RAPIDPOINT COAG ANALYZER V4.54
SERIAL #[redacted] 09/29/03 05:03 PM

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 16.8 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
~~Calculated INR = 1.88~~
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :05:01 PM
Card Lot :040302
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/29/03 05:05 PM

Patient ID: [redacted]
Test Name :APTT
Test Result:= 37.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :05:03 PM
Card Lot :100208
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/29/03 05:21 AM

Patient ID: [redacted]
Test Name :PT
Test Result:= 15.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.2
Calculated INR = 1.40
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :05:19 AM
Card Lot :040302
Operator : [redacted]

b(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #[redacted] 09/29/03 05:24 AM

Patient ID: [redacted]
Test Name :APTT
Test Result:= 36.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :05:21 AM
Card Lot :100208
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/29/03 01:15 PM

Patient ID: [redacted]
Test Name :PT
Test Result:= 18.1 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 1.89
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :01:14 PM
Card Lot :040302
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #[redacted] 09/29/03 01:18 PM

b(6)-4

Patient ID: [redacted]
Test Name :APTT
Test Result:= 42.8 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/29/03
Test Time :01:16 PM
Card Lot :100208
Operator : [redacted] b(6)-2

ID: [redacted] 29-09-03
WB 17:01

				Patient Limits	
WBC	15.0	H	x10^3/uL	4.5	10.5
RBC	3.91	L	x10^6/uL	4.00	6.00
Hgb	10.7	L	g/dL	11.0	18.0
Hct	34.0	L	%	35.0	60.0
MCV	87.0		fL	80.0	99.9
MCH	27.5		pg	27.0	31.0
MCHC	31.5	L	g/dL	33.0	37.0
Plt	511.	H	x10^3/uL	150.	450.
LY%	5.8	*L	%	20.5	51.1
LY#	0.9	*	x10^3/uL	1.2	3.4

ID: [redacted] 29-09-03
WB 05:20

				Patient Limits	
WBC	16.1	H	x10^3/uL	4.5	10.5
RBC	4.09		x10^6/uL	4.00	6.00
Hgb	11.1		g/dL	11.0	18.0
Hct	36.0		%	35.0	60.0
MCV	87.8		fL	80.0	99.9
MCH	27.2		pg	27.0	31.0
MCHC	31.0	L	g/dL	33.0	37.0
Plt	503.	H	x10^3/uL	150.	450.
LY%	13.2	*L	%	20.5	51.1
LY#	2.1	*	x10^3/uL	1.2	3.4

Pt: [redacted] b(6)-4
Pt Name:_____

Na_____127 mmol/L
K_____4.0 mmol/L
TCO2_____26 mmol/L
iCa_____1.15 mmol/L
Hct_____36 %PCV
Hb*_____12 g/dL
*via Hct

At 37C
PH_____7.466
PCO2_____34.6 mmHg
PO2_____113 mmHg
HCO3_____25 mmol/L
BEecf_____1 mmol/L
sO2*_____99 %
*calculated

At Patient Temp
PH_____7.445
PCO2_____36.8 mmHg
PO2_____123 mmHg

Patient Temp: 101.2F
FIO2_____: 100
Sample Type_:

29SEP03 12:13

Oper: [redacted] b(6)-2
Physician:_____

Ser# [redacted]
Ver: [redacted]

---

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

TCO2_____26 mmol/L

At 37C
PH_____7.483
PCO2_____33.1 mmHg
PO2_____87 mmHg
HCO3_____25 mmol/L
BEecf_____1 mmol/L
sO2*_____97 %
*calculated

FIO2_____: 40
Sample Type_:

29SEP03 17:05

Oper: [redacted] b(6)-2
Physician:_____

Ser# [redacted]

Pt: [redacted] b(6)-
Pt Name:_____

Na_____127 mmol/L
K_____4.5 mmol/L
TCO2_____29 mmol/L
iCa_____1.01 mmol/L
Hct_____29 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
PH_____7.505
PCO2_____35.8 mmHg
PO2_____113 mmHg
HCO3_____28 mmol/L
BEecf_____5 mmol/L
sO2*_____99 %
*calculated

Sample Type_:

30SEP03 05:59

Oper: [redacted] b(6)-2
Physician:_____

Ser# [redacted]
Ver: [redacted]

i-STAT EG7+
Pt: [redacted] b(6)-4
Pt Name:_____

Na_____127 mmol/L
K_____4.2 mmol/L
TCO2_____27 mmol/L
iCa_____1.14 mmol/L
Hct_____28 %PCV
Hb*_____10 g/dL
*via Hct

At 37C
PH_____7.500
PCO2_____33.1 mmHg
PO2_____84 mmHg
HCO3_____26 mmol/L
BEecf_____3 mmol/L
sO2*_____97 %
*calculated

At Patient Temp
PH_____7.480
PCO2_____35.0 mmHg
PO2_____91 mmHg

Patient Temp: 101.0F
FIO2_____: 45
Sample Type_:

30SEP03 16:46

Oper: 13

Physician:_____

Ser# [redacted]
Ver: [redacted]

Ser# [redacted]
Ver: [redacted]

Physician:_____

Oper: [redacted] b(6)-2

30SEP03 00:11

Sample Type_:

At 37C
PH_____7.463
PCO2_____38.1 mmHg
PO2_____104 mmHg
HCO3_____27 mmol/L
BEecf_____4 mmol/L
sO2*_____98 %
*calculated

Na_____125 mmol/L
K_____4.2 mmol/L
TCO2_____28 mmol/L
iCa_____1.01 mmol/L
Hct_____32 %PCV
Hb*_____11 g/dL
*via Hct

Pt: [redacted]
Pt Name:_____ b(6)-4

i-STAT EG7+

MEDCOM-19642

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/30/03 06:10 AM

b(6)-2

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.6 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.81
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :06:08 AM
Card Lot :040302
Operator : [redacted]

b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/30/03 06:13 AM

Patient ID: [redacted]
Test Name :APTT
Test Result:= 46.2 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :06:10 AM
Card Lot :100208
Operator : MCCARTER

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/30/03 12:10 AM

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.78
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :12:09 AM
Card Lot :040302
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/30/03 12:13 AM

Patient ID: [redacted]
Test Name :APTT
Test Result:= 48.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :12:11 AM
Card Lot :100208
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/30/03 10:55 AM

Patient ID: 796 b(6)-2
Test Name :PT
Test Result:= 17.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.71
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :10:53 AM
Card Lot :040302
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 09/30/03 10:57 AM

Patient ID: 796
Test Name :APTT
Test Result:= 33.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/30/03
Test Time :10:55 AM
Card Lot :100208
Operator : [redacted] b(6)-2

======= PICCOLO =======
09/30/03 06:30 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted]
BASIC METABOLIC
DISC LOT #: b(6)-2 3203AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	116	73-118	MG/DL
BUN	9	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CRE	0.5*	0.6-1.2	MG/DL
NA+	127	128-145	MMOL
K+	4.9*	3.3-4.7	MMOL
CL-	96*	98-108	MMOL
tCO2	28	18-33	MMOL

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

[redacted] 30-09-03 00:12

				Patient Limits	
WBC	13.2	H	x10^3/uL	4.5	10.5
RBC	3.02	L	x10^6/uL	4.00	6.00
Hgb	10.5	L	g/dL	11.0	16.0
Hct	33.0	L	%	35.0	50.0
MCV	86.4		fL	80.0	99.9
MCH	27.4		pg	27.0	31.0
MCHC	31.7	L	g/dL	33.0	37.0
Plt	516.	H	x10^3/uL	150.	450.
LYM%	9.9	HL	%	20.5	51.1
LYM	1.3	*	x10^3/uL	1.2	3.4

[redacted] 30-09-03 00:00

				Patient Limits	
WBC	10.7	H	x10^3/uL	4.5	10.5
RBC	3.57	L	x10^6/uL	4.00	6.00
Hgb	9.9	L	g/dL	11.0	16.0
Hct	31.3	L	%	35.0	50.0
MCV	87.4		fL	80.0	99.9
MCH	27.4		pg	27.0	31.0
MCHC	31.4	L	g/dL	33.0	37.0
Plt	490.	H	x10^3/uL	150.	450.
LYM%	10.5	HL	%	20.5	51.1
LYM	1.1	*	x10^3/uL	1.2	3.4

[redacted] 30-09-03 12:09

				Patient Limits	
WBC	10.1		x10^3/uL	4.5	10.5
RBC	3.47	L	x10^6/uL	4.00	6.00
Hgb	9.3	L	g/dL	11.0	16.0
Hct	31.4	L	%	35.0	50.0
MCV	87.3		fL	80.0	99.9
MCH	26.8	L	pg	27.0	31.0
MCHC	30.7	L	g/dL	33.0	37.0
Plt	542.	H	x10^3/uL	150.	450.
LYM%	10.5	HL	%	20.5	51.1
LYM	1.3	*	x10^3/uL	1.2	3.4

[redacted] 30-09-03 00:00

				Patient Limits	
WBC	10.1	H	x10^3/uL	4.5	10.5
RBC	3.57	L	x10^6/uL	4.00	6.00
Hgb	9.9	L	g/dL	11.0	16.0
Hct	31.3	L	%	35.0	50.0
MCV	87.7		fL	80.0	99.9
MCH	27.8		pg	27.0	31.0
MCHC	31.6	L	g/dL	33.0	37.0
Plt	552.	H	x10^3/uL	150.	450.
LYM%	10.1	HL	%	20.5	51.1
LYM	1.7	*	x10^3/uL	1.2	3.4

i-STAT EG7+

Pt: [redacted] b(6)-4

Pt Name:_____

Na_____128 mmol/L

K_____3.8 mmol/L

TCO2_____26 mmol/L

iCa_____1.06 mmol/L

Hct_____30 %PCV

Hb*_____10 g/dL

*via Hct

At 37C

pH_____7.488

PCO2_____32.6 mmHg

PO2_____73 mmHg

HCO3_____25 mmol/L

BEecf_____1 mmol/L

sO2*_____96 %

*calculated

Sample Type_:

01OCT03 05:35

Oper: [redacted] b(6)-2

Physician:_____

Ser# [redacted]

Ver: [redacted]

** PRINT CANCELLED **

---

i-STAT G3+

Pt: [redacted] b(6)-4

Pt Name:_____

TCO2_____29 mmol/L

At 37C

pH_____7.454

PCO2_____39.0 mmHg

PO2_____76 mmHg

HCO3_____27 mmol/L

BEecf_____3 mmol/L

sO2*_____96 %

*calculated

At Patient Temp

pH_____7.441

PCO2_____40.6 mmHg

PO2_____81 mmHg

Patient Temp: 100.2F

FIO2_____: 45

Sample Type_:

** PRINT CANCELLED **

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

10/01/03 05:35 AM

REFERENCE RANGE: MALE

PATIENT #: [redacted]

BASIC METABOLIC

DISC LOT #: 3203AA1

OPER #: [redacted] DR #: 000

SERIAL #: [redacted]

GLU	110	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.4	8.0-10.3	MG/DL
CRE	0.6	0.6-1.2	MG/DL
NA+	~~***~~ 125*	128-145	MMOL/L
K+	4.0	3.3-4.7	MMOL/L
CL-	92*	98-108	MMOL/L
tCO2	24	18-33	MMOL/L

INST QC: OK CHEM QC: OK

HEM 0 , LIP 0 , ICT 1+

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 12:52 PM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 19.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.12
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :12:51 PM
Card Lot :040302
Operator : [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 12:55 PM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 43.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :12:52 PM
Card Lot :100208
Operator [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 05:29 AM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 18.5 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 1.96
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:27 AM
Card Lot :040302
Operator [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 05:33 AM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 38.6 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:30 AM
Card Lot :100208
Operator : [redacted] b(4)-2

G ANALYZER V4.54
10/01/03 05:4 PM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 26.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 2.2
Calculated INR = 3.60
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:43 PM
Card Lot :040302
Operator : [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/01/03 05:48 PM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 43.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/01/03
Test Time :05:45 PM
Card Lot :100208
Operator : [redacted] b(4)-2

ID: [redacted] 01-10-03
NB 17:43

			Patient Limits	
WBC	8.8	x10^3/uL	4.5	10.5
RBC	3.70 L	x10^6/uL	4.00	6.00
Hgb	10.1 L	g/dL	11.0	18.0
Hct	32.2 L	%	35.0	60.0
MCV	87.2	fL	80.0	99.9
MCH	27.3	pg	27.0	31.0
MCHC	31.3 L	g/dL	33.0	37.0
Plt	657. H	x10^3/uL	150.	450.
LYM	14.1 *L	%	20.5	51.1
LYM	1.2 *	x10^3/uL	1.2	3.4

ID: [redacted] 01-10-03
NB 05:38

			Patient Limits	
WBC	10.0	x10^3/uL	4.5	10.5
RBC	3.51 L	x10^6/uL	4.00	6.00
Hgb	9.5 L	g/dL	11.0	18.0
Hct	30.9 L	%	35.0	60.0
MCV	87.9	fL	80.0	99.9
MCH	27.1	pg	27.0	31.0
MCHC	30.9 L	g/dL	33.0	37.0
Plt	606. H	x10^3/uL	150.	450.
LYM	14.6 *L	%	20.5	51.1
LYM	1.5 *	x10^3/uL	1.2	3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 06:14 PM

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 21.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.7
Calculated INR = 2.41
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :06:12 PM
Card Lot :010301
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 06:17 PM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 41.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :06:14 PM
Card Lot :100208
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 04:19 AM

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 18.6 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 1.98
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :04:17 AM
Card Lot :010301
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 04:22 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 :10/03/03
Test Time :04:19 AM
Card Lot :100208
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 12:45 PM

Patient ID: [redacted]
Test Name :PT
Test Result:= 20.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.23
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :12:43 PM
Card Lot :010301
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/03/03 12:48 PM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 45.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/03/03
Test Time :12:45 PM
Card Lot :100208
Operator : [redacted] b(6)-2

ID: [redacted] 03-10-03
WB 04:16

			Patient Limits	
WBC	9.2	x10^3/uL	4.5	10.5
RBC	3.44 L	x10^6/uL	4.00	6.00
Hgb	9.4 L	g/dL	11.0	18.0
Hct	30.5 L	%	35.0	60.0
MCV	88.6	fL	80.0	99.9
MCH	27.3	pg	27.0	31.0
MCHC	30.8 L	g/dL	33.0	37.0
Plt	779. H	x10^3/uL	150.	450.
LYM	27.0	%	20.5	51.1
LYM	2.5	x10^3/uL	1.2	3.4

ID: [redacted] 03-10-03
WB 12:40

			Patient Limits	
WBC	10.1	x10^3/uL	4.5	10.5
RBC	3.36 L	x10^6/uL	4.00	6.00
Hgb	9.3 L	g/dL	11.0	18.0
Hct	29.8 L	%	35.0	60.0
MCV	88.8	fL	80.0	99.9
MCH	27.7	pg	27.0	31.0
MCHC	31.2 L	g/dL	33.0	37.0
Plt	730. H	x10^3/uL	150.	450.
LYM	21.6 *	%	20.5	51.1
LYM	2.2 *	x10^3/uL	1.2	3.4

ID: [redacted] 03-10-03
WB 18:14

			Patient Limits	
WBC	12.1 H	x10^3/uL	4.5	10.5
RBC	3.84 L	x10^6/uL	4.00	6.00
Hgb	10.3 L	g/dL	11.0	18.0
Hct	33.6 L	%	35.0	60.0
MCV	87.5	fL	80.0	99.9
MCH	27.0 L	pg	27.0	31.0
MCHC	30.8 L	g/dL	33.0	37.0
Plt	829. H	x10^3/uL	150.	450.
LYM	15.9 *L	%	20.5	51.1
LYM	1.9 *	x10^3/uL	1.2	3.4

ID: [redacted]
MR

02-10-03
22:23

			Patient Limits	
WBC	9.5	x10^3/uL	4.5	10.5
RBC	3.56 L	x10^6/uL	4.00	6.00
Hgb	9.7 L	g/dL	11.0	18.0
Hct	31.0 L	%	35.0	60.0
MCV	87.2	fL	80.0	99.9
MCH	27.3	pg	27.0	31.0
MCHC	31.3 L	g/dL	33.0	37.0
Plt	782. H	x10^3/uL	150.	450.
LYM%	22.3 *	%	20.5	51.1
LYM	2.1 *	x10^3/uL	1.2	3.4

ID: [redacted]
MR

02-10-03
11:18

			Patient Limits	
WBC	9.8	x10^3/uL	4.5	10.5
RBC	3.75 L	x10^6/uL	4.00	6.00
Hgb	10.2 L	g/dL	11.0	18.0
Hct	32.9 L	%	35.0	60.0
MCV	87.7	fL	80.0	99.9
MCH	27.2	pg	27.0	31.0
MCHC	31.0 L	g/dL	33.0	37.0
Plt	792. H	x10^3/uL	150.	450.
LYM%	18.6 *L	%	20.5	51.1
LYM	1.8 *	x10^3/uL	1.2	3.4

ID: [redacted]
MR

02-10-03
03:45

			Patient Limits	
WBC	11.0 H	x10^3/uL	4.5	10.5
RBC	3.89 L	x10^6/uL	4.00	6.00
Hgb	10.5 L	g/dL	11.0	18.0
Hct	34.2 L	%	35.0	60.0
MCV	87.9	fL	80.0	99.9
MCH	27.0 L	pg	27.0	31.0
MCHC	30.7 L	g/dL	33.0	37.0
Plt	795. H	x10^3/uL	150.	450.
LYM%	14.3 *L	%	20.5	51.1
LYM	1.6 *	x10^3/uL	1.2	3.4

ID: [redacted]
MR

02-10-03
17:47

			Patient Limits	
WBC	9.3	x10^3/uL	4.5	10.5
RBC	3.63 L	x10^6/uL	4.00	6.00
Hgb	9.7 L	g/dL	11.0	18.0
Hct	31.6 L	%	35.0	60.0
MCV	86.9	fL	80.0	99.9
MCH	26.8 L	pg	27.0	31.0
MCHC	30.8 L	g/dL	33.0	37.0
Plt	736. H	x10^3/uL	150.	450.
LYM%	19.0 *L	%	20.5	51.1
LYM	1.8 *	x10^3/uL	1.2	3.4

======= PICCOLO =======
10/02/03 04:13 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(a) -4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(a) [redacted]
.....

GLU	135*	73-118	MG/DL
BUN	5*	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
NA+	~~[illegible]~~ 128	128-145	MMOL/L
K+	4.5	3.3-4.7	MMOL/L
CL-	95*	98-108	MMOL/L
tCO2	23	18-33	MMOL/L

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

RAPIDPOINT COAG A[illegible]ER V4.54
SERIAL #005485 10/02/03 03:47 AM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 21.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.7
Calculated INR = 2.41
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :03:45 AM
Card Lot :040302
Operator [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 03:51 AM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 39.7 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :03:47 AM
Card Lot :100208
Operator [redacted]
b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 05:51 PM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 20.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.7
Calculated INR = 2.39
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :05:49 PM
Card Lot :010301
Operator [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 05:55 PM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 40.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :05:51 PM
Card Lot :100208
Operator [redacted] b(4)-2

[illegible] COAG ANALYZER V4.54
[illegible]005485 10/02/03 11:22 AM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 21.5 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.8
Calculated INR = 2.50
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :11:21 AM
Card Lot :010301
Operator [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 11:25 AM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 39.3 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :11:23 AM
Card Lot :100208
Operator [redacted] b(4) 2

[illegible]INT COAG ANALYZER V4.54
[illegible] #005485 10/02/03 10:24 PM

[illegible]ient ID: [redacted] b(4)-2
Test Name :PT
Test Result:= 19.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
~~Calculated INR = 2.12~~
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :10:23 PM
Card Lot :010301
Operator [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/02/03 10:28 PM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 33.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/02/03
Test Time :10:25 PM
Card Lot :100208
[illegible] [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 06:14 AM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 16.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.61
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :06:12 AM
Card Lot :010301
Operator : [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 01:55 PM

Patient ID: [redacted] b(4)-4
Test Name :PT
Test Result:= 19.3 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.6
Calculated INR = 2.10
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :01:53 PM
Card Lot :010301
Operator : [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 06:16 AM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 32.0 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :06:14 AM
Card Lot :100208
Operator : [redacted] b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 01:59 PM

Patient ID: [redacted] b(4)-4
Test Name :APTT
Test Result:= 35.0 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :01:55 PM
Card Lot :100208
Operator [redacted] b(4)-4

ID: [redacted]
WB

04-10-03
06:12

				Patient Limits	
WBC	12.4 H	x10^3/uL		4.5	10.5
RBC	3.91 L	x10^6/uL		4.00	6.00
Hgb	10.6 L	g/dL		11.0	18.0
Hct	34.3 L	%		35.0	60.0
MCV	87.7	fL		80.0	99.9
MCH	27.1	pg		27.0	31.0
MCHC	30.9 L	g/dL		33.0	37.0
Plt	478.	*	x10^3/uL	150.	450.
LY%	18.1	*L	%	20.5	51.1
LY#	2.2	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

04-10-03
13:56

				Patient Limits	
[redacted]		x10^3/uL		4.5	10.5
[redacted]		x10^6/uL		4.00	6.00
[redacted]		g/dL		11.0	18.0
[redacted]				35.0	60.0
MCV	88.1	fL		80.0	99.9
MCH	27.4	pg		27.0	31.0
[redacted]		g/dL		33.0	37.0
Plt	837.	H	x10^3/uL	150.	450.
LY%	16.9	*L	%	20.5	51.1
LY#	2.1	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

04-10-03
17:50

				Patient Limits	
WBC	11.6 H	x10^3/uL		4.5	10.5
RBC	4.13	x10^6/uL		4.00	6.00
Hgb	11.2	g/dL		11.0	18.0
Hct	35.9	%		35.0	60.0
MCV	86.9	fL		80.0	99.9
MCH	27.2	pg		27.0	31.0
MCHC	31.3 L	g/dL		33.0	37.0
Plt	790.	H	x10^3/uL	150.	450.
LY%	15.5	*L	%	20.5	51.1
LY#	1.8	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

