using Perform Pro, WHS/DIOR, Jun 94

OUTPUT

URINE

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL
0530	800	(d/N) 800cc			
	~~1630~~	~~600cc~~			
05 OCT					
1630	600	600			

NASOGASTRIC

TIME	AMOUNT	TYPE	ACCUM TOTAL

CHEST

TIME	AMOUNT	ACCUM TOTAL	TIME	AMOUNT	ACCUM TOTAL

EMESIS

TIME	AMOUNT	TYPE	ACCUM TOTAL

STOOLS

TIME	COLOR	CHARACTER	AMOUNT	ACCUM TOTAL
0200	bm.	semi-liq	(APPROX)	300cc
0445	bm.	semi-liq	(APPR) 200	200cc
05 OCT 1340	Bm	yellowbrown liquid	Approx	400cc

OTHER OUTPUT

TIME	AMOUNT	TYPE	ACCUM TOTAL
GRAND TOTAL OUTPUT			

REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)* 30CT03

#[redacted] b(6)-4

INTAKE EQUIVALENTS *(Serving levels cc)*

MEDICINE GLASS (1 oz)	30	HALF PINT MILK	240
	120	LARGE SOUP BOWL	240
SMALL FRUIT CUP	160	LARGE WATER GLASS	240
COFFEE MUG	180	PLASTIC OR PAPER JUICE CONTAINER	180

1-SIHI G3+

[redacted] b(6)-4

Name:_____

TCO2_____24 mmo -

°C

_____7.337

_____42.1 mmHg

_____88 mmHg

_____23 mmol/L

_____-3 mmol/L

_____96 %

calculated

ple Type_:

1AUG03 04:17

[redacted]

sician:_____

[redacted]

: JAMS046A
CLEW A93

[redacted]

Ward/Section:	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10^3/uL

[redacted] b(6)-4

08-29-03
08:51
Patient Limits

WBC	17.7 H	x10^3/uL	4.5	10.5
RBC	5.29 L	x10^6/uL	4.00	6.00
Hgb	9.5 L	g/dL	11.0	16.0
Hct	30.5 L	%	35.0	60.0
MCV	92.6	fL	80.0	99.0
MCH	29.0	pg	27.0	31.0
MCHC	31.3 L	g/dL	33.0	37.0
Plts	220.	x10^3/uL	150.	450.
Lymph	10.9 * L	%	20.5	51.1
Mono	1.9 *	x10^3/uL	1.2	3.4

Atyp | Imm

Urinalysis

TEST	RESULT	REF. RANGE
Color	yellow	N/A
App	Hazy	N/A
Glu	Neg	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.025	N/A
Bld	Mod	Negative
pH	6.5	N/A
Prot	3+	Negative SSA (3+)
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Leuk	Neg	Negative
SG		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

3-5 RBC
1-3 WBC
mod EPI
2+ mucous

CSF

Cell Count		
Antigen		Negative

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

DATE: | LAB ID NO.:

DIPOINT COAG ANALYZER V4.54
ACTIAL #005485 08/29/03 04:53 PM

Patient ID: [redacted] b(6)-4
Test Name APTT
Test Result = 19.6 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.19
Sample Type:citrated wh. blood
Test Date :08/29/03
Test Time :04:51 PM
Reagent Lot :080201
Operator : [redacted] b(6)-2

DIPOINT COAG ANALYZER V4.54
ACTIAL #005485 08/29/03 04:56 PM

Patient ID: [redacted] b(6)-4
Test Name APTT
Test Result = 45.6 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :08/29/03
Test Time :04:53 PM
Reagent Lot :010301
Operator : [redacted] b(6)-2

b(6)-2

[redacted]

Ward/Section: EMT	REQ [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI b(6)-4 [redacted]	DATE 29Aug	TIME 1600	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

======= PICCOLO =======
29/08/03 16:52
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	142*	73-118	MG/DL
BUN	9	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	534*	39-380	U/L
NA+	129	128-145	MMOL/L
K+	4.1	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 0 , LIP 0 , ICT 0

(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
[illegible]		3.3-4.7 mmol/l
[illegible]L-		98-108 mmol/l
[illegible]CO_2		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
[illegible]LB		3.3-5.5 g/dl
[illegible]P		26-84 u/l
[illegible]LT		10-47 u/l
[illegible]MY		14-97 u/l
[illegible]ST		11-38 u/l
[illegible]BIL		0.2-1.6 mg/dl
[illegible]GT		5-65 u/l
[illegible]P		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
[illegible]A^+		128-145 mmol/l
[illegible]$^+$		3.3-4.7 mmol/l
[illegible]L-		98-108 mmol/l
[illegible]CO_2		18-33 mmol/l

REMARKS:

REPORTED BY:

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] b(6)-4		LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. Epu [redacted]	DATE 29 Aug 03	TIME 0000	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		
Hgb		
Hct		
MCV		
Plt		
Lym		
(E		
Segs		
Ban		
Lym		
Atyp		
RBC Morph		
Spun Hematocrit		
Sed Rate		
Other		

Coagu

TEST	RESU
PT	
APTT	
D dimer	
FDP	

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
[illegible]		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

```
======= PICCOLO =======
29/08/03            22:20
REFERENCE RANGE:        MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #:          3204AA4
OPER #: [redacted]     DR #: 000
SERIAL #: [redacted]
.......................
ALB   3.0*  3.3-5.5   G/DL
ALP   43    26-84     U/L
ALT   508*  10-47     U/L
AMY   40    14-97     U/L
AST   405*  11-38     U/L
TBIL  1.5   0.2-1.6   MG/DL
BUN   11    7-22      MG/DL
CA++  8.6   8.0-10.3  MG/DL
CHOL  35*   100-200   MG/DL
CRE   1.1   0.6-1.2   MG/DL
GLU   131*  73-118    MG/DL
TP    4.6*  6.4-8.1   G/DL

INST QC: OK     CHEM QC: OK
HEM 0 ,  LIP 0 ,  ICT 0
```

```
IDPOINT COAG ANALYZER  V4.54
IAL #005485  08/29/03  10:22 PM

ient ID: [redacted] b(6)-4
est Name [redacted]
est Result:= 20.4 sec.
**RESULT NOT RANGE CHECKED***
atio = 1.8
alculated INR = 1.77
ample Type:citrated wh. blood
est Date  :08/29/03
est Time  :10:21 PM
ard Lot   :110201
perator   : [redacted] b(6)-2
```

```
IDPOINT COAG ANALYZER  V4.54
IAL #005485  08/29/03  10:25 PM

ient ID: [redacted] b(6)-4
est Name  :APTT
est Result:= 42.7 sec.
**RESULT NOT RANGE CHECKED***
ample Type:citrated wh. blood
est Date  :08/29/03
est Time  :10:22 PM
ard Lot   :010301
perator   : [redacted] b(6)-2
```

REMARKS:

REPORTED B ... **B ID NO.:**

↓ to 40% ↓ 14

i-STAT G3+

: 675

Name:_____

TCO2_____23 mmol/L

at 37C

pH_____7.415

PCO2_____34.6 mmHg

PO2_____156 mmHg

HCO3_____22 mmol/L

BEecf_____-2 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.436

PCO2_____32.6 mmHg

PO2_____149 mmHg

Patient Temp: 96.1F

FIO2_____: 50

Sample Type_: ART

29AUG03 22:09

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____23 mmol/L

at 37C

pH_____7.200

PCO2_____54.2 mmHg

PO2_____80 mmHg

HCO3_____21 mmol/L

BEecf_____-7 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

pH_____7.219

PCO2_____50.9 mmHg

PO2_____73 mmHg

Patient Temp: 96.0F

FIO2_____: 50

Sample Type_:

30AUG03 12:27

Oper: [redacted]

TCO2_____24 mmol/L

at 37C

pH_____7.420

PCO2_____35.5 mmHg

PO2_____64 mmHg

HCO3_____23 mmol/L

BEecf_____-1 mmol/L

sO2*_____93 %

*calculated

Patient Temp

pH_____7.405

PCO2_____37.1 mmHg

PO2_____69 mmHg

Patient Temp: 100.4F

FIO2_____: 40

Sample Type_: ART

30AUG03 06:12

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

↑ FIO2 45%
↓ KR 14

TCO2_____23 mmol/L

at 37C

pH_____7.314

PCO2_____42.0 mmHg

PO2_____86 mmHg

HCO3_____21 mmol/L

BEecf_____-5 mmol/L

sO2*_____96 %

*calculated

Sample Type_: ART

30AUG03 14:18

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

SPECIMEN/LAB. RPT. NO.

CHEM.

URGENCY: ☒ ROUTINE ☐ TODAY ☐ ☐ PRE-OP STAT ☐

PATIENT STATUS: ☒ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

ICU3

[redacted] b(6)-4

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr [redacted] b(6)-2

REPORTED BY MD TECH

DATE 30Aug03

LAB. ID. NO.

REMARKS: CBC, Chem 7 PTT+PT

TEST(S)																																			
SPECIMEN TAKEN		A.M. (X) P.M.	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)							
	TIME	1926																																	
	DATE	30Aug03	RESULTS																																

546-107

CHEMISTRY I

STANDARD FORM 546 (Rev. 8-77) PRESCRIBED BY GSA (CMR) AR (41 CFR) 201-45.505

DATE 30 AUG 03

DPOINT COAG ANALYZER V4.54
TAL #005485 08/30/03 07:42 PM

ent ID: [redacted] b(6)-4
st Name :APTT
st Result:= 35.9 sec.
RESULT NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date :08/30/03
Time :07:39 PM
:010301
: [redacted] b(6)-2

POINT COAG ANALYZER V4.54
. #005485 08/30/03 07:44 PM

nt ID [redacted] b(6)-4
t Name :PT
Result:= 17.1 sec.
RESULT NOT RANGE CHECKED***
io = 1.4
culated INR = 1.75
ple Type:citrated wh. blood
t Date :08/30/03
t Time :07:42 PM
t Lot :060201
Labs [redacted] b(6)-2

b(6)-4

Ward/Section: ICU #3 | RE[redacted]CIAN: | **LABORATORY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST, MI [redacted] b(6)-2 | DATE 30 Aug 03 | TIME 0200 | SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WB		4.8-10.8 x 10³
RBC		
Hgb		
Hct		
MCV		
Plt		
Lym		
(H		
Segs		
Band		
Lym		
Atyp		
RBC Morp		
Spun Hema		
Sed R		
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
		Negative
		Negative
		Negative
		Negative
CSF		
		Neg
Blood		
SUBMIT SF		

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	

```
======= PICCOLO =======
30/08/03                 02:30
REFERENCE RANGE:         MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #:              3151AA4
OPER #: [redacted]       DR #: 000
SERIAL #: [redacted]
.........................
GLU   109   73-118   MG/DL
BUN    12    7-22    MG/DL
CRE   1.6*  0.6-1.2  MG/DL
CK    986*  39-380   U/L
NA+   131   128-145  MMOL
K+    4.3   3.3-4.7  MMOL
CL-   105   98-108   MMOL
tCO2   22   18-33    MMOL

INST QC: OK    CHEM QC: OK
HEM 0 , LIP 0 , ICT 0
```

```
DIDPOINT COAG ANALYZER  V4.54
TAI #005485  08/30/03  02:32 AM

Patient ID: [redacted] b(6)-4
Test Name  :PT
Test Result:= 14.5 sec.
***RESULT NOT RANGE CHECKED***
Ratio = 1.2
Calculated INR = 1.32
Sample Type:citrated wh. blood
Test Date  :08/30/03
Test Time  :02:30 AM
Card Lot   :080201
Operator   : [redacted] b(6)-2
```

```
DIDPOINT COAG ANALYZER  V4.54
TAI #005485  08/30/03  02:35 AM

Patient ID: [redacted] b(6)-4
Test Name  :APTT
Test Result:= 37.7 sec.
***RESULT NOT RANGE CHECKED***
Sample Type:citrated wh. blood
Test Date  :08/30/03
Test Time  :02:32 AM
Card Lot   :010301
Operator   : [redacted] b(6)-2
```

TES | PT | APTT | D dim | FDP | REM | REPO

LAB ID NO.:

b(6)-2

Ward/Section: ICU 3 b(6)-4

[redacted] HYSICIAN:

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

LAST, FIRST, M: EPW [redacted]

DATE: 30Aug03 TIME: 0600 SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
W		
RE		
Hg		
Hc		
MC		
Plt		
Lyr		
(		
Seg		
Bar		
Lymph		Baso

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		

TE
RPR
Mor
Sour
Gram Stain
Occ
H. p
Micr
Para
Mala

======= PICCOLO =======
30/08/03 . 06:14
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	92	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
CK	1195*	39-380	U/L
NA+	130	128-145	MMOL/L
K+	4.4	3.3-4.7	MMOL/L
CL-	103	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

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

IDPOINT COAG ANALYZER V4.54
IAL #005486 08/30/03 06:18 AM

ient ID: [redacted] b(6)-4
est Name :PT
est Result:= 16.2 sec.
RESULT NOT RANGE CHECKED*
atio = 1.3
alculated INR = 1.58
ample Type:citrated wh. blood
est Date :08/30/03
est Time :06:16 AM
ard Lot :080201
perator : [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 08/30/03 06:21 AM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 41.2 sec.
RESULT NOT RANGE CHECKED*
ample Type:citrated wh. blood
est Date :08/30/03
est Time :06:18 AM
ard Lot :010301
perator : [redacted] b(6)-2

i-STAT G3+ b(6)-4 Nb ΔS
[redacted]
[redacted] Name:_____ b(6)-2

TCO2_____25 mmol/L

T 37C
pH_____7.423
PCO2_____36.6 mmHg
PO2_____84 mmHg
HCO3_____24 mmol/L
BEecf_____-1 mmol/L
sO2*_____97 %
*calculated

Sample Type_:

30AUG03 02:25

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ser: JPM5046A
FLEW 998

CROSSMATCH

b(6)-2

Ward/Section: ICU 3 | REQUES[redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: [redacted] b(6)-4 | DATE: 30 Aug 03 | TIME: 1400 | [redacted]: b(6)-4

(STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	AL					73-118 mg/dl
K		3.5-4.9 mmol/L	A					7-22 mg/dl
Cl		98-109 mmol/L	A					8.0-10.3 mg/dl
pH		7.31-7.45	A					0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	A					128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	T					3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	B					98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	C					18-33 mmol/l
sO2		95-98%	C					
BEecf		(-2) – (+3) mmol/L	C					
AnGap		10-20 mmol/L	G					
Ca		1.12-1.32 mmol/L	T					
BUN		8-26 mg/dl						
GLU		70-105 mg/dl						
Creat		0.7-1.5 mg/dl	G					
Hct		38-51% PCV	B					
Hgb		12-17 g/dl	C					
Misc. Chemistry			C			**(Piccolo) Liver Panel Plus**		
TEST	RESULT	REF. RANGE	N				RESULT	REF. RANGE
Troponin-I			K					3.3-5.5 g/dl
Drug of Abuse			C					26-84 u/l
			1(					10-47 u/l
								14-97 u/l
								11-38 u/l
								0.2-1.6 mg/dl
								5-65 u/l
								6.4-8.1 g/dl
						(Piccolo) Electrolyte		
							RESULT	REF. RANGE
								128-145 mmol/l
								3.3-4.7 mmol/l
								98-108 mmol/l
								18-33 mmol/l

30/08/03 14:19
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	2.7*	3.3-5.5	G/DL
ALP	48	26-84	U/L
ALT	529*	10-47	U/L
AMY	43	14-97	U/L
AST	476*	11-38	U/L
TBIL	1.8*	0.2-1.6	MG/DL
BUN	14	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	65*	100-200	MG/DL
CRE	1.4*	0.6-1.2	MG/DL
GLU	100	73-118	MG/DL
TP	4.7*	6.4-8.1	G/DL

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

REMARKS:

b(6)-2

REPORTED BY: [redacted] | DATE: 30 Aug 03 | LAB ID NO.:

Chem 12

b(6)-2

Ward/Section: ICU 3	[redacted]:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: b(6)-4 [redacted]	DATE: 30 Aug 03 / TIME: 1400	SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RBC		
Hgb		
Hct		
MCV		
Plt		
Lym		
(I		
Seg		
Band		
Lym		
Atyp	1mm	
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

IDPOINT COAG ANALYZER V4.54
IAL #005485 08/30/03 02:22 PM

ient ID: [redacted] b(6)-4
Test Name :PT_1
Test Result:= 18.6 sec.
RESULT NOT RANGE CHECKED
atio = 1.6
alculated INR = 1.62
mple Type:citrated wh. blood
st Date :08/30/03
st Time :02:21 PM
rd Lot :110201 b(6)-2
erator : [redacted]

IDPOINT COAG ANALYZER V4.54
IAL #005485 08/30/03 02:28 PM

ient ID [redacted] b(6)-4
est Name :APTT
est Result:= 58.1 sec.
RESULT NOT RANGE CHECKED*
mple Type:citrated wh. blood
st Date :08/30/03
st Time :02:25 PM
rd Lot :010301 b(6)-2
erator : [redacted]

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
H. pylori		Negative
Micro Parasites		
Malaria		

scopic Urinalysis

Blood Bank

MIT SF 518 WITH IT REQUESTED

h NIT OF BLOOD

CROSSMATCH

REMARKS:

REPORTED BY: b(6)-2 [redacted]	DATE: 30 Aug 03	LAB ID NO.:

Ward/Section:	[redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: [redacted] b(6)-4	b(6)-2	DATE: 30 Aug 08	TIME: 1655	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:

REPORTED BY:	DATE:	LAB ID NO.:

ABG
HCT

Ward/Section:	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____141 mmol/L
K_____4.6 mmol/L
TCO2_____23 mmol/L
iCa_____1.22 mmol/L
Hct_____30 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
pH_____7.402
PCO2_____35.4 mmHg
PO2_____217 mmHg
HCO3_____22 mmol/L
BEecf_____-3 mmol/L
SO2*_____100 %
*calculated

Sample Type_:

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
LB		3.5-5.5 g/dl
LP		26-84 u/l
LT		10-47 u/l
MY		14-97 u/l
ST		11-38 u/l
BIL		0.2-1.6 mg/dl
JN		7-22 mg/dl
$^{++}$		8.0-10.3mg/dl
IOL		100-200 mg/dl
E		0.6-1.2 mg/dl
U		73-118 mg/dl
		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
U		73-118 mg/dl
N		7-22 mg/dl
E		0.6-1.2 mg/dl
		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

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
[redacted]	8-30-03	

b(6)-2

Epi

b(6)-4 [redacted]

FIO2 50
temp 97.5
ABG

SPECIMEN/LAB RPT. NO.

MISC

URGENCY
☒ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☒ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)
ABG

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [redacted] b(6)-2

REPORTED BY

MD

TECH

DATE 30 Aug 03

LAB ID NO.

REMARKS

557-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

EST(S)
MEN TAKEN
TIME
A.M.
P.M.
UESTED
ULTS

OPUINI COAG ANALYZER V4.5
AL #005485 08/31/03 02:2

ent ID: [redacted] b(6)-4
~~t Name :APTT~~
st Result:= 40.9 sec.
RESULT NOT ~~RANGE CHECKED~~
mple Type:citrated wh. blo
st Date :08/31/03
st Time :02:24 AM
rd Lot :030201
perator [redacted] b(6)-2

OPUINI COAG ANALYZER V4.54
AL #005485 08/31/03 02:28

ent ID: [redacted] b(6)-4
t Name :PT
st Result:= 17.9 sec.
RESULT NOT RANGE CHECKED**
10 = 1.5
culated INR = 1.86
ple Type:citrated wh. blood
t Date :08/31/03
t Time :02:27 AM
d Lot :060201
ator : [redacted] b(6)-2

DEEP 8
RR 12
FIO2 50%

---

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____88 mg/dL

BUN_____17 mg/dL

Na_____138 mmol/L

K_____5.0 mmol/L

Cl_____111 mmol/L

TCO2_____22 mmol/L

AnGap_____12 mmol/L

Hct_____34 %PCV

Hb*_____12 g/dL

*via Hct

pH_____7.297

PCO2_____42.2 mmHg

HCO3_____21 mmol/L

BEecf_____-6 mmol/L

Sample Type_:

30AUG03 19:36

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT CG4+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____26 mmol/L

[illegible]

[illegible]

STAT CREA

Pt: [redacted] b(6)-4

Pt Name:_____

Crea_____1.2 mg/dL

Sample Type_:

31AUG03 02:14

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT CREA

Pt: [redacted] b(6)-4

Pt Name:_____

Crea_____1.2 mg/dL

Sample Type_:

30AUG03 19:35

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.349

PCO2_____45.1 mmHg

PO2_____69 mmHg

HCO3_____25 mmol/L

BEecf_____-1 mmol/L

SO2*_____93 %

*calculated

Sample Type_:

30AUG03 08:2[illegible]

Oper: [redacted]

Physician:_____

User# [redacted]

Ver: JAMS046A
CLEW A93

CBC, Chem 7, PT

EPW [redacted] b(6)-4
ICU # 3

SPECIMEN/LAB RPT. NO

'SC

L NCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☒

PATIEN. STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)
A line

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [redacted] EPT/AW

REPORTED BY MD TECH

DATE 31 Aug 03

LAB ID NO.

b(6)-2

557-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
PRESCRIBED BY DLAM 8300.1
FIRMR (41 CFR) 201-45.505

A.M. P.M.