05-10-03
04:19

				Patient Limits	
WBC	12.9	H	x10^3/uL	4.5	10.5
RBC	3.46	L	x10^6/uL	4.00	6.00
Hgb	9.4	L	g/dL	11.0	18.0
Hct	30.2	L	%	35.0	60.0
MCV	87.4		fL	80.0	99.9
MCH	27.3		pg	27.0	31.0
MCHC	31.2	L	g/dL	33.0	37.0
Plt	849.	H	x10^3/uL	150.	450.
LY%	17.4	*L	%	20.5	51.1
LY#	2.2	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

05-10-03
00:53

				Patient Limits	
WBC	13.8	H	x10^3/uL	4.5	10.5
RBC	3.59	L	x10^6/uL	4.00	6.00
Hgb	9.9	L	g/dL	11.0	18.0
Hct	31.3	L	%	35.0	60.0
MCV	87.1		fL	80.0	99.9
MCH	27.6		pg	27.0	31.0
MCHC	31.7	L	g/dL	33.0	37.0
Plt	861.	H	x10^3/uL	150.	450.
LY%	14.5	*L	%	20.5	51.1
LY#	2.0	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

05-10-03
12:34

				Patient Limits	
WBC	10.2		x10^3/uL	4.5	10.5
RBC	3.20	L	x10^6/uL	4.00	6.00
Hgb	8.7	L	g/dL	11.0	18.0
Hct	27.8	L	%	35.0	60.0
MCV	86.9		fL	80.0	99.9
MCH	27.3		pg	27.0	31.0
MCHC	31.4	L	g/dL	33.0	37.0
Plt	799.	H	x10^3/uL	150.	450.
LY%	20.0	*L	%	20.5	51.1
LY#	2.0	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

05-10-03
17:02

				Patient Limits	
WBC	12.3	H	x10^3/uL	4.5	10.5
RBC	3.92	L	x10^6/uL	4.00	6.00
Hgb	10.8	L	g/dL	11.0	18.0
Hct	34.7	L	%	35.0	60.0
MCV	88.5		fL	80.0	99.9
MCH	27.5		pg	27.0	31.0
MCHC	31.1	L	g/dL	33.0	37.0
Plt	973.	H	x10^3/uL	150.	450.
LY%	19.7	*L	%	20.5	51.1
LY#	2.4	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

05-10-03
23:35

				Patient Limits	
WBC	10.3		x10^3/uL	4.5	10.5
RBC	3.52	L	x10^6/uL	4.00	6.00
Hgb	9.7	L	g/dL	11.0	18.0
Hct	30.9	L	%	35.0	60.0
MCV	87.8		fL	80.0	99.9
MCH	27.6		pg	27.0	31.0
MCHC	31.4	L	g/dL	33.0	37.0
Plt	882.	H	x10^3/uL	150.	450.
LY%	24.3	*	%	20.5	51.1
LY#	2.5	*	x10^3/uL	1.2	3.4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 04:47

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.1 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.73
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :04:46
Card Lot :010301
Operator : [redacted]

b(4)-4

b(4)-2

COAG ANALYZER V4.54
485 10/05/03 00:57

Patient ID: [redacted]
Test Name :PT
Test Result:= 18.8 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 2.01
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :00:55
Card Lot :010301
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 04:51

Patient ID: [redacted]
Test Name :APTT
Test Result:= 30.9 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :04:47
Card Lot :100208
Operator : [redacted]

b(4)-4

b(4)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 01:00

Patient ID: [redacted]
Test Name :APTT
Test Result:= 36.6 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :00:57
Card Lot :100208
Operator [redacted]

LYZER V4.54
10/05/03 12:35

Patient ID: [redacted]
Test Name :PT
Test Result:= 18.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.5
Calculated INR = 2.03
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :12:33
Card Lot :010301
Operator : [redacted]

b(4)-4

b(4)-2

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.5 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.79
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :16:55
Card Lot :010301
Operator [redacted]

b(4)-4

b(4)-2

RAPIDPOINT COAG ANALYZER
SERIAL #005485 10/05/03 23:37

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.4 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.78
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :23:35
Card Lot :010301
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 12:38

Patient ID: [redacted]
Test Name :APTT
Test Result:= 31.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :12:36
Card Lot :100208
Operator : [redacted]

b(4)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 17:03

Patient ID: [redacted]
Test Name :APTT
Test Result:= 28.4 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :17:00
Card Lot :100208
Operator : [redacted]

b(4)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/05/03 23:40

Patient ID: [redacted]
Test Name :APTT
Test Result:= 32.5 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/05/03
Test Time :23:38
Card Lot :100208
Operator [redacted]

b(4)-4

ID: [redacted]
WB

06-10-03
11:14

				Patient Limits	
WBC	11.0	H	x10^3/uL	4.5	10.5
RBC	3.64	L	x10^6/uL	4.00	6.00
Hgb	9.8	L	g/dL	11.0	18.0
Hct	31.8	L	%	35.0	60.0
MCV	87.3		fL	80.0	99.9
MCH	27.0	L	pg	27.0	31.0
MCHC	30.9	L	g/dL	33.0	37.0
Plt	889.	H	x10^3/uL	150.	450.
LY%	23.1	*	%	20.5	51.1
LY#	2.5	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

06-10-03
22:47

				Patient Limits	
WBC	11.2	H	x10^3/uL	4.5	10.5
RBC	4.09		x10^6/uL	4.00	6.00
Hgb	11.1		g/dL	11.0	18.0
Hct	35.5		%	35.0	60.0
MCV	86.9		fL	80.0	99.9
MCH	27.1		pg	27.0	31.0
MCHC	31.1	L	g/dL	33.0	37.0
Plt	1083.	+H	x10^3/uL	150.	450.
LY%	24.8	*	%	20.5	51.1
LY#	2.8	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

06-10-03
16:39

				Patient Limits	
WBC	11.6	H	x10^3/uL	4.5	10.5
RBC	4.07		x10^6/uL	4.00	6.00
Hgb	11.1		g/dL	11.0	18.0
Hct	35.5		%	35.0	60.0
MCV	87.3		fL	80.0	99.9
MCH	27.2		pg	27.0	31.0
MCHC	31.2	L	g/dL	33.0	37.0
Plt	1038.	+H	x10^3/uL	150.	450.
LY%	23.5	*	%	20.5	51.1
LY#	2.7	*	x10^3/uL	1.2	3.4

Repeat

ID: [redacted]
WB

06-10-03
04:37

				Patient Limits	
WBC	9.8		x10^3/uL	4.5	10.5
RBC	3.54	L	x10^6/uL	4.00	6.00
Hgb	9.7	L	g/dL	11.0	18.0
Hct	30.9	L	%	35.0	60.0
MCV	87.4		fL	80.0	99.9
MCH	27.3		pg	27.0	31.0
MCHC	31.3	L	g/dL	33.0	37.0
Plt	904.	H	x10^3/uL	150.	450.
LY%	26.9	*	%	20.5	51.1
LY#	2.6	*	x10^3/uL	1.2	3.4

ID: [redacted]
WB

06-10-03
17:51

				Patient Limits	
WBC	9.7		x10^3/uL	4.5	10.5
RBC	3.68	L	x10^6/uL	4.00	6.00
Hgb	10.0	L	g/dL	11.0	18.0
Hct	31.7	L	%	35.0	60.0
MCV	86.0		fL	80.0	99.9
MCH	27.1		pg	27.0	31.0
MCHC	31.5	L	g/dL	33.0	37.0
Plt	900.	H	x10^3/uL	150.	450.
LY%	21.1	*	%	20.5	51.1
LY#	2.0	*	x10^3/uL	1.2	3.4

======= PICCOLO =======
10/06/03 05:11
REFERENCE RANGE: b(6) MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: b(6) 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	109	73-118	MG/DL
BUN	8	7-22	MG/DL
CRE	0.6	0.6-1.2	MG/DL
CK	156	39-380	U/L
NA+	[redacted] 131	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	97*	98-108	MMOL/L
tCO2	19	18-33	MMOL/L

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

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 16:32

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.4 sec.
Ratio = 1.4
Calculated INR [redacted]
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :16:30
Card Lot :010301
Operator : [redacted]

b(6)-4

b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 11:16

Patient ID: [redacted]
Test Name :PT
Test Result:= 17.2 sec.
Ratio = 1.4
Calculated INR = 1.74
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :11:14
Card Lot :010301
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 16:35

Patient ID: [redacted]
Test Name :APTT
Test Result:= 27.2 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :16:33
Card Lot :100208
Operator [redacted]

b(6)-4

b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 11:19

Patient ID: [redacted]
Test Name :APTT
Test Result:= 31.8 sec.
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :11:16
Card Lot :100208
Operator : [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 22:49

Patient ID [redacted]
Test Name :PT
Test Result:= 16.4 sec.
Ratio = 1.3
Calculated INR = [redacted]
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :22:47
Card Lot :010301
Operator [redacted]

b(6)-4

b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 04:40

Patient ID: [redacted]
Test Name :PT
Test Result:= 16.2 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.58
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :04:39
Card Lot :010301
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 22:53

Patient ID: [redacted]
Test Name :APTT
Test Result:= 24.3 sec.
RESULT OUT OF RANGE
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :22:50
Card Lot :100208
Operator [redacted]

b(6)-4

b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/06/03 04:46

Patient ID: [redacted]
Test Name :APTT
Test Result:= 34.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/06/03
Test Time :04:41
Card Lot :100208
Operator [redacted]

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/07/03 04:24

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= ~~16.2~~ sec.
Ratio = 1.3
Calculated INR = 1.58
Sample Type:citrated wh. blood
Test Date :10/07/03
Test Time :04:22
Card Lot :010301
Operator : [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/07/03 04:26

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 30.3 sec.
Sample Type:citrated wh. blood
Test Date :10/07/03
Test Time :04:24
Card Lot :100208
Operator : [redacted]
b(6)-2

ID: [redacted] 07-10-03
WB 04:20

				Patient Limits	
~~WBC~~	~~11.6~~	~~H~~	x10^3/uL	4.5	10.5
~~RBC~~	~~5.75~~	~~H~~	x10^6/uL	4.00	6.00
~~Hgb~~	~~10.3~~	~~L~~	g/dL	11.0	18.0
~~Hct~~	~~32.9~~	~~L~~	%	35.0	60.0
MCV	87.6		fL	80.0	99.9
MCH	27.4		pg	27.0	31.0
~~MCHC~~	~~31.3~~	~~L~~	g/dL	33.0	37.0
~~Plt~~	~~950.~~	H	x10^3/uL	150.	450.
LY%	20.7	*	%	20.5	51.1
LY#	2.4	*	x10^3/uL	1.2	3.4

ID: [redacted] 15-10-03
WB 11:19

				Patient Limits	
WBC	9.0		x10^3/uL	4.5	10.5
RBC	4.17		x10^6/uL	4.00	6.00
Hgb	11.2		g/dL	11.0	18.0
Hct	36.1		%	35.0	60.0
MCV	86.5		fL	80.0	99.9
MCH	26.9	L	pg	27.0	31.0
MCHC	31.1	L	g/dL	33.0	37.0
Plt	560.	H	x10^3/uL	150.	450.
LY%	25.3		%	20.5	51.1
LY#	2.3		x10^3/uL	1.2	3.4

======= PICCOLO =======
07/10/03 04:06
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

GLU	108	73-118	MG/DL
BUN	8	7-22	MG/DL
CRE	0.8	0.6-1.2	MG/DL
CK	111	39-380	U/L
NA+	~~147*~~ 139	128-145	MMOL/L
K+	4.8*	3.3-4.7	MMOL/L
CL-	98	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

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

TEST(S)
SPECIMEN TAKEN
DATE 19 Sep 03 TIME 1130 A.M. P.M.
REQUESTED
CBC
RESULTS

REMARKS [redacted]

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
TECH MD DATE 19 Sep 03

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

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.305
-107

PATIENT'S MED. RECORD

[redacted] b(6)-2

ID: [redacted] 19-09-03
WB 11:45

			Patient Limits	
WBC	13.9 H	x10^3/uL	4.5	10.5
RBC	3.71 L	x10^6/uL	4.00	6.00
Hgb	10.5 L	g/dL	11.0	18.0
Hct	32.8 L	%	35.0	60.0
MCV	88.3	fL	80.0	99.9
MCH	28.2	pg	27.0	31.0
MCHC	31.9 L	g/dL	33.0	37.0
Plt	163.	x10^3/uL	150.	450.
LY%	16.1 *L	%	20.5	51.1
LY#	2.2 *	x10^3/uL	1.2	3.4

TEST(S)
SPECIMEN TAKEN
DATE 03OCT03 TIME 2325 A.M. P.M.
REQUESTED

RESULTS

REMARKS PT/PTT, CBC

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE Dr. [redacted] b(6)-2

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

MD DATE

TECH 03OCT03

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

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

SPECIMEN SOURCE (Specify) Blood

LAB ID NO.

SPECIMEN/LAB RPT. NO.

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
557-107

PATIENT'S MED. RECORD

ID: [redacted]
WB

04-10-03
00:36

				Patient Limits	
WBC	11.8	H	x10^3/uL	4.5	10.5
RBC	3.65	L	x10^6/uL	4.00	6.00
Hgb	9.9	L	g/dL	11.0	18.0
Hct	32.1	L	%	35.0	60.0
MCV	88.0		fL	80.0	99.9
MCH	27.1		pg	27.0	31.0
MCHC	30.8	L	g/dL	33.0	37.0
Plt	827.	H	x10^3/uL	150.	450.
LY%	17.6	*L	%	20.5	51.1
LYN	2.1	*	x10^3/uL	1.2	3.4

ICU 2
03OCT03
MEF
2325

[redacted] b(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 12:39 AM

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 17.3 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.4
Calculated INR = 1.76
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :12:37 AM
Card Lot :010301
Operator [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/04/03 12:53 AM

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 33.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :10/04/03
Test Time :12:50 AM
Card Lot :100208
Operator : [redacted] b(6)-2

TEST(S)

SPECIMEN TAKEN

DATE 04OCT TIME 2120 A.M. P.M.

REQUESTED

ABG T 98.6 FiO2 100

RESULTS

pH 7.472
PCO2 33.5
PO2 51
BE 1
HCO3 24
SaO2 89

Corrected
pH 7.472
PCO2 33.5
PaO2 51

Physician notified

REMARKS

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

TECH MD DATE

MISC

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO.

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505

557-107

PATIENT'S MED. RECORD

SINUS 16yu 500 Resp 10 FiO2 60%

[redacted]

b(6)

[redacted]

TEST(S)
SPECIMEN TAKEN
DATE 21 SEP 03 TIME 0330 A.M. P.M.
REQUESTED
REMARKS [redacted]

Enter in above space
REQUESTING PHYS. [redacted]
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

[redacted] b(6)-4

====== PICCOLO ======
21/09/03 04:36
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3203AA1
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

GLU	119*	73-118	MG/DL
~~BUN~~	~~+++~~	7-22	MG/DL
CA++	7.6*	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
~~NA+~~	~~113*~~	133-145	MMOL/L
K+	3.9	3.3-4.7	MMOL/L
CL-	100	98-108	MMOL/L
tCO2	27	18-33	MMOL/L

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

NA+ 133
BUN 9
E-State

FIRMR (41 CFR) 201-45-505

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

PATIENT'S MED. RECORD

TEST(S)
SPECIMEN TAKEN
DATE 21 SEP 03 TIME 0330 A.M. P.M.
REQUESTED
REMARKS [redacted]

RESULTS

[redacted] b(6)-4

[redacted] b(6)-4

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505
557-107

Enter in above space
REQUESTING PHYSICIAN SIGNATURE [redacted]
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
MD TECH DATE 0330 21 SEP 03
LAB ID NO.

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

PATIENT'S MED. RECORD

ID: [redacted] 21-09-03
AB 0330

			Patient Limits	
WBC	8.1	x10^3/uL	4.5	10.5
RBC	3.34 L	x10^6/uL	4.60	6.00
Hgb	9.2 L	g/dL	11.0	18.0
Hct	26.6 L	%	35.0	60.0
MCV	88.3	fL	80.0	99.9
MCH	28.8	pg	27.0	31.0
MCHC	32.6 L	g/dL	33.0	37.0
Plt	161.	x10^3/uL	150.	450.
LYM%	17.5 L	%	20.5	51.1
LYM	1.4	x10^3/uL	1.2	3.4

Ward/Section: Icu 2 0796	REQUESTING PHYSICAN: [redacted] b(6)-2	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. b(6)-4 [redacted]	DATE 06-06-03	TIME 1600	SSN/PEEUDO 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/dL	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l			
CI		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA^{++}		8.0-10.3 mg/dl			
SO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Metlyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)			
TEST	RESULT	REF. RANGE	NA^+		128-145 mmol/l			
Tropoin-1			K^+		3.3-4.7 mmol/l			
Drug of Abuse			CL^-		98-108 mmol/l			
			tCO2		18-33 mmol/l			
						tCO2		18-33 mmol/l

```
======= PICCOLO =======
06/10/03                16:19
REFERENCE RANGE:        MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #:             3203AA4
OPER #: [redacted]      DR #: 000
SERIAL #: b(6)-2 [redacted]
.......................
GLU   129*  73-118   MG/DL
BUN     7   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/L
K+    4.4   3.3-4.7  MMOL/L
CL-   97*   98-108   MMOL/L
tCO2  21    18-33    MMOL/L

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

I-stat

Na - 128

REMARKS:

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

Ward/Section: ICU2	REQUESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted]	DATE: 05 Oct TIME: 0400	SSN/PEEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na	136	138-146 mmol/dL
K	3.7	3.5-4.9 mmol/L
CI	101	98-109 mmol/L
pH	7.466	7.31-7.45
PCO2	33.5	35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2	25	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	24	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf	0	(-2) - (+3) mmol/L
AnGap	14	10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	9	8-26 mg/dl
GLU	121	70-105 mg/dl
Creat	0.9	0.7-1.5 mg/dl
Hct	35	38-51% PCV
Hgb	12	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
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^{++}		8.0-10.3 mg/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 /l (M) 30-190 /l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		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/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: CBC PTT/PT / Met 8

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU2	REQUESTING PHYSICAN: [redacted] b(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI: [redacted] b(6)-4		DATE 05 Oct	TIME 1230		SSN/PEEUDO SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	138	138-146 mmol/dL	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	3.7	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
CI	1.16	98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH	7.48	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	31.9	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^{+}		128-145 mmol/dl
PO2	114	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
TCO2	25	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^{-}		98-108 mmol/l
HCO3	24	22-26 mmol/L (art) 23-28 mmol/L (art)	CA^{++}		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	99	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	1	(-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	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		11-38 u/l
Hct	29	38-51% PCV	BUN		7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb	10	12-17 g/dl	CRE		0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA^{+}		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K^{+}		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL^{-}		98-108 mmol/l	NA^{+}		128-145 mmol/l
			tCO2		18-33 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.:

Ward/Section: ICU-2	REQUESTING PHYSICAN: [redacted] b(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST,MI. b(6)-4 [redacted]		DATE 15 SEP 03	TIME 1700	SSN/PEEUDO 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/dL	ALB		3.5-5.5 g/dl			
K		3.5-4.9 mmol/L	ALP		26-84 u/l			
CI		98-109 mmol/L	ALT		10-47 u/l			
pH		7.31-7.45	AMY		14-97 u/l			
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l			
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl			
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl			
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)	CA^{++}		8.0-10.3 mg/dl			
SO2		95-98%	CHOL		100-200 mg/dl			
BEecf		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl			
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl			
BUN		8-26 mg/dl	(Piccolo) Metlyte 8					
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE			
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl			
Hct		38-51% PCV	BUN		7-22 mg/dl			
Hgb		12-17 g/dl	CRE		0.6-1.2 mg/dl			
Misc. Chemistry			CK		39-380 /l (M) 30-190 /l (F)			
TEST	RESULT	REF. RANGE	NA^+		128-145 mmol/l			
Tropoin-1			K^+		3.3-4.7 mmol/l			
Drug of Abuse			CL^-		98-108 mmol/l			
			tCO2		18-33 mmol/l			
						tCO2		18-33 mmol/l

======= PICCOLO =======
10/01/03 01:57 PM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

GLU	115	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.1	8.0-10.3	MG/DL
CRE	0.7	0.6-1.2	MG/DL
NA+	[illegible]*	128-145	MMOL/L
K+	4.2	3.3-4.7	MMOL/L
CL-	93*	98-108	MMOL/L
tCO2	22	18-33	MMOL/L

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

BUN - 10
NA - 127

REMARKS:

REPORTED BY: b(6)-2 [redacted]	DATE: 01 OCT 03	LAB ID NO.:

[redacted] b(2)-2

Microbiology Request Form

b(6)-4

Last Name: [redacted]
First Name:
Patient # or SSN:

Ward: ICU 2
Room:
Bed: 3
Physician: Dr [redacted] b(6)-2

Collected by:
Date: 26 Sep 03
Time: 1610 + 1550

Source: Blood
Site: (B) Aline and (R) central line

[redacted]

Received by: [redacted]
Date: 26 Sep 03
Time: 1630

Specimen #: [redacted]

Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported
Date: 10-1-03
Time: 1130
Tech: [redacted]
Reviewer: [redacted] b(6)-2

Number of attached sheets:

MEDCOM - 19663

Microbiology Report [redacted] b(2)-2

Name:		[redacted]		Status:	**Final**
Patient ID:	[redacted]	Source:	Blood	Collected:	
Ward/Rm:	U2/3	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	<=4	S			
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:		Specimen:	[redacted]	Status:	**Final**
Patient ID:	[redacted] b(4)-4	Source:	Blood	Collected:	b(4)-2
Ward/Rm:	U2/3	Ward of Iso:		Req. Phys:	[redacted]

[redacted] b(2)-2

Microbiology Request Form

Blood Cx x 2

b(3)-5

Last Name: #[redacted]
First Name:
Patient # or SSN: [redacted]

Ward: ICU2
Room: Classic Room
Bed: 3
Physician: Dr. [redacted]

b(3)-7

Collected by:
Date: 26 Sep 03
Time: 1610 & 1550

Source: Blood
Site: (D) A-line and (R) central line

[redacted]

Received by: [redacted] b(2)-2
Date: 26 Sep 03
Time: 1630

Specimen #: [redacted]

Laboratory Results

Acinetobacter baumannii/haemolyticus

Reported
Date: 10-1-03
Time: 1130
Tech: [redacted]
Reviewer: [redacted] b(2)-2

Number of attached sheets:

MEDCOM - 19665

Microbiology Report [redacted] b(2)-2

Name:	[redacted]	Specimen:	[redacted]	Status:	Final
Patient ID:	[redacted] b(6)-4	Source:	Blood	Collected:	
Ward/Rm:	U2/3	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	<=4	S			
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:		Specimen:	[redacted]	Status:	Final
Patient ID:	[redacted] b(6)-4	Source:	Blood	Collected:	b(6)-2
Ward/Rm:	U2/3	Ward of Iso:		Req. Phys:	[redacted]

ABG

Ward/Section: ICU 2	REQUESTING PHYSICIAN: [redacted] b(4)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. b(6)-4 [redacted]	DATE 20 Oct 08	TIME 0500	SSN/PEEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na	128	138-146 mmol/dL
K	4.3	3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.427	7.31-7.45
PCO2	38.6	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	86	80-105 mmHg (art) N/A (ven)
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	25	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2	97	95-98%
BEecf	1	(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca	1.03	1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	33	38-51% PCV
Hgb	11	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
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^{++}		8.0-10.3 mg/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 /l (M) 30-190 /l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		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/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.:

b(6)-2

Ward/Section: Tent-2	REQUESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. b(6)-4 [redacted]	[redacted] DATE 2 OCT 03 TIME 1100	SSN/PEEUDO SSN: [redacted] b(6)-4

(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
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^{++}		8.0-10.3 mg/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 /l (M) 30-190 /l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		18-33 mmol/l

(Piccolo) Metabolic Panel b(6)-4

TEST	RESULT	REF. RANGE
tCO2		18-33 mmol/l

======= PICCOLO =======
10/02/03 11:18 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

GLU	131*	73-118	MG/DL
BUN	♦♦♦	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CRE	0.4*	0.6-1.2	MG/DL
~~NA+~~	~~112*~~	128-145	MMOL
K+	5.0*	3.3-4.7	MMOL
CL-	98	98-108	MMOL
tCO2	22	18-33	MMOL

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

BUN - 9
NA - 128

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU-2	REQUESTING [redacted] b(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST,MI. [redacted] b(6)-4		DATE 20403	TIME 1740	SSN/PE[redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH	7.460	7.31-7.45
PCO2	38.8	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	87	80-105 mmHg (art) N/A (ven)
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	27	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2	97	95-98%
BEecf	4	(-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
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^{++}		8.0-10.3 mg/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 /l (M) 30-190 /l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		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/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: 20403	LAB ID NO.:

Temp 100.2 FIO2 [redacted] b(6)-4

Ward/Section: DCU 2	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
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
T		
I		
C		
C		
C		
G		
Ti		
T		
GL		
BUI		
CRI		
CK		
NA+		
K+		
CL-		
tCO2		

(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
CO2		18-33 mmol/l

(Piccolo) Liver Panel Plus

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

======= PICCOLO =======
10/03/03 04:44 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(a)-4
METLYTE 8
DISC LOT #: 3141AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(a) [redacted]

GLU	109	73-118	MG/DL
BUN	10	7-22	MG/DL
CRE	0.9	0.6-1.2	MG/DL
CK	982*	39-380	U/L
NA+	~~+++~~ 130	128-145	MMOL/L
K+	4.2	3.3-4.7	MMOL/L
CL-	99	98-108	MMOL/L
tCO2	20	18-33	MMOL/L

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

REMARKS:

REPORTED BY: **DATI**

Ward/Section: ICU-2	REQUESTING [redacted] b(6)-2			CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted] b(6)-4		DATE 3-Ar-03	TIME 0930	SSN/PEEUDO SSN: [redacted] b(6)-7

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	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
CI		98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH	7.380	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	43.1	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^{+}		128-145 mmol/dl
PO2	78.	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^{-}		98-108 mmol/l
HCO3	26	22-26 mmol/L (art) 23-28 mmol/L (art)	CA^{++}		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	95	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	2	(-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) Mellyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		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 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA^{+}		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K^{+}		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL^{-}		98-108 mmol/l	NA^{+}		128-145 mmol/l
			tCO2		18-33 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.:

T 100.4 FIO2 40%

b(6)-

Ward/Section: FU1-2	REQUESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] b(6)-4		DATE 30ct03	TIME 1000	SSN/PSEUDO SSN: [redacted] b(6)-4

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.402	7.31-7.45
PCO2	41.9	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	81	80-105 mmHg (art) N/A (ven)
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	26	22-26 mmol/L (art) 23-28 mmol/L (art)
SO2	95	95-98%
BEecf	1	(-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-1		
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^{++}		8.0-10.3 mg/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 /l (M) 30-190 /l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO2		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/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: b(6)-4 [redacted]	DATE:	LAB ID NO.:

TIQ03 FI02 4/8

b(6)-2

Ward/Section: ICU 2	REQUESTING PHYSICAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST,MI. b(6)-2 [redacted]	[redacted] DATE 3 Oct 03	TIME 1120		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/dL	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
CI		98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH	7.423	7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2	41.0	35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^{+}		128-145 mmol/dl
PO2	79	80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^{+}		3.3-4.7 mmol/l
TCO2	28	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^{-}		98-108 mmol/l
HCO3	27	22-26 mmol/L (art) 23-28 mmol/L (art)	CA^{++}		8.0-10.3 mg/dl	tCO2		18-33 mmol/l
SO2	96	95-98%	CHOL		100-200 mg/dl	(Piccolo) Liver Panel Plus		
BEecf	2	(-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) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		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 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA^{+}		128-145 mmol/l	(Piccolo) Electrolyte		
Tropoin-1			K^{+}		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL^{-}		98-108 mmol/l	NA^{+}		128-145 mmol/l
			tCO2		18-33 mmol/l	K^{+}		3.3-4.7 mmol/l
						CL^{-}		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS: ABG FIO2 45% Temp 99.3

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU2	REQU NG PHYSI b(a)-4 [redacted]	CH TRY RESULT FORM (S to the Privacy Act of 1974)
LAST, FIRST, MI. b(a)-4 [redacted]	DATE 27Sep TIME 2355	SSN/PEEUDO SSN:

(i-STAT)

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 (a 41-51 mmHg (ve
PO2		80-105 mmHg (a N/A (ven)
TCO2		23-27 mmol/L (ar 24-29 mmol/L (ve
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-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		
I		
C		
C		
NA		
K+		
CL		
tCO2		

======= PICCOLO =======
09/28/03 12:11 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(a)-4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(a) [redacted]

GLU	114	73-118	MG/DL
BUN	9	7-22	MG/DL
CA++	7.8*	8.0-10.3	MG/DL
CRE	1.0	0.6-1.2	MG/DL
NA+	~~115*~~ 130	128-145	MMOL/L
K+	3.8	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 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/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
BIL		0.2-1.6 mg/dl
GT		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:	DATE:	LAB ID NO.:

b(6)-2

Ward/Section: ICU2	REQUESTING PHYSICAN: Dr [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. b(6)-4 # [redacted]	DATE 30Sep03	TIME 1800	SSN/PEEUDO SSN # [redacted] b(6)-4

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10	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 fi(M) 81-99 fi(F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 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	Macroscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank		
Set Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

no tube (blue top)

Coagulation Studies			Blood Bank Unit Crossmatch (MUST SUBMIT SF 518 WITHE EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 SESS			
D dimer		<20 ug/ml			
FDP		< 10 ug /ml			

REMARKS:

REPORTED BY: [redacted]	DATE: 30Sep03	LAB ID NO.:

b(6)-2

XHBG

Ward/Section: ICU2	R TING PHYSICAN:	C HISTRY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. [redacted] b(6)-4	DATE 29Sep	TIME 2335	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
ALP		26-84 u/l

======= PICCOLO ==== ==
30/09/03 00:11
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC
DISC LOT #: 3203AA4
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]
b(6)-4

GLU	87	73-118	MG/DL
BUN	11	7-22	MG/DL
CA++	6.2*	8.0-10.3	MG/DL
CRE	0.7	0.6-1.2	MG/DL
NA+	125	128-145	MMOL
K+	2.9*	3.3-4.7	MMOL
CL-	96	98-108	MMOL
tCO2	18	18-33	MMOL

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

40KCl X2
4°

(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
A^{+}		128-145 mmol/l
$^{+}$		3.3-4.7 mmol/l
L^{-}		98-108 mmol/l
CO2		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU 2	RE [redacted] TING PHYSICAN: [redacted]	C ISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. EPW # [redacted]	DATE 29/9 TIME 1700	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

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALP		3.5-5.5 g/dl
ALI		
AL		
AM		
AS		
TB		
BU		
CA		
CH		
CI		
GI		
TI		
GI		
BI		
CI		
CI		
N		
K		
C		
tC		

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
tCO2		18-33 mmol/L

```
======= PICCOLO =======
09/29/03            06:01 PM
REFERENCE RANGE:        MALE
PATIENT #: [redacted] b(6)-4
LIVER PANEL PLUS
DISC LOT #:          3154AA7
OPER #: [redacted]   DR #: 000
SERIAL #: b(6) [redacted]
..............................
ALB    1.9*   3.3-5.5    G/DL
ALP    67     26-84       U/L
ALT    ***    10-47       U/L
AMY    56     14-97       U/L
AST    49*    11-38       U/L
TBIL   4.3*   0.2-1.6   MG/DL
GGT    85*    5-65        U/L
TP     6.3*   6.4-8.1    G/DL