STAT ECG+

[redacted] b(6)-4

Name:_____

Glu_____86 mg/dL
BUN_____19 mg/dL
Na_____140 mmol/L
K_____4.5 mmol/L
Cl_____109 mmol/L
TCO2_____25 mmol/L
AnGap_____11 mmol/L
Hct_____33 %PCV
Hb*_____11 g/dL
*via Hct

pH_____7.347
PCO2_____43.8 mmHg
HCO3_____24 mmol/L
BEecf_____-2 mmol/L

Sample Type_:

31AUG03 02:14

Doer: [redacted]

Physician:_____

Ser# [redacted]

Ser: JAMS046A
CLEW A9S

Ward/Section: ICU 3	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: Epu[redacted] b(6)-4	DATE: 1 Sep 03	TIME: 0400
		SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10^3
RI		
H		
H		
M		
Pl		
Ly		
Se		
Ba		
Ly		
Atyp		Imm
RBC Morph		
Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

b(6)-4

			08-31-03
			20:44
			Patient Limits
WBC	5.2	x10^3/uL	4.5 10.5
RBC	3.35 L	x10^6/uL	4.00 6.00
Hgb	9.7 L	g/dL	11.0 18.0
Hct	30.2 L	%	35.0 60.0
MCV	90.1	fL	80.0 99.9
MCH	29.0	pg	27.0 31.0
MCHC	32.2 L	g/dL	33.0 37.0
Plt	131. L	x10^3/uL	150. 450.
LYM%	16.8 *L	%	30.5 51.1
LYM#	0.9 *L	x10^3/uL	1.2 3.4

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		
Pr		
Ur		
Ni		
Le		
He		
Co		
Co		
Di		

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source		
Gram Stain		
Occ Bld		Negative
Urobilinogen		Negative

POINT COAG ANALYZER V4.54
L #005485 09/01/03 04:45 AM

nt ID: [redacted] b(6)-4
t Name :PT_1
t Result:= 18.1 sec.
RESULT NOT RANGE CHECKED***
io = 1.6
culated INR = 1.57
ple Type:citrated wh. blood
t Date :09/01/03
t Time :04:44 AM
d Lot :110201
perator : [redacted] b(6)-2

POINT COAG ANALYZER V4.54
L #005485 09/01/03 04:49 AM

nt ID: [redacted] b(6)-4
t Name :APTT
t Result:= 31.8 sec.
RESULT NOT RANGE CHECKED***
ple Type:citrated wh. blood
t Date :09/[illegible]3
t Time :04:46 AM
d Lot :030201
rator : [redacted] b(6)-2

pic Urinalysis

od Bank

IT SF 518 WITH REQUESTED

T OF BLOOD

CROSSMATCH

REMARKS:

REPORTED BY: | **DAT**

Ward/Section: Jeni | REQUESTING PHYSICIAN: [redacted] b(6)-6 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. EIPW [redacted] | DATE 01/09 | TIME 0430 | SSN/PSEUDO SSN:

1-STAT G3+

Pt: 675

Pt Name:_____

TCO2_____28 mmol/L

at 37C

pH_____7.371

PCO2_____45.5 mmHg

PO2_ _____136 mmHg

HCO3_____26 mmol/L

BEecf_____1 mmol/L

sO2*_____99 %

*calculated

Sample Type_:Art FiO2 ↓ 50% to 45% from 50%

01SEP03 04:36

Oper: 8835

Physician:_____

Ser# 42011

Ver: JAMS046A
CLEW A93

Abuse		

REMARKS:

REPORTED BY: | DATE

(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
ALP		26-84 u/l	BUN		7-22 mg/dl
ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
AST		11-38 u/l	NA^{+}		128-145 mmol/l
TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
BUN		7-22 mg/dl	CL^{-}		98-108 mmol/l
CA^{++}					18-33 mmol/l
CHOL					
CRE					
GLU					
TP					

(Piccolo) Liver Panel Plus		
TEST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte		
TEST	RESULT	REF. RANGE
GLU		128-145 mmol/l
BUN		3.3-4.7 mmol/l
CRE		98-108 mmol/l
CK		18-33 mmol/l
NA^{+}		
K^{+}		
CL^{-}		
tCO_2		

======= PICCOLO =======
01/09/03 04:42
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	81	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	1194*	39-380	U/L
NA+	~~[illegible]~~ 140	128-145	MMOL/L
K+	4.2	3.3-4.7	MMOL/L
CL-	108	98-108	MMOL/L
tCO2	25	18-33	MMOL/L

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

Ward/Section: ICU #3 | QUESTIONING PHYSICIAN: [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST [redacted] b(6)-4 | DATE: [illegible] | TIME: 0900 | SSN/PSEUDO SSN: [redacted] b(6)-4

(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 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^+		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^+		3.3-4.7 mmol/l
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^-		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA^{++}		8.0-10.3mg/dl	tCO_2		18-33 mmol/l
sO2		95-98%	CHOL		100-200 mg/dl	**(Piccolo) Liver Panel Plus**		
BEecf		(-2) – (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	**(Piccolo) Methyte 8**			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA^+		128-145 mmol/l	**(Piccolo) Electrolyte**		
Troponin-I			K^+		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL^-		98-108 mmol/l	NA^+		128-145 mmol/l
			tCO_2		18-33 mmol/l	K^+		3.3-4.7 mmol/l
						CL^-		98-108 mmol/l
						tCO_2		18-33 mmol/l

REMARKS:

REPORTED BY: | **DATE:** 2 Sep | **LAB ID NO.:** 1920

ABG

pH 7.33
CO2 51.3
PO2 69

be 1
HCO3 27
TCO2 28
SaO2 90

Ward/Section: ICU 3	REQUESTING PHYSICIAN: DR [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: [redacted] b(6)-4	DATE 9/2/03	TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10³
RBC		
Hgb		
Hct		
MC		
Plt		
Lyr		
(		
Seg		
Bai		
Lymph		Baso
Atyp		Imm
RBC Morph		
Spun Hematoc		
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
		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

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/02/03 04:37 AM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result: 28.7 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/02/03
Test Time :04:34 AM
Card Lot :030201
Operator [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/02/03 04:40 AM

Patient ID: [redacted] b(6)-4
Test Name :PT_1
Test Result:= 14.7 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.28
Sample Type:citrated wh. blood
Test Date :09/02/03
Test Time :04:38 AM
Card Lot :110201
Operator : [redacted] b(6)-2

TEST	
PT	
APTT	
D dimer	
FDP	
REMARK	
REPORT	

CSF

		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

	TYPE	CROSSMATCH

LAB ID NO.:

Ward/Section: ICU 3 | [redacted] | [redacted] AN: b(6)-2 | (Sul

LAST, FIRS[redacted] b(6)-4 | DATE 9/2/03 | TIME

[redacted] STAT)

1-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____59 mg/dL

BUN_____11 mg/dL

Na_____140 mmol/L

K_____3.8 mmol/L

Cl_____107 mmol/L

TCO2_____26 mmol/L

AnGap_____12 mmol/L

Hct_____27 %PCV

Hb*_____9 g/dL

*via Hct

pH_____7.360

PCO2_____44.2 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

Sample Type_:

02SEP03 04:16

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

REPORTED BY:

ABG FiO2 50% 100
Chem 7

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE	TES
ALB		3.5-5.5 g/dl	GLU
ALP		26-84 u/l	BUN
ALT		10-47 u/l	CA^{++}
AMY		14-97 u/l	CRE
AST		11-38 u/l	NA^{+}
TBIL		0.2-1.6 mg/dl	K^{+}
BUN		7-22 mg/dl	CL^{-}

1-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.377

PCO2_____43.6 mmHg

PO2_____65 mmHg

HCO3_____26 mmol/L

BEecf_____0 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

pH_____7.361

PCO2_____45.6 mmHg

PO2_____70 mmHg

Patient Temp: 100.5F

FIO2_____: 50

Sample Type_: ART

02SEP03 04:09

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

1-STAT CREA

Pt: [redacted] b(6)-4

Pt Name:_____

Crea_____1.1 mg/dL

Sample Type_:

02SEP03 04:17

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

T	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

b(6)-2

Ward/Section: 1W 3 | QUEST [redacted] | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI: EPW [redacted] b(6)-4 | DATE: 3 Sep 03 | TIME: 0400 | 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		Negative
Drug of Abuse		Negative
		Negative
		Negative
		Negative

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl

======= PICCOLO =======
03/09/03 03:59
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.5*	3.3-5.5	G/DL
ALP	♦♦♦	26-84	U/L
ALT	154*	10-47	U/L
AMY	17	14-97	U/L
AST	83*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
BUN	~~♦♦♦~~ 15	7-22	MG/DL
CA++	7.8*	8.0-10.3	MG/DL
CHOL	31*	100-200	MG/DL
CRE	~~♦♦♦~~ 1.2	0.6-1.2	MG/DL
GLU	135*	73-118	MG/DL
TP	4.5*	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		73-118 mg/dl
[illegible]		7-22 mg/dl
[illegible]		8.0-10.3 mg/dl
[illegible]		0.6-1.2 mg/dl
[illegible]		128-145 mmol/l
[illegible]		3.3-4.7 mmol/l
[illegible]		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:

b(6)-2

R[redacted] | DATE: | LAB ID NO.:

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: #[redacted] b(6)-4
First Name:
Patient # or SSN: [redacted] b(6)-4
Collected by: LT [redacted] b(6)-2
Date: 03 Sep 03
Time: 0905

Ward: ICU #3
Room:
Bed:
Physician: DR. [redacted] b(6)-2
Source: Foley
Site: UA Cx.

[redacted]

Received by [redacted] b(6)-2
Date: 3 Sep 03
Time: 1000

Specimen #: [redacted]

Laboratory Results

No growth at 24hrs

Reported
Date: 4Sep03
Time: 0914
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18118

ICU3 Requested by [redacted] b(6)-2

EPW# [redacted] b(6)-4 Time 0805 Date 3 Sep 03

(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	Amber	N/A
App	cloudy	N/A
Glu	Neg	Negative
Bili	small	Negative
Ket	Neg	Negative
SG	1.025	N/A
Bld	small	Negative
pH	6.0	N/A
Prot	30+	Negative
Urob	1	0.2-1.0
Nit	Neg	Negative
Leuk	Neg	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	
SSA - Neg Icto - Pos mucous - light rbc - 10-15	Epi - 1-5 granular cast ~~3-4~~ 1 LPF

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]	DATE: 2 Sep 03	LAB ID NO.:

b(6)-2

~~Bx2~~ 940 1320 ~~320~~ 1800 ~~440~~

ICW3 b(6)-4 [redacted] b(6)-2

EPW [redacted] 3Sep03 0400 [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WB		
RB(		
Hgb		
Hct		
MC		
Plt		
Lyr		
(		
Seg		
Ba		
Lymph		Baso
Atyp		Imm
RBC Morph		
Spun Hematocrit		42-5 37-4
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

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	

Unit Crossmatch

ITH EVERY UNIT OF BLOOD UESTED)

YPE	CROSSMATCH

```
IDPOINT COAG ANALYZER  V4.54
IAL #005485  09/03/03  03:49 AM

ent ID: [redacted] b(6)-4
st Name  :APTT
st Result:= 40.5 sec.
*RESULT NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date  :09/03/03
st Time  :03:46 AM
rd Lot   :030201
erator   : [redacted] b(6)-2
```

Coagulation Stud

```
OPOINT COAG ANALYZER  V4.54
AL #005485  09/03/03  03:51 AM

ent ID: [redacted] b(6)-4
t Name  :PT
t Result:= 13.6 sec.
RESULT NOT RANGE CHECKED***
1.19
[redacted] b(6)-2
```

TEST	RESULT	REF.
PT		9.8-1
APTT		21-34
D dimer		<20 u
FDP		<10 u

REMARKS:

REPORTED BY: **DATE:** **LAB ID NO.:**

b(6)-2

Ward/Section: 1C03	QUESTING PHYSICIAN [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. [redacted] b(6)-4	DATE 9/3/03	TIME 0836	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE

i-STAT EC8+

Pt: [redacted] b(6)-4

Pt Name:_____

Glu_____118 mg/dL

BUN_____17 mg/dL

Na_____140 mmol/L

K_____3.6 mmol/L

Cl_____106 mmol/L

TCO2_____23 mmol/L

AnGap_____16 mmol/L

Hct_____37 %PCV

Hb*_____13 g/dL

*via Hct

pH_____7.342

PCO2_____[illegible] mmHg

HCO3_____[illegible] mmol/L

BEecf_____ mmol/L

Sample Type:

035EP03 07:50

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

(Piccolo) Chemistry 12

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

03/09/03 07:47

REFERENCE RANGE: MALE

PATIENT #: [redacted] b(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3204AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	154*	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	19	14-97	U/L
AST	80*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	7.5*	8.0-10.3	MG/DL
CHOL	61*	100-200	MG/DL
CRE	0.7	0.6-1.2	MG/DL
GLU	126*	73-118	MG/DL
TP	4.0*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK

HEM 1+, LIP 0 , ICT 0

(Piccolo) Metabolic Panel

ST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

ST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

ST	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

RECORDED BY: [redacted]	DATE: 3Sep03	LAB ID NO.:

b(6)-2

Epw [redacted] b(6)-4

ICU 3

SPECIMEN/LAB. RPT. NO.

URGENCY: ☒ ROUTINE ☐ TODAY ☐ ☐ PRE-OP STAT ☐

PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE [redacted] b(6)-2

REPORTED BY MD TECH

DATE 9-4-03

LAB. ID. NO.

REMARKS Chem 7

546-107

CHEMISTRY I
STANDARD FORM 546 (Rev. 6-77)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)

======= PICCOLO =======
04/09/03 14:21
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	122*	73-118	MG/DL
BUN	23*	7-22	MG/DL
CRE	1.8*	0.6-1.2	MG/DL
CK	764*	39-380	U/L
NA+	117*	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	104	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

b(6)-2

Ward/Section: ICU | JEST[redacted] | ORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. EPW[redacted] | DATE 9.4.03 | TIME 1400 | SSN/PSEUDO SSN EPW[redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE

b(6)-4

ID: [redacted] 04-09-03 14:30

				Patient Limits	
WBC	47.5 H	x10^3/uL		4.5	10.5
RBC	3.54 L	x10^6/uL		4.00	6.00
Hgb	10.2 L	g/dL		11.0	18.0
Hct	33.6 L	%		35.0	60.0
MCV	94.9	fL		80.0	99.9
MCH	28.8	pg		27.0	31.0
MCHC	30.3 L	g/dL		33.0	37.0
Plt	38.	#L	x10^3/uL	150.	450.
LY%	0.5	#L	%	20.5	51.1
LY#	0.2	#L	x10^3/uL	1.2	3.4

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

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App	b(6)-4	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:** 9-4-03 | **LAB ID NO.:**

Ward/Section:	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 04Sep03 / TIME 0415	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		

[illegible] [redacted] 04-09-03
[illegible]
b(6)-4
Patient Limits

WBC	36.0 H	x10^3/uL	4.5	10.5
RBC	2.71 L	x10^6/uL	4.00	6.00
Hgb	8.1 L	g/dL	12.0	18.0
Hct	26.0 L	%	35.0	60.0
MCV	95.7	fL	80.0	99.9
MCH	29.[illegible]	pg	27.0	31.0
MCHC	31.2 L	g/dL	33.0	37.0
PLT	45. L	x10^3/uL	150.	450.
LY%	0.9 #L	%	20.5	51.1
LY#	0.3 #L	x10^3/uL	1.2	3.4

```
POINT COAG ANALYZER  V4.54
L #005485  09/04/03  04:43 AM

nt ID:[redacted] b(6)-4
t Name  :APTT
t Result:= 46.1 sec.
RESULT NOT RANGE CHECKED***
ample Type:citrated wh. blood
est Date  :09/04/03
est Time  :04:40 AM
ard Lot   :030201
perator   :[redacted] b(6)-4

IDPOINT COAG ANALYZER  V4.54
IAL #005485  09/04/03  04:44 AM

ient ID:[redacted] b(6)-4
est Name  :PT_1
est Result:= 17.8 sec.
**RESULT NOT RANGE CHECKED***
atio = 1.5
alculated INR = 1.55
ample Type:citrated wh. blood
est Date  :09/04/03
est Time  :04:43 AM
ard Lot   :110201
perator   :[redacted] b(6)-4
```

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
		Negative
		Negative
		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

CSF

en		Negative

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

LAB ID NO.:

b(6)-2

Ward/Section: ICU3	ESTING PHYSICIAN: DR [redacted]	CL .Y RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted] b(6)-4	04Sep03 TIME 0415	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-14
K		
Cl		
pH		7.
PCO2		35- 41-5
PO2		80-1 N/A
TCO2		23-27 24-29
HCO3		22-26 n 23-28 m
sO2		95-98%
BEecf		(-2) – (+3 mmol/L
AnGap		10-20 mm
Ca		1.12-1.32 m
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

(Piccolo) Chemistry 12

TEST	REF. RANGE
	5.5 g/dl
	u/l
	u/l
	T
	/dl
	ll

(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
MY		14-97 u/l
T		11-38 u/l
L		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Electrolyte

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

======= PICCOLO =======
04/09/03 04:34
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.5*	3.3-5.5	G/DL
ALP	95*	26-84	U/L
ALT	133*	10-47	U/L
AMY	41	14-97	U/L
AST	82*	11-38	U/L
TBIL	2.0*	0.2-1.6	MG/DL
BUN	20	7-22	MG/DL
CA++	7.7*	8.0-10.3	MG/DL
CHOL	36*	100-200	MG/DL
CRE	1.3*	0.6-1.2	MG/DL
GLU	87	73-118	MG/DL
TP	3.9*	6.4-8.1	G/DL

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

Chem 17
Na
Cl
Co2
K

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. EPW # [redacted] b(6)-4	DATE 9/5/03	TIME	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
[redacted] b(6)-4		

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
		Negative
		Negative
		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

CSF

en		Negative

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

LAB ID NO.:

[redacted] b(6)-4

[illegible]	[illegible] H	[illegible]	4.5 10.5
[illegible]	[illegible] L	[illegible]	[illegible] 6.00
[illegible]	[illegible] L	g/dL	[illegible] 18.0
[illegible]	[illegible] L	%	[illegible] 64.0
[illegible]	[illegible]	fL	80.0 97.0
[illegible]	[illegible]	pg	27.0 31.0
[illegible]	[illegible] L	g/dL	33.0 37.0
[illegible]	[illegible]	[illegible]	130. 450.
[illegible]	[illegible]	%	38.5 51.1
[illegible]	[illegible]	x10^3/uL	1.2 3.4

'IDPOINT COAG ANALYZER V4.54
IAL #005485 09/05/03 04:21 AM

ient ID: [redacted] b(6)-4
est Name :PT
est Result:= 13.9 sec.
RESULT NOT RANGE CHECKED*
atio = 1.1
alculated INR = 1.24
mple Type:citrated wh. blood
est Date :09/05/03
est Time :04:19 AM
ard Lot :010301
erator : [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/05/03 04:27 AM

ent ID [redacted] b(6)-4
st Name :APTT
st Result:= 42.1 sec.
*RESULT NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date :09/05/03
st Time :04:22 AM
rd Lot :030201
erator [redacted] b(6)-2

Ward/Section:	ESTING PHYSICIAN:	CH. .Y RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	DATE	TIME	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 mm 23-28 mm
sO2		95-98%
BEecf		(-2) – (+ mmol/L
AnGap		10-20 m
Ca		1.12-1.3
BUN		8-26 mg
GLU		70-105
Creat		0.7-1.5
Hct		38-51%
Hgb		12-17 g/

Misc. Chemistry

TEST	RESULT	REF.
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

```
======= PICCOLO =======
05/09/03            04:27
REFERENCE RANGE:        MALE
PATIENT #: [redacted]   b(6)-4
METLYTE 8
DISC LOT #:         3151AA4
OPER #: [redacted]  DR #: 000
SERIAL #: [redacted]
.......................
GLU   108   73-118   MG/DL
BUN   ***29 7-22     MG/DL
CRE   1.9*  0.6-1.2  MG/DL
CK    473*  39-380   U/L
NA+   125*  128-145  MMOL/L
K+    4.3   3.3-4.7  MMOL/L
CL-   ***112 98-108  MMOL/L
tCO2  25    18-33    MMOL/L

INST QC: OK     CHEM QC: OK
HEM 0 , LIP 0 , ICI 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
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:

REPORTED BY: NO.:

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] b(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST FIRST MI [redacted] b(6)-4	DATE 6 Sep 03 / TIME 0430	SSN: [redacted] b(6)-4

(Hematology) CBC

[redacted]

[redacted]				
			4.5	10.5
			4.70	6.00
			13.0	18.0
			35.0	60.0
			90.0	99.0
			27.0	31.0
			32.0	37.0
			150.	450.
			30.5	37.1
			1.2	3.4

DPOINT COAG ANALYZER
AL #005485 09/06/03 06:13 AM

ient ID: [redacted] b(6)-4
est Name :PT
est Result:= 12.4 sec.
RESULT NOT RANGE CHECKED*
itio = 1.0
lculated INR = 1.03
mple Type:citrated wh. blood
st Date :09/06/03
st Time :06:11 AM
rd Lot :010301
erator : [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/06/03 06:17 AM

ent ID: [redacted] b(6)-4
t Name :APTT
t Result:= 38.1 sec.
RESULT NOT RANGE CHECKED***
ple Type:citrated wh. blood
t Date :09/06/03
t Time :06:13 AM
d Lot :030201
rator : [redacted] b(6)-2

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
		Negative
		Negative
		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

CSF

		Negative

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

LAB ID NO.:

[redacted] 6 Sep 03

b(6)-2

MEDCOM - 18128

Ward/Section:	..STING PHYSICIAN:	CH... ..Y RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE / TIME	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
P...		
...		
...		
...		
...		
T...		
E...		
C...		
C...		
C...		
T...		
G...		
B...		
C...		
C...		
N...		
K...		
.C...		
tC...		

======= PICCOLO =======
06/09/03 06:18
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER # [redacted] DR #: 000
SERIAL #: [redacted]

GLU	92	73-118	MG/DL
BUN	17	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	202	39-380	U/L
NA+	122*	128-145	MMOL/L
K+	4.1	3.3-4.7	MMOL/L
CL-	108	98-108	MMOL/L
tCO2	26	18-33	MMOL/L

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

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

Piccolo) Liver Panel Plus

RESULT	REF. RANGE
	3.3-5.5 g/dl
	26-84 u/l
	10-47 u/l
	14-97 u/l
	11-38 u/l
	0.2-1.6 mg/dl
	5-65 u/l
	6.4-8.1 g/dl

(Piccolo) Electrolyte

RESULT	REF. RANGE
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

[redacted] b(2)-2

Baghdad, Iraq

Microbiology Request Form

Last Name: #[redacted] b(6)-4

First Name:

Patient # or SSN: [redacted] b(6)-4

Collected by: LT [redacted] b(6)-2

Date: 03 Sep 03

Time: 0845.

Ward: ICU #3

Room:

Bed:

Physician: [redacted]

Source: (R) AC

Site: Blood Cx

[redacted]

Received by: [redacted] b(6)-2

Date: 3 Sep 03

Time: 0900

Specimen #: [redacted]

Laboratory Results

K. pneumoniae

Reported

Date: 7 Sep 03

Time: 0900

Tech: [redacted]

Reviewer: [redacted]

b(6)-2

Number of attached sheets:

MEDCOM - 18130

Ward/Section: CU 3

QUESTING PHYSICIAN: [redacted] b(6)-2

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

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

DATE 9/7/3 | TIME 1800 | SSN/PSEUDO SSN [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF RANGE

---

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____147 mmol/L

K_____4.0 mmol/L

TCO2_____24 mmol/L

iCa_____1.24 mmol/L

Hct_____32 %PCV

Hb*_____11 g/dL

*via Hct

At 37C

PH_____7.273

PCO2_____49.1 mmHg

PO2_____75 mmHg

HCO3_____23 mmol/L

BEecf_____-4 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

PH_____7.273

PCO2_____49.1 mmHg

PO2_____75 mmHg

Patient Temp: 98.6F

FIO2_____: 45

Sample Type_: ART

07SEP03 18:02

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

(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) Methyte 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

DATE:	LAB ID NO.:

Ward/Section: ICU 3	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	9/7/03	0410	

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
		Negative
		0.2-1.0
		Negative
		Negative
		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

(Hematology) Manual Differential

```
[illegible] COAG ANALYZER  V4.54
RIAL #[illegible]485  09/07/03  05:01 AM

tient ID: [redacted] b(6)-4
Test [illegible]e  :PT
Test [illegible]lt:= 13.7 sec.
***RESULT NOT RANGE CHECKED***
Ratio = 1.1
Calculated INR = 1.21
Sample Type:citrated wh. blood
Test Date  :09/07/03
Test Time  :04:59 AM
Card Lot   :010301
Operator   : [redacted] b(6)-2
```

```
IDPOINT COAG ANALYZER  V4.54
IAL #005485  09/07/03  05:05 AM

ient ID [redacted] b(6)-4
est Name  :APTT
est Result:= 40.8 sec.
**RESULT NOT RANGE CHECKED***
mple Type:citrated wh. blood
est Date  :09/07/03
est Time  :05:02 AM
ard Lot   :030201
perator   : [redacted] b(6)-2
```

CSF

en		Negative

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

FDP		<10 ug/ml			

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 3	ESTING PHYSICIAN: [redacted] b(6)-2	CL .Y RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. EPW [redacted] b(6)-4	DATE 9/7/03	TIME 0410	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
T		
B		
C		
(		
(		

(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
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

T	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
Y		14-97 u/l
ſ		11-38 u/l
IL		0.2-1.6 mg/dl
T		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

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