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

```
======= PICCOLO =======
09/29/03            05:29 PM
REFERENCE RANGE:        MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #:          3141AA4
OPER #: [redacted]   DR #: 000
SERIAL #: b(6) [redacted]
..............................
GLU    128*   73-118    MG/DL
BUN    ***    7-22      MG/DL
CRE    0.8    0.6-1.2   MG/DL
CK     418*   39-380      U/L
NA+    <110*  128-145   MMOL/L
K+     4.9*   3.3-4.7   MMOL/L
CL-    93*    98-108    MMOL/L
tCO2   ***    18-33     MMOL/L

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

Bun 10
Na 124
CO2 27

Misc. Chemistry

TEST	RESULT	REF. RANGE
Tropoin-1		
Drug of Abuse		

REMARKS: MET 8, LFP

REPORTED BY: b(6)-2 [redacted]	DATE: 29SEP03	LAB ID NO.:

Ward/Section: 4CU2 | REQUESTING PHYSICAN: | CHEMISTRY RESULT FORM (Subject to Privacy Act of 1974)

LAST, FIRST,MI: SPW [redacted] | DATE: 29/9 | TIME: 12 [redacted] | SSN:

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL	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/dl
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 (art)	CA^{++}		8.0-10.3 mg/dl	tCO2		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) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AST		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU		73-118 mg/dl	AMY		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 /l (M) 30-190 /l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA^{+}		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-1			K^{+}		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL^{-}		98-108 mmol/l	NA^{+}		128-145 mmol/l
			tCO2		18-33 mmol/l	K^{+}		3.3-4.7 mmol/l
						CL^{-}		98-108 mmol/l
						tCO2		18-33 mmol/l

REMARKS: ABG 7102 10% T101.2

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

ABG

T101.2 70% 100%

Ward/Section: ICU2 | QUESTING PHYSICAN: | BORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, [redacted] | DATE | TIME | [redacted] SSN:

(Hematology) CBC			Urinalysis			[redacted]		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x10	Color		N/A	RPR		Negative
RBC		4.7-6.1 x10	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 10³ 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	Macroscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52%(M) 37-47%(F)	CSF			Blood Bank		
Set 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 WITHE EVERY UNIT OF BLOOD REQUESTED)		
TEST	RESULT	REF. RANGE	UNIT	TYPE	CROSSMATCH
PT		9.8-13.6 secs			
APTT		21-34 SESS			
D dimer		<20 ug/ml			
FDP		< 10 ug /ml			

REMARKS:

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

ABG

T 101.2 7102 100%

Ward/Section: ICU#2

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

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

LA[redacted]MI. b(6)-4

DATE 23SEPT TIME 0400

SSN/PE[redacted]SSN: [redacted] b(6)-2

(i-STAT)

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-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

======= PICCOLO =======
24/09/03 04:18
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: 3151AA4
OPER #: [redacted] DR #: 000
SERIAL #: b(6) [redacted]

GLU	108	73-118	MG/DL
BUN	~~[illegible]~~ 13	7-22	MG/DL
CRE	1.1	0.6-1.2	MG/DL
CK	549*	39-380	U/L
NA+	~~[illegible]~~ 135	128-145	MMOL/L
K+	4.0	3.3-4.7	MMOL/L
CL-	97*	98-108	MMOL/L
tCO2	23	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/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.:

MEDICAL RECORD - ANESTHESIA

Fo[illegible] this form, see AR 40-66; the proponent agenc[illegible] OTSG

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "1" = CONSTANT INFUSION

DRUG	(Units)													
Propofol	(mg)	70												
Succ	(mg)	100												
Fentanyl	(mcg)	100			50									
Mylocs	( )							10						
	( )													
Phenylephrine	( )	100/200												
VOLAT AGENT 150	% del													
	% e.t.	1.0	0.8	1.0	1.2	1.0	1.0							
AIR	L/Min													
N2O	L/Min													
O2	L/Min	2L			2L	2	2							

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

FLUIDS

LINE site														
(R) Femr Central	☐ Warmed	LR												
18g Larm	☐ Warmed	NS		RBCs		NS								
14g Larm	☐ Warmed	NS					LR							

LOSSES

EST BLOOD LOSS							500							
URINE -							300							

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT: 3

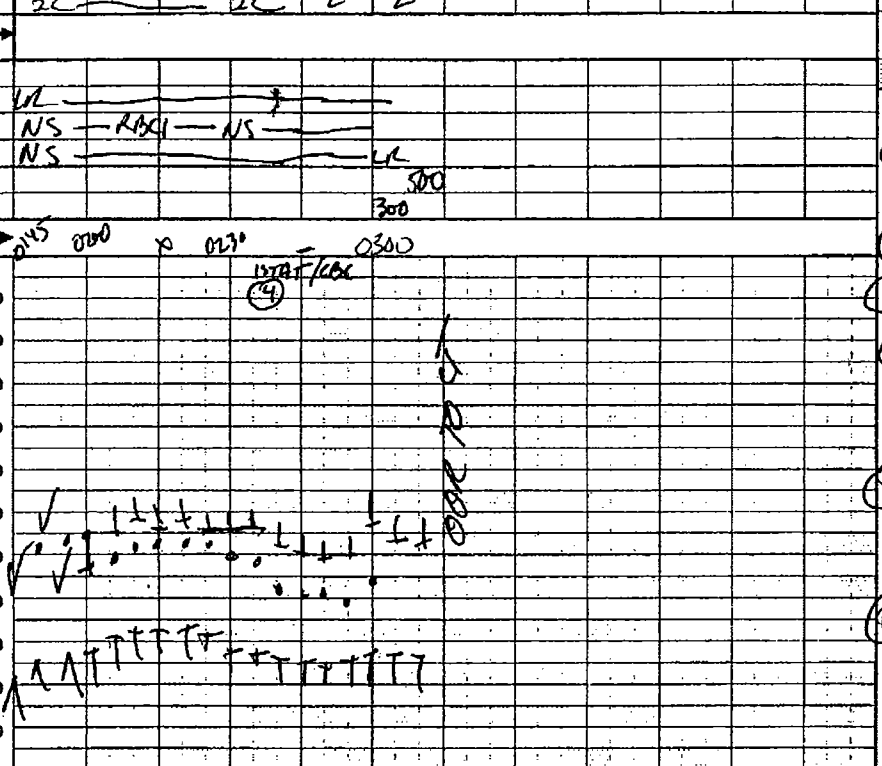
INITIAL DATA: BP- 80, 42 HR- 96

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? Y TIME-

TIME 0145 0200 0230 0300

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



VENTIL

VT - ml	1050	1100	980	860	770	780
f - breaths/min	10	08	08	07	7	7
Peak inf pres / PEEP	24	24	22	21	21	21
MODE - S(pon), A(ssist), C(on)	S/A C	C	C	C	C	C

MONITORS/ACCESSORIES

BP/Auto Cuff	✓ET CO2 (torr)	35	34	31	31	34	33
BP/oth	✓FIO2 (Frac or %)	100	100	100	100	100	100
ART line	✓SpO2 (%)	100	100	100	100	100	100
Steth- PC/ES	✓ECG	SR	SR	SR	SR	SR	SR
Gas analyzer	✓TEMP-site					35.8	39.1
	✓N-M Block (T/4)					0/4	1/4
Warming blkt							
Conv warmer							

Mark with letters & symbols, explain under REMARKS EVENTS *Position*

TOTALS — TOTAL EBL: 500 — TOTAL URINE: 300

FLUIDS - SUMMARY
CRYSTALLOID- 4200
COLLOID-
BLOOD- 2u PRBC

REMARKS
Code drugs with numbers, events with letters
(1) PT IN UN EMT — TO ER OR
(2) Art-O2 mon
(3) RSI/c
(4) H/H 11/36 7.28/279/34.5/-10/100%
(5) PT EXT & son hy Dr [redacted]
(6) To recv

RECOVERY AT
PACU (ICU) 2 (Specify)
OTHER
CONDITION: awake
RESP- SpO2- 93
BP- 94/50 HR- 88

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0130	0140	0440
PROC	Ready	Begin	End
	0148	0159	0350

PROCEDURES and CPT Codes: Ex LAP

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GETA

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility* #[redacted] b(6)-4

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* DL x1 CMAC 3 grade I #8.0 ETT in to 22

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

ANESTHETISTS: [redacted]

PROCEDURE LOCATION: OR ER

DATE: 12 SEP 03

PAGE 1 OF

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

[redacted]

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): TW ML

REMARKS:

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

DATE REQUESTED: 26 Sep 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: ? PE ? GSW ABD

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

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

DATE: 26 Sep 03

TIME VERIFIED: 1825

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-2 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR	RECIPIENT
ABO: A	ABO: AB
Rh: POS	Rh: POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

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

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 26 Sep 03

REMARKS: Exp 29 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour): 1932 ON (Date): 26 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 VERIFIER (Signature): [redacted] 1LT ANL b(6)-2 CRT

PRE-TRANSFUSION: TEMP. 99.0 PULSE 115 BP 93/57

DATE OF TRANSFUSION: 26 SEPT 03

TIME STARTED: 1940

POST-TRANSFUSION DATA

AMOUNT GIVEN: 250 ML

TIME/DATE COMPLETED/INTERRUPTED: 26 Sep 03 2015

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
100	100 / 115	87/57

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

SIGNATURE: [redacted] SPT

PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, First, Middle; Rank; Service; Hospital or medical facility)

EPW [redacted] b(6)-4

WARD: IW2

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 - 19682

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
- [ ] CROSSMATCH

DATE REQUESTED: 26 Sep 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: ?PE ? GSW ABD

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

SIGNATURE OF VERIFIER: [redacted]

DATE VERIFIED: 26 Sep 03

TIME VERIFIED: 1825

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-2 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

PREVIOUS RECORD CHECK: [X] RECORD [ ] NO RECORD

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

DONOR	RECIPIENT
ABO: A	ABO: AB
Rh: pos	Rh: pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE: 30 Sep 03

REMARKS: 30 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)*: 1933/2028 ON *(Date)*: 26 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.

[redacted] LT AN b(6)-2

[redacted]

PRE-TRANSFUSION

TEMP. 100 PULSE 20/15 BP 87/59

DATE OF TRANSFUSION: 26 Sep 03

TIME STARTED: 2030

POST-TRANSFUSION DATA

AMOUNT GIVEN: 300 ML

TIME/DATE COMPLETED/INTERRUPTED: 26 Sep 03 2145

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
99.6	110	92/57

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.)* b(6)-2

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

[redacted]

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

EPW

[redacted] b(6)-4

SEX: M

WARD: ICU2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

[redacted]DCOM - 19683

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
- [ ] CROSSMATCH

DATE REQUESTED: 26 Sep 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING [redacted] b(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: GSW ABD

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

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

26 Sep 03

TIME VERIFIED: 1825

SECTION II – PRE-TRANSFUSION TESTING

b(6)-2

UNIT NO. [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO A; Rh pos

RECIPIENT: ABO AB; Rh pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
NA	Comp

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

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

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

DATE: 26 Sep 03

REMARKS: Exp 30 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT (Hour): 2125 ON (Date): 27 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 VERIF[redacted] b(6)-2 CPT, AN

2nd VE[redacted] PTAN

PRE-TRANSFUSION TEMP. 101.9 PULSE 111 BP 115/52

DATE OF TRANSFUSION: 27 Sep 03 TIME STARTED: 0935

POST-TRANSFUSION DATA

AMOUNT GIVEN: 300 ML

TIME/DATE COMPLETED/INTERRUPTED: 2305 27 Sep 03

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
101.9	116	144/68

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, middle, grade; hospital or medical facility)

b(6)-4

[redacted]

M

WARD: ICU 2

[redacted] b(6)-4

MEDCOM - 19684

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* 1u ML

REMARKS:

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

DATE REQUESTED 22 Sept 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 AND OPERATIVE PROCEDURE

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.

SIGN[redacted] b(6)-2

DATE 22 Sept 03

TIME VERIFIED 1242

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

DONOR

ABO O

Rh positive

TRANSFUSION NO. b(6)-2

PATIENT NO.

RECIPIENT

ABO AB

Rh positive

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Compatible

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP DATE 22, Sept 03

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

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

DATE 22, Sept 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* 1615 ON *(Date)* 22 Sept 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] UN 91WM6

[redacted] CPT b(6)-2

PRE-TRANSFUSION

TEMP. 98.7 PULSE 100 BP 121/79

DATE OF TRANSFUSION 22 Sept 03 TIME STARTED 1620

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME/DATE COMPLETED/INTERRUPTED 1820 22 SEPT 03

REACTION
- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 99 PULSE 102 BLOOD PRESSURE 110/71

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)*

NONE

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

[redacted] NG ABOVE b(6)-2 91WM6

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

SEX MALE WARD ICU

[redacted] b(6)-4 ICU2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 19685

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 22 Sept 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)* NO

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE

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.

SIG[redacted] b(6)-2

22 Sept 03

TIME VERIFIED 1242

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. [redacted]

TRANSFUSION NO. b(6)-2

PATIENT NO.

RECIPIENT

ABO O

Rh positive

ABO AB

Rh positive

TEST INTERPRETATION

ANTIBODY SCREEN: N/A

CROSSMATCH: Compatable

[redacted] b(6)-2

PREVIOUS RECORD CHECK:

- [x] RECORD
- [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST [redacted]

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT [redacted] DATE 22 Sept 03

REMARKS: EXP. 22 Sept 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*

AT *(Hour)* 1347 ON *(Date)* 22 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 VERIFIER *(Signature)* b(6)-2

SGT [redacted] Wmle

2nd [redacted] b(6)-2

[redacted] MAJ, P MN

TEMP. 98.9 T PULSE 107 BP 119/78

DATE OF TRANSFUSION 22 Sept 03

TIME STARTED 1400

POST-TRANSFUSION DATA

AMOUNT GIVEN 450 ML

TIME/DATE COMPLETED/INTERRUPTED 1555 22 Sept 03

REACTION

- [x] NONE
- [ ] SUSPECTED

TEMPERATURE 99 T

PULSE 100

BLOOD PRESSURE 115/73

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)* NONE

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

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

SIG[redacted] b(6)-2

M

WARD ICU2

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

b(6)-4

[redacted] ICU2

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 19686

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 19-09-03

DATE AND HOUR REQUIRED ASAP

REQUESTING PHYSICIAN [redacted] b(6)-2

DIAGN[redacted]PERATIVE 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. b(6)-2

SIGNATURE [redacted]

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

DATE VERIFIED 19 SEPT 03

TIME VERIFIED 0130 h

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(6)-2 [redacted]

TRANSFUSION NO.

PATIENT NO.

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

PREVIOUS RECORD CHECK:

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

SIGNATURE OF PERSON PERFORMING TEST [redacted]

DONOR

ABO O

Rh Pos

RECIPIENT

ABO AB

Rh Pos

- [ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE 19 Sep 03

REMARKS:

4633991 Exp 22 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1333 ON *(Date)* 19 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 VERIFIER *(Signature)* CPT [redacted]

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

TEMP. 98.3 [redacted] PULSE 107 [redacted] BP 93/59 98.5

DATE OF TRANSFUSION 19 Sept 03

TIME STARTED 1345

POST-TRANSFUSION DATA

AMOUNT GIVEN 1 unit ML

TIME/DATE COMPLETED/INTERRUPTED 1548 / 19-9-03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE 98.3

PULSE 105

BLOOD PRESSURE 105/56

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

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

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

SIGNATURE OF PERSON NOTING ABO[redacted]

CPT [redacted]

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

SEX M

WARD EMT

EP W [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 - 19687

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED: 19 SEPT 03

DATE AND HOUR REQUIRED: 19 SEPT 03

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

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

REQUESTING PHYSICIAN *(Print)*: b(2)-2 DR. [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.

SIGNATURE: [redacted]

DATE: 19 SEPT 03

TIME VERIFIED: 0130 h

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. b(2)-2 [redacted]

TRANSFUSION NO.

PATIENT NO.

DONOR		RECIPIENT	
ABO	O	ABO	AB
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	Comp

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

SIGNATURE OF PERSON PERFORMING TEST: [redacted]

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 19 Sep 03

REMARKS: Exp 22 Sep 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

INSPECTED AND ISSUED BY *(Signature)*: b(4)-2 [redacted]

AT *(Hour)*: 0727 ON *(Date)*: [redacted]

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] ER *(Signature)*: [redacted] CPT/AN

[redacted] CPT/AN

PRE-TRANSFUSION TEMP. 98.8 Oral PULSE 103 BP 104/65

DATE OF TRANSFUSION: 20 SEP 03 TIME STARTED: 0745 hrs

POST-TRANSFUSION DATA

AMOUNT GIVEN: 250 ML

TIME/DATE COMPLETED/INTERRUPTED: 1045 / 20 SEP 03

REACTION: [x] NONE [ ] SUSPECTED

TEMPERATURE: 99 Oral PULSE: 106 BLOOD PRESSURE: 106/68

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)* N/A

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

[ ] NO [ ] YES *(Specify)*

[redacted] ABOVE CPT/AN b(4)-2

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

[redacted] M WARD EMT

EPW [redacted] b(4)-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 - 19688

Medical Record Copy

EMERGENCY RELEASE OF BLOOD COMPONENTS

SECTION I - REQUISITION

COMPONENTS REQUESTED (Check One)

[X] RED BLOOD CELLS (Crossmatch not performed)

[ ] OTHER (Specify) _____

[ ] THE FOLLOWING TESTS HAVE NOT BEEN PERFORMED:

ALANINE AMINOTRANSFERASE — RETROVIRUS TESTS
CYTOMEGALOVIRUS TEST — SYPHILIS SEROLOGY TEST
HEPATITIS TESTS

DUE TO THE CRITICAL CONDITION OF THE BELOW NAMED PATIENT, I REQUEST THE IMMEDIATE RELEASE OF THESE BLOOD PRODUCTS FOR TRANSFUSION WITHOUT COMPLETE TESTING. I UNDERSTAND THE INCREASED RISK TO THE PATIENT AND ACCEPT RESPONSIBILITY FOR THE ADMINISTRATION OF THIS TRANSFUSION.

[redacted] 9/10/03 — DATE

SECTION II - ISSUE/TRANSFUSION DATA

TRANSFUSION NU[redacted]	RECIPIENT ABO/Rh	INSPE[redacted]re)	INDIVIDUAL ACCEPTING COMPONENTS
b(6)-2		[redacted] b(6)-2	
		AT (HO[redacted]0135	ON (Date) 19 Sep 03

UNIT NUMBER	ABO/Rh	1ST VERIFIER (Signature)	2D VERIFIER (Signature)	DATE/TIME STARTED	DATE/TIME COMPLETED	AMOUNT GIVEN	REACTION YES/NO
1263111	Opos	[redacted]	[redacted]	[redacted]05	0215	all	NO
		b(6)-2					

IDENTIFICATION VERIFICATION

The transfusionist (1st Verifier) must examine the blood bag label, tag and emergency release form to ensure that it matches the patient's name or trauma number on his/her ID bracelet. He/She must sign the emergency release form in the "1st Verifier" block above to indicate that the correct patient identification was made and to document who started the transfusion. The SECOND individual (2d Verifier) must confirm that positive identification of the patient and the blood unit was made by the transfusionist and must sign the form in the "2d Verifier" block.

TRANSFUSION REACTION

If reation is SUSPECTED - IMMEDIATELY:

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

Description

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

[ ] OTHER _____

OTHER DIFFICULTIES (EQUIPMENT, CLOTS, ETC.)

[X] NO [ ] YES (SPECIFY) _____

PRE-TRANSFUSION

TEMP: PULSE: 89 B/P: 105/62

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

PREPARED BY (Signature & Title)

WARD [redacted] DATE

PATIENT'S IDENTIFICATION (NAME- LAST, FIRST; SSN)

#[redacted] b(6)-4

One copy is placed in the medical records. One copy is return to the blood bank. Red, Purple or Pink top should be drawn and submitted to lab for retroactive crossmatch.

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.
KUB		M	0796	IW-2	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQ[redacted] b(6)-2				TELEPHONE/PAGE NO.
	S[redacted]				DATE REQUESTED 2-Oct03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

start Feedings

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] b(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT
1 — MEDICAL RECORD

MEDCOM - 19690

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

NSN 7540-01-165-7294 1900 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
KUB		M		ICU 2	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY [redacted] b(6)-2				TELEPHONE/PAGE NO.
	SIGN[redacted]TOR				DATE REQUESTED 10 Oct 03 (2900)

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Tube placement (dobhoff)

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
	SIGNATURE

RADIOLOGIC CONSULTATION
RT
CORD

MEDCOM - 19691

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	WARD/CLINIC	REGISTER NO.
CT chest, ABD, Pelvis		M	[redacted]	ICU-2	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	RE[redacted]			b(6)-2	TELEPHONE/PAGE NO.
	SIG[redacted]				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

Rp' Pneumonia
R/o Pelvic Abscess

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

1) (B) basilar large LL consolidation, R>L + small multifocal opacity
2) Small (B) Pleural effusion R>L
3) Traumatic dx of pelvis - Known. SACRUM + Known small (R) retroper hematoma (Common ~~Entreaky~~ fal)
4) ETT, (L) CL, NG adeq
5) shrapnel - gluteal
(6) "Deep Sulcus" Artifactual NO PTX. c/w CXR.
(7) No end of abnm [redacted] b(6)-2

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
	SIGNATURE

RADIOLOGIC CONSULTATION REPORT
MEDICAL RECORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

Nutrition

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.
Nutrition Consult		M	EPW# [redacted]	1CU2	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTE[redacted] CPT				TELEPHONE/PAGE NO.
	SIGNATURE CPT [redacted] b(6)-2				DATE REQUESTED 26/9/03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

① Pt will be here long term

② s/p GSW to ABD / s/p ex/lap

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

Vented pt currently NPO 5 day. 9/28 labs: Hgb: 10.7 ↓, Hct: 33.9 ↓
Received CLD 25-26 Sep.
Wt: 70 kg, per anesthesia record. ENN: 2100 - 2450 kcals/day (30-35 kcals/kg)
+ 91-105 g Pro/day (1.3-1.5 g/kg)
Recommend Osmolite TF c̄ goal rate of 100cc/hr to provide 2400 kcals/day.
Recommend starting TF @ 10cc/hr to determine toleration.

[redacted], RD/LD
CPT, SP b(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

#1 EPW
[redacted] b(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT — RADIOLOGY

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

AMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CT non contrast bony pelvis	30	M	NA	OR-ICU2	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) [redacted] b(4)-2				TELEPHONE/PAGE
	SIGNATURE [redacted]				DATE REQUESTED 19 Sep 03

CIFIC REASON(S) FOR REQUEST (Complaints and findings) [redacted]
S/P Exp Lap for GSW - abdomen

TE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)

DIOLOGIC REPORT

1) Shattered medial (R) iliac wing, (R) S1 joint, sacrum (almost complete port column) (include fragment - bone/metal in his spinal canal)
2) Intrapelvic free air and small free fluid. (Partial image of chest)
3) (R) fem cath line
4) Shrapnel and [redacted] (R)
b(4)-2

ENT'S IDENTIFICATION (For typed or written entries give: e — last, first, middle, Medical Facility)

[redacted] b(4)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

STANDARD FORM 519-B (8-
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN	WARD/CLINIC	REGISTER NO.
PCXR		♂	[redacted]	JHH-2	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)*				TELEPHONE/PAGE NO.
	[redacted] E OF REQUESTOR b(6)-2				DATE REQUESTED 20 SEPT 03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

ROUTINE AM X-RAY

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
20 SEPT 03		

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

[redacted] b(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

MEDCOM - 19695 DRT CORD

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 (Spons[redacted]	WARD/CLINIC	REGISTER NO.
portable CXR now	30's	M	#[redacted]	ICU2	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY (R[redacted] DG-				TELEPHONE/PAGE NO.
	SIG[redacted]			LTA	DATE REQUESTED 20Sept03

b(6)-2

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

S/P TLC line placemet

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 EPW	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT 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	WARD/CLINIC	REGISTER NO.
CT chest c̄ contrast PE Protocol	M / 30 / [redacted]		
	FILM NO. b(6)-2		PREGNANT ☐ YES ☐ NO
	REQUES[redacted]		TELEPHONE/PAGE NO.
	SIGNATU[redacted]		DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

sudden onset hypoxia, Tachy[redacted] and Tachypnea POD #2 surgery.

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

CT/US

1) No evid of PE/DVT. (some motion degrade artifact)

2) RLL consolidation and atelectasis w/ small (R) effusion.

3) D/w. D-[redacted] / [redacted] b(6)-2 MD

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

#[redacted] b(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
ORT
CORD

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 05:18 AM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 14.3 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.2
Calculated INR = 1.29
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :05:16 AM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 05:21 AM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 28.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :05:18 AM
Card Lot :100208
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 11:34 AM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 13.9 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.1
Calculated INR = 1.24
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :11:33 AM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 11:37 AM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 34.1 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :11:34 AM
Card Lot :100208

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 06:05 PM

Patient ID: [redacted] b(a)-4
Test Name :PT
Test Result:= 16.0 sec.
RESULT NOT RANGE CHECKED
Ratio = 1.3
Calculated INR = 1.55
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :06:04 PM
Card Lot :040302
Operator : [redacted] b(a)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 09/27/03 06:11 PM

Patient ID: [redacted] b(a)-4
Test Name :APTT
Test Result:= 36.8 sec.
RESULT NOT RANGE CHECKED
Sample Type:citrated wh. blood
Test Date :09/27/03
Test Time :06:07 PM
Card Lot :100208
Operator : [redacted] b(a)-2

ID: [redacted] 27-09-03
WB 11:32

			Patient Limits	
WBC	12.8 H	x10^3/uL	4.5	10.5
RBC	3.34 L	x10^6/uL	4.00	6.00
Hgb	9.0 L	g/dL	11.0	18.0
Hct	29.1 L	%	35.0	60.0
MCV	87.2	fL	80.0	99.9
MCH	27.1	pg	27.0	31.0
MCHC	31.1 L	g/dL	33.0	37.0
Plt	245. *	x10^3/uL	150.	450.
LY%	10.6 *L	%	20.5	51.1
LY#	1.4 *	x10^3/uL	1.2	3.4

ID: [redacted] 27-09-03
WB 18:07

			Patient Limits	
WBC	[illegible]	x10^3/uL	4.5	10.5
RBC	3.27 L	x10^6/uL	4.00	6.00
Hgb	8.9 L	g/dL	11.0	18.0
Hct	28.8 L	%	35.0	60.0
MCV	87.5	fL	80.0	99.9
MCH	27.2	pg	27.0	31.0
MCHC	31.0 L	g/dL	33.0	37.0
Plt	422.	x10^3/uL	150.	450.
LY%	9.3 *L	%	20.5	51.1
LY#	1.4 *	x10^3/uL	1.2	3.4

======= PICCOLO =======
09/27/03 05:21 AM
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(a)-4
BASIC METABOLIC
DISC LOT #: 3203AA1
OPER #: [redacted] DR #: 000
SERIAL #: b(a) [redacted]

GLU	111	73-118	MG/DL
BUN	12	7-22	MG/DL
CA++	8.0	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
NA+	~~147*~~ 131	128-145	MMOL/L
K+	4.3	3.3-4.7	MMOL/L
CL-	98	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

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

ID: [redacted] 27-09-03
WB 05:17

			Patient Limits	
WBC	16.1 H	x10^3/uL	4.5	10.5
RBC	3.73 L	x10^6/uL	4.00	6.00
Hgb	10.0 L	g/dL	11.0	18.0
Hct	32.7 L	%	35.0	60.0
MCV	87.7	fL	80.0	99.9
MCH	26.7 L	pg	27.0	31.0
MCHC	30.5 L	g/dL	33.0	37.0
Plt	234. *	x10^3/uL	150.	450.
LY%	10.2 *L	%	20.5	51.1
LY#	1.6 *	x10^3/uL	1.2	3.4

CLINICAL RECORD - DOCTOR'S ORDERS
For use of this form, see AR 40-66, the proponent agency is OTSG

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

PATIENT IDENTIFICATION

EPW # [redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19 Sept. TIME OF ORDER: 0500 HOURS

give multivitamin x 1 per NGT.
V.O. Dr. [redacted]

b(6)-2 [redacted]

LIST TIME ORDER NOTED AND SIGN: NOTED 19Sept03 0600 [redacted]

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19 Sep 03 TIME OF ORDER: 0700 HOURS

Bolus 1000cc LR x 1 Now
Send CBC now

b(6)-2 [redacted]

noted 19Sept03 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19sep03 TIME OF ORDER: 1215 HOURS

ABG Now and @ 2000
500 cc 5% Albu... Bolus Now
Tx 1 U PRBC over 2hrs

b(6)-2 [redacted]

noted 19Sept03 @ 1230 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 19 Sep 03 TIME OF ORDER: 1500 HOURS

IVFA LR @ 200cc/hr

b(6)-2 [redacted]

noted 19Sept03 [redacted]

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTO[illegible]RDERS

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

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL REC[illegible] 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 19SEPT03 TIME OF ORDER 0900 HOURS

LIST ORDERS NOTED & SIGN

Admit to ICU 2
S/p CABG to ⓡ Flank/Pelvis
Cond Guarded
Vitals Q1° & SAT & I/O
All Ø
Abt Bed rest
NURSE Empty Hemovac Q2°

NOTED 9 19 Sept

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

record output
NG to LWS
Foley to gravity
spinal precautions
NPO
IVF LR @150cc/hr

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

Meds
Msoy 2-10mg IV Q1° PRN Pain
Tylenol 650 mg PNGT Q6° PRN Fever
Ancef 1 gm IV Q8°
Ativan 1 mg IV Q8°
Substitute one Banana bag

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

For IVF @150cc/hr until complete
Banana Bag = MVI, Thiamine 100mg and folate 1mg in 1000 cc NS
CBC, Chem 8, ABG NOW
CBC Q4°
Am CBC, Chem 8, ABG Q AM
CXR NOW.

b(6)-2

[redacted]

CLINICAL RECORD - DOCTOR'S ORDER

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] EPW

b(6)-4

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

DATE OF ORDER | TIME OF ORDER _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1. Cont Nebs Q6°
2. Transfuse 2u PRBC over 2hrs each

b(6)-2

[redacted]

Noted [redacted]

PATIENT IDENTIFICATION

#[redacted] EPW

b(6)-4

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

DATE OF ORDER | TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

#[redacted] EPW

b(6)-4

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

DATE OF ORDER | TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

#[redacted] EPW

b(6)-4

[redacted]

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

DATE OF ORDER | TIME OF ORDER _____ HOURS

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTOR'S (RS
use of this form, see AR 40-66, the proponent cy 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] EPW

b(6)-4

NURSING UNIT	ROOM NO.	BED NO.
ICU#		3

DATE OF ORDER: 20 Sep 03 | TIME OF ORDER: 0715 HOURS | LIST TIME ORDER NOTED AND SIGN

Trans Pack Tu PRBC

IVF H 150 cc/h

[redacted]

b(6)-2

PATIENT IDENTIFICATION

#[redacted] EPW

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

DATE OF ORDER: 20 Sep 03 | TIME OF ORDER: 1045 HOURS

(1) D10W to D5 1/2 NS + 20 KCl @ 125 cc/h

(2) Δ CBC to BID (0400/1500)

(3) D/C Daily ABG

[redacted]

b(6)-2

PATIENT IDENTIFICATION

#[redacted] EPW

b(6)-4

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

DATE OF ORDER | TIME OF ORDER: 1050 HOURS

Chem 8 c̄ 0400 Blood DRAW

V.O. D[redacted]

b(6)-2

PATIENT IDENTIFICATION

#[redacted] EPW

[redacted]

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

DATE OF ORDER: 29 Sept 03 | TIME OF ORDER: 1620 HOURS

~~(1) Portable CXR NOW~~

~~(2) ABG NOW~~

(3) Wean Paral w-[illegible] V.O. DR. [redacted]

b(6)-2

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

ICAL RECORD - DOCTOR'S ORDERS

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

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 9/30/03 TIME OF ORDER _____ HOURS

1) When PEEP by 2 until PEEP 5 O2 sat > 93%

[redacted]

b(6)-2

LIST TIME ORDER NOTED AND SIGN

noted b(6)-2 [redacted] 0830 30 Sep 03

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 1 Oct 03 _____ HOURS

1) CT Scan Chest and pelvis w/ pulmonary and lymphadenopathy w/ IV and oral contrast

2) DC heparin / DC Vancomycin / DC Cipro

3) Tobramycin 490mg IVPD

4) Rimactin 500mg IVPD

[redacted]

b(6)-2

[redacted] 1 Oct 03 0800

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

[redacted]

b(6)-2

PATIENT IDENTIFICATION

[redacted]

b(6)-4

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 1 OCT 03 TIME OF ORDER 1630 HOURS

1) Place Dophoff.

2) Obtain KUB p Dophoff placement.

V.O. Dr [redacted]

b(6)-2

[redacted] 1 Oct 03

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTOR'S (:S
use of this form, see AR 40-66, the proponen, cy 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

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 9/26/03 TIME OF ORDER _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1) Add Chem 7 to 1500 labs
2) Lasix 20mg IV, now

b(6)-2 [redacted]

[redacted] 26/9/03

PATIENT IDENTIFICATION

EPW

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF [redacted] HOURS

1) MSO4 drip start @ 4mg/hr. 50 mg/50mL NS mix
2) Versed drip start @ 4mg/hr and titrate to effect. 50mg/50mL NS
3) Vecuronium 50mg/50mL NS start @ 7mg/hr

Walter 2649 D3

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER b(6)-2 _____ HOURS

4) A-line
5) Portable CXR
6) Blood culture x2 sets
7) ABG x1 now and q each vent change q 30 min
8) ABG, CBC, PT/PTT, lytes x1 now

[redacted]

PATIENT IDENTIFICATION

EPW

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER

9) D/C (L) central line
10) Vent. TV 800 [redacted] HOURS

VTD. 20 [redacted]

b(6)-2 [redacted]

TMV 14 Peep 5

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

MEDICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

EPW # [redacted]

b(6)-4

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

DATE OF ORDER | TIME OF ORDER: 1745 HOURS | LIST TIME ORDER NOTED AND SIGN

1. Albuterol Neb Q4° x 48 hrs
2. NT suction 15 minutes After every other neb
3. Incentive Spirometry
4. Heparin 10000 IU Bolus No started 0815
   Heparin 1000 units/hr No started 0815
   APTT in 4 hrs [redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted]

b(6)-4

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

DATE OF ORDER: 20 Sep 03 | TIME OF ORDER: 2020 HOURS

1. D/C NGT
2. Hold Heparin Now
3. Nasal trumpet

b(6)-2 [redacted]

PATIENT IDENTIFICATION

[redacted]

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

DATE OF ORDER | TIME OF ORDER: 0820 HOURS

1. CXR Now and Q AM — Noted @ 0820 20 Sep 03 [redacted]
2. Send sputum for Cx and Gram stain
3. Record drainage Q8HH

[redacted]

b(6)-2 [redacted]

PATIENT IDENTIFICATION

b(6)-4

[redacted]

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

DATE OF ORDER: 21 Sep 03 | TIME OF ORDER: 2100 HOURS

1. CCB SC heparin BID
2. D/C special precautions

b(6)-2 [redacted]

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-353-710

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE, T[illegible] ID SIGN EACH SET OF ORDERS. IF PROB[illegible] RIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NU[illegible] 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
9/26/03		
1) Heparin 10000U/hr. no bolus		Noted 26Sep03 1700 [redacted] b(6)-2
2) PT/PTT Q 6°		
3) Titrate Norcuron to 0/4 twitches.		
4) Vancomycin 1gm IV now and Q 12°.		
5) ABG Q 12 x 4 then Q 4° [redacted] b(6)-2		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
9/26/03		
NS500cc/Bolus b(6)-2 [redacted]		[redacted] 1740

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
9/26/03		
NS500cc/Bolus b(6)-2 [redacted]		

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH M[illegible]

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-553-710

CLINICAL RECORD - DOCTOR'S (RS
use of this form, see AR 40-66, the proponen cy is OTSG

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

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 9/26 TIME OF ORDER HOURS | DATE TIME ORDER NOTED AND SIGNED

1. T&C 4u PRBC
2. CBC w/ diff repeat w/ PT/PTT
3. Neo drip at Bedside [redacted] 2130

b(6)-2 [redacted]

b(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER 9/26/03 TIME OF ORDER HOURS

1. Transfuse 2u PRBC

[redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

b(6)-4

[redacted]

DATE OF ORDER 9/27/03 TIME OF ORDER HOURS

1. DC Amp
2. Unasyn 3 gm IV q6°
3. Ceftriaxone 450mg IV qD
4. Transfuse 1U PRBC

[redacted] 2143

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

[redacted]

DATE OF ORDER 9/28/03 TIME OF ORDER HOURS

Trach Suction q1°

[redacted] b(6)-2

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

!ICAL RECORD - DOCTOR'S ORDERS

For use .s 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

b(6)-4 #[redacted] EPW

noted 9/23/03 0900

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

DATE OF ORDER: 9/23/03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

1) Lasix 20mg IV now

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 #[redacted] EPW

noted 9/24/03 0845

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

DATE OF ORDER: 9/23/03 | TIME OF ORDER: _____ HOURS

Lasix 20mg IV

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 #[redacted] EPW

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

DATE OF ORDER: 9/25/03 | TIME OF ORDER: _____ HOURS

1) Lasix 20mg IV
2) Clear liquid diet
3) Wean O2 off maintain Sa[redacted] >93%

noted @ 0930h [redacted] b(6)-2

b(6)-2 [redacted]

PATIENT IDENTIFICATION

#[redacted] EPW

b(6)-4

[redacted]

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

DATE OF ORDER: 9/26/03 | TIME OF ORDER: _____ HOURS

1) 2 Units 25% Albumin [illegible]

b(6)-2 [redacted]

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

Double-Sided

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)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 9/28/03 TIME OF ORDER 1300 HOURS

LIST TIME ORDER NOTED AND SIGN

1) DC Atrovent whole vol [redacted] b(6)-2

2) Place [redacted] in [redacted] plus [redacted] 25

3) Albuterol [redacted] 2.5/3.0 cc q4° [redacted] transferred to ward.

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

4) Atrovent [redacted] q8° [redacted] transferred to ward

5) Decrease Norcuron drip to 1-2 [redacted] twitches.

Order per [redacted] at fast rate to [redacted] b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 9/29/03 TIME OF ORDER 0900 HOURS

Plan [redacted] chest [redacted] Plan CT with IV and oral contrast to rule [redacted] and evaluate by [redacted] b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER HOURS

30 Sep 03 [redacted] 0145

1) KCl 40meq in 100cc NS to run over 4°, repeat x 1 after first run 0145 30 Sep 03 [redacted] b(6)-2

VO [redacted] b(6)-2

[redacted]

NURSING UNIT	ROOM NO.	BED NO.

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

Decl'ed

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 10 Oct 03 TIME OF ORDER _____ HOURS

LIST TIME ORDER NOTED AND SIGN

1) Bury right side dem left + sid ung 450

2) Regel 10 ung 7U q6° for 24 hr 1st dr ung

2100 10/10/03

[redacted] b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 2 OCT 0800 HOURS

Chest PT and suction q TTper RT q 4°

VIO Dr. [redacted]

[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 10/2/03 HOURS

1) Q1 - Nor Cum

[redacted] b(6)-2

PATIENT IDENTIFICATION

[redacted]

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 10/2/03 TIME OF ORDER _____ HOURS

1) Osmolite drip at 10 cc/hr 2) clamp NG and check residual q1°

b(6)-2 [redacted]

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

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

THE DOCTOR SHALL RECORD DATE, TI D SIGN EACH SET OF ORDERS. IF PROBL IENTED MEDICAL RECORD
SYSTEM IS USED, WRITE PROBLEM NUM N COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted] b(6)-4

DONNA 02Oct03 [redacted] b(6)-2 SUS 2300

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 02Oct03 TIME OF ORDER 2300 HOURS — LIST TIME ORDER NOTED AND SIGN

1 Replace Dobhoff Feeding Tube
2 May Do NG tube

U.O. Dr [redacted] MJAn

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 10/3/03 TIME OF ORDER _____ HOURS

1) Cut rate to 8 gm in 30 minutes
If gm look good trial to 4 if still gm good [redacted] Esthelin

[redacted] 440 [illegible] 03-Oct-03 0300

PATIENT IDENTIFICATION

[redacted] b(6)-2 Noted up done [illegible] 3Oct03

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

① Turn RR to 4 BPM, FiO2 to maintain PaO2 >60.
② ABG in 30 mins

b(6)-2

[redacted] Dr. [redacted] CPT [redacted]

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER [redacted] E OF ORDER _____ HOURS

1) NT Suction Q 20
2) Chest PT, postural Q 20

[redacted] b(6)-2

[redacted]

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

24 [redacted] CO [redacted] 0300

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994 – 363-710

Stop NG suction

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

THE DOCTOR SHALL RECORD DATE, T[illegible] D SIGN EACH SET OF ORDERS. IF PROBI[illegible] RIENTED MEDICAL RECORD
SYSTEM IS USED, WRITE PROBLEM NUM[illegible] N COLUMN INDICATED BY ARROW BELOW

PATIENT IDENTIFICA[illegible] [redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
8 Oct 03	HOURS	
1) Trauma Flow		
2) Dx- SIP GSW Abdomen / Bilateral lower lobe pneum		
3) Cardiac Stabil		
4) Vital q4 x 24° then q8h		with sat check
5) Activity ambulate with assistance TID		

PATIENT IDENTIFICATION [redacted] noted 10/8/03 b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	
6) Diet regular	HOURS	
7) IV D5 NS + 20 meq KCl/L at 100 cc/h		
8) Incentive spirometry 5 x q1° while awake		
9) MEDS		
Percocet 1 po q4-6° prn		
Albuterol neb 2.5/3.0 cc q6° x 48°		

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	
Tobramycin 4.9 mg IV q24 HOURS		F7 days
Primaxin 500 mg IV q6		
Levaquin 750 mg IV q24		
10) Contact MD if T > 101.5, BP > 180 CVP, if sat < 92%		

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2 [redacted] b(6)-2 24° Chart ✓

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	
8 Oct 03	HOURS	
DC Foley if no voids 8° post pull		
I + O cath, leave Foley if output > 500 cc		

b(6)-4 [redacted] LTAM 10/8/03 0959

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

[redacted]

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED. b(6)-2

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994 – 363-710

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

THE DOCTOR SHALL RECORD DATE, T... D SIGN EACH SET OF ORDERS. IF PROB... IENTED MEDICAL RECORD
SYSTEM IS USED, WRITE PROBLEM NUM... IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted] 03
b(6)-4 1500 @ 1000 [redacted] b(6)-2

NURSING UNIT: ICW#1 | ROOM NO.: 2 | BED NO.: B

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
15 Oct 03	HOURS	
1) DC Pharmacy		
2) CSC CMP the Afternoon		
3) UA, urine culture		
[redacted] b(6)-2		
24 [redacted]		b(6)-2 [redacted]

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT: ICW#1 | ROOM NO.: 2 | BED NO.: V

DATE OF ORDER	TIME OF ORDER	
20 03	HOURS	
DC Foley MN		
Pm tomorrow		
80 post void		
2 to cath. if > 500		
b(6)-2 leave in place		
[redacted] 20 Oct @ 20[redacted]		

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER
	HOURS

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER
	HOURS

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

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-553-710

For use 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 PRC [illegible] IN COLUMN INDICATED BY ARROW BELL [illegible] ORIENTED MEDICAL RECORD
SYSTEM IS USED, WRITE PROBLEM N

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN

5 Oct 03 _____ HOURS

1) Fresh peripheral IV and remove central line [redacted]
2) Advance diet to regular

[redacted] 9/4 9/4 30 mg 5 Oct 03 b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

5 Oct 03 _____ HOURS

1) DC Heparin drip
2) Lovenox 70 mg SQ BID

[redacted] 9/4 30 mg 4 Oct 03

[redacted] b(6)-2

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

7 Oct 03 _____ HOURS

1) DC Aline done
2) Chg lab to CBC smac 12 q AM
3) Wean O2 q 6 hr
4) Chg 3% IV q 6°
5) D/W NS 250 cc at 125 cc/hr

[redacted]

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER

~~Noted 5~~ 7 Oct 03 _____ HOURS

1) Primaxin 500 IV q 6°
2) D/C Primaxin

~~Noted 5~~

[redacted] b(6)-2

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

2410 [redacted]

[redacted] RN 10/11/03

DA FORM 1 APR 79 4256 [redacted] ITION OF 1 JUL 72 WHICH MAY BE USED.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1994-363-710

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				18 OCT 03	_____ HOURS	
				Transfer to Trg. Pm Hrgd		
				19 Oct 03.		
				[redacted]		
				[redacted]		
NURSING UNIT	ROOM NO.	BED NO.		[redacted]		
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.

[redacted] b(6)-4

CONTROLLED SUBSTANCE INVENTORY								To be used with DA Form 3949-1	
DATE	ITEM								
YEAR 03	Morphine gtt 50mg/50ml								
MONTH 09									
Day	Hour	Patient's Name: First and Last	Ordered By: 1st Initial, Last Name	Administered By: Legal Signature	Amount Admin.	Amount Wasted	Witness: Legal Signature	Receipts	Balance
29 Sep	1820	Balance Brought Forward							
30 Sep	0336	[redacted]		[redacted]				50	50
30 Sep	1510	[redacted]	D [redacted]	[redacted]	50				Ø
30 Sep	1515	[redacted]	[redacted]	[redacted]				50	50
1 Oct		[redacted]	[redacted]	[redacted]	50				Ø
01-03	0218	[redacted]	[redacted]	[redacted]				50	50
1 Oct 03	1315	[redacted]	[redacted]	[redacted]	50				Ø
1 Oct 03	1323	[redacted]	[redacted]	[redacted]				50	50
[redacted]		[redacted]	[redacted]	[redacted]	error [redacted]				
1 Oct		[redacted]	[redacted]	[redacted]				50	
10 Oct	0300	[redacted]	[redacted]	[redacted]	50				Ø
10 Oct		[redacted]	[redacted]	[redacted]				50	50
2 Oct	1500	[redacted]	[redacted]	[redacted]					Ø
2 Oct	1442	[redacted]	[redacted]	[redacted]				50	50
3 Oct	0105	[redacted]	[redacted]	[redacted]	50				Ø
3 Oct	0210	[redacted]	[redacted]	[redacted]				50	50
4 Oct 03	0100	[redacted]	[redacted]	[redacted]	35	15	[redacted]		Ø
				b(a)-2					

WAMC Form 40-3c, 1 June 01 (MCXC-DN)

[redacted] b(6)-4

CONTROLLED SUBSTANCE INVENTORY								To be used with DA Form 3949-1	
DATE YEAR 03 MONTH 09	ITEM Versed gtt 50mg/50ml								
Day	Hour	Patient's Name: First and Last	Ordered By: 1st Initial, Last Name	Administered By: Legal Signature	Amount Admin.	Amount Wasted	Witness: Legal Signature	Receipts	Balance
29 Sep	1810	Balance Brought Forward	[redacted]	[redacted]	7		[redacted]	50	50
30 Sep	0540	[redacted]	[redacted]	[redacted]	50			~~50~~	Ø
30 Sep	0540	[redacted]						50	50
30 Sep	1510	[redacted]	[redacted]	[redacted]	50				Ø
30 Sep 03	1515	[redacted]	[redacted]	[redacted]	JA			50	50
10 Ct		[redacted]	[redacted]	[redacted]	50				Ø
Oct 1 03	0218	[redacted]		[redacted]				50	50
10 Oct 03	1315	[redacted]	[redacted]	[redacted]	50				Ø
10 Oct 03	1323	[redacted]	[redacted]	[redacted]				50	50
~~10 Ct~~		[redacted]	[redacted]	[redacted]	50			~~50~~	Ø
10 Ct		[redacted]	[redacted]	[redacted]				50	50
20 Ct		[redacted]	[redacted]	[redacted]	50				0
20 Oct		[redacted]	[redacted]	[redacted]				50	50
20 Ct		[redacted]	[redacted]	[redacted]	50				0
20 Ct		[redacted]	[redacted]	[redacted]				50	50
30 Oct	0105	[redacted]	[redacted]	[redacted]	50				Ø
30 Ct	0210	[redacted]		[redacted]				50	50
4 Oct	0700	[redacted]	[redacted]	[redacted]	45	5	[redacted]		Ø

b(6)-2

WAMC Form 40-3c, 1 June 01 (MCXC-DN)

b(6)-2 All

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40[illegible] the proponent agency is the Office of The S[illegible]eneral.	Mo. 10 Yr. 2003

VERIFY BY INITIALING — INITIAL PROP[illegible]LUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 7	8	9	10	11	12	13	14	15	16	17	18	19
7 Oct	[redacted]	VS Q4 x 24° then	D	[redacted]												
		QShift & SATS	E	X												
			N	[redacted]												
7 Oct	[redacted]	Act: Up ambulating	D	[redacted]												
		& assistance TID	E	X												
			N	[redacted]												
7 Oct	[redacted]	Diet: Regular	06	[redacted]												
		NIO: Ensure & meals	12	[redacted]												
			17	[redacted]												
7 Oct	[redacted]	IS 5 x Q1° while	D	[redacted]												
		awake	N	[redacted]												
11 Oct 03	[redacted]	NIO: Foley to Gravity	D					X	[redacted]							
			N						[redacted]							
7 Oct	[redacted]	NIO: Q2° turns	D													[redacted]
			N												[redacted]	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW ABD / Bilat ↓ lobe pneumo

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6)-2 All

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)			Mo 10 Yr 2003	
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
Oct	[redacted]	Transfer to ICW - Cond: stable	—	done	—	[redacted]
10/8	[redacted]	D/C Foley, if ØVoid 8°	10/8	1000		[redacted]
	----	8° p D/C Foley cath, leave				
	----	Foley if > 500cc				
15 Oct	[redacted]	CBC, CMP this afternoon	15OCT	1200 ~~2000~~	1110	[redacted]
15 Oct	[redacted]	UA, urine culture	15OCT	1200	1110	[redacted]
10/17	[redacted]	D/C Foley @ Midnight	10/17	2400	0200	[redacted]
10/17	[redacted]	Due to void 8° post removal	10/18	10AM		
	----	I & O cath if > 500cc leave	10/18	—	done	
	----	in place				

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
Oct	[redacted]	Call MD T > 100.5														
----	----	SBP > 180 < 90														
----	----	Sats < 93%														
----	----															
----	----															
----	----															
----	----															
----	----															
----	----															
----	----															

USAPA V1.00

b(6)-2 All

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 8	4	5	6	7	8	9	10
19 Sept	[redacted]	Vitals Q 1° c̄ sat + I+O	06	[redacted]							
			18								
19 Sept	[redacted]	Activity bedrest	06	[redacted]							
			18								
19 Sept	[redacted]	Foley to gravity	06	[redacted]							
			18								
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]							
4 Oct 03	[redacted]	NT suction q 20°	06	[redacted]							
			18								
4 Oct 03	[redacted]	Chest PT q 2°	06	[redacted]							
			18								
26-Sep-03	[redacted]	[redacted]	[redacted]	[redacted]							
			23								
26-Sep-03	[redacted]	A-line maintain pressures	06	[redacted]							
			18								
26-Sep-03	[redacted]	CXR QAM, + chem 8 c̄ each	04	[redacted]							
		AM, Blood Draw									
Sat 8	[redacted]	Advance diet as	07	[redacted]							
		Tolerated	12								
			17								
7 Oct 03	[redacted]	CBC, SMAC 12 q AM	05								

ALLERGIES: ☐ YES ☐ NO — Unknown

PRIMARY DIAGNOSIS: S/P GSW (R) Flank / Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO — PAGE NO: 2

PATIENT IDENTIFICATION: EPW # [redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 10 Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
1-oct03	[redacted]	Place Dophoff	1-oct03	NOW	1940	[redacted]
1-oct03	[redacted]	Obtain KUB f Dophot placement	1-oct03	NOW	2000	[redacted]
1 Oct	[redacted]	(R) side down (L) side up 45°	1 Oct	NOW	2015	[redacted]
2-oct-03	[redacted]	KUB	2 Oct	NOW	10-00	[redacted]
3/10	[redacted]	TURN RR to HFOPM / Keep PAO2 >60 & FIO2 titration	3/10	NOW	1035	[redacted]
3/10	[redacted]	ABG in 30 mins	3/oct	1100	1100	[redacted]
3/10	[redacted]	START PIV and Remove central line	3-oct03	NOW	1200	[redacted]
4/Oct03	[redacted]	Wean off O2				

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

USAPA V1.00

b(6)-2 All

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 20	21	22	23	24	25	26	27	28	29	30	Oct 1	2	3
21 Sep 03	[redacted]	CBC TO -BID	04	[redacted]													
			15														
20 Sep 03	[redacted]	CHEM 8 Q AM BLOOD DRAW	04	[redacted]													
20 SEP 03	[redacted]	[redacted]	[redacted]														
		X 48° NT Suction	[redacted]														
		[redacted]															
		[redacted]															
		[redacted]															
		[redacted]															
21 SEP 03	[redacted]	CXR Q AM	04	[redacted]													
21 SEP 03	[redacted]	RECORD HEMOVAC DRAINAGE OUTPUT	06	[redacted]													
		Q SHIFT	18	[redacted]													
21 SEP 03	[redacted]	OOB to Chair BID	06	[redacted]													
			18	[redacted]													
[redacted]		[redacted]	[redacted]														
25 SEP 03	[redacted]	CLEAR LIQUID DIET	06	[redacted]													
			18														
25 SEP 03	[redacted]	WEAN OFF O_2, MAINTAIN SAT	06	[redacted]													
		>93%	18														

ALLERGIES: ☐ YES ☒ NO — NKDA

PRIMARY DIAGNOSIS: s/p GSW to (R) Flank/Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [redacted]

b(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

b(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 19	20	21	22	23	24	25	26	27	28	29	30	1	2
19SEPT03	[redacted]	Vitals Q1° ≈ sat & I/O	06	[redacted]													
			18														
19SEPT03	[redacted]	Activity Bedrest	06														
			18														
[redacted]																	
19SEPT03	[redacted]	Foley to gravity	06														
			18														
[redacted]																	
[redacted]																	
30Sep03	[redacted]	Wean peep to 5	06														
		Keep sats > 93%	18														

ALLERGIES: ☐ YES ☐ NO — ∅

PRIMARY DIAGNOSIS: SIP GSW to (R) Flank/Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

#[redacted]

b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

b(a)-2 A1

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo SEPT Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
19SEPT 2003	[redacted]	Admit to TCU2	19SEPT03	0700	0700	[redacted]
17 SEPT03	[redacted]	Condition Guard	19SEPT 2003			[redacted]
17 SEPT03	[redacted]	CBC, Chem 8, ABG now	19SEPT	[redacted]		[redacted]
19 SEPT03	---	CXR now	19SEPT03	[redacted]		[redacted]
19Sept	[redacted]	Send CBC now	19Sept	now	0715	[redacted]
19Sept	[redacted]	ABG now	19Sept	Now	1200	[redacted]
19Sept	[redacted]	ABG @ 2000	19Sept	2000	2000	[redacted]
20Sep	[redacted]	Portable CXR, ABG now	20Sep	Now	1620	[redacted]
21Sep	[redacted]	CXR now	21Sep	Now	0825	[redacted]
21SEP	[redacted]	SEND SPUTUM FOR CULTURE & GRAM STAIN	21SEP	TODAY	1215	[redacted]

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

USAPA V1.00

b(6)-2 A1

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 9 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 26	27	28	29	30	1	2	3	4	5	6	7	8	9
26/9	[redacted]	[redacted]		[redacted]													
		[redacted]		[redacted]													
		[redacted]		[redacted]													
		[redacted]		[redacted]													
26/9	[redacted]	A-[redacted]		[redacted]													
		[redacted]															
		[redacted]		[redacted]													
				[redacted]													
				[redacted]													
26/9	[redacted]	[redacted]		[redacted]													
				[redacted]													
26/9	[redacted]	[redacted]		[redacted]													
				[redacted]													
		am Blood draw															
28/9	[redacted]	NGT TO LIWS	06	[redacted]													
			18	[redacted]													
		[redacted]		[redacted]													
				[redacted]													

ALLERGIES: ☐ YES ☐ NO
unknown

PRIMARY DIAGNOSIS:
S/P GSW @ Flank/Pelvis

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO
PAGE NO: 1

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

b(6) - 2 AM

Verify by Initialing: Order Date	Clerk Nurse	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) — SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
26/9	[redacted]	Portable CXR X2	26/9		1600	[redacted]
26/9	[redacted]	Blood culture x2 sets				[redacted]
26/9	[redacted]	ABG now			✓	[redacted]
26/9	[redacted]	Pull ETT BACK 2cm	26/9		1800	[redacted]
26/9	[redacted]	D/C (D) subcl centera line ASAP	26/9	ASAP	1700	[redacted]
26/9	[redacted]	(D) subc TL OKAY FOR USE	26/9	—	1600	[redacted]
26/9	[redacted]	Place (D) subc TL (P) mulligan	26/9	1530	1530	[redacted]
26/9	[redacted]	T/C 4 units RBC	26/9	1830	1830	[redacted] CPT
26/9	[redacted]	Send CBC / coag / mets / abg x1 NOW	26/9	ASAP	1600	[redacted]
26 Sep	[redacted]	T&C 4u PRBC	26 Sep	NOW	1820	[redacted]
26 Sep	[redacted]	CBC now	26 Sep	NOW	1820	[redacted]
28/9	[redacted]	Place NGT then to LINS	28/9	ASAP	1300	[redacted]
28/9	[redacted]	CXR to verify NGT Placement	28/9	ASAP	1330	[redacted]
28/9	[redacted]	Decrease PEEP to 8 if SATS remain	28/9	ASAP	1330	[redacted]
28/9	[redacted]	79% wean PEEP to 5				[redacted]
1-oct-03	[redacted]	CT chest, abd, pelvis for Pneumonia by	1-oct-03	1030	1037	[redacted]
	-----	Air process and R/O Pelvic Abscess, + IV + oral contrast				

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

USAPA V1.00

b(6)-2 A11

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. Sep Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 26	27	28	29	30	1	2	3
26 Sep	[redacted]	Heparin drip	06	[redacted]							
		1000U/hr. NO bolus	18								
		T@1200 26/9/03									
26 Sep	[redacted]	MSO4 drip 50mg/50ml NS	06	[redacted]							
		start @ 4mg/hr	18								
26 Sep	[redacted]	Versed drip	06	[redacted]							
		50mg/50ml NS, start	18								
		@ 4mg/hr & titrate									
		to effect									
26 Sep	[redacted]	Vacuronium 50mg/50ml	06	[redacted]							
		NS start @ 7mg/hr.	18								
		Titrate to effect.									
26 Sep	[redacted]	Vent: TV 800 FiO2 100%	06	[redacted]							
		Rate 14. Peep 5	18								
		P/O									
[redacted]											
26 Sep	[redacted]	Vancomycin 1gm	08	[redacted]							
		IV now then 20									
		@12°									
27 Sep	[redacted]	Unasyn 3gm IV	06	/	[redacted]						
		q6°	12	/	/						
			18	/	/						
			24	/							

ALLERGIES: ☐ YES ☐ NO — Unknown

PRIMARY DIAGNOSIS: SIP GSW (R) flank / Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO — PAGE NO.

PATIENT IDENTIFICATION: EPW # [redacted]

b(6)-4.

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

D(6)-2 A11

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
26 Sep	[redacted]	500 ml NS bolus x1 Now	26 Sep		1730	[redacted]	
26/9	[redacted]	500cc NS Boluses X1 Now	26/9	ASAP	1730	[redacted]	
26/9	[redacted]	25% Albumin 2 cans (200cc) x1 Now	26/9	ASAP	1730	[redacted]	
26/9	[redacted]	MSO4 4mg IVP x1 Now	26/9	1515	1515	[redacted]	
26 Sep	[redacted]	Transfuse 2u PRBC 4634085 #1	26 Sep	NOW	1940	[redacted]	
	-----	10 58698 #2	26 Sep	NOW	2030	[redacted]	
27 Sep	[redacted]	Transfuse 1 u PRBC	27 Sep	NOW	2135	[redacted]	
27 Sep	[redacted]	Give Lasix 20mg IV p̄ transfusion	27 Sep	NOW	2355	[redacted]	
28/9	[redacted]	Decrease VEC gtt to 1-2/4 hours	28/9	ASAP	2330	[redacted]	
30 Sep	[redacted]	KCl 40meq in 100NS over 4hrs x 2 dose	30 Sep	NOW 0145	0145	[redacted]	
	-----	#2	30 Sep	NOW	0600	[redacted]	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED													
19/9	[redacted]	MSO4 2-10mg Q1°														
-----	-----	IVP PRN PN														
19/9	[redacted]	Tylenol 650mg	28/8 1640 650mg PR	29 Sep 1900 [redacted]	30 Sep 1930 [redacted]	1 Oct 0330 [redacted]										
-----	-----	PNGT Q6° PRN														
-----	-----	Fever														
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															

USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	SEPT – OCT Mo. ___ Yr. 03

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 19	20	21	22	23	24	25	26	27	28	29	30	OCT 1	2
19SEP03	[redacted]	Ancef 1gm IVQ8°	06	[redacted]													
			14	[redacted]													
			22	[redacted]													
19SEP03	[redacted]	Ativan 1mg IVQ8°	06	[redacted]													
			14	[redacted]													
			22	[redacted]													
[redacted]																	
[redacted]			18														
[redacted]			06														
[redacted]			18														
[redacted]			06														
[redacted]			18														
20Sep03	[redacted]	Δ IVF to D5½ 20KCL @	06	[redacted]													
		125cc/h	18	[redacted]													
[redacted]			06														
[redacted]																	
[redacted]																	
[redacted]																	
[redacted]																	
[redacted]																	
22Sep03	[redacted]	Cent. Neb @ 6°	06														
			12														
			18														
			24														
26Sep	[redacted]	Neo drip @ bedside	06														
			18														
27Sep	[redacted]	Gentamycin 450mg IV QD	22														

ALLERGIES: ☐ YES ☐ NO — Ø

PRIMARY DIAGNOSIS: SIP GSW (R) Flank/Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. ___

PATIENT IDENTIFICATION: # [redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

b(6)-2 A1

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					SEPT - OCT 03 Mo. Yr.
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials	
19 SEPT03	[redacted]	For IVF @ 150 cc/h will complete Banana Bag MVI, Thiamin 100mg and Folate 1mg in 1000 NS	19SEPT 2003				
19Sep	[redacted]	multivitamin x1 per NGT			OG	[redacted]	
19Sept	[redacted]	Bolus 1000cc LR x1 Now	19Sept	—	0715	[redacted]	
19Sept	[redacted]	Transfuse 1 unit PRBC's over 2hrs	19Sept	—	1330	[redacted]	
20SEP	[redacted]	TRANSFUSE 1 UNIT PRBC's	20 SEP	NOW	0745	[redacted]	
20 SEPT03	[redacted]	Heparin 10000u IV Bolus 10000u in 1ml/hr	started on 18/9			[redacted]	
22Sept03	[redacted]	Tranfuse 2u PRBC over 2hrs each	1820	Done 22SEPT03		[redacted]	
23Sep	[redacted]	GIO Lasix 20mg IV now	23Sep	now 0900	0900	[redacted]	
24Sep	[redacted]	GIO Lasix 20mg IV now	24Sep	0845	0845	[redacted]	
25Sep	[redacted]	Lasix 20mg IV ~~20mg WP x1 now~~	25 Sep	NOW	0940	[redacted]	
25/9	[redacted]	Lasix 20mg WP x1 NOW	25/9	1440	1440	[redacted]	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
19 SEPT03	[redacted]	MSO4 2-10mg IV q1°	T I	9/19 4mg 0915	19SEPT 2000	20 Sep 2mg 1944	21 Sep 0915 4mg	21 Sep 1620 4mg	22 Sep 2300 2mg	23 Sep 0400 2mg	24 Sep 1100 [redacted]	25 Sep 0430 2mg	25 Sep 0100 3mg	26/9 0940 3mg		
-----	-----	p.r.n pain	M E	[redacted]	[redacted]											
19 SEPT03	[redacted]	Tylenol 650mg PNGT	T I	1923 21/9	9/22 1430	22 Sep 2115										
-----	-----	Q6° p.r.n fever	M E	~~TT~~	101.3	[redacted]										
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															

Resulted 23/9/03 [redacted]

USAPA V1.00

b(6)-2 All

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 9 Yr 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 27	28	29	30	1	2	3	4	5	6	7	8	9	10
27Sep	[redacted]	Gentamycin 450mg IV qd	08	/	[redacted]												
28/9	[redacted]	[redacted]															
		@ 125 cc															
28/9	[redacted]	Neosynephrine [redacted]															
		[redacted]															
28/9	[redacted]	[redacted]															
28/9	[redacted]	[redacted] Neb [redacted]															
		Q4° - cont [redacted]															
		tr [redacted] to ward	10														
28/9	[redacted]	Atrovent q8°															

ALLERGIES: ☐ YES ☐ NO — UNKNown

PRIMARY DIAGNOSIS: S/P GSW (R) Flank / Pelvis

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

PATIENT IDENTIFICATION: #[redacted] EPW

b(4)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

b(6)-2 All

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 9 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 1	2	3	4	5	6	7	8	9	10
26-Sep-03	[redacted]	[redacted]	[redacted]										
		[redacted]	[redacted]										
26-Sep-03	[redacted]	Morphine drip 50mg/50ml NS	06										
		start @ 4mg/hr	[redacted]										
26-Sep-03	[redacted]	Versed drip 50mg/50ml NS	06										
		start @ 4mg/hr & Titrate to	18										
		effect.											
26-Sep-03	[redacted]	Vecuronium 50mg/50ml NS	06										
		Start @ 2mg/hr, Titrate to	18										
		effect											
26-Sep-03	[redacted]	Vent: TV 800, F_iO_2 100%	06										
		Rate 14, Peep 5	18										
1 Oct 03	[redacted]	[redacted]	[redacted]										
		[redacted]											
1 Oct 03	[redacted]	[redacted]	[redacted]										
		[redacted]											
		[redacted]											
1 Oct 03	[redacted]	Reglan 10mg IV q6°	03										
		for 24° 1st dose now	09										
			15										
			21										

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW @ flank / Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION:

[redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.00

Verify by Initialing		...RAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____ Yr. 2003
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....	b (w) - 2 A11				
	.....					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY		INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED														
9/19	[redacted]	MSO4 2-10mg Q1°	D	4Oct	5Oct	5/10												
			T	2235	0235	0700												
.....	.....	IVP PRN ON	D	ii	ii	4/27												
			I	[redacted]														
9/19	[redacted]	Tylenol 650 mg																
.....	.....	PNGT Q6° PRN																
.....	.....	Fever																
.....	.....																	
.....	.....																	
.....	.....																	
.....	.....																	
.....	.....																	
.....	.....																	
.....	.....																	
.....	.....																	

Rewritten 5Oct03

USAPA V1.00

b(6)-2

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 5	6	7	8	9	10	11	12	13	14
28 Oct 03	[redacted]	MIVF D5 & NS + 20 K	06	[redacted]									
	[redacted]	@ 125 cc	18	[redacted]									
28 Oct 03	[redacted]	Neosynephrine gtt to bedside	06	[redacted]									
	-----		18	[redacted]									
28 Oct 03	[redacted]	Albuterol Neb 2.5/3.0 Q4°	02	[redacted]									
	-----	Cont until pt transferred	06	[redacted]									
	-----	to ward	10	[redacted]									
	-----		14	[redacted]									
	-----		18	[redacted]									
	-----		22	[redacted]									
28 Oct 03	[redacted]	Atrovent Q8°	06	[redacted]									
	-----		14	[redacted]									
	-----		22	[redacted]									
[redacted]													
10 Oct 03	[redacted]	Tobramycin 490 mg IV Q8	10	[redacted]									
10 Oct 03	[redacted]	Primaxin 500 mg IV	04	[redacted]									
	-----	Q6°	10	[redacted]									
	-----		16	[redacted]									
	-----		22	[redacted]									
6 Oct 03	[redacted]	Lovenox 70 mg SQ QD	06	[redacted]									
7 Oct 03	-----	Unasyn 3 gms IV q6°	06	[redacted]									
	-----		12	[redacted]									
	-----		18	[redacted]									
	-----		24	[redacted]									
10 Oct 03	[redacted]	D5NS + 20K @ 125 cc/hr	06	[redacted]									
	-----		18	[redacted]									

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW @ Flank / Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION: EPW [redacted]