```
======= PICCOLO =======
07/09/03                 04:46
REFERENCE RANGE:         MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #:              3141AA4
OPER #: [redacted]       DR #: 000
SERIAL #: [redacted]
.......................
GLU    109    73-118    MG/DL
BUN    14     7-22      MG/DL
CRE    0.5*   0.6-1.2   MG/DL
CK     130    39-380    U/L
NA+    135    128-145   MMOL
K+     4.0    3.3-4.7   MMOL
CL-    112*   98-108    MMOL
tCO2   24     18-33     MMOL

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

REMARKS:

REPORTED BY:

STAT G3+

: [redacted] b(6)-4

Name:_____

O2_____26 mmol/L

C

__7.371

____42.2 mmHg

_____70 mmHg

____24 mmol/L

____-1 mmol/L

____93 %

ulated

Temp

_7.377

__41.4 mmHg

____68 mmHg

Temp: 97.9F

____: 50

ple Type_: ART

8SEP03 04:12

r: [redacted]

sician:_____

[redacted]

46A
93

-STAT G3+

t: [redacted] b(6)-4

Pt Name:_____

TCO2_____26 mmol/L

A 70

pH_____7.372

PCO2_____43.3 mmHg

PO2_____82 mmHg

HCO3_____25 mmol/L

BEecf_____0 mmol/L

sO2*_____96 %

*calculated

t Patient Temp

pH_____7.368

PCO2_____43.8 mmHg

_____84 mmHg

Patient Temp: 99.1F

FIO2_____: .40

Sample Type_: ART

01SEP03 09:23

per: [redacted]

Physician:_____

Ser# [redacted]

ver: JAMS046A
CLEW A93

Ward/Section: 1103

QUESTING PHYSICIAN: [redacted] b(6)-2

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

LAST, FIRST, MI. #[redacted]

DATE 0830 | TIME 9-7-03 | SSN/PSEUDO SSN:

(i-STAT) | (Piccolo) Chemistry 12 | (Piccolo) Metabolic Panel

b(6)-4

---

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____149 mmol/L

K_____3.9 mmol/L

TCO2_____24 mmol/L

iCa_____1.14 mmol/L

Hct_____31 %PCV

Hb*_____11 g/dL

*via Hct

At 37C

pH_____7.415

PCO2_____35.7 mmHg

PO2_____84 mmHg

HCO3_____23 mmol/L

BEecf_____-2 mmol/L

sO2*_____97 %

*calculated

At Patient Temp

pH_____7.438

PCO2_____33.6 mmHg

PO2_____77 mmHg

Patient Temp: 96.2F

FIO2_____: 50

Sample Type_: ART

07SEP03 08:38

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

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

07/09/03 08:39

REFERENCE RANGE: MALE

PATIENT #: [redacted] b(6)-4

GENERAL CHEMISTRY 12

DISC LOT #: 3142AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	108*	26-84	U/L
ALT	72*	10-47	U/L
AMY	171*	14-97	U/L
AST	77*	11-38	U/L
TBIL	4.4*	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CHOL	124	100-200	MG/DL
CRE	0.6	0.6-1.2	MG/DL
GLU	110	73-118	MG/DL
TP	3.9*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 1+, ICT 1+

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

07/09/03 08:56

REFERENCE RANGE: MALE

PATIENT #: [redacted] b(6)-4

METLYTE 8

DISC LOT #: 3141AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

GLU	113	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	83	39-380	U/L
NA+	137	128-145	MMOL/L
K+	4.0	3.3-4.7	MMOL/L
CL-	114*	98-108	MMOL/L
tCO2	25	18-33	MMOL/L

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

DATE:	LAB ID NO.:
7 Sep 03	

b(6)-2

[redacted]

0730 9-8-03

Ward/Section: ICU3 | REQUESTING PHYSICIAN: [redacted] b(6)-2 | CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

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

PICCOLO
08/09/03 07:55
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3082AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	110*	26-84	U/L
ALT	70*	10-47	U/L
AMY	142*	14-97	U/L
AST	69*	11-38	U/L
TBIL	3.9*	0.2-1.6	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.3	8.0-10.3	MG/DL
CHOL	111	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	108	73-118	MG/DL
TP	4.4*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 2+, LIP 0 , ICT 1+

Istat
BUN - 19

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

T	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

T	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

REMARKS:

REPORTED BY: [redacted] b(6)-2 | **DATE:** 5-8-03 | **LAB ID NO.:**

1CW3 b(6)-4

Ward/Sectio[redacted] | [redacted] b(6)-2 | **LABORATORY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST [redacted] b(6)-4 ERW | DATE 8Sep | TIME 0400 | SSN [redacted] b(6)-4

(Hematology) CBC

[redacted] b(6)-4

W	
Rl	
Hg	
He	
M	
Plt	
Ly	
Se	
Ba	

Urinalysis

TEST	RESULT	REF. RANGE
Color		N/A
App		N/A
Glu		Negative
Bili		N
Ket		N
SG		N
Bld		N
pH		N
Prot		N
Urob		0.

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

	Negative
	Negative

======= PICCOLO ==
08/09/03 04:25
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8 b(6)-2
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	112	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	71	39-380	U/L
NA+	127*	128-145	MMOL
K+	4.7	3.3-4.7	MMOL
CL-	107	98-108	MMOL
tCO2	22	18-33	MMOL

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

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/08/03 04:52 AM

ient ID [redacted] b(6)-4
est Name :PT
est Result:= 12.0 sec.
RESULT NOT RANGE CHECKED*
atio = 1.0
alculated INR = 0.97
ample Type:citrated wh. blood
est Date :09/08/03
est Time :04:51 AM
ard Lot :010301
perator : [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/08/03 04:56 AM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 42.5 sec.
RESULT NOT RANGE CHECKED*
ample Type:citrated wh. blood
est Date :09/08/03
est Time :04:52 AM
ard Lot :100212
perator : [redacted] b(6)-2

CSF

rinalysis

nk

518 WITH
QUESTED

UST SUBM

BLOOD

UNIT

SSMATCH

LAB ID NO.:

[redacted] b(6)-2

b(6)-2

Ward/Section: 10W

QUESTING PHYSICIAN: [redacted]

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

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

DATE: 9Sep

TIME: 0400

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

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
			ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
			ALP		26-84 u/l	BUN		7-22 mg/dl
			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) Methyte 8			
TEST	RESULT	REF. RANGE	
		73-118 mg/dl	
		7-22 mg/dl	
		0.6-1.2 mg/dl	
		39-380 u/l (M) 30-190 u/l (F)	
		128-145 mmol/l	
		3.3-4.7 mmol/l	
		98-108 mmol/l	
		18-33 mmol/l	

PICCOLO
09/09/03 04:23
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METHYTE 8
DISCRETION #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	97	73-118	MG/DL
BUN	16	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	55	39-308	U/L
NA+	132	128-145	MMOL
K+	4.6	3.3-4.7	MMOL
CL-	112*	98-108	MMOL
tCO2	24	18-33	MMOL

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

DPOINT COAG ANALYZER V4.54
AL #005485 09/09/03 04:39 AM

ent ID: [redacted] b(6)-4
st Name :PT
st Result:= 13.9 sec.
RESULT NOT RANGE CHECKED*
atio = 1.1
alculated INR = 1.24
ample Type:citrated wh. blood
est Date :09/09/03
est Time :04:38 AM
ard Lot :010301
perator [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/09/03 04:43 AM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 41.0 sec.
RESULT NOT RANGE CHECKED*
ample Type:citrated wh. blood
est Date :09/09/03
est Time :04:41 AM
ard Lot :100212
perator [redacted] b(6)-2

LAB ID NO.:

[redacted] b(6)-2

b(6)-2

Ward/Section: ICU #3 | [redacted] AN: | ...MISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, M: [redacted] b(6)-4 | DATE: 9 Sept | TIME: 0800 | 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

```
======= PICCOLO =======
09/09/03          08:20
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   127*  26-84     U/L
ALT   ♦♦♦   10-47     U/L
AMY   108*  14-97     U/L
AST    84*  11-38     U/L
TBIL  2.9*  0.2-1.6   MG/DL
BUN   ♦♦♦   7-22      MG/DL
CA++  8.5   8.0-10.3  MG/DL
CHOL   85*  100-200   MG/DL
CRE   0.6   0.6-1.2   MG/DL
GLU   106   73-118    MG/DL
TP    4.5*  6.4-8.1   G/DL

INST QC: OK    CHEM QC: OK
HEM 1+, LIP 2+, ICT 0
```

unable to calculate due to Lip-Hem

(Piccolo) Metabolic Panel

ST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		8.0-10.3 mg/dl
		0.6-1.2 mg/dl
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

(Piccolo) Liver Panel Plus

ST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

ST	RESULT	REF. RANGE
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		18-33 mmol/l

REMARKS:

REPORTED BY: [redacted] | **DATE:** 9 Sept 03 | **LAB ID NO.:**

b(6)-2

b(6)-4

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.279

PCO2_____52.0 mmHg

PO2_____75 mmHg

HCO3_____24 mmol/L

BEecf_____-2 mmol/L

SO2*_____93 %

*calculated

At Patient Temp

pH_____7.271

PCO2_____53.3 mmHg

PO2_____77 mmHg

Patient Temp: 99.6F

FIO2_____: 50

Sample Type_: ART

09SEP03 16:39

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.259

PCO2_____55.9 mmHg

PO2_____112 mmHg

HCO3_____25 mmol/L

BEecf_____-2 mmol/L

SO2*_____97 %

*calculated

At Patient Temp

pH_____7.259

PCO2_____55.9 mmHg

PO2_____112 mmHg

Patient Temp: 98.6F

FI_____: 50

Sample Type_: ART

09SEP03 12:28

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.417

PCO2_____39.3 mmHg

PO2_____120 mmHg

HCO3_____25 mmol/L

BEecf_____1 mmol/L

SO2*_____99 %

*calculated

Sample Type_:

11SEP03 06:23

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

b(6)-2

Ward/Section: ICU 3 | REQUESTING PHYSICIAN [redacted] | **LABORATORY RESULT FORM** (Subject to the Privacy Act of 1974)

LAST, FIRST, M: EPW [redacted] b(6)-4 | DATE: 10 Sep | TIME: 0400 | SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
[redacted] b(6)-4		

Urinalysis

TEST	RESULT	REF. RANGE
Color		
App		
Glu		
Bili		
Ket		
SG		
Bld		
pH		
Prot		
Urob		
Nit		

Misc. Serology

TEST	RESULT	REF. RANGE
		Negative

Sep 8
b(6)-4 [redacted] PR 24
Name: FUR 50

25 mmol/L

7.332
94.5 mmHg
160 mmHg
24 mmol/L
-2 mmol/L
97 %

Patient Temp
7.325
45.5 mmHg
105 mmHg

Patient Temp: 99.5F
50
Sample Type: BOT

08SEP03 05:44

7112

40745

======= PICCOLO =======
10/09/03 04:26
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.3*	3.3-5.5	G/DL
ALP	133*	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	161*	14-97	U/L
AST	60*	11-38	U/L
TBIL	2.0*	0.2-1.6	MG/DL
BUN	+++16	7-22	MG/DL
CA++	8.2	8.0-10.3	MG/DL
CHOL	143	100-200	MG/DL
CRE	0.8	0.6-1.2	MG/DL
GLU	107	73-118	MG/DL
TP	4.9*	6.4-8.1	G/DL

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

·DPOINT COAG ANALYZER V4.54
AL #005485 09/10/03 04:15 AM

ent ID: [redacted] b(6)-4
st Name :PT
st Result:= 14.1 sec.
*RESULT NOT RANGE CHECKED***
tio = 1.2
lculated INR = 1.26
mple Type:citrated wh. blood
st Date :09/10/03
st Time :04:12 AM
d Lot :010301
rator [redacted] b(6)-2

POINT COAG ANALYZER V4.54
L #005485 09/10/03 04:18 AM

nt ID: [redacted] b(6)-4
t Name :APTT
t Result:= 42.5 sec.
RESULT NOT RANGE CHECKED***
ple Type:citrated wh. blood
t Date :09/10/03
t Time :04:15 AM
l Lot :100212
rator [redacted] b(6)-2

LAB ID NO.:

[redacted] b(6)-2

Ward/Section: ICU #3	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI: EPW [redacted] b(6)-4		DATE: 11 Sep 03	TIME: 0400	SSN/PSEUDO SSN:

(Hematology) CBC

[redacted] b(6)-4

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
Pr		
Ur		

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Sta	
Oc	
H.	
Mi	

DPOINT COAG ANALYZER V4.54
AL #005485 09/11/03 03:58 AM

ent ID: [redacted] b(6)-4
est Name :PT
est Result:= 12.8 sec.
RESULT NOT RANGE CHECKED*
atio = 1.0
alculated INR = 1.08
ample Type:citrated wh. blood
est Date :09/11/03
est Time :03:57 AM
ard Lot :010301
perator [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/11/03 04:01 AM

ent ID [redacted] b(6)-2
est Name :APTT
st Result:= 38.3 sec.
NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date :09/11/03
st Time :03:58 AM
ard Lot :100212
perator [redacted] b(6)-2

======= PICCOLO =======
11/09/03 03:54
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	125*	73-118	MG/DL
BUN	[illegible]	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	70	39-380	U/L
NA+	[illegible] 140	128-145	MMOL
K+	4.5	3.3-4.7	MMOL
CL-	108	98-108	MMOL
tCO2	26	18-33	MMOL

INST QC: OK CHEM QC: OK
HEM 0 , LIP 2+, ICT 0

======= PICCOLO =======
11/09/03 03:54
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.1*	3.3-5.5	G/DL
ALP	149*	26-84	U/L
ALT	27	10-47	U/L
AMY	96	14-97	U/L
AST	♦♦♦	11-38	U/L
TBIL	1.8*	0.2-1.6	MG/DL
BUN	[illegible]	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	114	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	129*	73-118	MG/DL
TP	4.8*	6.4-8.1	G/DL

INST QC: OK CHEM QC: OK
HEM 1+, LIP 2+, ICT 0

[redacted]

[redacted] b(6)-7

Ward/Section:	STING PHYSICIAN:	CH. AY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE / TIME	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) 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:

REPORTED BY:	DATE:	LAB ID NO.:

misc: ABG

Ward/Section: ICU 3

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

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

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

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

(Hematology) CBC

TEST	RESULT	REF. RANGE

TEST	
Color	
App	
Glu	
Bili	
Ket	
SG	
Bld	
pH	
Prot	
Urob	
Nit	

[redacted]

** PRINT CANCELLED **

[redacted]

i-STAT EC8+

Pt: [redacted]

Pt Name:_____

Glu_____89 mg/dL
BUN_____16 mg/dL
Na_____136 mmol/L
K_____4.3 mmol/L
Cl_____107 mmol/L
TCO2_____27 mmol/L
AnGap_____6 mmol/L
Hct_____24 %PCV
Hb*_____8 g/dL
*via Hct
pH_____7.510
PCO2_____32.6 mmHg
HCO3_____26 mmol/L
BEecf_____3 mmol/L

Sample Type_:

12SEP03 05:03

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

======= PICCOLO =======
12/09/03 04:50
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3142AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.1*	3.3-5.5	G/DL
ALP	132*	26-84	U/L
ALT	11	10-47	U/L
AMY	75	14-97	U/L
AST	69*	11-38	U/L
TBIL	1.4	0.2-1.6	MG/DL
BUN	~~***~~ b	7-22	MG/DL
CA++	8.2	8.0-10.3	MG/DL
CHOL	172	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	94	73-118	MG/DL
TP	5.3*	6.4-8.1	G/DL

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

IDPOINT COAG ANALYZER V4.54
IAL #005485 09/12/03 04:25 AM

ient ID: [redacted] b(6)-4
est Name :PT
est Result:= 13.3 sec.
RESULT NOT RANGE CHECKED*
atio = 1.1
alculated INR = 1.15
ample Type:citrated wh. blood
est Date :09/12/03
est Time :04:23 AM
ard Lot :010301
perator [redacted] b(6)-2

IDPOINT COAG ANALYZER V4.54
AL #005485 09/12/03 04:29 AM

ient ID: [redacted] b(6)-4
est Name :APTT
est Result:= 35.4 sec.
RESULT NOT RANGE CHECKED*
ample Type:citrated wh. blood
est Date :09/12/03
est Time :04:25 AM
ard Lot :100212
perator [redacted] b(6)-2

b(2)-2 [redacted]
Baghdad, Iraq

Urine Cx

Microbiology Request Form

Last Name: # [redacted] b(6)-4
First Name:
Patient # or SSN:

Collected by [redacted] b(6)-2
Date: 9-12-03
Time: 0750

Ward: ICU #3
Room:
Bed: # 2
Physician [redacted] b(6)-2
Source: Urine
Site:

[redacted]

Received by [redacted] b(6)-2
Date: 12 Sep 03
Time: 830

Specimen #: [redacted]

Laboratory Results

No Growth at 24 hrs.

Reported
Date: 13 Sep 03
Time: 1100
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18145

1CW3

Ward/Sectio[redacted] b(6)-2

LA ORY RESULT FORM
(Subject to the Privacy Act of 1974)

LAST, FI[redacted] b(6)-4

DATE 13 Sep 03 TIME 0400 SSN/PSEUDO SSN: [redacted] b(6)-4

(Hematology) CBC		
TEST	RESULT	REF. RANGE
WBC		4.5x10^3 - 10

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
		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

DPOINT COAG ANALYZER
AL #005485 09/13/03 04:15 AM

ent ID: [redacted] b(6)-4
st Name :PT
st Result:= 13.3 sec.
*RESULT NOT RANGE CHECKED***
atio = 1.1
alculated INR = 1.15
ample Type:citrated wh. blood
est Date :09/13/03
est Time :04:13 AM
ard Lot :010301
perator [redacted] b(6)-2

DPOINT COAG ANALYZER V4.54
AL #005485 09/13/03 04:19 AM

ent ID [redacted] b(6)-4
st Name :APTT
st Result:= 31.6 sec.
*RESULT NOT RANGE CHECKED***
mple Type:citrated wh. blood
st Date :09/13/03
st Time :04:16 AM
rd Lot :100212
erator [redacted] b(6)-2

CSF	
	Negative

Blood Bank	
MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
ABO/Rh	

Blood Bank Unit Crossmatch (SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED)		
T	TYPE	CROSSMATCH

LAB ID NO.:

EPW [redacted] b(6)-4
Chem - / ICU3

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

REQUES[redacted]

REPORTED BY MD TECH

DATE 9.13.03

LAB ID NO.

REMARKS b(6)-2

7-107

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
	9.13	1600	Chem 7	

======= PICCOLO =======
13/09/03 16:15
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3145AA4
C R #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	118	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
NA+	♦♦♦	128-145	MMOL
K+	4.7	3.3-4.7	MMOL
CL-	103	98-108	MMOL
tCO2	27	18-33	MMOL

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

I Stat
BUN - 13
Na - 136

[redacted] b(6)-4

ICW3

SPECIMEN/LAB RPT. NO.

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☒

PATIENT STATUS
☒ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)
Alene

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUE[redacted]TURE b(6)-2

REPORTED BY

MD

TECH

DATE 13 Sep 03

LAB ID NO.

REMARKS

ABG

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS

FIO2 50
temp 99.5

557-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

EPW # [redacted] b(6)-4

SPECIMEN/LAB RPT. NO.

MISC

URGENCY
☐ ROUTINE
TODAY ☐
☐ PRE-OP
STAT ☐

PATIENT STATUS
☐ BED ☐ AMB
OUTPATIENT ☐
☐ NP ☐ DOM

SPECIMEN SOURCE (Specify)

PHYSICIAN'S COPY

ICU#3

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

MD

TECH

DATE 14 Sep 03

LAB ID NO.

[redacted]

REMARKS

Chem 7

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED
	14 Sep 03	0405	

557-107

b(6)-4

Pt [redacted]
Pt Name:_____

TCO2_____29 mmol/L

At 37C

PH_____7.418
PCO2_____42.4 mmHg
PO2_____114 mmHg
HCO3_____27 mmol/L
BEecf_____3 mmol/L
SO2*_____99 %
*calculated

Sample Type_:

05EP03 04:14

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A98

[redacted] b(6)-4

ICW 3

MISC	SPECIMEN/LAB RPT. NO.
URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP STAT ☒	PATIENT STATUS: ☒ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
	SPECIMEN SOURCE (Specify) Alne

PATIENT'S MED. RECORD

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUE[redacted]NATURE

REPORTED BY MD TECH DATE 13 Sep 03

LAB ID NO.

REMA[redacted]

Chem 12 b(6)-2

TEST(S) | TIMEN TAKEN | TIME A.M. P.M. | QUESTED | ESULTS

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

557-107

======= PICCOLO =======
13/09/03 04:11
REFERENCE RANGE: MALE
PA[redacted]INT #: [redacted] b(6)-11
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	1.2*	3.3-5.5	G/DL
ALP	161*	26-84	U/L
ALT	♦♦♦	10-47	U/L
AMY	87	14-97	U/L
AST	88*	11-38	U/L
TBIL	1.3	0.2-1.6	MG/DL
BUN	~~♦♦♦~~ 14	7-22	MG/DL
CA++	8.3	8.0-10.3	MG/DL
CHOL	123	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	97	73-118	MG/DL
T[illegible]	5.6*	6.4-8.1	G/DL

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

[redacted] b(2)-2

Baghdad, Iraq

Microbiology Request Form

EPW [redacted] b(6)-4

Last Name [redacted] b(6)-2

First Name: [redacted]

Patient # or SSN: EPW 675

Collected by: 1/T [redacted] b(6)-2

Date: 11 Sept

Time: 1420

Ward: ICU 3

Room: —

Bed: —

Physician [redacted] b(6)-2

Source: sputum

Site:

Initial Stain

GPC P+C

[redacted]

Received by [redacted] b(6)-2

Date: 11 Sep 03

Time: 1430

Specimen #: [redacted]

Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported

Date: 14 Sep 03

Time: [illegible]

Tech: [redacted] b(6)-2

Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18150

Microbiology Report

[redacted] Laboratory

Name: [redacted] b(6)-4	Specimen: [redacted]	Status: **Final**
Patient ID:	Source: Sputum	Collected:
Ward/Rm: /	Ward of Iso:	Attd. Phys:

1 Acinetobacter baumannii/haemolyticus Status: Final

1 Ac baumann/haem

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	>16	R			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	>8	R			
Trimeth/Sulfa	>2/38	R			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
— = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted] b(6)-4	Specimen: [redacted]	Status: **Final**
Patient ID:	Source: Sputum	Collected:
Ward/Rm: /	Ward of Iso:	Req. Phys: [redacted] b(6)-2

Printed 14-Sep-03 08:04:04

MEDCOM - 18151

Tech: [redacted] b(6)-2

b(6)-4

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____29 mmol/L

At 37C

pH_____7.424

PCO2_____42.1 mmHg

PO2_____71 mmHg

HCO3_____28 mmol/L

BEecf_____3 mmol/L

sO2*_____94 %

*calculated

At Patient Temp

pH_____7.415

PCO2_____43.3 mmHg

PO2_____74 mmHg

Patient Temp: 99.7F

FIO2_____: 50

Sample Type_: ART

14SEP03 10:57

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.434

PCO2_____39.2 mmHg

PO2_____69 mmHg

HCO3_____26 mmol/L

BEecf_____2 mmol/L

sO2*_____94 %

*calculated

At Patient Temp

pH_____7.433

PCO2_____39.4 mmHg

PO2_____69 mmHg

Patient Temp: 98.8F

FIO2_____: 50

Sample Type_:

11SEP03 15:44

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH_____7.366

PCO2_____47.0 mmHg

PO2_____119 mmHg

HCO3_____27 mmol/L

BEecf_____2 mmol/L

sO2*_____98 %

*calculated

At Patient Temp

pH_____7.358

PCO2_____48.2 mmHg

PO2_____123 mmHg

Patient Temp: 99.7F

FIO2_____: 50

Sample Type_: ART

13SEP03 08:35

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

PATIENTS MED. RECORD

SPECIMEN/LAB RPT. NO.

PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ DOM ☐ NP

SPECIMEN SOURCE (Specify)

MISC URGENCY ☐ ROUTINE TODAY ☐ PRE-OP STAT ☐

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

b(6)-4 [redacted]

EPMS #

ICU #3

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

14/09/03 04:41

REFERENCE RANGE: MALE

PATIENT #: [redacted] b(6)-4

METLYTE 8

DISC LOT #: 315 4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

GLU	102	73-118	MG/DL
BUN	~~***~~ 10	7-22	MG/DL
CRE	*** 0.7	0.6-1.2	MG/DL
CK	39	39-380	U/L
NA+	~~110*~~ 135	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	101	98-108	MMOL/L
tCO2	23	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 1+, ICT 0

PATIENTS MED. RECORD

SPECIMEN/LAB RPT. NO.

PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ DOM ☐ NP

SPECIMEN SOURCE (Specify)

MISC URGENCY ☐ ROUTINE TODAY ☐ PRE-OP STAT ☐

LAB ID NO.

557-107

MD DATE 14 Sep 03

TECH

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY b(6)-2

b(6)-4 [redacted]

Dr

Chem 7 ABG

REMARKS

TESTS(S) SPECIMEN TAKEN DATE TIME A.M. P.M.

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

14/09/03 11:00

REFERENCE RANGE: MALE

PATIENT #: [redacted] b(6)-4

BASIC METABOLIC

ISC LOT #: 3145AA4

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

GLU	127*	73-118	MG/DL
BUN	12	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CRE	0.7	0.6-1.2	MG/DL
NA+	***	128-145	MMOL/L
K+	4.9*	3.3-4.7	MMOL/L
CL-	99	98-108	MMOL/L
tCO2	24	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 0

I-Stat Na- 135

MEDCOM - 18153

b(6)-2

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____30 mmol/L

At 37C

pH_____7.462

PCO2_____40.5 mmHg

PO2_____78 mmHg

HCO3_____29 mmol/L

BEecf_____5 mmol/L

sO2*_____96 %

*calculated

At Patient Temp

pH_____7.441

PCO2_____42.9 mmHg

PO2_____85 mmHg

Patient Temp: 101.0F

FIO2_____: 100

Sample Type_:

14SEP03 21:21

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

STING PHYSICIAN: [redacted]

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

DATE	TIME	SSN/PSEUDO SSN:
14Sep03	2120	

(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:

REPORTED BY:	DATE:	LAB ID NO.:

RE 20
F102 4c
Deep 8

b(6)-4

TAT G3+

[redacted] b(6)-4

Name:_____

2_____26 mmo

37C

_____7.458

2_____38.8 mm

_____75 mm

3_____27 mm

cf_____3 mm

%_____ %

#_____ C

Patient Temp

_____7.

2_____38.6 m

2_____76 m

Temp: 3

02_____ %

Type_: AR

AGEP03 04:14

Oper: [redacted]

Physician:_____

er# [redacted]

er: JAM50465

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH _____7.441

PCO2_____39.9 mmHg

PO2_____103 mmHg

HCO3_____27 mmol

BEecf_____3 mmol/L

sO2*_____98 %

*calculated

At Patient Temp

pH_____7.441

PCO2_____39.9 mmHg

PO2_____104 mmHg

Patient Temp: 98.7F

F _____: 40

Sample Type_:

13SEP03 15:58

Oper: 0

Physician:_____

er# [redacted]

er: JAM5046A
CLEW A93

---

i-STAT EG7+

[redacted]

Pt Name:_____

Na_____136 mmol/L

K_____4.2 mmol/L

iCa_____1.17 mmol/L

Hct_____20 %PCV

Hb*_____7 g/dL

*via Hct

At 37C

pH_____7.459

PCO2_____38.8 mmHg

PO2_____149 mmHg

HCO3_____28 mmol/L

BEecf_____4 mmol/L

sO2*_____99 %

*calculated

Sample Type_:

14SEP03 04:43

Oper: [redacted]

Physician:_____

Ser# [redacted]

: JAM5046A
CLEW A93

Ward/Section: ICU#3	[redacted]TING PHYSICIAN: [redacted] b(6)-2	LA[redacted]ORY RESULT FORM (Su[redacted]t to the Privacy Act of 1974)
LAST, FIRST, MI: EPW #[redacted] b(6)-4	DATE: 14Sep03 / TIME: 0405	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
Atyp		Imm
RBC Morph		
Spun Hematocrit		42-52% (M) 37-47% (F)
Sed Rate		
Other		

b(6)-4

ID: [redacted] 14-09-03
WB 04:22

			Patient Limits	
WBC	10.6 H	x10^3/uL	4.5	10.5
RBC	2.53 L	x10^6/uL	4.00	6.00
Hgb	7.2 L	g/dL	11.0	18.0
Hct	22.9 L	%	35.0	60.0
MCV	90.6	fL	80.0	99.9
MCH	28.5	pg	27.0	31.0
MCHC	31.5 L	g/dL	33.0	37.0
Plt	624. H	x10^3/uL	150.	450.
LYM	17.9 *L	%	20.5	51.1
LYM	1.9 *	x10^3/uL	1.2	3.4

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:	DATE:	LAB ID NO.:

b(6)-2

Ward/Section: [redacted] | TINC PHYSICI[redacted] | ORY RESULT FORM

LAST, FIRST, M[redacted] | o the Privacy Act of 1974)

b(6)-4 | N/PSEUDO SSN:

(Hem[redacted])			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10³				RPR		Negative
						Mono		Negative

[redacted] b(6)-4 15-09-03 14:21

WB

				Patient Limits	
WBC	20.0 H	x10^3/uL		4.5	10.5
RBC	2.90 L	x10^6/uL		4.00	6.00
Hgb	8.5 L	g/dL		11.0	18.0
Hct	26.6 L	%		35.0	60.0
MCV	91.6	fL		80.0	99.9
MCH	29.3	pg		27.0	31.0
MCHC	32.0 L	g/dL		33.0	37.0
Plt	733. H	x10^3/uL		150.	450.
LY%	9.7 *L	%		20.5	51.1
LY#	1.9 *	x10^3/uL		1.2	3.4

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

REMARKS:

REPORTED BY: [redacted] | D[redacted]

b(6)-2

** PRINT CANCELLED **

[redacted]

---

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

[redacted]

pCO2_____33 mmol/L

[redacted]

At 37C

pH_____7.469

pCO2_____4.[redacted] mmHg

pO2_____15[redacted] mmHg

HCO3_____32 mmol/L

BEecf_____8 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.463

pCO2_____44.5 mmHg

pO2_____153 mmHg

Patient Temp: 99.4F

FiO2_____: 50

Sample Type_: ART

15SEP03 09:22

Oper: [redacted]

Physician:_____

Ser# [redacted]

Microbiology

ource		
iram tain		
ecc Bld		Negative
. pylori		Negative
licro		
arasites		
lalaria		
& P		
ther		

Microscopic Urinalysis

Blood Bank

UST SUBMIT SF 518 WITH VERY UNIT REQUESTED

BO/Rh	

rossmatch VERY UNIT OF BLOOD ED)

	CROSSMATCH

Ward/Section: ICU 3	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: CPW [redacted] b(6)-4	DATE: 15 Sep 03	TIME: 0400	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		
K		
Cl		
pH		
PCO		
PO2		
TCO		
HCO		
sO2		
BE		
Ano		
Ca		
BUN		
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

ID: [redacted] b(6)-4 15-09-03
WB 07:18

				Patient Limits	
WBC	11.4 H	x10^3/uL		4.5	10.5
RBC	2.30 L	x10^6/uL		4.00	6.00
Hgb	6.7 L	g/dL		11.0	18.0
Hct	20.7 L	%		35.0	60.0
MCV	90.1	fL		80.0	99.9
MCH	29.0	pg		27.0	31.0
MCHC	32.2 L	g/dL		33.0	37.0
Plt	714. H	x10^3/uL		150.	450.
LY%	15.7 *L	%		20.5	51.1
LY#	1.8 *	x10^3/uL		1.2	3.4

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
GLU		
BUN		
CRE		
CK		
NA^+		
K^+		
CL^-		
tCO_2		

======= PICCOLO =======
15/09/03 08:21
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	108	73-118	MG/DL
BUN	12	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	47	39-380	U/L
NA+	133	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	106	98-108	MMOL/L
tCO2	24	18-33	MMOL/L

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

(Piccolo) Metabolic Panel

T	REF. RANGE
	73-118 mg/dl
	7-22 mg/dl
	8.0-10.3 mg/dl
	0.6-1.2 mg/dl
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

er Panel Plus

T	REF. RANGE
	3.3-5.5 g/dl
	26-84 u/l
	10-47 u/l
	14-97 u/l
	11-38 u/l
	0.2-1.6 mg/dl
	5-65 u/l
	6.4-8.1 g/dl

Electrolyte

T	REF. RANGE
	128-145 mmol/l
	3.3-4.7 mmol/l
	98-108 mmol/l
	18-33 mmol/l

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

MISC: CBC

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] b(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW [redacted] b(6)-4		DATE 16 Sep 03	TIME 0428	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

ID: [redacted] b(6)-4
WB 16-09-03 04:53

				Patient Limits	
WBC	11.4 H	x10^3/uL		4.5	10.5
RBC	3.00 L	x10^6/uL		4.00	6.00
Hgb	8.6 L	g/dL		11.0	18.0
Hct	27.0 L	%		35.0	60.0
MCV	89.9	fL		80.0	99.9
MCH	28.7	pg		27.0	31.0
MCHC	31.9 L	g/dL		33.0	37.0
Plt	795. H	x10^3/uL		150.	450.
LY%	18.8 *L	%		20.5	51.1
LY#	2.1 *	x10^3/uL		1.2	3.4

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____136 mmol/L
K_____4.3 mmol/L
TCO2_____34 mmol/L
iCa_____1.07 mmol/L
Hct_____26 %PCV
Hb*_____9 g/dL
*via Hct

At 37C
pH_____7.550
PCO2_____37.8 mmHg
PO2_____175 mmHg
HCO3_____33 mmol/L
BEecf_____11 mmol/L
sO2*_____100 %
*calculated

At Patient Temp
pH_____7.553
PCO2_____37.6 mmHg
PO2_____174 mmHg

Patient Temp: 98.3F
FIO2_____: 50
Sample Type_:

16SEP03 05:12

Oper: [redacted]

Physician:_____

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
BUN		

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

REMARKS: CBC

REPORTED BY:

(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

i Temp 98.3

Ward/Section: ICU #3	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: # [redacted] b(6)-4	DATE: 17 Sep 03	TIME: 0412	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

(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
LDH		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
CO_2		18-33 mmol/l

======= PICCOLO =======
17/09/03 06:12
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	98	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	1.0	0.6-1.2	MG/DL
CK	33*	39-380	U/L
NA+	135	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	98	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

REMARKS:

REPORTED BY:

#[redacted] b(6)-4

ICU#3

MISC	SPECIMEN/LAB RPT. NO.
URGENCY: ☐ ROUTINE, TODAY ☐, ☐ PRE-OP, STAT ☐	PATIENT STATUS: ☐ BED ☐ AMB, OUTPATIENT ☐, ☐ NP ☐ DOM
	SPECIMEN SOURCE (Specify)

PHYSICIAN'S COPY

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE	REPORTED BY	MD / TECH	DATE	LAB ID NO.
[redacted] b(6)-2			17 Sep 03	

REMARKS

CBC

557-107

TEST(S)	SPECIMEN TAKEN: DATE	TIME	A.M. / P.M.	REQUESTED	RESULTS
	17 Sep 03	04:20	A.M.		

b(6)-4

ID:[redacted] 17-09-03
WB 05:12

				Patient Limits	
WBC	11.4	H	x10^3/uL	4.5	10.5
RBC	3.02	L	x10^6/uL	4.00	6.00
Hgb	8.6	L	g/dL	11.0	18.0
Hct	27.1	L	%	35.0	60.0
MCV	89.6		fL	80.0	99.9
MCH	28.6		pg	27.0	31.0
MCHC	31.9	L	g/dL	33.0	37.0
Plt	870.	H	x10^3/uL	150.	450.
LY%	16.8	*L	%	20.5	51.1
LY#	1.9	*	x10^3/uL	1.2	3.4

[redacted] b(6)-4

EPW

ICU3

MISC	SPECIMEN/LAB RPT. NO.
URGENCY: ☐ ROUTINE ☐ TODAY ☐ ☐ PRE-OP ☐ STAT	PATIENT STATUS: ☐ BED ☐ AMB ☐ OUTPATIENT ☐ ☐ NP ☐ DOM
	SPECIMEN SOURCE (Specify)

LABORATORY FILE

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

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

REPORTED BY: SGT [redacted] MD / TECH b(6)-2

DATE: 9/18/03

LAB ID NO.

REMARKS

557-107

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
CBC				

b(6)-4

ID: [redacted] 18-09-03
WB 04:38

			Patient Limits	
WBC	10.7 H	x10^3/uL	4.5	10.5
RBC	3.01 L	x10^6/uL	4.00	6.00
Hgb	8.7 L	g/dL	11.0	18.0
Hct	27.1 L	%	35.0	60.0
MCV	90.1	fL	80.0	99.9
MCH	28.8	pg	27.0	31.0
MCHC	31.9 L	g/dL	33.0	37.0
Plt	921. H	x10^3/uL	150.	450.
LY%	17.1 *L	%	20.5	51.1
LY#	1.8 *	x10^3/uL	1.2	3.4

b(6)-4

EPW [redacted]

ICU3

MISC	SPECIMEN/LAB RPT. NO.
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: [redacted] b(6)-2

REPORTED BY: SGT [redacted] MD / TECH b(6)-2

DATE: 9.19.03

LAB ID NO.

107

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. / P.M.	REQUESTED	RESULTS
CBC				

ID: [redacted] b(6)-4 19-09-03
WB 04:20

			Patient Limits	
WBC	11.0 H	x10^3/uL	4.5	10.5
RBC	3.05 L	x10^6/uL	4.00	6.00
Hgb	8.7 L	g/dL	11.0	18.0
Hct	27.1 L	%	35.0	60.0
MCV	88.8	fL	80.0	99.9
MCH	28.6	pg	27.0	31.0
MCHC	32.2 L	g/dL	33.0	37.0
Plt	921. H	x10^3/uL	150.	450.
LY%	20.0 *L	%	20.5	51.1
LY#	2.2 *	x10^3/uL	1.2	3.4

Ward/Section: ICU3	REQUESTING PHYSICIAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: [redacted] b(6)-4	DATE: 9/18/03	TIME:	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		
HCO		
sO2		
BEec		
AnG		
Ca		
BUN		
GLU		
Cre		
Hct		
Hgl		
Tr		
Dr		
Al		
I		

(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
		8.0-10.3mg/dl
		100-200 mg/dl
		0.6-1.2 mg/dl
		73-118 mg/dl
		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		0.6-1.2 mg/dl
		39-380 u/l (M) 30-190 u/l (F)
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		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

======= PICCOLO =======
18/09/03 04:36
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3152AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	113	73-118	MG/DL
BUN	10	7-22	MG/DL
CRE	0.7	0.6-1.2	MG/DL
CK	47	39-380	U/L
NA+	***134	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	97*	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

TE:	LAB ID NO.:

Ward/Section: ICU 3	R[redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. EPM [redacted] b(6)-4	DATE 9.19.03	TIME	SSN/PSEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		
Cl		
pH		
PC		
PO		
TC		
HC		
sO		
BE		
An		
Ca		
BU		
GI		
Cr		
Ho		
Hg		
Tr		
Di Al		
R		

PICCOLO
19/09/03 04:18
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	97	73-118	MG/DL
BUN	15	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	35*	39-380	U/L
NA+	133	128-145	MMOL/L
K+	4.7	3.3-4.7	MMOL/L
CL-	100	98-108	MMOL/L
tCO2	26	18-33	MMOL/L

INST QC: OK CHEM QC: OK
HEM 0 , LIP 0 , ICI 0

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
		11-38 u/l
		0.2-1.6 mg/dl
		7-22 mg/dl
		8.0-10.3mg/dl
		100-200 mg/dl
		0.6-1.2 mg/dl
		73-118 mg/dl
		6.4-8.1 g/dl

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
		73-118 mg/dl
		7-22 mg/dl
		0.6-1.2 mg/dl
		39-380 u/l (M) 30-190 u/l (F)
		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
		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

REPORTED BY:	DATE:	LAB ID NO.:

ICW1

[redacted] b(2)-2

Baghdad, Iraq

Bed 9A

Microbiology Request Form

Last Name: # [redacted] b(6)-4

First Name:

Patient # or SSN:

Collected by: [redacted] b(6)-2

Date: 12 SEP 03

Time: 0730

Ward: ICU # 3

Room:

Bed: # 2

Physician: [redacted] b(6)-2

Source: B013 ← (P) Femoral A-LINE ; (L) SC CORDIS → B014

Site:

[redacted]

Received by [redacted] b(6)-2

Date: 12 Sep 03

Time: 0746

Specimen #: [redacted]

Laboratory Results

Staphylococcus, epidermidis

Reported Date: 19 Sep 03

Time: 1050

Tech: [redacted] b(6)-2

Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18165

Microbiology Report [redacted] (b)(2)-2

Name: [redacted] > b(6)-4	Specimen: [redacted]	Status: **Final**
Patient ID: [redacted]	Source: Blood	Collected:
Ward/Rm: /	Ward of Iso:	Attd. Phys:

1 Staphylococcus epidermidis Status: Final

1 S. epidermidis

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	<=8	R			
Chloramphenicol	<=8	S			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	>4	R			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	>8	R			
Levofloxacin	>4	R			
Linezolid	<=2	S			
Moxifloxacin	4	I			
Nitrofurantoin	<=32				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	>2/38	R			
Vancomycin	<=2	S			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted] > b(6)-4	Specimen: [redacted]	Status: **Final** [redacted]
Patient ID: [redacted]	Source: Blood	Collected:
Ward/Rm: /	Ward of Iso:	Req. Phys: [redacted] b(6)-2

Ward/Section: ICU [redacted] b(6)-2

b(6)-4 [redacted] EPW

DATE 20 Sep TIME 0500

ORATORY RESULT FORM
(bject to the Privacy Act of 1974)

SSN/PEEUDO SSN:

(Hematology) CBC

b(6)-4

ID: [redacted] 20-09-03
WB 05:18

			Patient Limits	
WBC	11.3 H	x10^3/uL	4.5	10.5
RBC	2.88 L	x10^6/uL	4.00	6.00
Hgb	8.3 L	g/dL	11.0	18.0
Hct	25.7 L	%	35.0	60.0
MCV	89.1	fL	80.0	99.9
MCH	29.0	pg	27.0	31.0
MCHC	32.5 L	g/dL	33.0	37.0
Plt	869. H	x10^3/uL	150.	450.
LY%	17.8 *L	%	20.5	51.1
LY#	2.0 *	x10^3/uL	1.2	3.4

Atyp		Imm	
RBC Morph			
Spun Hematocrit		42-52%(M) 37-47%(F)	
Set Rate			
Other			

Coagulation Studies

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

Urinalysis

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____32 mmol/L

At 37C

pH_____7.470

PCO2_____42.6 mmHg

PO2_____96 mmHg

HCO3_____31 mmol/L

BEecf_____7 mmol/L

SO2*_____98 %

*calculated

At Patient Temp

pH_____7.454

PCO2_____44.6 mmHg

PO2_____103 mmHg

Patient Temp: 100.5F

FIO2_____: 35

Sample Type_: ART

20SEP03 05:11

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAM5046A
CLEW A93

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		

Macroscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

nit Crossmatch
THE EVERY UNIT OF BLOOD
ESTED)

YPE	CROSSMATCH

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

MISC
☆ Chem 7
☆ ABG

100-5 F10 2 35°

Ward/Section:	REQUESTING PHYSICAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST,MI.		DATE	TIME		SSN/PEEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		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 (art)
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
Tropoin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALI		
AL		
AM		
AS		
TBI		
BU		
CA		
CH		
CR		
GL		
TP		
T		
GL		
BU		
CR		
CK		
NA		
K+		
CI		
tC		

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
N		7-22 mg/dl
++		8.0-10.3 mg/dl
E		0.6-1.2 mg/dl
+		128-145 mmol/dl
		3.3-4.7 mmol/l
		98-108 mmol/l
02		18-33 mmol/l

(Piccolo) Liver Panel Plus

TEST	RESULT	REF. RANGE
		3.3-5.5 g/dl
		26-84 u/l
		10-47 u/l
		14-97 u/l
Y		11-38 u/l
L		0.2-1.6 mg/dl
T		5-65 u/l
		6.4-8.1 g/dl

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
+		128-145 mmol/l
		3.3-4.7 mmol/l
		98-108 mmol/l
02		18-33 mmol/l

```
======= PICCOLO =======
20/09/03            05:55
REFERENCE RANGE:      MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #:         3145AA4
OPER #: [redacted]  DR #: 000
SERIAL #: [redacted]
.......................
GLU   127*  73-118   MG/DL
BUN    17   7-22     MG/DL
CA++   8.4  8.0-10.3 MG/DL
CRE    0.6  0.6-1.2  MG/DL
NA+    ♦♦♦  128-145  MMOL
K+     4.5  3.3-4.7  MMOL
CL-    97*  98-108   MMOL
tCO2   24   18-33    MMOL

INST QC: OK    CHEM QC: OK
HEM 0 , LIP 0 , ICT 0
```

b(6)-4

Na-132

REMARKS:

REPORTED BY:	DATE:	LAB ID NO

Ward/Section: ICU 3

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

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

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

DATE: 21 Sep 03 | TIME: 0400 | SSN/PEEUDO SSN:

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
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 (art)
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
Tropoin-1		
Drug of Abuse		

TEST	RESULT	REF. RANGE

======= PICCOLO =======
21/09/03 04:30
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	100	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
CK	155	39-380	U/L
NA+	+++ 133	128-145	MMOL/L
K+	4.7	3.3-4.7	MMOL/L
CL-	102	98-108	MMOL/L
tCO2	25	18-33	MMOL/L

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

(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/dl
K^{+}		3.3-4.7 mmol/l
CL^{-}		98-108 mmol/l
tCO2		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
AST		14-97 u/l
AMY		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
tCO2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

misc
AB

Ward/Section:	REQUESTING PHYSICAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI	DATE	TIME	SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
[redacted] b(6)-4		
Atyp		Imm
RBC Morph		
Spun Hematocrit		42-52%(M) 37-47%(F)
Set 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