b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*				Mo. _____ Yr. _____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
		b(6) -2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
7/19	[redacted]	MSO4 2-10mg Q4° O/I														
		IVP PRN PN O/I														
9/19	[redacted]	Tylenol 650mg PNGT O/I														
		Q6° PRN Fever O/I														

*U.S. GPO: 1998-454-110/95216

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

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION*

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 2												
7 Oct 03	[redacted]	Primaxin 500mg IVq 6°	06	[redacted]												
	-----		12													
	-----		18													
	-----	b(4)-2	24													

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW (R) Flank/Pelvis

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted]

b(4)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 1 FEB 79 4678 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

b(6)-2 All

CLINICAL RECORD — THERAPEUTIC DOCUMENTATION CARE F (MEDICATIONS)

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

Mo. 10 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 7	8	9	10	11	12	13	14	15	16	17	18	19	20
7 Oct	[redacted]	IV D5WS + 20KCL	D	[redacted]													
		@ 125cc/hr	E	[redacted]													
			N	[redacted]													
7 Oct	[redacted]	Albuterol nebs	06	[redacted]													
		2.5/3.0cc Q6° x48°	12	[redacted]													
			18	[redacted]													
			24	[redacted]													
7 Oct	[redacted]	Tobramycin 490mg	10	[redacted]													
		IV QD (7 days)															
7 Oct	[redacted]	Primaxin 500mg	04	[redacted]													
		IV Q6	10	[redacted]													
			16	[redacted]													
		22	22	[redacted]													
7 Oct	[redacted]	Lovenox 70mg	10	[redacted]													
		SQ QD															

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: s/p GSW ABD / Bilat ↓ lobe pneumo

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

EPW b(6)-4 [redacted]

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

DA FORM 4678, 1 FEB 79 — EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED. — USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*				Mo. _____ Yr. _____
Order Date	**Clerk/ Nurse**	**SINGLE ORDER, PRE-OPERATIVES**	**Date to be Given**	**Time to be Given**	**Time Given**	**Initials**

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	*INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION* TIME/DATE DISPENSED													
7Oct	[redacted]	Percocet 1 PO	8Oct 2000			17Oct 0930										
-----	-----	Q4-6° PRN	[redacted]			[redacted]										
-----	-----															
-----	-----	b(6)-7 All														
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															
-----	-----															

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date): QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		Time: 0700 Initals: [redacted] b(6)-2	Time: Initals:
NEURO	Pupils	2-3m reactive	
	Sensorium	Sclera edema & jaundiced	
	LOC / GCS	sclera	
	+gag reflex	Versed 5mg / rec 4mg / MSO4 5mg	
		PRN more recep - arms + head sore	
CARDIAC	Cardiac Rhythm	SIMV RR 16 TV 800 FIO2 50%.	
	PRI / QRS:	PS. SPO2 - 97%. Bilat coarse	
	Pulse Strength	Rhonchi. Suction QI' ETT +	
	Cap Refil / JVD	orally & yellow moderate	
	Edema	secretions via ETT. ETT #8	
	Chest Pain	27@lip. Pulled back 2cm today	
		currently 26@lip.	
RESP	Respiratory Pattern	HR 111-120S ST ~~w~~ ectopy, S1S2	
	Breath Sounds	noted 2+ UE/LE pulses O,	
	Secretions	CR to UE 2 sec / LE VTA D/T	
	Cough	thickened nails.	
SKIN	Color	NFR / slightly? jaundiced.	
	Integrity	⊘ Reddened areas to B heels.	
	Backside	midline MBD inc - steri strips / CDI	
		RLQ & puncture wnd / CDI Dsg QD	
IV	Access Devices	⊘ PIT & sedation meds infusing	
	Location	⊘ art radial line & ⊘ wave form	
	Condition	⊘ SCFL - one port ⊘ use / clotted &	
		blood. All others intact	
GI	Abdomen	⊘ BS, NCT ⊘ Nare LIWS	
	Bowel Sounds	⊘ BM	
	Stoma/Ostomy		
GU	Device	Foley - U/O 100-200cc/hr &	
	Color / Clarity	concentrated Amber urine	

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU #1 [redacted] (b)(2)-2

DATE

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

[redacted] b(6)-4

EPW

[redacted] J (2) f

DATE: 29 SEPT 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
BP INV	112/63	115/65	120/67		131/75	138/82	123/72	117/70	90/53	107/64	103/62			103/59	91/55	103/58	111/63	123/71	120/70	111/66	112/65	113/65	
BP NIBP	117/72	119/70	122/74	109/63	138/82	136/84	128/78	114/71	107/68	109/65	110/66	110/64	101/57	98/57	105/60				114/71				
TEMP		101.2			101.7			101.4			101.4		101.6		100.8			100.4				100.3	
PULSE	111	112	117	114	125	124	121	118	123	123	118	125	128	119	115	125	128	120	119	111	112	121	
RESP	20	18	17	17	17	17	17	17	17	17	17	21	22	17	17	20	37	31	26	16	19	19	
SP02	100	100	100	98	90	93	99	100	100	95	95	94	95	97	96	97	96	97	100	100	100	98	
FIO2	50%	50	50	50%	100	100	100	50	50	50	50	60	60	60	55	55	50	50	50	50	50	45	
Peak	31	29	28							32	38												
Suction	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
INPUT																							
IV	[redacted]	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPB	100	250	—				100					100		250				100					
Hep	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
Versed	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
MSO4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
Vec	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
NGT																				25	25	25	25
O.R. IN																							
SUB TOTAL	134	409	159	159	159	159	259	159	159	159	159	259	159	409	159	159	159	259	159	184	184	184	184
TOTAL	134	543	702	861	1020	1179	1438	1597	1756	1915	2074	2333	2492	2901	3060	3219	3378	3637	3796	3980	4164	4348	4532
OUTPUT																							
URINE	200	200	180	160	180	160	180	200	200	100	100	110	60	246	200	200	200	180	120	160	140	100	100
NGT					400					800													
STOOL																							
O.R. OUT																							
SUBTOTAL					580		180			800													
TOTAL	200	400	580	740	1320	1420	1600	1800	2000	2900	3000	3110	3170	3416	3616	3816	4016	4196	4316	4476	3616	3716	3816
BALANCE																							

MEDCOM - 19740

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		Time: Initals:	Time: 1830 Initals: [redacted] b(6)-2
NEURO	Pupils Sensorium LOC / GCS	1-2mm sluggish. ⊕sclera edema noted Sedated c̄ MSO4/versed cont. vec ⊕ms'.	2mm ROUND BRISK [redacted] BILATERALLY PT SEDATED c̄ VERSED @ 5MG/HR MSO4 5MG/HR VEC @ 4MG/HR PT c̄ ~~RESPONSE~~ EVIDENCE OF INTRAHEAD TO COLE
CARDIAC	Cardiac Rhythm PRI: / QRS: Pulse Strength Cap Refil / JVD Edema Chest Pain	ST- 108-120's. RRR w/o ectopy +1-2 pulses throughout. CR hard to detect to LE, ⊕ poor foot hygiene CR < 3sec throughout ⊕ generalized edema throughout	ST 110-120S S1, S2 ⊕ PULSES 2+ THROUGHOUT; 1+ TRACE EDEMA THROUGHOUT. Ø JVD
RESP	Respiratory Pattern Breath Sounds Secretions Cough	ETT #8 22@lip/simv/R16/800/50%/5 SpO2-98%. BBS ⊖ ↑↓ chest: rhonchi -crackles noted thrnghout. ETT suction ⊖ yellow secretions - moderate amts. suct Q1; c̄ oral suctions. neb tx's per order.	ETT #8 22 @ TEETH SIMV 16 TV 800-805 FIO2 50%. PEEP 5 PIP 30S RHONCHI THROUGHOUT BILATERALLY ET SUCTION COPIOUS THICK YELLOW WHITE SECRETIONS ⊕ GAG REFLEX
SKIN	Color Integrity Backside	NFR - dry on feet ⊕ c̄ cracks in soles. Generalized edema noted thrnghout. midline ABD inc/puncture RLQ	WNL WARM & DRY. MIDLINE ABD INCISION STERISTRIPS OTA S S/S OF INFECTION. RLQ c̄ PUNCTURE WOUND FROM GSW DRESSING INTACT
IV	Access Devices Location Condition	⊕SCTL Patent/all ports flush well. ⊕radial art line All intact. IBP correllates c̄ NBP	⊕SCTLC ALL PORTS PATENT c̄ EASY FLUSH AND ⊕ BLOOD RETURN ⊕ RADIAL A-LINE MAPS 60-70S.
GI	Abdomen Bowel Sounds Stoma/Ostomy	MIDline inc/steri strips - CDI/well approximated. RLQ - puncture wound c̄ dsng over. PERI-DES. BS hypo-active to all quads. NGT to ⊕ nare - LWS.	SOFT ND c̄ MIDLINE INCISION STERISTRIPS OTA. S S/S INFECTION BS ⊕ ↓ NGT ⊕ NARE TO LWS
GU	Device Color / Clarity	#16 Foley - c̄ ~70 cc AMBER urine Q1°	FTC CLEAR DARK AMBER QS GENE. [redacted]

PREPARED BY: [redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU #1, [redacted] b(6)-2 b(6)-2

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

[redacted] b(6)-4

DATE: 28/9/03 ICU2

EPW [redacted]

Dysenteric

	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	130/54	147/60	137/62	129/60	120/57	130/63	124/69	118/56	117/57	122/59	109/58	123/70	109/61	113/62	120/66	113/65	112/63	116/64	116/63	118/65	135/80	133/70	132/70	109/
BP NIBP	110/67	120/81	123/72	123/72	114/71	124/83	117/76	127/82	105/69	110/72		120/69				117/68		117/69						
TEMP	—	100.9			100.2			100.9		101.1				101.1				100.7	[redacted]			100.9		
PULSE	112	115	109	105	105	114	112	109	105	117	103	112	110	109	109	102	102	107	106	103	119	126	120	116
RESP	16	16	17	20	16	17	16	17	17	21	17	16	24	20	16	16	16	18	18	19	21	20	18	17
SP02	96%	98	96	97	98	98	98	97	98	98	97%	98%	98%	98%	98%	97%	97%	98%	98	99	99	98	96	99
FIO2	55%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50
Peak	40	34	29	28	33	34	35	33	35	30	31	31	30	32	30	38	31	30	33	33	47	34	32	36
MAPS													76		85	80	80	80	79	83	96	96	97	96
																(6)(6)-2								
Suction		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	[redacted]												
INPUT																								
IV MIVF	125	0	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPP	100	250	0	0									100	100										
Heparin	20							20																
Versed	5	5	5	6	6	6	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
MSO4	4	5	5	6	6	6	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
Vec	7	7	7	7	7	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
~~NGT~~																								
~~O.R. IN~~																								
SUB TOTAL																								
TOTAL																								
OUTPUT																								
URINE	180	130	120	90	70	70	70	70	60	60	110	70	55	55	105	120	140	200	200	200	200	155	115	180
NGT	—	—	—	—	—	—	—	—	—	—	—	200						200				200		100
STOOL	—	—	—	—	—	—	—	—	—	—	—													
O.R. OUT	—																							
SUBTOTAL	180	130	120	90	70	70	70	70	60	60	110	270	55	55	105	120	140	400	200	200	200	355	115	280
TOTAL	180	310	430	520	590	660	730	800	860	920	830	1100	1155	1210	1315	1435	1575	1975	2175	2375	2575	2930	3045	3325
BALANCE																								

MEDCOM - 19742

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW T

OTSG APPROVED (Date)
QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

		Time: 0630 Initials: [redacted] b(6)-2	Time: 2000 Initials: [redacted] b(6)-2
NEURO	Pupils	Pupils mm + non reactive	1mm nonreactive
	Sensorium	Sedated c̄ versed 5mg/hr, MSO4 4mg/hr	Sedated & paralyzed
	LOC / GCS	paralyzed c̄ vec 7mg/hr	versed 5mg/hr, MSO4 4mg/hr vecuronium 7mg/hr
CARDIAC	Cardiac Rhythm	Sinus tachycardia c̄ HR in low one teens. ⊕1 palpable pulses	ST c̄ HR 110's
	PRI: / QRS:	in all extremities. No evidence	Palpable pulses 1+ ⊕
	Pulse Strength	of MI or edema noted c̄ present	unable to assess strength
	Cap Refil / JVD		
	Edema	trace	Ø edema noted
	Chest Pain		
RESP	Respiratory Pattern	#8 ETT, 24cm c̄ teeth SIMV 12,	vent, = chest expansion
	Breath Sounds	TV 800, Peep 10, FIO2 50% c̄ sats	#8.0 ETT 24 c̄ teeth SIMV
	Secretions	95-98%.. Lung sounds clear	RR 10 TV 800 FIO2 70%
	Cough	c̄ rhonchi noted in lower ⊕ lobe	⊕ lung sounds c̄ rhonchi diminished (R) LL
SKIN	Color	Color normal for race. No	Normal c̄ skin incision
	Integrity	evidence of skin breakdown	approximated. No skin
	Backside	noted	breakdown
IV	Access Devices	⊕ subclavian TLC, 18ga ⊕ forearm	(R) SC triple lumen, 18G (L)
	Location	patent c̄ edema or erythema	FA, (L) Rad Aline
	Condition		patently flushes. Ø SS infection
GI	Abdomen	Abdomen round + slightly	round c̄ hypoactive bowel
	Bowel Sounds	distended c̄ skin strips to	sounds. Midline ABD incision
	Stoma/Ostomy	incision. Hypoactive bowel	c̄ skin strips
		sounds noted	
GU	Device	Foley to gravity draining	Foley to BSO
	Color / Clarity	dark amber urine	amber urine

PREPARED BY (Signature & Title): [redacted] b(6)-2 CPT/AN

DEPARTMENT/SERVICE/CLINIC: ICU #1 [redacted] (b)(2)(2)

DATE: 27 Sept 03

PA[redacted] (When entries give: Name – last, first, middle; grade; date; hospital or m[redacted]cility)

NAME: th[redacted]

RANK: AGE:

UNIT: [redacted] b(6)-4

GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

PT'S NAME: #[redacted] 1-J 9

DATE: 27 Sept 03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05
BP INV	123/50	127/56	125/53	109/56	114/59	103/56	107/78	179/72	135/56	109/56	113/54			109/52	106/53	141/62		129/57		147/67	141/57	123/61	118/58
BP NIBP	114/63	115/63	111/59	109/61	119/62	113/58	129/70	143/81	117/63	111/64	111/63	124/70	116/49										
TEMP	97.6				100.0			101.3					101.6			102°			101.6				100.8
PULSE	110	112	107	106	111	109	112	121	115	108	105	112	119	114	111	121	116	110	107	117	114	107	104
RESP	10	14	21	12	12	12	12	12	17	17	17	17	18	17	17	16	18	17	16	16	16	16	17
SP02	95	96	96	96	93	94	95	93	93	96	99	95	93	96	97	94	98	94	95	98	96	97	98
FIO2	50%	50%	50%	50%	40%	40%	40%	50%	60%	60%	60%	60%	60	70	70	65		60	60	60	55	55	55
mode	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent	vent		vent	vent							
INPUT																							
IV/D5/2NS	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
Heparin	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
MS04	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Lac	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Versed	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
PO/NPO	250							50										100					10
~~NGT Flex~~																	300						
O.R. IN																							
SUB TOTAL																							
TOTAL																							
OUTPUT																							
URINE	70	60	80	60	100	80	60	70	110	70	60	60	50	45	45	12	30	435	100	155	100	100	
NGT																							
STOOL																							
O.R. OUT																							
SUBTOTAL																							
TOTAL																							
BALANCE																							

MEDCOM - 19744

b(6)-2

IAL SHIFT ASSESSMENT

		Time: ls:	Time: 200 nitals: [redacted]
	Pupils	Perrla	1mm sluggish but reactive
	Sensorium	Follows commands	Sedated, paralyzed
	LOC / GCS	Alert	
	Cardiac Rhythm	NSR in 110's ~~120's~~	ST in 110's
	PRI: / QRS:	S1 S2	
	Pulse Strength	+2 x4 extremities	2+ palpable Ø edema
	Cap Refil / JVD	<3sec Ø-JVD	3sec CR
	Edema	Ø	
	Chest Pain		
	Respiratory Pattern	Equal rise + fall	Vent. Equal chest expansion
	Breath Sounds	CTA Bilat	CTA (L) lobe (R) LL diminished c̄
	Secretions	Ø	crackles. White oral
	Cough	Productive cough	secretions
			#8.0 24 teeth SIMV RR14 PIO TV500 100%
	Color	Normal	Normal
	Integrity	Intact	intact c̄ midline ABD incision
	Backside		well approximated c̄ steri strips to site
			(L) back area c̄ skin tear approx 1" long
	Access Devices	Central Triple lumen	R SC triple, 18G PIV, (R) Rad Aline
	Location	(L) subclavian	All sites patent c̄ S/S
	Condition	c/o/I ø S+S of infection	of infection
	Abdomen	Soft NT/ND	Soft, c̄ active bowel
	Bowel Sounds	⊕BS x4 Quadrants	sounds x 4 quads. Old drain
	Stoma/Ostomy		site to RLL c̄ scant amt old drng
	Device	Foley	Foley to BSD
	Color / Clarity	Clear Yellow	dark yellow → amber urine
			cloudy in appearance

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC b(6)-2	DATE
	ICU #1, [redacted]	26 Sep 03

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78 USAPPC V2.00

PT'S NAME [redacted]

DATE: 26 Sep - 27 Sep

Ch8 cxr/17/17 cxr

Intubated

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
INV	105/59	100/59	106/62	97/59	108/65	98/61	105/64			126/65	97/53	98/42	99/56	91/59	95/60		131/76			106/57	105/58	102/60	138/70	122/55
NIBP											133/72	104/47											99/	99/
TEMP	100.8	100.2			98.9				102.5	102.1		100.9		100	99.6					107	104	103	112	107
PULSE	116	112	110	112	114	110	115		120	147	143	118	124	116	115		116			128	12	12	15	13
RESP	34	20	32	25	20	29	25		50	14	14	14	17	16	14		14	14	12	12	97	97	99	94
SP02	92	93	94	98	95	99	95				91	95	97	100	98		100	100	99	100				75
FIO2	1L	1L	1L	15L	10L	8L	4L		100%	100%	100%	100%	100%	100%	90		80	70	60	55	74			
Peak	NC	NC	NC	NRM	FM	FM	NC		72%	99%		39												
									TV	800														
									FiO2	100%														
									DMV	14														
									PEEP	5														
INPUT																								
IV	125	125	125	125	125	125	125	125	125	125	125			125	125	125	125	125	125	125	125	125	125	125
IVPB						2					1000													
Versed									Alpumin 25%		200		5	5	5	5	5	5	5	5	5	5	5	5
Vecuronium														7	7	7	7	7	7	7	7	7	7	7
PRBC														250	300									
~~PO~~ NS04													4	4	4	4	4	4	4	4	4	4	4	4
~~NGT~~ Hep													20	20	20	20	20	20	20	20	20	20	20	20
O.R. IN																								
SUB TOTAL										125	1325		36	487	461	161	161	161	161	161	161	161	161	161
TOTAL	125	250	375	500	625	750	875	1000	1125	1350	2675	2680	2716	3127	3588	3749	3910	4071	4232	4393	4554	4715	4876	5037
OUTPUT																								
URINE	100	50	150	75	25	60	100		390	360		200	50	50	60	35	55	60	60	65	60	65	70	65
NGT																								
STOOL																								
O.R. OUT																								
SUBTOTAL																								
TOTAL		150	300	375	400	460	500		890	1250		1450	1500	1550	1615	1650	1705	1765	1825	1890	1950	2015	2085	2150

MEDCOM - 19746

INITIAL SHIFT ASSESSMENT

b(6)-2

		Time: Initals:	Time: 1845 Initals: [redacted]
NEURO	Pupils	Perrla	3mm Perrla
	Sensorium	Moves all 4 Quads	Follows simple commands
	LOC / GCS	Alert	c̄ language barrier
CARDIAC	Cardiac Rhythm	NSR	ST @ 110
	PRI / QRS:	S1 S2	⊕2 pulses x4 ext, cap
	Pulse Strength	+3 X4 Extrem.	refill <3 sec x4, ⊖ JVD
	Cap Refill / JVD	<3secs. ⊘ JVD	⊖ edema, ⊖ CP
	Edema	⊘	
	Chest Pain	⊘	
RESP	Respiratory Pattern	RRR equal rise + fall	RRR bilaterally, rales on
	Breath Sounds	Rales	inspiration, ⊘ ⊖ secretions
	Secretions	⊘	⊖ cough production c̄
	Cough	⊕ productive cough	green phlegm
SKIN	Color	Normal	Normal for race, Midline
	Integrity	~~Backside~~ ~~Inside~~ Intact	ABD incision c̄ steri strips,
	Backside		CDI, bruise to ⊕ Flank
IV	Access Devices	~~⊕ & ⊕ Subclavian~~ Central Trip	⊕ subclavian triple lumen
	Location	⊕ Subclavian	c̄ D5½NS c̄ 2 ok @ 125cc/HR
	Condition	C/D/I ⊘ S+S of Infection	to medial port, unable to
		D5½ +20 @ 125 cc/hr	flush distal + proximal ports
GI	Abdomen	Soft NT/ND	soft, non distended, bruise to
	Bowel Sounds	BS x4	midline, ⊕ BS x4
	Stoma/Ostomy	⊘	⊖
GU	Device	Foley	Foley to gravity
	Color / Clarity	Amber >30cc/hr	clear amber / clear

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC (b)(2)-2 ICU #1 [redacted] | DATE

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

PTS NAME EPW [redacted]

DATE 25 Sep - 26 Sep

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
INV	109/60	112/65	101/68	110/57	104/60	106/56	105/59	106/64	110/63	111/62	109/61	104/61	103/60	101/62	112/62	105/61	110/71	106/63	109/56	116/68	99/62	104/62	101/62	100
BP NIBP							99				99.4			100		109		101		100		100		
TEMP	98.7	98.8		97.8 TM																				
PULSE	106	104	106	107	103	101	99	105	104	102	105	107	102	111	115	114	116	121	112	111	113	109	111	
RESP	25	23	26	35	25	27	27	20	24	16	13	27	30	29	36	33	42	45	32	32	43	46	34	
SF02	93	91	100%	100%	100	100	100	100	99	98	95	99	98	93	93	94	94	94	93	94	93	92	93	
FIO2	RA	RA	6L	6L	6L	6L	6L	6L	4L	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Method			MASK	MASK	MASK	FM	FM	FM	FM															
INPUT	125	125	125	125	125	125	125	25	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
IV																50								50
meds																								5
Agent																								
Hiva																								
PO																								
NGT																								
O.R. IN																								
SUB TOTAL												1500		1050		2000	2175	2300	2425	2550	2675	2800	2925	3100
TOTAL																								
OUTPUT														720		360		120		160		120		80
URINE	75	75	100	100	55	400	350	250	200	100	100													
NGT																								
STOOL																								
O.R. OUT																								
SUBTOTAL	75	75	100	100								2100		2820		3120		3240		3340		3460		3540
TOTAL	75	150	250	350																				

MEDCOM - 19748

INITIAL SHIFT ASSESSMENT

b(6)-2

		Time: 0630 Initals: [redacted]	Time: 1830 Initals [redacted]
NEURO	Pupils	Perrla 3mm Dark.	3mm Perrla
	Sensorium LOC / GCS	Pt is alert + responsive to verbal stimuli.	responds to verbal commands appropriately
CARDIAC	Cardiac Rhythm	ST ~~the~~ HR 101 Ø Ectopy	ST @ 117
	PRI / QRS:	+2 pulse throughout, Cap	@ 2 pulses x 4 ext w Cap
	Pulse Strength	Ref + 3sec Ø Edema noted	refill, <3secs - Ø JVD
	Cap Refil / JVD	At this time.	Ø edema. Ø CP
	Edema		
	Chest Pain		
RESP	Respiratory Pattern	Bilateral rise + fall of	Ø rise + fall, Ø rales
	Breath Sounds	chest, rales still present	throughout. SFM @ 6LPM
	Secretions	Bilaterally. Pt on NC at 3L	SaO_2 98%, encourage
	Cough	sat 96%, encourage cough + deep	use of IS, cough + deep
		Breath Q 1hr.	breath
SKIN	Color	Normal for race. S/Co is	Normal for race, steri
	Integrity	warm + Dry. (R) Femoral Venous	strips to mid-ABD incision
	Backside	to remove sutures. CDI.	CDI, DRSG to (R) Femoral
			CDI
IV	Access Devices		
	Location	R subclavian cath live CDI	(L) subclavian CDI, D5 1/2NS
	Condition	c Ø s/s of infection. D5 1/2 NS	c 20K @ 125cc/HR to medial
		to KCL @ 125cc/hr via proximal lumen.	port
GI	Abdomen	Abdomen soft, nontender	ABD soft non distended
	Bowel Sounds	BS x 4. Ø BM at present	Ø BS x4 Ø BM, Ø N/V, gas
	Stoma/Ostomy	time.	
GU	Device	Foley to gravity drainage	Foley to gravity, amber
	Color / Clarity	clear colored urine at	urine, clear
		present time.	

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC (b)(2)-2 ICU #1 [redacted]

DATE

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

NAME: #[redacted] RANK: AGE:

UNIT: b(6)-4 GENDER: ♂

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

PT'S NAME: # [redacted] EPW

DATE: 24 SEPT 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
INV																								