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		

Macroscopic Urinalysis

CSF

Cell Count		
Directigen		Negative

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 SESS
D dimer		<20 ug/ml
FDP		< 10 ug /ml

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU #3

QUESTING PHYSICAN: [redacted] b(6)-2

RATORY RESULT FORM
ubject to the Privacy Act of 1974)

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

DATE: 22 Sep 03

TIME: 0430

SSN/PEEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RAN

b(6)-4

ID [redacted] 22-09-03
MB 04:47

				Patient Limits	
WBC	11.8 H	x10^3/uL		4.5	10.5
RBC	3.24 L	x10^6/uL		4.00	6.00
Hgb	9.3 L	g/dL		11.0	18.0
Hct	29.0 L	%		35.0	60.0
MCV	89.4	fL		80.0	99.9
MCH	28.8	pg		27.0	31.0
MCHC	32.2 L	g/dL		33.0	37.0
Plt	1016. +H	x10^3/uL		150.	450.
LY%	20.2 *L	%		20.5	51.1
LY#	2.4 *	x10^3/uL		1.2	3.4

RBC Morph		
Spun Hematocrit		42-52%(M 37-47%(
Set Rate		
Other		

Coagulation Studies

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

======= PICCOLO =======
22/09/03 04:54
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	95	73-118	MG/DL
BUN	14	7-22	MG/DL
CRE	<0.2*	0.6-1.2	MG/DL
CK	64	39-380	U/L
NA+	~~124*~~ 133	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	99	98-108	MMOL/L
tCO2	25	18-33	MMOL/L

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

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		

Macroscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

k Unit Crossmatch
WITHE EVERY UNIT OF BLOOD
QUESTED)

TYPE	CROSSMATCH

REMARKS:

REPORTED BY: DATE: LAB ID NO.:

b(6)-4

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH_____7.413

PCO2_____42.3 mmHg

PO2_____57 mmHg

HCO3_____27 mmol/L

BEecf_____2 mmol/L

sO2*_____90 %

*calculated

At Patient Temp

pH_____7.410

PCO2_____42.6 mmHg

PO2_____58 mmHg

Patient Temp: 96.9F

FIO2_____: 50

Sample Type_: ART

02SEP03 11:44

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____28 mmol/L

At 37C

pH_____7.399

PCO2_____43.0 mmHg

PO2_____65 mmHg

HCO3_____27 mmol/L

BEecf_____2 mmol/L

sO2*_____92 %

*calculated

At Patient Temp

pH_____7.390

PCO2_____44.2 mmHg

PO2_____68 mmHg

Patient Temp: 99.7F

FIO2_____: 50

Sample Type_:

02SEP03 06:53

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

---

i-STAT G3+

Pt: [redacted]

Pt Name:_____

TCO2_____35 mmol/L

At 37C

pH_____7.523

PCO2_____40.9 mmHg

PO2_____70 mmHg

HCO3_____34 mmol/L

BEecf_____11 mmol/L

sO2*_____95 %

*calculated

FIO2_____: 31

Sample Type_: ART

02SEP03 04:40

Oper: [redacted]

Physician:_____

Ser# [redacted]

Ver: JAMS046A
CLEW A93

[redacted] b(2)-2

Baghdad, Iraq

Microbiology Request Form

ICU #3

Last Name: EPW

First Name:

Patient # or SSN: [redacted] b(6)-4

Collected by: [redacted] b(6)-2

Date: 23 SEP 03

Time: 1555

Ward:

Room:

Bed:

Physician: [redacted] b(6)-2

Source: URINE

Site: FOLEY

[redacted]

Received by: [redacted] b(6)-2

Date: 23 SEP 03

Time: 1700

Specimen #: [redacted]

Laboratory Results

ACINETOBACTER BAUMANNII/ HAEMOLTICUS

Reported

Date: **25 SEP 03**

Time: 958

Tech: [redacted] b(6)-2

Reviewer: [redacted] b(6)-2

MEDCOM - 18173

Microbiology Report

[redacted] Laboratory (b)(2)-2

Name: [redacted]	b(6)-4	Specimen: [redacted]		Status:	Final
Patient ID: [redacted]		Source:	Blood	Collected:	
Ward/Rm: /		Ward of Iso:		Attd. Phys:	

1 Staphylococcus epidermidis Status: Final

1 S. epidermidis

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	<=8	R			
Chloramphenicol	<=8	S			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	>4	R			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	>8	R			
Levofloxacin	>4	R			
Linezolid	<=2	S			
Moxifloxacin	4	I			
Nitrofurantoin	<=32				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	>2/38	R			
Vancomycin	<=2	S			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
--- = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

b(6)-2

For blood and CSF Isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approval.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=

Name: [redacted] b(6)-4
Patient ID: [redacted]
Ward/Rm: /
Specimen: [redacted]
Source: Blood

Microbiology Report

[redacted] Laboratory (b)(2)-2

Name: [redacted] > b(6)-4
Patient ID: [redacted]
Ward/Rm: /

Specimen: [redacted]
Source: Blood
Ward of Iso:

Status: **Final**
Collected:
Attd. Phys:

1 Staphylococcus epidermidis Status: Final

1 S. epidermidis

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	<=8	R			
Chloramphenicol	<=8	S			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	>4	R			
Gatifloxacin	>4	R			
Gentamicin	<=4	S			
Imipenem (c)	>8	R			
Levofloxacin	>4	R			
Linezolid	<=2	S			
Moxifloxacin	4	I			
Nitrofurantoin	<=32				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	<=1	S			
Tetracycline	<=4	S			
Trimeth/Sulfa	>2/38	R			
Vancomycin	<=2	S			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
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b(6)-2

Name: [redacted] > b(6)-4
Patient ID: [redacted]
Ward/Rm: /

Specimen: [redacted]
Source: Blood
Ward of Iso:

[redacted]

Microbiology Report

[redacted] Laboratory (b)(2)-2

Name: [redacted]		Specimen: [redacted]		Status:	**Final**
Patient ID: [redacted] > b(6)-4		Source:	Urine	Collected:	
Ward/Rm: /		Ward of Iso:		Attd. Phys:	

1 Acinetobacter baumannii/haemolyticus Status: Final

1 Ac baumann/haem

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>16/8				
Amp/Sulbactam (c)	>16/8	R			
Ampicillin	>16				
Aztreonam	16	I			
Cefazolin	>16				
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Cefotetan	>32				
Cefoxitin	>16				
Ceftazidime (a)	>16	R			
Ceftriaxone (c)	>32	R			
Cefuroxime (b)	>16				
Cephalothin	>16				
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
ESBL-a Scrn	>4				
ESBL-b Scrn	>1				
Gatifloxacin	>4				
Gentamicin	>8	R			
Imipenem (c)	<=4	S			
Levofloxacin	>4	R			
Meropenem (c)	<=4	S			
Moxifloxacin	>4				
Nitrofurantoin	>64				
Norfloxacin	>8				
Piperacillin (a)	>64	R			
Tetracycline	>8	R			
Ticar/K Clav (a)	>64	R			
Tobramycin	>8	R			
Trimeth/Sulfa	>2/38	R			

S = Susceptible
I = Intermediate
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MIC = mcg/ml (mg/L)

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Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name: [redacted]		Specimen: [redacted]		Status:	**Final**
Patient ID: [redacted] > b(6)-4		Source:	Urine	Collected:	
Ward/Rm: /		Ward of Iso:		Req. Phys:	[redacted]

Tech: [redacted] b(6)-2

[redacted] b(2)-2

Baghdad, Iraq

Microbiology Request Form

Last Name: #[redacted] b(6)-4

First Name:

Patient # or SSN: [redacted] b(6)-4

Collected by: LT [redacted] b(6)-2

Date: 03 Sep 03

Time: 0845

Ward: ICU #3

Room:

Bed:

Physician: [redacted] b(6)-2

Source: (R) AC

Site: Blood Cx

[redacted]

Received by: [redacted] b(6)-2

Date: 3 Sep 03

Time: 0900

Specimen #: [redacted]

Laboratory Results

K. pneumoniae

Reported

Date: 7 Sep 03

Time: 0900

Tech: [redacted] b(6)-2

Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18177

[redacted]
Baghdad, Iraq

Microbiology Request Form

Last Name: #[redacted] b(6)-4
First Name: EPW
Patient # or SSN: EPW #[redacted] b(6)-4
Collected by: SGT [redacted] b(6)-2
Date: 26 SEPT 03
Time: 0710

Ward: ICU #3
Room: ROOM 1
Bed: BED # 7
Physician: [redacted] b(6)-2
Source: Blood culture
Site: (L) femoral (triple lumen)

[redacted]

Received by: [redacted] b(6)-2
Date: 26 Sep 03
Time: 0730

Specimen #: [redacted]

Laboratory Results

No growth after 5 days

Reported
Date: 10-1-03
Time: 1300
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18178

Microbiology Report

[redacted] L Laboratory b)(2)-2

Name:	[redacted] > b(6)-4	Specimen:	[redacted]	Status:	**Final**
Patient ID:	[redacted]	Source:	Sputum	Collected:	
Ward/Rm:	ICU3/Rm1/Bed 2	Ward of Iso:		Attd. Phys:	

1 Staphylococcus epidermidis Status: Final

1 S. epidermidis

Drug	MIC	Interps	Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R			
Amp/Sulbactam (c)	<=8/4	R			
Ampicillin	>8	BLAC			
Azithromycin	>4	R			
Cefazolin	>16	R			
Cefepime	>16	R			
Cefotaxime (c)	>32	R			
Ceftriaxone (c)	>32	R			
Cephalothin	>16	R			
Chloramphenicol	>16	R			
Ciprofloxacin	>2	R			
Clindamycin	>2	R			
Erythromycin	<=0.5	S			
Gatifloxacin	>4	R			
Gentamicin	>8	R			
Imipenem (c)	<=4	R			
Levofloxacin	>4	R			
Linezolid	>4				
Moxifloxacin	>4	R			
Nitrofurantoin	>64				
Norfloxacin	>8				
Ofloxacin	>4	R			
Oxacillin	>2	R			
Penicillin	>8	BLAC			
Rifampin	<=1	S			
Synercid	>2	R			
Tetracycline	>8	R			
Trimeth/Sulfa	>2/38	R			
Vancomycin	>16	R			

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
— = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs

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(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae, cefotaxime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name:	[redacted] > b(6)-4	Specimen:	[redacted]	Status:	**Final**
Patient ID:	[redacted]	Source:	Sputum	Collected:	
Ward/Rm:	/	Ward of Iso:		Req. Phys:	[redacted] b(6)-2

[redacted] b(2)-2

Baghdad, Iraq

Microbiology Request Form

Last Name: EPW

First Name:

Patient # or SSN: [redacted] b(6)-4

Collected by: [redacted] b(6)-2

Date: 23 SEP 03

Time: 1555

Ward: ICU3

Room: 1

Bed: 2

Physician: [redacted] b(6)-2

Source: SPUTUM

Site:

[redacted]

Received by [redacted] b(6)-2

Date: 23 SEP 03

Time: 1700

Specimen # [redacted]

Laboratory Results

STAPHYLOCOCCU EPIDERMIDIS, ACINETOBACTR BAUMANNII/ HAEMOLYTICUS

Reported

Date: **27 SEP 03**

Time: 9:00

Tech [redacted] b(6)-2

Reviewer:

Number of attached sheets:

MEDCOM - 18180

[redacted] b(2)-2
Baghdad, Iraq

Microbiology Request Form

Last Name: EPW
First Name:
Patient # or SSN: [redacted] b(6)-4
Collected by: [redacted] b(6)-2
Date: 26 SEP 03
Time: 0710

Ward: ICU3
Room: 1
Bed: 2
Physician: [redacted] b(6)-2
Source: NASAL
Site: NARE

[redacted]

Received by: [redacted] b(6)-2
Date: 26 SEP 03
Time: 0730

Specimen #: [redacted]

Laboratory Results

NORMAL FLORA

Reported
Date: **27 SEP 03**
Time: 9:00
Tech: [redacted] b(6)-2
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18181

Microbiology Report

[redacted] Laboratory

Name:	[redacted]	Specimen:	[redacted]	Status:	Final
Patient ID:	[redacted] > b(6)-4	Source:	Sputum	Collected:	
Ward/Rm:	/	Ward of Iso:		Attd. Phys:	

1	Staphylococcus epidermidis	Status: Final
2	Acinetobacter baumannii/haemolyticus	Status: Final

1 S. epidermidis

Drug	MIC	Interps
Amox/K Clav (c)	>4/2	R
Amp/Sulbactam (c)	<=8/4	R
Ampicillin	>8	BLAC
Azithromycin	>4	R
Cefazolin	>16	R
Cefepime	>16	R
Cefotaxime (c)	>32	R
Ceftriaxone (c)	>32	R
Cephalothin	>16	R
Chloramphenicol	>16	R
Ciprofloxacin	>2	R
Clindamycin	>2	R
Erythromycin	<=0.5	S
Gatifloxacin	>4	R
Gentamicin	>8	R
Imipenem (c)	<=4	R
Levofloxacin	>4	R
Linezolid	>4	
Moxifloxacin	>4	R
Nitrofurantoin	>64	
Norfloxacin	>8	
Ofloxacin	>4	R
Oxacillin	>2	R
Penicillin	>8	BLAC
Rifampin	<=1	S
Synercid	>2	R
Tetracycline	>8	R
Trimeth/Sulfa	>2/38	R
Vancomycin	>16	R

2 Ac baumann/haem

Drug	MIC	Interps
Amox/K Clav (c)	16/8	
Amp/Sulbactam (c)	<=8/4	S
Ampicillin	>16	
Aztreonam	>16	R
Cefazolin	>16	
Cefepime	>16	R
Cefotaxime (c)	>32	R
Cefotetan	>32	
Cefoxitin	>16	
Ceftazidime (a)	>16	R
Ceftriaxone (c)	>32	R
Cefuroxime (b)	>16	
Cephalothin	>16	
Chloramphenicol	>16	R
Ciprofloxacin	>2	R
ESBL-a Scrn	>4	
ESBL-b Scrn	>1	
Gatifloxacin	>4	
Gentamicin	>8	R
Imipenem (c)	<=4	S
Levofloxacin	>4	R
Meropenem (c)	<=4	S
Moxifloxacin	>4	
Nitrofurantoin	>64	
Norfloxacin	>8	
Piperacillin (a)	>64	R
Tetracycline	>8	R
Ticar/K Clav (a)	64	I
Tobramycin	>8	R
Trimeth/Sulfa	>2/38	R

S = Susceptible
I = Intermediate
R = Resistance
MIC = mcg/ml (mg/L)

N/R = Not Reported
— = Not Tested
TFG = Thymidine-dependent strain

Blank = Data not available, or drug not advisable or tested
ESBL = Extended spectrum beta-lactamase
Blac = Beta-lactamase positive

R* = Resistant due to extended spectrum beta-lactamases (ESBL)
EBL? = Suspected ESBL. Confirmatory tests needed to differentiate ESBL from other beta-lactamases.
IB = Inducible Beta-lactamase. Appears in place of Sensitive with species known to possess inducible beta-lactamases; potentially they may become resistant to all beta-lactam drugs. Monitoring of patients during/after therapy is recommended. Avoid other/combined beta-lactam drugs.

For blood and CSF isolates, a beta-lactamase test is recommended for Enterococcus species.

(a) Use maximum doses of drug with an aminoglycoside for P. aeruginosa in patients with granulocytopenia or serious infections.
(b) Breakpoints based on parenteral dose. For cefuroxime axetil (PO) use (8=S, 8-16=I, >16=R). Footnote (c) applies to this drug.
(c) For streptococci refer to penicillin interpretations. For amoxicillin/K clavulanate or ampicillin/sulbactam with enterococci, refer to the penicillin interpretation.
(d) For non beta-lactamase producing enterococci, refer to the penicillin interpretation. Footnote (a) also applies to this drug.

Interpretive breakpoints are based on NCCLS M100-S12 Jan 2002. Sparfloxacin (for Gram Negative isolates) and moxifloxacin are based on FDA approved breakpoints.
For S. pneumoniae [redacted]ime and ceftriaxone breakpoints are based on isolates from patients with meningitis. For non-meningitis infections, use <2=S, 2=I, >2=R.

Name:	[redacted] > b(6)-4	Specimen:	[redacted]	Status:	Final
Patient ID:	[redacted]	Source:	Sputum	Collected:	
Ward/Rm:	/	Ward of Iso:		Req. Phys:	[redacted]

Tech: [redacted] b(6)-2

[redacted] b(2)-2

Baghdad, Iraq

Microbiology Request Form

Bed 9A

Last Name:	Ward: ICU3
First Name:	Room: 1
Patient # or SSN: [redacted] b(6)-4	Bed: 2
	Physician [redacted] b(6)-2
Collected by: [redacted] b(6)-2	
Date: 23 SEP 03	Source: BLOOD
Time: 1555	Site: L HAND

[redacted]

Received by: [redacted] b(6)-2	Specimen #: [redacted]
Date: 23 SEP 03	
Time: 1700	

Laboratory Results

NO GROWTH

Reported

Date: **28 SEP 03**

Time: 0850

Tech: [redacted] b(6)-2

Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 18183

IDEAS

- LU ✓

	WBC	RBC	Hg	Hct	MCV	MCH
9.5	17.7	3.29	9.5	30.5	92.6	29

MCHC	PLT	Lymph
31.3	220	10.9

BUN - 9
Creat 0.6
GLU 142
CK 534
UA 129
K 4.1
Cl 107
TCO2 20

ANESTHESIA PLAN OF CARE PRE-PROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 28 DAYS MOS YRS Sex X MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: ____ KG/LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Exploratory Laparotomy
SURGICAL SERVICE: General Surgery
NPO SINCE: Intubated

HABITS:
TOBACCO: ____
ETOH: ____
DRUGS: ____

CURRENT MEDICATIONS:
( ) = ordered as premed

() Vecuronium
() Fentanyl 50ug/hr
() Versed 0-2mg/hr
() Zantac
() dopamine
( ) ____

PREMEDICATIONS:
None Yes (@ ____ Hrs) /CC
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO
____ . ____ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: 9 / 29
U/A: ____
OTHER: Plts 126,000
PT 18 sec
INR 1.6
PTT 58 sec
ABG @ 1418 HRS
7.31/42/86/21/-5/92%

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:			
Hypertension	N	Y	Unknown
Angina	N	Y	
MI	N	Y	
CVA	N	Y	
Other	N	Y	
Pulmonary System:			
Asthma	N	Y	Chest tubes x2
Bronchitis/URI	N	Y	on Right
COPD	N	Y	
Other	N	(Y)	
Renal System:			
Acute/Chronic RF	N	Y	?
Gastrointestinal:			
Hepatitis	N	Y	? Liver
Hiatal Hernia	N	Y	Injury
PUD/GERD	N	Y	
Endocrine System:			
Diabetes	N	Y	
Steriods	N	Y	?
Thyroid	N	Y	
Neurological:			
Seizures	N	Y	? T-11 foreign
Neuropathy	N	Y	body on X-ray
Other	N	Y	Facial Plegia
Gynecological :			
Pregnancy	N	Y	
Other Significant Hx:	N	(Y)	GSW to (R) chest & Abdomen (RUQ)
	N	Y	
Familial HX	N	Y	Unknown

ASSESSMENT
PAST SURGICAL/ANESTHETIC
Exp Lap Last PM
C-Est

PHYSICAL EXAMINATION
BP 132/74 HR 81 R ____ T ____
Pain Scale 0-10 ____
HEENT - Teeth Intubated
Trachea with
TMJ/Neck IV 600 ml
Oropharnyx
Nares FiO2 50%
CHEST: R 22
PEEP 7 cmH2
CARDIAC: ____
EXTREMITIES: (R) forearm PIV
IV Access: Right IJ Triple lumen
Ulnar Filling (L) radial A-line
BACK: ____
OTHER: Foley

NPO Since Intubated

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.

b(6)-2

The patient/[redacted] and agrees. Questions answered.
Signed: [redacted] M.D. Date: 30 AUG 03 Time: 1605 Hrs

POST-ANE[redacted] AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ICU #3

#[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.

11 Sept — 8.5/25.6/243 7.4/139.3/no/25/+1/996 12.8/38.5

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 25 DAYS MOS YRS Sex (✓) MALE ( ) FEMALE

ASA Physical State 1 2 3 4 5 E
WT: 75 KG/LB HT: ___ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: Jejunostomy, G-tube, Liver drain
SURGICAL SERVICE: general
NPO SINCE: bolus via NG stop 8 MN S/p GJW to chest c cord damage

HABITS:
TOBACCO: (✓)
ETOH: (✓)
DRUGS: (✓)

CURRENT MEDICATIONS:
( ) = ordered as premed
( ) Fent 50mg/hr
( ) prop 60mg/kg/min
( ) triple antibiotic
( )
( )
( )

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

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

137 | 114 | 15 / 113
4.0 | 25 | 0.5
Albumin 1.3
~~PTS 39K 8.5 ER~~
7.37, 42.2, 70, 24, -1

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	SIMV 22F
Bronchitis/URI	N Y	560
COPD	N Y	60%
Other	N Y	8 PEEP
Renal System:		
Acute/Chronic RF	N Y	
Gastrointestinal:		
Hepatitis	N Y	r/o ileus
Hiatal Hernia	N Y	
PUD/GERD	N Y	
Endocrine System:		
Diabetes	N Y	
Steriods	N Y	
Thyroid	N Y	
Neurological:		
Seizures	N Y	S/P
Neuropathy	N Y	
Other	N Y	Anoxic brain injury
Gynecological :		
Pregnancy	N Y	
Other Significant Hx:		
	N Y	
	N Y	
Familial HX	N Y	

ASSESSMENT
PAST SURGICAL/ANESTHETIC
31 Aug ex lap

PHYSICAL EXAMINATION
BP 128/64 HR 77 R 22 T ___
Pain Scale 0-10 sedated
HEENT - Teeth ETT in
Trachea place
TMJ/Neck
Oropharnyx
Nares
CHEST: CTAB
CARDIAC: RRR
EXTREMITIES:
IV Access: Rt IJ
Ulnar Filling: *
BACK: N/A
OTHER: N/A

NPO Since as above

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ___ (✓) General: Mask Intubation existing ETT

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

The patient [redacted] agrees. Questions answered N/A
Signed: [redacted] RNA Date: 9/8/03 Time: 1930 Hrs

POST-A[redacted]ASU)
{ } NO APPAREN[redacted] { } OTHER

Signed: ___ Date: ___ Time: ___ Hrs

* CVP to IJ
Rt Femoral a-line

Patient Identification: (Ward) ICW 3

EPW # [redacted]

Rev plts (CBC draw (AM)

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.

ANESTHESIA PLAN OF CAR[illegible] PROCEDURAL ASSESSMENT (Sedatir [illegible]esthesia)

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

PROPOSED PROCEDURE: I&D [illegible] calf wound
SURGICAL SERVICE: general
NPO SINCE: MN

ASA Physical State 1 2 3 4 5 E
WT: 65 KG/LB HT: ___ IN.
ALLERGIES: NKDA

HABITS:
TOBACCO: (+)
ETOH: Ø
DRUGS: Ø

CURRENT MEDICATIONS:
( ) = ordered as premed

() Cipro IVPB
() Albuterol HHN
() Zantac
() Reglan
() SQ Heparin
()

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

LABORATORY STUDIES:
HB/HCT: 12 / 26%
U/A:
OTHER:

133 | 102 | 14 / 100
4.7 | 25 | 0.5

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 PEG tube
Hiatal Hernia N Y
PUD/GERD N Y

Endocrine System:
Diabetes N Y
Steriods N Y
Thyroid N Y

Neurological:
Seizures N Y S/P? anoxic
Neuropathy N Y brain injury
Other N Y T11 cord transection

Gynecological :
Pregnancy N Y

Other Significant Hx:
N Y
N Y

Familial HX N Y

ASSESSMENT
PAST SURGICAL/ANESTHETIC
multiple GA c Ø probs

PHYSICAL EXAMINATION
BP 135/67 HR 123 R 20 T ___
Pain Scale 0-10 ___
HEENT - Teeth Trach c
Trachea 30%
TMJ/Neck
Oropharnyx blow by
Nares
CHEST: CTAB
CARDIAC: RRR
EXTREMITIES:
IV Access: Lt SCL 3 lumen
Ulnar Filling: A-line
BACK: N/A
OTHER: N/A

NPO Since MN

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ___ (X) General: Mask Intubation via trach

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

The patient/[redacted] understand and agrees. Questions answered. b(6)-2
Signed: [redacted] CRNA Date: 9/21/03 Time: 0915 Hrs

POST-ANES[redacted]VALUATION[redacted]N ASU)
{ } NO APPARENT ANESTHETIC [redacted]S { } OTHER

Signed: ___ Date: ___ Time: ___ Hrs

S/P GSW through back/abdomen

Patient Identification: (Ward) ICU3
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.

NKDA

procedure verified

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								
MSO4	(mg)		10	10						
vec	(mg)	10		10				10		
	( )									
	( )									
	( )									
VOLAT AGENT	1.50 % del	1.5	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
	% e.t.									
AIR	L/Min									
N2O	L/Min									
O2	L/Min	2	3	3	3	2	2	2	2	2

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

FLUIDS — LINE site: Lower R Dj ☐ Warmed ☐ Warmed ☐ Warmed ☐ Warmed

LKF

LOSSES — EST BLOOD LOSS; URINE - 100

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 75 KG LB

HEMATOCRIT: 25.6

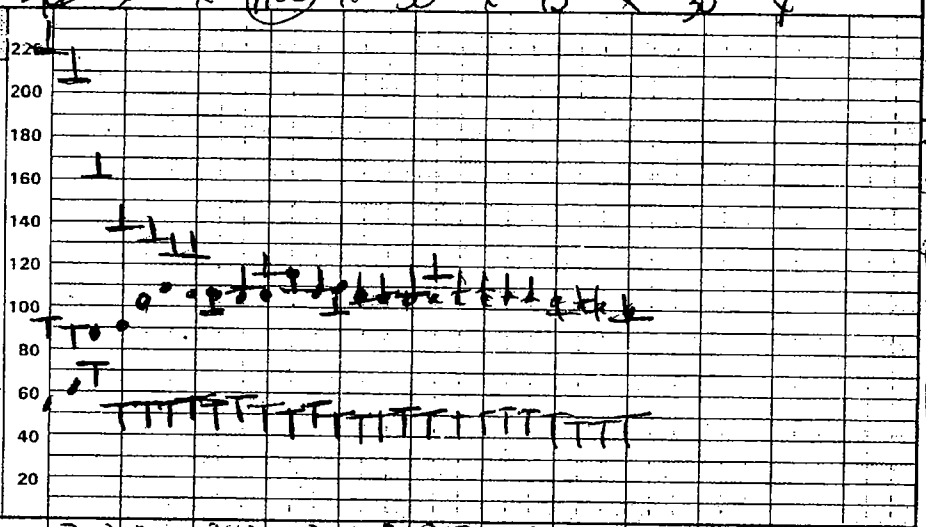
INITIAL DATA: BP- 150/76; HR- 97

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE ✓; TIME- 1100

TIME 1105 30 x 1100 x 30 x 10 x 30 x

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



VENTIL

VT - ml	220	210	240	240	260	250	250	280	280
f - breaths/min	20	25	30	30	30	30	30	30	30
Peak inf pres / PEEP	35/8	30/8	35/8	35/8	34/8	34/8	35/8	28/8	28/8
MODE - S(pon), A(ssist), C(on)	CV	CV	CV	CV	CV	CV	CV	CV	CV

MONITORS/ACCESSORIES

BP/Auto Cuff — ET CO2 (torr)	62	56	56	57	56	52	54	48	48
BP/oth — FIO2 (Frac or %)	.80	.80	.80	.80	.73	.77	.77	.77	.77
ART line — SpO2 (%)	89	94	95	95	96	93	92	88	92
Steth- PC/ES — ECG	ST	ST	ST	ST	ST	ST	ST	ST	ST
Gas analyzer — TEMP-site	34		35	35	35	34	34	34	34
CCO — N-M Block (T/4)	0/4		4/4	0/4	0/4	0/4	0/4	4/4	0/4
Warming blkt	drapes								
Conv warmer									

Mark with letters & symbols, explain under REMARKS — EVENTS Position → Ur. Tems placed & tucked

TOTALS 250 fentanyl, 20 MSO4, 30 vec; **TOTAL EBL** MIN; **TOTAL URINE** 200

FLUIDS - SUMMARY CRYSTALLOID- LR - 1000; COLLOID- —; BLOOD- —

REMARKS Code drugs with numbers, events with letters

1000 - Neck ID
in ICU
labs sent
TEE x 2 insert
TO OR c̄ monit
IVS - in OR -
↑ peak pressures
suctioned → alb.
x 10 puffs b(6)-2
Peak pressure ↓
1140 Break CPT [redacted]
1150 Prep for Trach
Start procedure @ 115
π DLC
1200 - TO
ICU
VSS

RECOVERY AT: PACU ICU (Specify); OTHER stable; CONDITION: CV; RESP- 20; SpO2-; BP- 130/60; HR- 101

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1100	1105	1230
PROC	Ready	Begin	End
	1130	1145	1215

PROCEDURES and CPT Codes: G tube placement / trach / liver drained

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

EPW # [redacted] b(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks

intubated → BBST - cause / ETCO2 +

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments

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

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: 2-1

DATE: 11 Sept 03

PAGE 1 OF

MEDCOM - 18[redacted]

MEDCOM 18188

MEDICAL RECORD - ANESTHESIA

e of this form, see AR 40-66; the proponent ager OTSG

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

DRUG	(Units)												
Fentanyl	(mcg)			50	50			150					
CaCl	(mg)						100						
Vecuronium	(mg)							4					
	( )												
	( )												
	( )												
VOLAT AGENT 150	% del	.4	.6	0.4	.6	.4	.4	.4	1.5	1.5	1.5		
	% e.t.												
AIR	L/Min												
N2O	L/Min												
O2	L/Min	2	1	1	1	1	1	1	1	1	2		

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

FLUIDS

LINE site												
☐ Warmed									1700			
☐ Warmed					1000		1500		300			
☐ Warmed												
☐ Warmed												

LOSSES

EST BLOOD LOSS												
URINE -						100						

TOTALS	TOTAL EBL
	400
	TOTAL URINE
	100

FLUIDS - SUMMARY

CRYSTALLOID- 1700

COLLOID- 0

BLOOD- 2u PRBC

REMARKS

Code drugs with numbers, events with letters

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 70 KG LB

HEMATOCRIT:

INITIAL DATA: BP- 129/68 HR- 97

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE? Yes TIME-

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

TIME	1630	1700	30	1800	30	1900	30
	Hgb/Hct 16/45	Na 141	K 4.6	TCO2 23	iCa 1.22	Hct 30	Hgb 10
	pH 7.402	PO2 217	HCO3 -3	BE	SO2 100		

1714 PRBC's 5

[redacted]

1736 PRBC's 2

[redacted]

1815 Break - [redacted]

b(6)-2

VENTIL

VT - ml	560	570	560	540	520	490	560	620	600
f - breaths/min	20	20	20	18	18	18	15	15	15
Peak inf pres / PEEP	34/5	34/5	34/4	31/5	32/5	33/4	35/4	34/6	32/6
MODE - S(pon), A(ssist), C(on)	C	C	C	C	C	C	C	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	4	31	28	27	27	26	27	30	30	30
BP/oth	FIO2 (Frac or %)	.62	.62	.62	.70	.77	.79	.79	.80	.80	.80
ART line	SpO2 (%)	Not available			Arterial line	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
Gas analyzer	TEMP-site Nasal		35.1	35.1	35.1	36.0	34.9	34.9	35	35	35
	N-M Block (T/4)										
Warming blkt											
Conv warmer											

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

RECOVERY AT

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2-

BP- HR-

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1600	1630	1900
	Ready	Begin	End
PROC	1648	1700	1840

PROCEDURES and CPT Codes:

EX - LAP

PATIENT IDENTIFICATION: *Typed [redacted] en entries: Name, Grade/Rate,*

[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

SURGEONS: [redacted] b(6)-2

ANESTH[redacted] STA[redacted]

PROCEDURE LOCATION:

DATE:

PAGE OF

b(6)-2

DA FORM 7389, FEB 1998 COPY [redacted] CAL RECORD USAPA V1.00

0925 ceftazidime ms hanging from

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS		
DRUG	(Units)	MEDICAL RECORD
phenergan	(mg)	25
morphine	(mg)	<10> 5/5
propofol	(mg)	100
	( )	
	( )	
	( )	
VOLAT AGENT Iso	% del / % e.t.	1.5 1.5 1.0 X
AIR	L/Min	
N2O	L/Min	
O2	L/Min	2—2—2 X

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

SINGLE DOSE DRUGS – MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → (1) (2) (3)

FLUIDS		
LINE site Lt SCL	☐ Warmed	800 — 200
	☐ Warmed	
	☐ Warmed	D5½c 20mEq KCl
	☐ Warmed	

LOSSES		
EST BLOOD LOSS		
URINE –		40 100

TOTALS	
TOTAL SUR.	min
70	
TOTAL URINE	100

FLUIDS - SUMMARY
CRYSTALLOID– 200
COLLOID– Ø
BLOOD– Ø

REMARKS-
Code drugs with numbers, events with letters
(1) To room via litter, SOC mons circuit to track
(2) Smooth IV ind
(3) Returned to ICU stable. Report given.

PHYS STATUS: 1 2 (3) 5 E

BODY WEIGHT: 65 (KG) LB

HEMATOCRIT: 26

INITIAL DATA: BP – 115/66 HR – 110

BOOKIP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE ✓ TIME – 0925

TIME → 30 ↗ 10 ↗ 30 ↗ 11 ↗ 30 ↗ 12

SYMBOLS: BP by cuff V ∧; Heart rate ●; Resp rate; BP (transduced) ⊥ T; TOURNIQUET T – ✓; ANES – X-X; PROC – ⊙ – Ø

220 200 180 160 140 120 100 80 60 40 20

VENTIL					
VT – ml		250	250	280	360
f – breaths/min		24	24	26	20
Peak inf pres / PEEP		—	—	—	—
MODE – S(pon), A(ssist), C(on)		S	S	S	S
MONITORS / ACCESSORIES					
BP/Auto Cuff	✓ ET CO2 (torr)	44	45	44	
BP / oth	✓ FIO2 (Frac or %)	0.7	0.7	0.7	0.7
ART line	✓ SpO2 (%)	100	100	100	100
Steth- PC/ES	✓ ECG	ST	ST	SR	SR
Gas analyzer	TEMP- site	available			
	N-M Block (T/4)				
Warming blkt					
Conv warmer					

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

RECOVERY AT: PACU (ICU) 3 (Specify) OTHER ____
CONDITION:
RESP – 20 SpO2 – 100
BP – 122/63 HR – 95

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0925	0935	1025
	Ready	Begin	End
PROC	0940	0955	1010

PROCEDURES and CPT Codes
I & D Lt calf wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA via existing tracheostomy

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
(+) ETCO2, B SEB, eyes taped

PATIENT IDENTIFICATION – Typed or written entries: Name, Grade/Rate, Medical facility
EPW # [redacted] b(6)-4

SURGEONS: [redacted] b(6)-2
ANE[redacted] MAJ, CRNA b(6)-2

PROCEDURE LOCATION: 2-1
DATE: 9/21/03
PAGE 1 OF 1

heparin 5000 - SQ NKDA " triple surgical Rx

GSW T paraplegia area/site tested

MEDICAL RECORD — ANESTHESIA

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "I" = CONSTANT INFUSION		
DRUG	(Units)	
fentanyl	(µG)	250
lidocaine	(MG)	50
propofol	(MG)	200
~~Versed~~ / UCC	(MG)	10
	( )	
MSO4	(M)	
VOLAT AGENT: ISO	% del	1.5 1.5 1.5 1.5 1.5 1.5
	% e.t.	
AIR	L/Min	
N2O	L/Min	
O2	L/Min	6-2-2-2-2-2-2-2

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

FLUIDS		
LINE site: 3 lumen	☐ Warmed	LA
(2) IV	☐ Warmed	
FNL	☐ Warmed	NSI
Heart	☐ Warmed	
LOSSES	EST BLOOD LOSS	
	URINE –	

TOTALS	
2500	MIN
	TOTAL URINE
	600
1775	

FLUIDS - SUMMARY
CRYSTALLOID – LR 5-700
COLLOID –
BLOOD –

REMARKS –
Code drugs with numbers, events with letters

0900: Met c 10 = heparin done. Triple lumen in place
0925 – Dr Nam – Monitors on – Induction
0955 – Neosty 5, Lev Robinul 0.8, Lev
1005 – Spont resp opened eyes suctioned extubated TO PACU/ICU

PHYS STATUS: 1 (2) 3 4 5 E
BODY WEIGHT: 80 (KG / LB)
HEMATOCRIT:
INITIAL DATA: BP 116/62; HR – 92
EQUIP CHECK: OK? – (Y) N
PATIENT RECHECK: OK for PROCEDURE? (+)
TIME – 0800

TIME → 0805, 30, x, (0900), x, 30, x, (1000), x, 30, x, (1100)

SYMBOLS: BP by cuff (V ^); Heart rate (●); Resp rate; BP (transduced) (⊥ T); TOURNIQUET (T – X); ANES – X-X; PROC – (•) – Ø

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

VENTIL								
	VT – ml		500	510	500	510	520	500	410
	f – breaths/min		8	8	8	8	8	8	8
	Peak inf pres / PEEP		25	25	25	25	25	26	23
	MODE – S(pon), A(ssist), C(on)		SV	CV	CV	CV	CV	CV	SV
MONITORS / ACCESSORIES	BP/Auto Cuff	ET CO2 (torr)		31	31	31	31	32	39
	BP / oth	FIO2 (Frac or %)	.62	.62	.62	.62	.62	.62	.61
	ART line	SpO2 (%)	100	100	100	100	100	100	100
	Steth- PC/ES	ECG	NS	NS	NS	NS	NS	NS	NS
	Gas analyzer	TEMP- site	Skin		35	35	35	35	35
		N-M Block (T/4)							4/4 1/5
	Warming blkt	Sheet/drape/hot air							
	Conv warmer								

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

RECOVERY AT: 0900
PACU (ICU) (Specify) OTHER: stable
CONDITION: RESP – 21; SpO2 – 99%; BP – 112/57; HR – 88

ANESTHESIA / PROCEDURE TIMES	Start	Room	End
ANES	0800	0825	1100
PROC	Ready	Begin	End
	0825	0900	1000

PROCEDURES and CPT Codes: ST56 / remove G tube / close abdom wall

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA – 470 and ETT = #2 Miller → taped 22 cm teeth. Eyes taped. OGT ↓ & (+) Dr Nam. soft beta block

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: heavy – DL x 1. view. ETT easily passed BBS + ETCO2 + Pneumatic Teeth OK

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

b(6)-4 [redacted]

SURGEONS: [redacted] b(6)-2

ANESTHE[redacted] b(6)-2

PROCEDURE LOCATION: 1-2
DATE: 4 Oct 03
PAGE 1 OF 1

WA[redacted]P 376 REVISED 1 Jan 99

MEDCOM - 18191

HL / Foley
Flagyl
Colace
HepSQ

S/P GSW Paraplegia
124/63, 86, 16, 98.4
NKDA

MP I
Oral 3FB
TM 3FB
poor dentition

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)			TOTALS
Versed 1mg/cc	5mg		
Fentanyl 50μ/cc	50	100	
( )			
( )			
( )			
VOLAT AGENT % del			
VOLAT AGENT % e.t.			
AIR L/Min			
N2O L/Min			
O2 5 L/Min			

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

TOTAL EBL:

TOTAL URINE:

FLUIDS

LINE site

NS - 850 ☐ Warmed — (300)

☐ Warmed

☐ Warmed

☐ Warmed

LOSSES

EST BLOOD LOSS

URINE -

FLUIDS - SUMMARY

CRYSTALLOID- 300

COLLOID-

BLOOD-

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 80 (KG)

HEMATOCRIT:

INITIAL DATA:

BP- 116/59

HR- 87 96%

EQUIP CHECK OK?- Y N

PATIENT RECHECK OK for PROCEDURE?

TIME-

TIME → 1530 45 1600 15 30 45

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

VENTIL

VT - ml				
f - breaths/min	14	13	13	20
Peak inf pres / PEEP				
MODE - S(pon), A(ssist), C(on)	S	S	S	S

MONITORS/ACCESSORIES

✓ BP/Auto Cuff	ET CO2 (torr)				
BP/oth	✓ FIO2 (Frac or %)	77%	78%	77%	
ART line	✓ SpO2 (%)	99	100	100	100
Steth- PC/ES	✓ ECG	SR	SR	SR	SR
Gas analyzer	TEMP-site				
	N-M Block (T/4)				
Warming blkt					
Conv warmer					

Mark with letters & symbols, explain under REMARKS — EVENTS Position: (1) (2) (3) (4) (5)

REMARKS

Code drugs with numbers, events with letters

(1) V/S Taken
(2) Versed 5mg Fentanyl 50μgm
(3) Procedure began
(4) Procedure ended
(5) O2, Awake breathing well TO ICU for recovery

RECOVERY AT: PACU ICU ____ (Specify) OTHER

CONDITION: 97? Good

RESP- 21 SpO2- 100

BP- 118/60 HR- 92

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1512	1528	1626

	Ready	Begin	End
PROC	1538	1543	1608

PROCEDURES and CPT Codes: I&D decubitus (L) hip

ANESTHETIC TECHNIQUES: Describe block technique under Remarks — IV sedation

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments — Natural

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

[redacted] ICW 2 5A

b(6)-4

SURGEONS: [redacted] b(6)-2

AN[redacted] b(6)-2

PROCEDURE LOCATION: OR

DATE: 20 Oct '03

PAGE 1 OF

MEDCOM - 18192

DA FORM 7389, FEB 1998

COPY 2 - ANESTHESIA PROVIDER

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)																
Propofol	(mg)	200															
UEL	(mg)	10		5													
Fentanyl	(cc)	3		2													
Morphine	(mg)						5/5										
Neostigmine	(mg)							4.0									
Robinul	(mg)							0.7									
VOLAT AGENT	Forane % del	4	3	2	2	1.5	1.5	T									
	% e.t.																
AIR	L/Min																
N2O	L/Min																
O2	L/Min	8	3	2	1	1	1	1	8								

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 1830 1900 1930 2000

FLUIDS

LINE site															
LR 2g RFA	Warmed	600 T			#1 100 T				#2						
	Warmed														
	Warmed														
	Warmed														

LOSSES

EST BLOOD LOSS															
URINE -				300			7/375								

TOTALS	TOTAL EBL
200	50
15	
5	TOTAL URINE
10	
40	375
0.7	

FLUIDS SUMMARY

CRYSTALLOID- 1600

COLLOID-

BLOOD-

REMARKS

Code drugs with numbers, events with letters

To OR #2. Monitor Pre O2. Smooth IV induction. Eyes taped shut

St. Extubated (+) Mens to 100% NC.

1957 To ICU on unassisted transport

PHYS STATUS 1 (2) 3 4 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT:

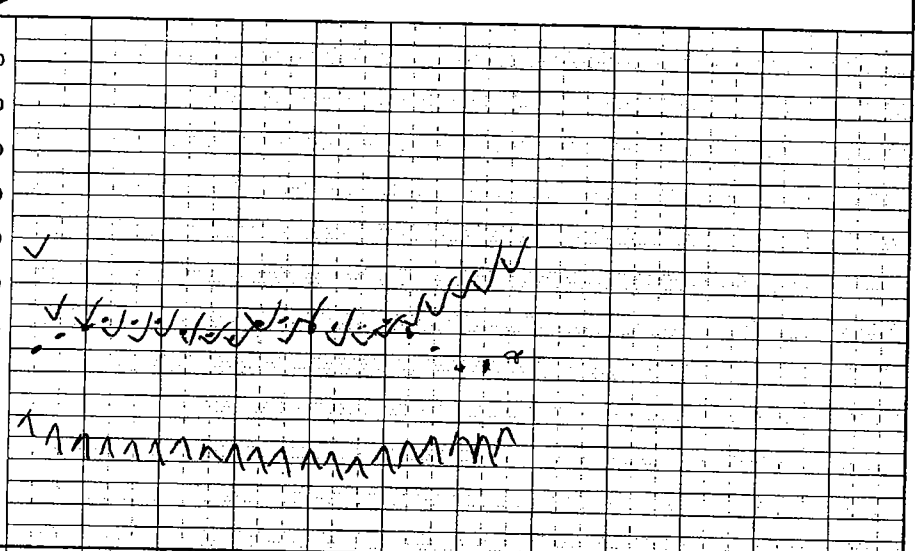
INITIAL DATA: BP- 130/60 HR- 90

EQUIP CHECK OK? (Y) N

PATIENT RECHECK OK for PROCEDURE? Y TIME-

TIME →

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



VENTIL

VT - ml	950	870	870	880	910	790	
f - breaths/min	10	8	8	8	8	8	16
Peak inf pres / PEEP	29	24	24	24	25	25	
MODE - S(pon), A(ssist), C(on)	S/A CV	CV	CV	CV	CV	CV	SV

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	40	33	34	34	35	36	50
BP/oth	FIO2 (Frac or %)	.85	.84	.85	.84	.84	.84	.84
ART line	SpO2 (%)	100	100	100	100	100	100	100
Steth- PC/ES	ECG	SR	ST	ST	SR	SR/ST	SR	SR
Gas analyzer	TEMP-site none		37.8	37.8	37.7	37.4	37.4	37.4
	N-M Block (T/4)		1/4		0/4	1/4		4/4 just left
Warming blkt								
Conv warmer								

Mark with letters & symbols, explain under REMARKS EVENTS *Position* → supine

RECOVERY AT 1957

PACU (ICU) _____ (Specify)

OTHER _____

CONDITION:

RESP- 18 SpO2- 100%

BP- 127/65 HR- 101

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0810	0815	2007
	Ready	**Begin**	**End**
PROC	1825	1855	1957

PROCEDURES and CPT Codes:

Diverting colostomy

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

[redacted] b(6)-4

ICU #2

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

#7.5 ETT - OL x 1 (+) NC (+) ETCO2 (+) B=BS @ 23 cm teeth

SURGEONS: [redacted]

ANESTHETISTS: [redacted] b(6)-2

PROCEDURE LOCATION: OR #2

DATE: 29 Oct 03

PAGE 1 OF 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)* _____

VOLUME REQUESTED *(If applicable)*

_____ ML

REMARKS: b(6)-4

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

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED: 29 Aug 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: GSW chest

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

DATE: 29 Aug 03

TIME VERIFIED: 1940

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT N[redacted]

DONOR

ABO: A

Rh: pos

RECIPIENT b(6)-2

ABO: O

Rh: Pos

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: CMN R

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT

REMARKS: ex 30 Aug 03 2136

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SI[redacted]EST b(6)-2

[redacted] DATE 29 Aug 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPEC[redacted]

AT *(Hour)* [redacted] ON *(Date)* 29 Aug 03

IDENTIFICATION [redacted]

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

1st VERIFIER *(Signat[redacted]* CPT/AW

[redacted] *ure)* b(6)-2

b(6)-2

PRE-TRANSFUSION

TEMP. 97.9 PULSE 65 BP 123/53

DATE OF TRANSFUSION: 29 Aug 03

TIME STARTED: 1050 hrs

POST-TRANSFUSION DATA

AMOUNT GIVEN: 291 ML

TIME/DATE COMPLETED/INTERRUPTED: 2305 / 29 Aug 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE: 97.5 PULSE: 72 BLOOD PRESSURE: 125/61

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)*

NO

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

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

SIGNATURE OF PERSON NOTING [redacted] CPT/AW b(6)-2

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, fir[redacted]ade; rank; rate; hos[redacted]

EPW [redacted] b(6)-4

ICU 3

SEX: M

[redacted]ARD: ICU #3

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 - 18194

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.)*

- [ ] TYPE AND SCREEN
- [ ] CROSSMATCH

DATE REQUESTED 29 Aug 03

DATE AND HOUR REQUIRED 29 Aug 03 ASAP

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS: (b)(6)-4

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN [redacted]

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW chest

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]

DATE 29 Aug 03

TIME VERIFIED 1940

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: CMNR

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

[redacted] PERFORMING TEST

DONOR ABO: A Rh: POS

RECIPIENT ABO: O Rh: Pos

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

DATE 29 Aug 03

REMARKS: ex 29 30 Aug 03 2136 b(6)-2

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSP[redacted]

AT *(Hour)* 2[redacted] ON *(Date)* 29 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 VERIF[redacted] b(6)-2

[redacted] b(6)-2

PRE-TR[redacted]

TEMP 98.5 PULSE 57 BP 114/5[redacted]

DATE OF TRANSFUSION 29 Aug 03

TIME STARTED 2215

POST-TRANSFUSION DATA

AMOUNT GIVEN 277 ML

TIME/DATE COMPLETED/INTERRUPTED 2245 / 29 Aug 03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 97.9 PULSE 65 BLOOD PRESSURE 123/53

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)*

[redacted] b(6)-2

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

EPW [redacted] b(6)-4

SEX M

WARD ICU 3

ICU 3

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 - 18195

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.)*

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

DATE REQUESTED: 29Aug03

DATE AND HOUR REQUIRED

REQUESTING PHYSICIAN *(Print)*: [redacted]

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 correct.

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

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*: [redacted]

REMARKS: b(6)-4

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED: 29Aug03

TIME VERIFIED: 1610

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]

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	POS	Rh	POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 29Aug03

REMARKS: Exp 08Sep03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)*: 0850 ON *(Date)*: 30Aug03

IDENTIFICATION

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

b(6)-2

[redacted]

TEMP. b(6)-2 PULSE 103 BP 103/42

DATE OF TRANSFUSION: 30Aug03

TIME STARTED: 0844

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 0923 30Aug03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
98.7	97	111/48

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

SIGN[redacted]

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, [redacted] rate; hospital or [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 - 18196

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.)*

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

DATE REQUESTED 29 Aug 03

DATE AND HOUR REQUIRED

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* [redacted] /14/AN

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN [redacted]

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 correct.

DATE VERIFIED 29 Aug 03

TIME VERIFIED 1810

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN: NA

CROSSMATCH: Comp

PREVIOUS RECORD CHECK:

- [ ] RECORD
- [X] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR

ABO: O

Rh: POS

RECIPIENT

ABO: O

Rh: POS

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 29 Aug 03

REMARKS: Exp 08Sep03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0945 ON *(Date)* 30Aug03

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 [redacted] ation tag. [redacted] b(6)-2 CPT/AN [redacted]

[redacted] SFUSION 98.7 PULSE 93 b(6)-2 BP 121/54

DATE OF TRANSFUSION 30 Aug 03

TIME STARTED 0945

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

#[redacted] b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 1030 30 Aug 03

REACTION

- [X] NONE
- [ ] SUSPECTED

TEMPERATURE 98.2

PULSE 92

BLOOD PRESSURE 118/53

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)*

SI[redacted]OTING ABOVE [redacted] b(6)-2

SEX [redacted] WARD EMT

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 - 18197

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)*

_____ ML

REMARKS:

276 units

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 Aug 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 GSW chest

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

[redacted]RIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

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

DONOR

ABO A

Rh POS

RECIPIENT

ABO O

Rh POS

- [x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Aug 03

REMARKS:

Exp: 31 Aug 03 @ 0900

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* [redacted] ON [redacted] 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)* [redacted] b(6)-2 LCT RW

[redacted] b(6)-2 SPT/MC

TEMP. 97.4 [redacted] 38 BP 120/57

DATE OF TRANSFUSION 30 Aug 03

TIME STARTED 1145

POST-TRANSFUSION DATA

AMOUNT GIVEN 276 ML

TIME/DATE COMPLETED/INTERRUPTED 1155 30 Aug 3

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 96.3

PULSE 84

BLOOD PRESSURE 114/57

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)*

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

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

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

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

WARD TCW 3

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 - 18198

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)*

_____ ML

REMARKS:

258 ml

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 Aug 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

GSW Chest

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

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR

ABO A

Rh POS

RECIPIENT

ABO O

Rh POS

- [x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Aug 03

REMARKS:

EXP: 31 Aug @ 0900

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* ON *(Date)*

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] CT RN b(6)-2

[redacted] SPT RN

TEMP. 97.4 PULSE 86 b(6)-2 BP 114/54

DATE OF TRANSFUSION 30 Aug 03

TIME STARTED 1130

POST-TRANSFUSION DATA

AMOUNT GIVEN 258 ML

TIME/DATE COMPLETED/INTERRUPTED 1140 30 Aug 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 97.4

PULSE 85

BLOOD PRESSURE 117/55

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

[redacted] SPT RN

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

SEX [redacted]

WARD ICU3

TSPW [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 - 18199

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)* _____ ML

REMARKS: 305 ml

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 30 Aug 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: GSW Chest

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

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH

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

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

DONOR	RECIPIENT
ABO: A	ABO: O
Rh: POS	Rh: POS

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Aug 03

REMARKS: EXP: 31 Aug 03 @ 0900

SECTION III – RECORD OF TRANSFUSION

(rapid transfusion).

PRE-TRANSFUSION DATA

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

AT (Hour): 1230 ON (Date): 30 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 [redacted] the same person named on this Blood Component Transfusion Form and [redacted] ification tag.

[redacted] ture) b(6)-2

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

PRE[redacted]

TEMP: [redacted] 94 BP 87/47

DATE OF TRANSFUSION: 30 Aug 03

TIME STARTED: 1215

POST-TRANSFUSION DATA

AMOUNT GIVEN: 305 ML

TIME/DATE COMPLETED/INTERRUPTED: 1220 30 Aug 3

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 97.5

PULSE: 95

BLOOD PRESSURE: 87/47

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.)*

[ ] [redacted] S *(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: [redacted]

WARD: 1CW 3

EPCW [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 - 18200

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)* _____ ML

REMARKS: 250 ml

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 30 Aug 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: GSW chest

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

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH

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

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

DONOR	RECIPIENT
ABO A	ABO O
Rh pos	Rh pos

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

REMARKS: EXP: 31 Aug 03 @ 0900

SECTION III – RECORD OF TRANSFUSION (rapid transfusion)

PRE-TRANSFUSION DATA

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

[redacted] ON *(Date)* 30 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. [redacted] the same person named on this Blood Component Transfusion Form and [redacted] identification tag.

[redacted] b(6)-2

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

PRE-TRANSFUSION [redacted]

TEMP. 97.1 PULSE [redacted] BP 87/47

DATE OF TRANSFUSION 30 Aug 03 TIME STARTED 1220

POST-TRANSFUSION DATA

AMOUNT GIVEN 250 ML

TIME/DATE COMPLETED/INTERRUPTED 1227 30 Aug 3

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 97.5 PULSE 94 BLOOD PRESSURE 87/47

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.)*

[ ] [redacted] [ ] YES (Specify)

[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 [redacted]

WARD ICU 3

EPW [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 - 18201

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 u ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 30 Aug 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

GSW Chest

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

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:

- [x] RECORD
- [ ] NO RECORD

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Aug 03

REMARKS:

Exp: 9 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

[redacted] 30 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 [redacted] b(6)-2 MD

[redacted] b(6)-2

PRE-T[redacted]

TEMP[redacted] PULSE 91 BP 97/57

DATE OF TRANSFUSION 30 AUG 03

TIME STARTED 1715 HRS

POST-TRANSFUSION DATA

AMOUNT GIVEN all ML

TIME/DATE COMPLETED/INTERRUPTED 1730 30 AUG 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 35.1

PULSE 97

BLOOD PRESSURE 110/75

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

[redacted] MD

[redacted] 03

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

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 - 18202

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 Aug 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 GSW Chest

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

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 Compat

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 30 Aug 03

REMARKS: Exp. 9 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

[redacted] 30 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.

[redacted] b(6)-2

[redacted] b(6)-2

PRE[redacted]

TEM[redacted] PULSE 96 b(6)-2 BP 116/77

DATE OF TRANSFUSION 30 AUG 03

TIME STARTED 1736

POST-TRANSFUSION DATA

AMOUNT GIVEN 10 units ML

TIME/DATE COMPLETED/INTERRUPTED 1750 30 AUG 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 35.0

PULSE 88

BLOOD PRESSURE 97/65

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)*

[redacted] b(6)-2

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

[redacted] *(Specify)*

[redacted] PERSON NOTING ABOVE

[redacted] CPT, AMC, AMSC

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

SEX M

WARD ICW 3

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 - 18203

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)* 1U ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 9.4.03

DATE AND HOUR REQUIRED 9.4.03 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)* Dr. [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE S/P Exlap r/t 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.

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

9.4.03

TIME VERIFIED 1030

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

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

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

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

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

DONOR	RECIPIENT
ABO O	ABO O
Rh Neg	Rh pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 4 Sep 03

REMARKS:

Exp 04 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* [redacted] ON *(Date)* 4 Sep 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 V[redacted] b(6)-2 ICTRN

[redacted] b(6)-2

PRE-T[redacted]

TEMP[redacted] PULSE 128 BP 123/67

DATE OF TRANSFUSION 9.4.03 TIME STARTED 1105

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 1245/9.4.03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
100.3	124	133/76

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.)*

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

SIG[redacted]OTING ABOVE ICTRN

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, [redacted] rate; hospital or medical facility) b(6)-2

SEX M WARD ICW 3

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 - 18204

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)* 1U ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 9.4.03

DATE AND HOUR REQUIRED 9.4.03 1500p.

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)* Dr. [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE

SP Esclap K/t 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.

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

DATE 9.4.03

TIME VERIFIED 1000

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO. [redacted]

DONOR

ABO O

Rh pos

RECIPIENT b(6)-4

ABO O

Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 4 Sep 03

REMARKS:

Exp 4 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1210 ON *(Date)* 4 Sep 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 Tr[redacted]ion Form and on the patient identification tag.

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

2n[redacted]

[redacted]LT AN

PRE-TR[redacted] b(6)-2

TEMP. [redacted] BP 158/69

DATE O[redacted]ME STARTED

9.4.03 1248

POST-TRANSFUSION DATA

AMOUNT GIVEN 380 ML

TIME DATE COMPLETED 1355/9.4.03

INTERRUPTED ____

REACTION

- [x] NONE
- [ ] SUSPECTED

VS: 99, 130, 122/67

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)* ____

[redacted]ON NOTING ABOVE

[redacted] b(6)-2

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

SEX M

WARD IW3

EPW [redacted] b(6)-4

2

7.3

~~58~~

~~584~~

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

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 ASAP

DATE AND HOUR REQUIRED NOW

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)* DR [redacted] b(6)-2

DIAGNOSIS S/P 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. b(6)-2

SIG [redacted] RN

15 Sep 03

TIME VERIFIED 0906

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN

CROSSMATCH Comp

PREVIOUS RECORD CHECK:
- [x] RECORD
- [ ] 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 15 Sep 03

REMARKS: EXP: 22 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1036 ON *(Date)* 15 Sep 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(6)-2 RN

2 [redacted] (LT/AN)

PRE- [redacted] b(6)-2

TEMP. 100 [redacted] BP 133/63

DATE OF TRAN [redacted] E STARTED 15 Sep 03 1045

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 15 Sep 03 / 1045

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 99.2 PULSE 96 BLOOD PRESSURE 159/83

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)*

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—[redacted] rate; hospital or medical facility) [redacted] b(6)-2 RN

SEX M WARD [redacted]

RPW [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 - 18206

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

b(6)-2

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

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 15 SEP

DATE AND HOUR REQUIRED NOW

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING P[redacted]

DIAGNOSIS S/P 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.

b(6)-2

SIGNATURE OF VERIFIER [redacted]

DATE VERIFIED 15 SEP 03

TIME VERIFIED 0906

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.	TRANSFUSION NO. / PATIENT NO.	TEST INTERPRETATION: ANTIBODY SCREEN	TEST INTERPRETATION: CROSSMATCH	PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD; SIGNATURE OF PERSON PERFORMING TEST
DONOR	RECIPIENT			
ABO	ABO			
Rh	Rh			

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* ON *(Date)*

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)*

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. PULSE BP

DATE OF TRANSFUSION TIME STARTED

POST-TRANSFUSION DATA

AMOUNT GIVEN ML

TIME/DATE COMPLETED/INTERRUPTED

REACTION [ ] NONE [ ] SUSPECTED

TEMPERATURE PULSE BLOOD PRESSURE

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

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

SEX WARD

[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 - 18207

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: b(6)-4

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

DATE REQUESTED ASAP

DATE AND HOUR REQUIRED NOW

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]

DIAGNOSIS [redacted] S/P GSW 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. b(6)-2

SIGNATURE [redacted]

DATE 15 Sep 03

TIME VERIFIED 0906

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

PATIENT NO.

DONOR
ABO O
Rh pos

RECIPIENT
ABO O
Rh pos

TEST INTERPRETATION
ANTIBODY SCREEN
CROSSMATCH Comp

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

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

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 15 Sep 03

REMARKS: Exp: 28 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1221 ON *(Date)* 15 Sep 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(6)-2

b(6)-2 [redacted]

TEMP. 99 PULSE 99 BP 159/85

DATE OF TRANSFUSION 15 Sep 03 TIME STARTED 1030

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

EPW [redacted] b(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 15 Sep 03 / 1350

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 99 PULSE 104 BLOOD PRESSURE 160/99

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)*

[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 - 18208

Medical Record Copy

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Portable CXR		M	EPW [redacted]	ICU 3	
	FILM NO.		b(6)-4		PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	[redacted] QUESTOR		b(6)-2		DATE REQUESTED 30 AUG 03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Chest tube placement

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW [redacted] b(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18209

LTATION
IRT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.8C6-8

NSN 7540-01-185-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR - portable EPW [redacted] b(6)-4			EPW [redacted]	ICU 3	
	FILM NO. b(6)-4				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) [redacted] b(6)-2				TELEPHONE/PAGE NO.
	[redacted]				DATE REQUESTED 31 AUG 03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

CT x 2 in place (R) lat chest
assess lung ; ETT placement

b(6)-2

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
[redacted] b(6)-4	LOCATION OF RADIOLOGIC FACILITY
ICU #3	SIGNATURE

MEDCOM - 18210 LTATION RT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7284 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Portable CXR		M	EPW [redacted]	ICU 3	—
			FILM NO. b(6)-4		PREGNANT ☐ YES ☒ NO
b(6)-2 [redacted]					TELEPHONE/PAGE NO. —
					DATE REQUESTED 1 Sep 03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

CT X 2 (R) chest [redacted] b(6)-2

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

EPW [redacted]

b(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 18211 TATION 3T

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

All b(6)-4

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
~~Chest X Ray + KUB~~ EPW [redacted]			EPW [redacted]	TCU3	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Port. T-spine PA
s/p trauma to T-spine

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

EPW [redacted]

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 18212 TATION 1T

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Chest XRay	28	M	EPW [redacted] b(6)-4	ICU 3	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY DR [redacted] b(6)-2				TELEPHONE/PAGE NO.
	[redacted] for DR [redacted] b(6)-2 b(6)-2				DATE REQUESTED 9/3/03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

am follow up

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

#[redacted] (EPW)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

MEDCOM - 18213

TATION
IT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
CXR				ICU3	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) [redacted] b(6)-2				TELEPHONE/PAGE NO.
	S[redacted] b(6)-2				DATE REQUESTED 13 Sep 03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

F/U.

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW[redacted] b(6)-2	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18214

FATION
IT

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
CXRAY (portable)				FW3	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY *(Print)* Dr [redacted]				TELEPHONE/PAGE NO.
	SIGNAT[redacted] b(6)-2				DATE REQUESTED 9.13.03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

R/O pneumothorax. b(6)-2

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW [redacted], b(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18215 ATION T

1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

SN 7540-01-165-7294 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
Nutrition consult		M	EPW [redacted]	ICU2	
	FILM NO.		b(6)-4		PREGNANT ☐ YES ☐ NO
	REQUE[redacted]		b(6)-2		TELEPHONE/PAGE NO.
	SIGNA[redacted]		b(6)-2		DATE REQUESTED 2/10/03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

1. Stg IV Decub
2. Poor appetite c̄ UE weakness + dry skin
3. ordered by MD

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

S: Pt appears thin c̄ decubitus ulcers, poorly healing wounds. Hx of poor appetite, refusing to eat. Per nsg, pt currently eating approx. 1/3 tray + 1 ensure per meal. Pt seems to prefer bread, pasta, bland foods.

O: 35 yo M s/p GSW, decubitus ulcer debridement; paraplegia current diet order: Reg c̄ Ensure. No labs available. Wt: 80 kg (anesthesia record) Ht: est 5'10" (per nsg)

A: Pt at moderate-high nutrition risk 2° poor po intake (appetite as evidenced by decubitus + poorly healing wounds. Questionable height + weight measurements. DBW according to ?Ht: 166-183 (HANWI). ENN: 2400-2800 Kcal/day (30-35 Kcal/kg) + 112-120g Pro/day (1.4-1.5 g/kg)

P/R: ① Provide pt c̄ Ensure Plus (2/meal), experiment c̄ pt's preferred flavors (6 Ensure Plus provide 2100 Kcals + 78g Pro.

② Recommend lab draw for albumin, Hgb, Hct.

③ Recommend getting accurate ht + wt to better assess nutrition status and track ht/wt Δ.

④ Will recommend TF if pt unable to consume 6 Ensure Plus + 1/3 tray per day 2° prolonged poor po intake.

[redacted] RD/LD
CPT, SP
b(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
EPW [redacted] b(6)-4	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 18216 [illegible]ATION
[illegible]T
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

MEDICAL RECORD - DOCTOR'S OR

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA ORDERS (circled Items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen. SATS > 90 %		
3	Morphine / Meperidine (-2) mg IV now and (-2) mg q 3-5 min prn pain for a		
	max dose of 10 mg.		
4	Zofran_____mg IV prn N/V q 15 min, may repeat x _____.		
5	Metoclopramide_____mg IV prn N/V x 1.		
6	Droperidol_____mg IV prn N/V x 1.		
7	Phenergan_____mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF:_____@_____cc/hr.		
10	Discharge from recovery status when PACU discharge criteria met.		
	[redacted] b(6)-2		
	40 of 03 / 1015		

PATIENT IDENTIFICATION

H[redacted] b(6)-4

1 CW1

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: NA Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.
PACU [redacted]	b(2)-2		1 of 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 | TIME OF ORDER | HOURS | DATE OF ORDER NOTES AND ACTS

29 AUG 03 1640 1800

1- ADMIT TO ICU

2- NPO

3- VS q1° b(6)-2

4- I/O q1°

5- BED - REST - LOG ROLL - MAINTAIN SPINE PRECAUTIONS

6- Foley TO GRAVITY

[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

7 NG TO LOW, INT SUCTION

8- CT TO 20cm H_2O SUCTION

9- Propofol 30µg/kg/min TITRATE TO SEDATION

10- FENTANYL 50µg/hr TITRATE FOR ADEQUATE PAIN CONTROL

11- ZANTAC 50mg IVPB q8°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

12- CBC, CHEM 7, PT/PTT & ABG q 4°

13- CALL FOR HR >105 SBP<90 >140 RR >30 TEMP [redacted] b(6)-2

14- T-SPINE PA

NURSING UNIT | ROOM NO. e | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER [redacted] | HOURS

29 AUG 03

1- GIVE 4U FFP

2- ~~GIVE~~ ✓ CBC & ~~CHE~~ PT & PTT TRANSFUSION

NURSING UNIT | ROOM NO. | BED NO.

24 hr cc Done 29 Aug 03 @ 2100 hrs [redacted]

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

b(6)-2

b(6)-2 [redacted]

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DAT[illegible] AND SIGN EACH SET OF ORDERS. IF F[illegible] M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM [illegible]ER IN COLUMN INDICATED BY ARROW BE[illegible]

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
#[redacted] b(6)-4			30 AUG 03	1605 HOURS	
			(1) Type and Cross for Two additional units pRBCs and 4U of FFP.		
			[redacted] MD		
NURSING UNIT	ROOM NO.	BED NO.	b(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
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 EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

For us[illegible] this form, see AR 40-66, the proponent agency [illegible] TSG

THE DOCTOR SHALL RECORD DATE, [illegible] ND SIGN EACH SET OF ORDERS. IF PRC[illegible] ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NU[illegible] IN COLUMN INDICATED BY ARROW BELO[illegible]

b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 AUG 03 TIME OF ORDER: 0711 HOURS

LIST TIME ORDER NOTED AND SIGN

1 - 4u RBC ✓

2 - 2u PRBCs ✓

3 - Vent PIO2 45% PEEP 5 TV 650cc RR 16

4 - ✓ ABG in 30 minutes ✓

5 - ✓ CBC + PT/PTT p transfusion

6. Vit K 10mg SQ. x 1 now

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 Aug 03 TIME OF ORDER: 0900 HOURS

1. CXR STAT

V.O. [redacted] / [redacted]

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 Aug 03 TIME OF ORDER: 1000 HOURS

1. LR 500cc bolus p PRBCs

[redacted] / [redacted] b(6)-2

b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 30 AUG 03 TIME OF ORDER: HOURS

1 - STAT PORT CXR ✓

2 - 2L LR Bolus ✓

3 - CBC, PT/PTT / ABG & Chem 7 ✓

4 - Dopamine 5mg/kg/min ✓

V.O. Rig / [redacted]

[redacted] b(6)-2

b(6)-2

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

24 hr cc Done 30 Aug 03 @ 2240 hrs [redacted]

b(6)-2

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 AUG 03 TIME OF ORDER: 1800 HOURS

LIST TIME ORDER NOTED AND SIGN

1- ADMIT TO ICU.
2- NPO
3- VS q1°
4- LR @ 100cc/hr
5- CT TO 20 cm H2O SUCTION
6- Foley TO GRAVITY
7- CHART IP DRAINAGE q SHIFT

Noted 30 Aug 03 @ 1950 [redacted] b(6)-2

PATIENT IDENTIFICATION

EPW

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

8- NG TO low INT SUCTION
9- VENT: FIO2 50% RR 22 TV 500 PEEP 7 SIMV
10- ABG, CBC, CHEM 7 & PT/PTT/INR & q A.M
11- Versed 2mg/hr TITRATE
12- FENTANYL 100 mcg/hr TITRATE

PATIENT IDENTIFICATION

EPW

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

13- ZANTAC 50 mg IVPB q 8°
14- Vecuronium 4mg/hr
15- ATROVENT / AIR NEBS q6°
16- Port CVR SWAT q A.M
17- check chart 1630/31 Aug 03

b(6)-2

24 hr cc Date 30 Aug 03 @ 2245 hrs

PATIENT IDENTIFICATION

EPW

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1 Sep 03 TIME OF ORDER: HOURS

1- D5 1/2 NS c 20 KCl @ 125 cc/hr
2- Jevity 400cc q6° hr

b(6)-2

b(6)-2

(1) V/O per Dr Wessen check residual
& hold Jevity if residual > 100 cc
(2) ↑ Peep to 7 if ABG PO2 < 65 and/or Sp

[redacted]

b(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE 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] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

1 Sep 03

1 - STOP USZ

2 - HOLD UNTIL

3 - CT TO WATCH SOFT [redacted] b(6)-2

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

1 Sep 03 1400

Resident informed of [redacted] b(6)-2

V.O. Dr [redacted]

Noted 1530 31 Aug 03 [redacted] b(6)-2

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

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

3 Sep 03 0001

(1) Start propofol for sedation [redacted]

V.O. [redacted] / [redacted] b(6)-2 b(6)-2 [redacted] b(6)-2

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS

3 Sep 03

Lunesta 3gm IVPB q 8° First dose) Now

2 - Resmart propofol - done

3 - Keep TF going - ✓ Residuals (hold) [redacted]

for > 150

4 - UA & C

5 - Blood C & serum [redacted] b(6)-2 b(6)-2

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

24 hr c.c Dose 4 Sep 03 @ 0000 hrs [redacted] b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE 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: 03 Sep 03 — TIME OF ORDER: _____ HOURS — LIST TIME ORDER NOTED AND SIGN

1 - DNR - No chest compressions
No Vasoactive Drugs
[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Sept 03 — TIME OF ORDER: 09[illegible] — HOURS

(1) DC Unasyn - done.
(2) Cpx 400mg IVPB q12° 1400 | 1000
(3) Zosyn 3.375g IVPB q6° |
(4) 1 PEEP-10 Wean FiO2 for sats > 92%
[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 1015 3 Sep 03 — TIME OF ORDER: _____ HOURS

T.O. (1) LR 1 Liter bolus x1 now
[redacted] b(6)-2
[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Sep 03 1525 — TIME OF ORDER: _____ HOURS

T.O.:
(1) LR Bolus x1 - done
(2) Albumin 25g 1 gm x1 now - [redacted] b(6)-2
(3) Trans duce CVP [redacted] b(6)-2
[redacted] b(6)-2

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

24 hrs Done 4 Sep 03 @ 0000 hrs [redacted] b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE AND SIGN EACH SET OF ORDERS. IF P M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM R IN COLUMN INDICATED BY ARROW BE.

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS | LIST TIME ORDER NOTED AND SIGN

T.O. 3 Sep 03 17hrs

(1) Lasix 20mg x 1 now

(2) Dopamine @ 3c /hr

DR [redacted] b(6)-2 [redacted]

b(6)-2

PATIENT IDENTIFICATION

EPW

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

2 + hr cc Dore + Sep 03 @ 0000 hrs

DATE OF ORDER | TIME OF ORDER

3 Sep 03 | 2230 HOURS

(1) Hespan 500cc x 1 now

(2) LR 1L bolus x 1 now

(3) D5½NS c 20 KCL @ 150cc/hr

V.O. Dr [redacted] KPT [redacted]

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

PATIENT IDENTIFICATION

EPW

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF OR

4 Sep 03 | 0600 HOURS

(1) Lasix 80 mg IVP now

V.O. Dr [redacted] CPT [redacted]

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

4 Sep | 0740 HOURS | 0745 [redacted]

(1) Per Dr. [redacted] V/O 1000cc LR bolus. order given to Cpt [redacted]

b(6)-2

b(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

For [illegible] of this form, see AR 40-66, the proponent agen[illegible] OTSG

THE DOCTOR SHALL RECORD DATE [illegible] AND SIGN EACH SET OF ORDERS. IF P[illegible]M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM N[illegible]ER IN COLUMN INDICATED BY ARROW BE[illegible]

PATIENT IDENTIFICATION: [redacted] b(6)-4

NURSING UNIT: ICU3 | ROOM NO. | BED NO.

DATE OF ORDER: 4 Sep 03 | TIME OF ORDER: 0930 HOURS | LIST TIME ORDER NOTED AND SIGN: 0930

1- Transfuse 2u PRBC
2- START Vanc 500mg IVPB bid
First dose now
3- DC Zantac
4- Xlo Hep[illegible]
5- ✓ ABG, CBC, Citrum 7 [redacted]
6- Clamp extension
7- Lasix 100mg over 4 [redacted]

b(6)-2

PATIENT IDENTIFICATION: [redacted] b(6)-4

NURSING UNIT: ICU3 | ROOM NO.: 240 | BED NO.: Chart ✓

DATE OF ORDER: 5 Sept 03 | TIME OF ORDER | HOURS

(1) Per V/O Dr. [redacted] Dopa D/C
(2) Per V/O Dr. [redacted] NG L[illegible]

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

PATIENT IDENTIFICATION: [redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 5 Sep 03 | TIME OF ORDER | HOURS

1. Fentanyl 25mg/hr - dm
2- IV to 50cc/hr - dm
3- TF Jevity 100cc q4h
4- Posit to 8 [redacted]

b(6)-2

PATIENT IDENTIFICATION: [redacted] b(6)-4

NURSING UNIT: 240 Chart ✓ | ROOM NO. | BED NO.: [redacted]

DATE OF ORDER: 5 Sep 03 | TIME OF O[illegible] | HOURS

Recent DNR because: Family Supervisor request.
No chest compression/[redacted]

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

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

b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

For f this form, see AR 40-66, the proponent agenc OTSG

THE DOCTOR SHALL RECORD DATE AND SIGN EACH SET OF ORDERS. IF PI M ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM N ER IN COLUMN INDICATED BY ARROW BEL

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER (HOURS)	LIST TIME ORDER NOTED AND SIGN
# [redacted] b(6)-4	06 Sep 03 0730 : 1- IVF @ to 100 cc/hr 2- A. IVF to DSNS with 20 KCl. [redacted] / DR [redacted] b(6)-2	
NURSING UNIT / ROOM NO. / BED NO.		

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER (HOURS)	
# [redacted] b(6)-4	06 Sep 03 1330 T.O. ① LR 500 cc Solus x1 now ② @ IVF to 125 cc/hr. [redacted] / DR [redacted] b(6)-2 24° ✓ [redacted] / MN 07 Sep 03 @600	
NURSING UNIT / ROOM NO. / BED NO.		

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER (HOURS)	
# [redacted] b(6)-4	7 Sep 03 1- TF Infity 200cc q4°) Noted 2- DC 2 Sep [redacted] b(6)-2	
NURSING UNIT / ROOM NO. / BED NO.		

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER (HOURS)	
# [redacted] b(6)-4	T.O. 1646 ① ABG x1 in 30 min @ next change ② 1L LR Solus x1 now. [redacted] / [redacted] b(6)-2	done [redacted] 1600
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 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: ICU3 | ROOM NO. | BED NO.

DATE OF ORDER: 8 Sep 03 | TIME OF ORDER: 1635 HOURS | LIST TIME ORDER NOTED AND SIGN: 1635 b(6)-2

1- 1 Amp calcium - done

2 - 2 gm MAG over 4 hours - done [redacted] ICU

3 - Bumex Nepitos [redacted] over 4 hours

4- Cefotaxz 2gm q8° [redacted] first dose now

[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 9.4.03 | TIME OF ORDER: 1700 HOURS | 1700

(1) Hold per Dr. [redacted] ABG once done [redacted] b(6)-2

pt c peep & fio2 50% > 30 mins [redacted]

[redacted] b(6)-2

24 Chest check

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: T.O. 9/9/03 0600 | TIME OF ORDER: HOURS

(1) 15 mmol of phosphorus.

K phos acceptable. per V/O

Dr. [redacted] b(6)-2 [redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 9.9.03 | TIME OF ORDER: 0830 HOURS | ICU RN

(1) ↑ TF to 400cc q 4hrs as [illegible] per V/O Dr. [redacted] b(6)-2

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

24 hr cc Pore 9/11/03 [redacted] hrs [redacted] b(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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THE DOCTOR SHALL RECORD DATE 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

~~10 Sep 03~~

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
10 Sep 03	0735 HOURS	
1- Vit K *10 mg qd x 3 days		10 Sep 03 0740 OM
[redacted]		b(6)-4

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
24hr CC Care 11 Sep 03 @ 0230 hrs		

DATE OF ORDER	TIME OF ORDER	
10 Sep 03	2200 HOURS	
(1) Albuterol/Atrovent neb's q6h		
(2) CBC, chem 12, chem 7, ABG in am		
(3) Code status - Full code		
V.O. Dr [redacted]		b(6)-2

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICU3		

DATE OF ORDER	TIME OF ORDER	
11-Sep 03	b(6)-2 HOURS	
1- Admit to ICU3		
2- VS q1° UO q1°		
3- G- NGS to Gravity Drainage		
4- cont Propofol 30 µg/kg/min + [redacted]		150 µg/h
5- Zantac 50 mg EVPB q8°		
6- CMO 20 cm H_2O cont suction		b(6)-2
7- CXR now.		

PATIENT IDENTIFICATION

EPW [redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICU3		

DATE OF ORDER	TIME OF ORDER	
8- ~~CBC/chem 7/12 + ABG q A.M~~	HOURS	
9- Foley to Gravity		
10- Reglan 10 mg IVPB q6°		
11- CXR q A.M		
12- 20 mg Lasix IV ONE TIME NOW		
13- Send sputum cx's		
14- cont Dr 1/2 NS @ 20 ml/hr KCl @ 100 ml/hr		
240 Clint clerk [redacted]		b(6)-2

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

b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE, [illegible] AND SIGN EACH SET OF ORDERS. IF PF[illegible] ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM N[illegible] [illegible]R IN COLUMN INDICATED BY ARROW BEL[illegible]

PATIENT IDENTIFICATION	NURSING UNIT	ROOM NO.	BED NO.	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
EPW [redacted] b(6)-4	ICU 3			12 Sep 03 1- Blood cx x2 2- Urine cx 3- UA 4- Vancomycin 500g IVPB q12° 5- start TP 200 a q4° 24° chest cxk [redacted]	HOURS	[redacted] b(6)-2
EPW [redacted] b(6)-4	ICU 3			13 Sep 1- DC cefam 12 Daily 2- cefam 7 qd 3. Imp cefam 4- 15mmol KPhos over 4 hours 5- 2gm mag sul. 3 hours 6- cefam 7 ↓ current Tde 7- DC Daily cxr	HOURS	[redacted] b(6)-2
EPW [redacted] b(6)-4	ICU 3			nothing following 24 hr ee Done 13Sep03 @ 2330 hrs	HOURS	[redacted] b(6)-2
EPW [redacted] b(6)-4	ICU 3			15 Sep 03 0700 (1) TPN for 4 hours (2) Give 4 hours now (3) Repeat [illegible] cx p Blood infusion VICKR [redacted] b(6)-2	HOURS	b(6)-2

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[redacted] b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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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

14 Sep 95 1030 [redacted] b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 14 Sep 03 TIME OF ORDER: 1200 HOURS

1 - IVF TO 25 cc/hr
2 - TRACH MASK
3 - UA & M 7
4 - CBC & CHEM 7 + ABG q 2 m
5 - ABG A TRACH MASK 30 min

LIST TIME ORDER NOTED AND SIGN

[redacted] b(6)-2

PATIENT IDENTIFICATION

14 Sep 95 1400 [redacted] b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 14 Sep 03 TIME OF ORDER: HOURS

1 - IV KONTAMY 1
2 MSO4 1-5 mg IVP q 1° prn

[redacted] b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 14 Sep 03 TIME OF ORDER: 2000 HOURS

1 - Tylenol 650 mg per G. tube for temp > 101.5
D.O. [redacted] / [redacted]

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

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 9/14/03 TIME OF ORDER: HOURS

1) VT 200, RR 12, PEEP 5, FIO2 40%
2) PCXR
3) Morphine 10 mg G tube to sense agitation
4) ABG Now

[redacted] b(6)-2

noted [redacted] 9/14/03 @23 b(6)-2

[redacted]

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b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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

The doctor shall record date, time and sign each set of orders. If ... is used, write problem number in column indicated by arrow below.

Patient Identification	Date of Order	Time of Order
EPW # [redacted] b(6)-4	9/14/03 @ 2150 1) Turn off propofol in A.M and place pt back on trach collar - b(6)-2 V.O. Dr [redacted] b(6)-2 24° [redacted]	[redacted] 09/14/03 2300 b(6)-2
Patient Identification	Date of Order	Time of Order
EPW [redacted] b(6)-4	[redacted] 15Sep03@0100 ① 5000 U SQ Heparin BID ② 40 mg Lasix x1 0900 [redacted] b(6)-2 ③ Kcl pt tid Noted CH @ 1300 [redacted] b(6)-2	0830
Patient Identification	Date of Order	Time of Order
	15Sep03 1600 40mg Lasix IVP 1600 P/C Vance Noted [redacted] b(6)-2 @ 1700 b(6)-2	
Patient Identification	Date of Order	Time of Order
24° [redacted] 9/16 b(6)-2 Regular diet (po) (Contin TIE-)	[redacted] b(6)-2 [redacted] b(6)-2	9/16/03 0545 [redacted] b(6)-2

24 hr cc bore 17Sep03 @ 0000 [redacted]

24 hr cc bore 19Sep03 @ 2000 hrs [redacted] b(6)-2

CLINICAL RECORD - DOCTOR'S O' RS

se of this form, see AR 40-66, the proponen y is OTSG

THE DOCTOR SHALL RECORD D. 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)-2			20 Sep 03 For DASG-DES use & Bottle of Dakin Soln U.O. Dr [redacted] b(6)-2 NPO 5 min U.O. Dr [redacted]	1300 HOURS	[redacted] b(6)-2 b(6)-2
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER		
			Nothing follows	HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
			24 hr cc Done 21 Sep 03 @ 0300 hrs [redacted]		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			21 Sep 03 DASG-DES to do lower leg & do wet to dry saline dressing U.O. Dr [redacted] b(6)-2 b(6)-2	1100 HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			21 Sep 03 DC Cestaz [redacted] b(6)-2	1610 HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 1 APR 79 **4256** REPLACES EDITION OF 1 JUL 77, W [redacted] b(6)-2

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"USE BALL POINT PEN, PRESS FIRMLY. NO CARBON PAPER REQUIRED"

CLINICAL RECORD - DOCTOR'S ORDERS

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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 | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

22 Sep 03

1- DC central line

2- ART L line

3- DC Daily labs

4- DC CXR Daily

5- DC sutures from [illegible]

[illegible] ASA qd

[redacted]

[redacted] b(6)-2

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF OR[illegible] | HOURS

22 Sep 03 1400

Neb treatment PRN

V.O. or Nebulizer [illegible]

Noted @ 1600

[redacted]

b(6)-2

24hr cc Dore 27 Sep 03 @ 0200 ho[illegible]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

[redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

nothing follows

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

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CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DAT E AND SIGN EACH SET OF ORDERS. IF PF A ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM ER IN COLUMN INDICATED BY ARROW BE.

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
29 SEP 03	HOURS	
1. Admit to ICW		
2. Regular Diet		
3. Hep-lock IV		
4. Clamp NG tube		
5. Pneumonia precautions		
6. Heparin 5000 u SC q12°		
7. VS q4°		

b(6)-2 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
	HOURS	
8. I/O q shift - Foley to Gravity		
9. DC ABX Noted gp		
10. Percocet 1-2 po q4° prn pain		
11. MSO4 1-2 mg q1° prn breakthrough pain		
12. Blood Cx, urine Cx, & sputum Cx for Temp ≥ 38.5		
13. Hld Dakins Dressing Dr for Abdomen & LLE:		

[redacted]

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
240	0230 3058	[redacted]

b(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
1 OCT 03	HOURS	
1. 1-2 MSO4 IVP q 2° prn pain		
2. Motrin 800 mg po tid prn		

b(6)-2 Noted

[redacted]

NURSING UNIT	ROOM NO.	BED NO.
	01 OCT 03 0810	

[redacted]

b(6)-2

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

01 OCT @ 2100

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b(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICW#1		2345

DATE OF ORDER: 3 Oct 03 — TIME OF ORDER: ____ HOURS

1 - NPO P MIDNIGHT
2 - TO OR IN AM
3 - START IV FLUIDS @ 24CC/HR

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICW#1		

DATE OF ORDER: 4 Oct 03 — TIME OF ORDER: ____ HOURS

1 - Regular Diet
2 - Hep-lock IV
3 - ~~[illegible]~~ Prophylaxis Precautions
4 - Ranitidine 150 mg q 4h per PMU
5 - Cytoxan 100 mg po b.i.d
6 - Heparin 5000 U SC q12h
7 Foley to Gravity

Noted [redacted] Doctor

PATIENT IDENTIFICATION

b(6)-2 [redacted]

b(6)-4 [redacted]

DATE OF ORDER — TIME OF ORDER — HOURS

6 - Flagyl 250 mg po t.i.d [redacted] b(6)-2

NURSING UNIT	ROOM NO.	BED NO.
ICW#1	240	0595

5 OCT 03

PATIENT IDENTIFICATION

b(6)-4 [redacted]

DATE OF ORDER: 5 OCT 03 — TIME OF ORDER: 1559 HOURS

① D/C Drs Δ's - graft site abd closed.

Dr [redacted] VO [redacted] b(6)-2

~~24V RD 5 OCT 03 2130~~

NURSING UNIT	ROOM NO.	BED NO.
ICW#1		

b(6)-2

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CLINICAL RECORD - DOCTOR'S ORDERS

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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

b(6)-4

[redacted]

b(6)-2 Noted [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 | [redacted]

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	11 Oct 03	HOURS	
1	BS q d		
2	No need for dressing		
	to left ear - apply		
	Bacitracin if dry		[redacted]
	1100 @ 2200		[redacted]

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted]

NURSING UNIT | ROOM NO. | BED NO.

24 | [redacted] | 24 | 64

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	12/19	HOURS	b(6)-2
	MD Tran		
	Surg 10/20		
	[redacted]		b(6)-2
	[redacted] 2CC IM	@0200	2004

PATIENT IDENTIFICATION

24 24 Oct 03

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
		HOURS	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
		HOURS	

NURSING UNIT | ROOM NO. | BED NO.

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CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 10/20 TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Admit. ICU
(2) Paraplegia with deep sacral decubitus, infected
(3) Stable
(4) VS routine, Foley
(5) Paraplegia precautions
(6) Roll Hrly q1° keep prism up & secure
(7) Heparin 5000 u SQ b.d

PATIENT IDENTIFICATION

[redacted] b(6)-4

ICU

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

(8) Reg diet
(9) Lite 75 cc/hr
(10) Wet sterile dressing to sacrum b.d

b(6)-2 [redacted]

noted [redacted] 20 Oct 02 [redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted] b(6)-4

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

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CLINICAL RECORD - DOCTOR'S ORDERS

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PATIENT IDENTIFICATION

[redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | HOURS | LIST TIME ORDER NOTED AND SIGN

23 OCT 03

23Sep03 1645 OH

1. SPUTUM CX
2. BLOOD CX X 2
3. URINE CX
4. UNAC 500 IVPB q 12 [redacted] 10/22
5. CEFTAZ 2gm q 8° [redacted] 03/10/04

b(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

23Sep03 @ 1815

1) CXR in AM

V.O. Dr [redacted] [redacted] 09/24/03

b(6)-2 [redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

24 Sep 03

1) Flagyl 250g IVPB q8
2) NTF to TF, 500cc Sa
Each Feeding

[redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

24hr co Dave 27Sep03 @ 020[redacted]

PATIENT IDENTIFICATION

DATE OF ORDER | TIME OF ORDER | HOURS

b(6)-2

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

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CLINICAL RECORD - DOCTOR'S ORDERS

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THE DOCTOR SHALL RECORD DATE, AND SIGN EACH SET OF ORDERS. IF PRC SYSTEM IS USED, WRITE PROBLEM N IN COLUMN INDICATED BY ARROW BELL

ORIENTED MEDICAL RECORD

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
b(6)-4 [redacted]	23 Oct 03 _____ HOURS 1) Diet D TID with 1/4 Dabur sol well today 2) Multi with [redacted] b(6)-2	~~08.20.03~~ Noted [redacted] b(6)-2
NURSING UNIT: JCMD / ROOM NO. / BED NO.		

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
noted 14/25/03 10:00 [redacted]	25 Oct 03 _____ HOURS CBC, Chemy to lab in Am b(6)-2 [redacted] b(6)-2	
NURSING UNIT / ROOM NO. / BED NO.		

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	28 Oct 03 _____ HOURS 1) Nicoderm [redacted] b(6)-2	b(6)-2 noted [redacted] 1GTH 25Oct03 2330
NURSING UNIT / ROOM NO. / BED NO.		

PATIENT IDENTIFICATION	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
1335 noted 10/26/03 [redacted] b(6)-2	25 Oct 03 _____ HOURS 1) Regular diet b(6)-2 [redacted]	
[redacted] NURSING UNIT / ROOM NO. / BED NO.		

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CLINICAL RECORD - DOCTOR'S ORDERS
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THE DOCTOR SHALL RECORD DATE, TI ND SIGN EACH SET OF ORDERS. IF PROBI RIENTED MEDICAL RECORD
SYSTEM IS USED, WRITE PROBLEM NUI N COLUMN INDICATED BY ARROW BELOW

PATIENT IDENTIFICATION

b(6)-4

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 10/21 | TIME OF ORDER ____ HOURS | LIST TIME ORDER NOTED AND SIGN

1. VS q10 = HR, BP, Temp record on chart
2. Morphine 2-4 mg inpush q 10 pm pain
3. Keep pt on stomach (prone position) at nighttime during sleeping
4. If pt rolls from side position, place pt back on side position. Check q 15 min
5. Keep pt on side. Roll q 10

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

6. Keep [redacted] open to air
7. Pt consult: Range of motion to lower extremities. Obtain ABO for feet
8. Do not change med orders without first checking with M.D.
9. Nutrition consult [redacted] b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 21/10/03 | TIME OF ORDER MA [redacted] ____ HOURS

1. Percocet tab q 1-2 q 4-6 hrs pain

[redacted] b(6)-2

Chicken dinner CPT [redacted] b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 22/10/03 | TIME OF ORDER 0800 HOURS

1. Δ VS to Q4hr.
2. Prenatal multivitamin 1 tab PO QD

[redacted]

V.O. Dr [redacted] / CPT [redacted]
b(6)-2 b(6)-2

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