NIBP	109/66	105/62	123/61	117/65	91/57	92/59	99/59	125/82	110/65	117/69	105/63	105/63	115/72	112/69	101/57	121/70	109/60	113/63	110/61	110/61	107/56	105/63	107/66	105/61
MP	99.2											101.5	—	100.8	—	100.3	—	100.1	—	99.9		99.8	—	99.8
PULSE	101	104	107	107	114	112	114	110	114	115	111	112	116	107	114	120	117	117	109	117	117	112	105	104
RESP	24	21	20	23	35	39	33	29	29	38	29	29	26	26	27	37	32	30	26	58	37	41	26	27
SP02	93	96	96	96	89	93	95	97	96	96	98	97	96	97	98	100	100	96	98	98	96	93	94	98
FIO2	3L	2L	2L	4L	15L	15L	8L	6L	8L	6L	6L	6L	4L	4L	2L	15L	6L	6L	4L	2L	2+	—	6L	6L
method	NC	NC	NC	NC	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	NC	NC	NC	NR	FM	FM	NC	NC	RA	RA	FM	FM
INPUT																								
IV	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
meds								50								50								50
Ducos								.5								.5								.5
Ativan																								
PO																								
NGT																								
O.R. IN																								
SUB TOTAL	125	125	125	125	125	125	125	175	125	125	125	125	125	125	125	175	125	125	125	125	125	125	125	
TOTAL	125	250	375	500	625	750	875	1,175	1,300	1,425	1,550	1,675	1,800		2,050	2,225	2,350	2,475	2,600	2,725	2,850	2,975	3,100	
OUTPUT																								
URINE	200	150	450	800	500	500	400	250	200	150	100	100	100	100	100	—	120	320	100	100	120	160	80	40
NGT																								
STOOL																								
Hemovac	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
CSF				—																				
O.R. OUT																								
SUBTOTAL	210	150	450	800	500	500	400	250	200	150	100	100	100	100	100	—	120	320	100	100	120	160	80	40
TOTAL	210	360	810	1,610	2,110	2,610	3,010	3,260	3,460	3,610	3,710	3,810	3,910	4,010	4,110	4,110	4,230	4,550	4,650	4,750	4,870	5,030	4,110	4,150

MEDCOM - 19750

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

QA Appr 8 Mar 89

b(6)-2

INITIAL SHIFT ASSESSMENT

		Time: 0600 Initals: [redacted]	Time [redacted] Initals: [redacted]
NEURO	Pupils Sensorium LOC / GCS	Perrla @ 2m[redacted] PT is Alert + responsive to verbal stimuli.	3[redacted]RISK [redacted] ROUND INTACT C ABILITY TO MAE EQUAL STRENGTH. PATIENT FOLLOWS COMMANDS
CARDIAC	Cardiac Rhythm PRI / QRS Pulse Strength Cap Refil / JVD Edema Chest Pain	ST HR 105 @ Radial + Pedal pulse B.L. Cap Ref +3 sec. (-) Edema noted @ present time.	ST IN LOW 100'S Ø ECTOPY SKIN WARM C 2+ PULSES THROUGHOUT, CAP REFILL BRISK. Ø EDEMA NOTED @ THIS TIME
RESP	Respiratory Pattern Breath Sounds Secretions Cough	Bilateral rise + fall of chest. mild bend Bilateral. PT on S/F mask @ 6L. PT is coughing crusty color sputum.	NT IN PLACE (R) NARE UNLABORED EVEN C EQUAL EXPANSION OF CHEST. BBS CTA C SLIGHT STRONGER UPPER LOBES. NC 6L @ 96% IS Q1° 6-10 REPS C COUGH/DEEP BREA
SKIN	Color Integrity Backside	Skin is clean + dry. CVL for vasc (R) chest lateral eDI C (-) Drainage or S/S of infection.	NORMAL FOR RACE, WARM AND DRY. (R) FLANK HEMOVAC TO VACCUM SUCTION. DRSG TO ~~[illegible]~~ (R) SIDE D/I. MIDLINE INCISION C STERISTRIPS. INTACT WELL APPROXIMATE S S/S OF INFECTION.
IV	Access Devices Location Condition	Central line (R) subclavian (-) S/S of infection or infiltration. D5 1/2 NS 20 KCl @ 125 cc/hr via proximal port NaOH + Dopt Pluro vell.	(R) SCL CENTRAL LINE C LINES INTACT AND PATENT Ø S/S OF INFECTION @ INSERTION SITE.
GI	Abdomen Bowel Sounds Stoma/Ostomy	Abdomen soft nontender BS x4 no [illegible] C-section scar CDI. Hemovac drained 100cc Bright color blood.	ABD SOFT MILDLY DISTENDED NON-TENDER BS (+) Ø BM ~~[illegible]~~
GU	Device Color / Clarity	Foley to gravity drain clear color urine.	FTG VOIDING Q S YELLOW CLEAR URINE.

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC b(2)-2 ICU #1 [redacted]

DATE

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

37 y o S/P EX/ap
EPW H 796
Admitted 23 SEPT 03
19 SEPT 03

PT'S NAME 4 days PTA

Post 2 units
H/H ↑ 3.1 Hct 9 1/2
Hgb 11 g/dl Hct 33 4/7. Today 23 SEPT 03 Mon/CBC
arrum @ 2200h on 22 SEPT

~~Wednesday~~ ~~Thursday~~
Tuesday – Wednesday
23 SEPT 03 — 24 SEPT 03
DATE:

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
P INV																								
P NIBP	118/70	124/62	103/55	117/75	111/69	112/65	115/75	114/67	113/67	110/68	110/68	113/71	114/69	117/69	113/68	125/65	119/76	112/66	106/68	114/68	107/64	104/68	108/60	115/70
TEMP	99.1					98.9							98.7					99.7				98.7		98.8
PULSE	110	103	123	115	106	107	111	105	104	105	106	103	104	109	110	111	113	110	103	98	102	97	98	102
RESP	28	25	32	28	28	28	24	29	25	26	29	24	23	26	29	28	31	27	24	22	23	21	22	20
SP02	97	98	92	94	98	98	97	98	99	97	97	97	96	93	95	95	97	96	98	99	96	98	96	96
FIO2	6L	6L	10L	15L	10L	6L	6L	6L	6L	4L	4L	2L	4L	8L	8L	8L	8L	6L	6L	6L	4L	4L	3L	2L
method	SFM	SFM	SFM	NR	NR	NR	NR	NR	NR	NR	NR	NR	NC	SFC	SFC	SFC	SFC	SFC	SFC	SFC	NC	NC	NC	NC
INPUT																								
IV	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
meds								50								50								
Augcef								15cc								50								
ATCVAN																								
PO																								
NGT																								
O.R. IN																								
SUB TOTAL	125	125	125	125	125	125	125	175	125	125	125	125	125	125	125	175	125	125	125	125	125	125	125	125
TOTAL	125	250	375	500	625	750	875	1050	1175	1300	1425	1550	1675	1800	1925	2100	2225	2350	2475	2600	2725	2850	2975	3100
OUTPUT																								
URINE	200	200	400	400	800	300	200	200	400	200	200	200	200	500	325	125	125	100	100	100	100	75	75	90
NGT																								
STOOL												10												
Hemovac	10																							
L&D																								
O.R. OUT																								
SUBTOTAL	210	400	400	400	800	300	200	200	400	200	200	210	200	500	325	125	125	100	100	100	100	75	75	90
TOTAL	210	410	810	1,210	2,010	2310	2,510	2710	3,110	3310	3,510	3720	3920	4420	4745	4870	4995	5095	5195	5295	5395	5470	5545	5635

MEDCOM - 19752

[redacted]

UX CAW 10 ABD
S/P EXCLP
DOS 19SEPT03

CO SEPT 05 M

HO 2
PO 2

A-line

Hemovac 92 FT 16 Fr

	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	100/63	119/73	122/78	100/68	100/69	102/67	109/66	111/66	100/66	110/74														
BP NIBP	120/67	112/71	119/74	101/68	102/70	122/76	120/74	118/67	111/67	119/84														
TEMP	98°	98° ay	98° ay	98° ay	99° ay	99 ay	99° ay	100°(T)	100° ay	99° ay														
PULSE	110	106	107	110	108	112	116	114	118	126		126	127	125	125	125	125	125	125	121	123	114	111	117
RESP	31	30	28	26	28	27	30	30	32	30		34	32	31	20	30	24	21	23	32	29	28	25	25
SP02	94%	96%	97%	96%	95%	95%	95%	94%	95%	94%		92	95	96	98	97	94	97	97	97	99	99	99	97
FIO2	2L	4L	2L	2L	2L	2L	2L	2L	2L	10L		15L	15L	15L	15L	6L	50%	50%	50%	50%	50%	50%	40%	40%
MODE	NC	NC	NC	NC	NC	NC	NC	NC	NC	MASK		NLM	NLM	NLM	NLM	VFM	50%	VFM	VFM	VFM	VFM	VFM	VFM	VFM
MAP	87	86	92	83	82	92	92	85	82	87														
MAP NIBP												84	84	97	77	79	74	85	80	84	75			
INPUT																								
IV	200	150	150	150	150	150	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
IVPB									50															
PRBC																								
MEDS Amcf IV						Amcf	50							Amcf	50									
PO	NPO																							
NGT																								
O.R. IN								Sutrs 840/15			1675	1800	1925	2050	2175	2950	2975	2600	125					
SUB TOTAL	200	150	150	150	150	150	125	125	175	125									2725	125	125	125	125	
TOTAL	200	350	500	650	800	950	1075	1200	1375	1500									2725	2850	2975	3,100	3225	
OUTPUT																								
URINE		425	150	100		300		100	125	125	150	140	120	140	120	130	100	100	75	75	75	75	50	
NGT		100	100	—	100	—	75		100	100														
STOOL																								
HEMOVAC		125	45	—	40	—	50		40	—	30		50		—		—		25		25		—	
Blood Products																								
O.R. OUT																								
SUBTOTAL		625	295	100	140	300	125	100	265	225	150	140	120	140	120	130	100	100	100	75	100	75	50	50
TOTAL		625	920	1020	1160	1460	1585	1685	1950	2175	2325	2465	2585	2805	2925	3,055	3155	3,255	3,355	3,430	3,530	3,605	3655	3705
BALANCE		-275	-145	+50	+16	-150																		

MEDCOM - 19753

INITIAL SHIFT ASSESSMENT

		Time: Initals: [redacted] b(6)-2	Time: Initals:
NEURO	Pupils	PERRLA, 3mm (B); Brisk response to light	
	Sensorium	movement of all extremities upon command	
	LOC / GCS	alert & responds to all verbal commands & gestures.	
CARDIAC	Cardiac Rhythm	ST @ 110 bpm currently	
	PRI / QRS:	$S_1 S_2$ S (-)	
	Pulse Strength	(+) palpable pulses in all four extremities.	
	Cap Refil / JVD	< 3 secs x 4 extremities / (-) JVD	
	Edema	minimal edema noted	
	Chest Pain	absent	
RESP	Respiratory Pattern	RR 30's. SaO_2 > 95% @ 2L O_2 NC	
	Breath Sounds	Rales in all ~~four~~ lobes	
	Secretions	minimal	
	Cough	(+) productive cough, intermittently w/ IS exercise (sputum clear); (-) nasal turbinate inflam	
SKIN	Color	normal for nationality	
	Integrity	intact w/o for mic/flow back indentation	
	Backside	DT. Sacrum (per Dr. Bergman)	
IV	Access Devices	(-) @ #18ga AC patent / intact (LRC 200cc)	
	Location	#18ga (L) AC patent / intact	
	Condition	(-) femoral cordis heplock (flush w/ difficulty)	
		(-) radial aline patent / intact	
GI	Abdomen	somewhat distended, tender	
	Bowel Sounds	absent throughout; NG LIS (green tinged bile)	
	Stoma/Ostomy	hypoxic (-) LQ intact	
		multiple old dressing (C, D, I)	
GU	Device	foley cath intact	
	Color / Clarity	yellow, clear.	
		U/O ≈ 150cc/hr	

PRE[redacted] cf/ [redacted] b(6)-2 | DEPARTMENT/SERVICE/CLINIC b(2)-2 ICU #1 [redacted] | DATE 20 Sep 03

PATIENT'S IDENTIFICAT[redacted]ped or written entries give: Name – last, first, middle; [redacted] or medical facility)

NAME: # [redacted] RANK: AGE:

UNIT: b(6)-4 GENDER: ♂

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

b(4)-4

[redacted]

---

i-STAT G3+

Pt: [redacted] b(4)-4

Pt Name:_____

TCO2_____25 mmol/L

At 37C

pH_____7.468

PCO2_____36.5 mmHg

PO2_____127 mmHg

HCO3_____26 mmol/L

BEecf_____3 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.468

PCO2_____37.0 mmHg

PO2_____124 mmHg

Patient Temp: 99.2F

FIO2_____: 60 *

Sample Type_: ART

[redacted]

Physician:_____

Oper#: [redacted]

Oper: [redacted]

---

i-STAT G3+

Pt: [redacted] b(4)-4

Pt Name:_____

TCO2_____24 mmol/L

At 37C

pH_____7.484

PCO2_____30.5 mmHg

PO2_____96 mmHg

HCO3_____23 mmol/L

BEecf_____-1 mmol/L

sO2*_____98 %

*calculated

Sample Type_:

27SEP03 00:13

Oper: [redacted]

Physician:_____

Oper#: [redacted]

---

i-STAT G3+

Pt: [redacted] b(4)-4 100

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.481

PCO2_____33.8 mmHg

PO2_____122 mmHg

HCO3_____25 mmol/L

BEecf_____2 mmol/L

sO2*_____99 %

*calculated

At Patient Temp

pH_____7.468

PCO2_____35.0 mmHg

PO2_____127 mmHg

Patient Temp: 100.1F

FIO2 _____: 100

Sample Type_: ART

[redacted]

Oper: [redacted]

Physician:_____

Oper#: [redacted]

Oper: [redacted]

---

i-STAT G3+

Pt: [redacted] b(4)-4

Pt Name:_____

TCO2_____27 mmol/L

At 37C

pH_____7.41[illegible]

PCO2_____40.1 mmHg

[illegible] mmol/L

[illegible] mmol/L

[illegible] %

[illegible]

[illegible]

[illegible]

[illegible] 16:15

Oper: [redacted]

Physician:_____

Oper#: [redacted]

Oper: [redacted]

---

i-STAT G3+ b(4)-4 FIO2 90%

Pt: [redacted]

Pt Name:_____

TCO2_____26 mmol/L

At 37C

pH_____7.448

PCO2_____37.3 mmHg

PO2_____140 mmHg

HCO3_____25 mmol/L

BEecf_____1 mmol/L

sO2*_____99 %

*calculated

Sample Type_:

26SEP03 21:15 b(4)-2

Oper: [redacted]

Physician:_____

Oper#: [redacted]

Oper: [redacted]

INITIAL SHIFT ASSESSMENT

		Time: 0715hrs Initals: [redacted] b(6)-2	Time: 1838 Initals:
NEURO	Pupils	3mm c̄ PERRLA (B)	3mm PERRLA Bi ocular
	Sensorium	(+) movement all extremities c̄ apprehension D/t	moves all extremities (R) ankle weakness
	LOC / GCS	all guarding; Alert / responds to all commands appropriately.	c̄ hip secondary to injury. Alert oriented x3 Airway primary injury
CARDIAC	Cardiac Rhythm	ST @ 115 bpm	ST 120 range 100s – 120s
	PRI / QRS:	S1S2 c̄ (m)	S1S2 c̄ murmurs
	Pulse Strength	3+ palpable pulses x 4	3+ upper 2+ lower
	Cap Refill / JVD	< 3secs all digits / Ø JVD	<3sec / Ø JVD
	Edema	minimal (B) forearm	(R) forearm edema noted c̄
	Chest Pain	absent	absent (Back coccyx 8x10cm edema)
RESP	Respiratory Pattern	tachypneic @ 32 Ø SOB / Ø difficulty breathing	
	Breath Sounds	Rales in lobes Venturi mask (40%) SaO2 99%	Clear s̄ slow respirations guarded
	Secretions	greenish, thick sputum	thick green to tan
	Cough	(productive c̄ IS exercises and neb tx's	productive q 1° IS c̄ Cough Deep breathing
SKIN	Color	normal for nationality	NFR
	Integrity	intact throughout.	intact
	Backside	intact (Ø skin breakdown)	Ø skin
		(B) femoral dressing (q'd condis)	
IV	Access Devices	(L) SC triple lumen patent / intact	(L) SC triple lumen
	Location	(B) radial a-line → non functional	PIV AC (R)(L) 18G
	Condition	(B) #18ga AC patent / intact hepbet	patent s̄ S/S of infection / trouble
		D5½ c̄ 20K @ 125cc/hr	mon: D5½NS c̄ 20mEq KCl
GI	Abdomen	Round tense,	Flat and non distended tender
	Bowel Sounds	hyperactive intermittently, otherwise absent	active BS
	Stoma/Ostomy	(B) Jpt hemovac c̄ 20cc output q 3-4hrs	Remove output q shift
		middle all incisions c̄ steri-strips	
GU	Device	foley cath (16 fr) gravity drain	FIL 16 Fr & gravity
	Color / Clarity	Amber c̄ output ~ 125cc/hr	Amber & yellow

[redacted] (Signature & Time) [redacted]

DEPARTMENT/SERVICE/CLINIC b(2)-2 | DATE 21 Sep 03

ICU #1 [redacted]

[redacted] (When entries give: Name – last, first, middle; Grade; date; hospital or medical facility)

NAME: # [redacted] b(6)-2 RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 USAPHC V2.00

OK GSW & ABD
qp EX 1ST

PATIENT NAME [redacted]

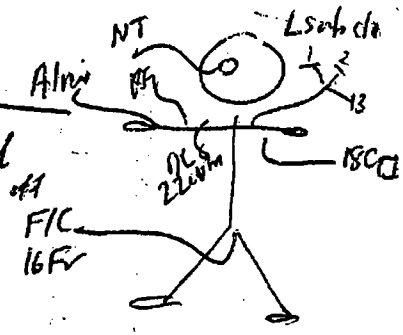
DOS 19 SEPT 03

b(3)-4

Sunday – Monday
21-22 SEPT 03

DATE

ISSUE: • ↓ drainage
• back bleed
• Correction of #1



	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	119/74	114/67	119/70	122/69	111/65	117/70	116/71	119/72	117/64	132/77	118/72	99/62	99/62	101/66	95/61	112/73	125/76	120/72	125/75	119/71	120/70	124/71	124/71	114/71
TEMP			98 Tm	98 Tm		98 Tm		99 Tm	99 Tc		99 Tm	99 Tc			99 Tc			99				98.5 Tcd		
PULSE	115	114	118	107	109	110	108	110	116	116	111	126	130	129	121	122	113	112	112	113	110	114	111	106
RESP	32	29	34	30	28	34	32	31	34	26	30	25	35	36	30	25	20	27	28	22	25	14	26	26
SPO2	99%	99%	99%	97%	97%	98%	98%	97%	97%	98%	99%	95	95	95	97	97	98	96	95	97	98	96	95	95
FIO2	40%	40%	40%	40%	40%	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L	4L
MODE	VENTILA	VENTILA	VENTILA	VENTILA	VENTILA	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
MAP	90	99	88	84	82	87	87	87	89	97	88	76	76	99	74	84	91	89	93	88	88	90	90	
~~MAP NIBP~~																								
INPUT																								
IV	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
MEDS																								
Ancef								60								50								
PO	NPO																							
NGT																								
O.R. IN																								
SUB TOTAL	125	125	125	125	125	125	125	175	125	125	125	125	125	125	125	125	175	125	125	125	125	125	125	175
TOTAL	125	250	375	500	625	750	875	1050	1225	1350	1475	1,600	1,725	1,850	1,975	2,100	2,275	2,400	2,525	2,650	2,775	2,900	2,925	3,000
OUTPUT																								
URINE	125	125		200		250		200		200	150	37	38	37	38	40	40	100	66	67	67	50	50	50
NGT																								
STOOL																								
Hemovac	20	X	X		X		70		X		X		X		X		X		X		X		65	
O.R. OUT																								
SUBTOTAL	145	125		200		250		200	70	200	150	37	38	37	38	40	40	100	66	67	66			
TOTAL	145	270		470		720		920	990	1190	1340	1377	1415	1452	1490	1530	1570	1670	1736	1803	1869			
BALANCE																								

(1670 over 150 to 75 to [illegible]) 1670

2919 1969 2019

2370 3700 [illegible] WT

MEDCOM - 19757

b(6)-2

INITIAL SHIFT ASSESSMEN

		Time: 0000 Initals: [redacted]	Time: 1900 Initals [redacted]
NEURO	Pupils	Pupils 2-3mm +brisk. Moves all extremities. Alert and appropriate	3MM BRISK EQUAL
	Sensorium		MAE
	LOC / GCS		ALERT
CARDIAC	Cardiac Rhythm	NSR c̄ HR in upper 80's. Palpable pulses in all extremities. Cap refill < 3 seconds. No evidence of JVD or edema noted @ present time.	ST c̄ HR 100s ∅ ectopy. PP ALL EXTREMITIES c̄ CAP REFILL < 3 SECONDS THROUGHOUT
	PRI: / QRS:		
	Pulse Strength		
	Cap Refil / JVD		JVD ∅
	Edema		1+ TRACE EDEMA
	Chest Pain		
RESP	Respiratory Pattern	Lungs CTA bilaterally. O_2 sats 96-100% on room air.	BBS CTA c̄ EQUAL UNLABORED BREATHING. RR 20s.
	Breath Sounds		
	Secretions		∅ SECRETIONS
	Cough		∅ COUGH
			SaO2 97-100% ON RA
SKIN	Color	Color normal for race. No evidence of skin breakdown noted @ present time.	NORMAL FOR RACE
	Integrity		INTACT ∅ SKIN BREAKDOWN PT
	Backside		ABLE TO SHIFT OWN WEIGHT
			AND TURN SELF PRN.
IV	Access Devices	18ga (L) AC, 18ga (R) AC c̄ LR infusing @ 150cc/hr. (R) femoral cordis + (R) radial A-line	(L) AC 18G, (R) AC 18G c̄ LR @ 200CC/HR. (R) FEMORAL CORDIS PATENT AND (R) RADIAL A-LINE CORRELATING c̄ NIBP.
	Location		
	Condition		
GI	Abdomen	Abdomen round + tender c̄ bsgl x7 noted, clean, dry, intact. Hemovac draining moderate amt of bloody drainage.	ABD SLIGHTLY DISTENDED AND ROUND c̄ (+) TENDERNESS IN PERITONEUM. c̄ DRESS INTACT c̄ ∅ DRAINAGE. HEMOVAC IN PLACE c̄ SANGUINEOUS DRAINAGE NOTED IN BULB AMT.
	Bowel Sounds		
	Stoma/Ostomy		
GU	Device	Foley to gravity draining adequate amt of yellow urine	FOLEY TO LIS c̄ LIGHT YELLOW/BROWNISH DRAINAGE. FT c̄ CLEAR YELLOW QS.
	Color / Clarity		

PREPARED BY (Signature & Title) [redacted] b(6)-2 CPT/BN

DEPARTMENT/SERVICE/CLINIC ICU #1 [redacted] b(2)-2

DATE 19 Sep 03

PATIENT'S IDENTIF[redacted] (Type or [redacted] written entries give: Name – last, first, middle; grade [redacted] hospital or medical facility)

NAME: [redacted]

RANK: AGE:

UNIT: b(6)-4

GENDER: ♂

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

PT NAME [redacted] Ox. Gunshot wound S/P Ex Lap

ID# [redacted] DATE 19 SEPT 03 (20) Friday — Saturday

Abd - 12 x 4cm

18G (R) NGT 1 18G Atkin Hemo vac Foley catheter FCL 16F

	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	75/46	75/63	87/52	87/53	75/58	67/52	90/50	-	114/58	123/60	106/55	109/60	94/57	104/63	102/60	97/64	96/62	104/56	104/76	94/59	101/77	109/70	112/65	109/81
BP NIBP	83/53	99/59	99/58	93/62	93/60	89/57	93/64	99/59	105/64	109/116	108/58	114/66	110/65	108/65	106/60	109/65	109/61	112/64	115/65	112/58	115/67	114/68	117/68	117/69
TEMP	97.5					97.0			98.3							98.6						98.6		
PULSE	89	97	105	109	111	116	109	106	107	100	109	106	106	107	110	109	106	106	112	109	107	102	105	113
RESP	20	22	23	21	15	13	22	28	20	17	20	27	21	21	19	22	22	21	22	26	28	22	25	24
SP02	98%	99%	97%	97%	97%	97%	99%	97%	97%	99	98	96	97	98	97	97	96	95	95	94	96	96	97	99
FIO2	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	2L	2L	2L	2L
MAP	66	75	113	74	67	71	67	74	79	75	70	77	76	79	80	76	73	72	84	74	80	83	86	89
INPUT																								
IV	150	150	150	150	150	150	150	150	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	2
NS								50								50								
Bolus		1000																						
Albumin						500																		
								350																
PO																								
(R) NGT																								
O.R. IN																								
SUB TOTAL	150	1150	150	150	150	650	150	550	200	200	200	200	200	200	200	250	200	200	200	200	200	200	200	2
TOTAL	150	1300	1450	1600	1750	2400	2550	3100	3300	3500	3700	3900	4100	4300	4500	4750	4950	5150	5350	5550	5750	5950	6150	6
OUTPUT																								
URINE FIC	100	100	100	100	50	40	40	70	70	90	90	100	50	65	65	50	50	100	50	75	75	100	75	
NGT												300												
STOOL																								
Hemo Vac	240		340		270		240		140		200		50		25		25		90		95		75	
O.R. OUT																								
SUBTOTAL	340	100	440	100	320	40	280	70	210	90	90	400	50	65	65	50	50	200	50	75	75	100	75	75
TOTAL	340	440	880	980	1300	1340	1620	1690	1900	1990	2080	2480	2540	2605	2620	2720	2770	2970	3020	3095	3170	3270	3345	3420
BALANCE																								3520

MEDCOM - 19759

INITIAL SHIFT ASSESSMENT

		Time: 0615 Initials: [redacted] b(6)-2	Time:	Initials:
NEURO	Pupils	PERRL@2mm		
	Sensorium	Pt Alert		
	LOC / GCS			
CARDIAC	Cardiac Rhythm	ST HR112 ⊕ radial & pedal		
	PRE / QRS	pulses bil. Cap refill < 3sec		
	Pulse Strength	@ finger nail & toenail beds		
	Cap Refil / JVD	bil.		
	Edema			
	Chest Pain			
RESP	Respiratory Pattern	= rise & fall of chest bil.		
	Breath Sounds	diminished ⊕ lobes bil. Clear		
	Secretions	↑ lobes		
	Cough			
SKIN	Color	WNL for race		
	Integrity	edema noted to ⊕ lumbar area		
	Backside			
IV	Access Devices	central line (R) subclavian	IV (L) AC redness noted. Wiped	
	Location	SSS of entry site. Dry & intact	NC.	
	Condition	noted. NS 5.15 = 20kl @ 75 cc/hr		
		via proximal line. Medial & distal lines flush well.		
GI	Abdomen	ABD soft nondistended. BS⊕		
	Bowel Sounds	in all 4 quads. Midline incision		
	Stoma/Ostomy	= Sw. Strips CDI. Hemoc		
		to (R) LQ intact = DSG small amt		
		blood drainage noted on DSG.		
GU	Device	Foley to gravity = amber		
	Color / Clarity	color urine noted in foley		
		bag		

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU #1 [redacted] (b)(2)-2

DATE

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

NAME: RANK: AGE:

UNIT: GENDER:

STATUS: US: AD / CIV IRAQI: CIV / EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700, MAY 78

USAPPC V2.00

EPW
37 y/o S/P Ex lap
PTS NAME [redacted]
19 SEP 03

H/H Hgb 7.2 HCT 24 3-2
US Sal Pregnancy Negative
OPOS → AS POS
463 4021
1 Unit Blood
1420 – 1554

OPOS → AS POS
463 4002
2nd Unit Blood
1625 to 1820

22-23 SEP 03

DATE

Hgb 9.7 → 3.7

H/H Hgb 11.9 HCT 33.9
Log Pregnancy
Sign 2nd Unit
Chart
CK Blood #

Neuro:
CV:
RRS
GI NPO
GU: FIC 16F
Skin
B/S:

NT
III SC
16G
FIC 16Fr

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
IBP INV																								
NIBP	117/76	116/70	125/85	120/67	114/71	116/73	119/72			123/80	120/76	112/67	133/80	128/84	123/79	115/83	129/77	123/80	127/87	125/79	113/75	121/74	127/73	
P	98	98	98	98	99	98	98			98	99	99	99	99				98				99		99
BSE	112	111	102	109	105	104	103			105	102	102	102	113	109	114	112	110	124	112	111	107	110	108
RESP	23	29	23	31	28	30	28			41	20	26	25	29	25	25	26	30	32	12	30	29	12	34
SPO2	95	97	97	97	96	97	97			97	98	98	98	97	99	97	97	98	97	97	97	97	97	97
FIO2	6L	6L	6L	6L	6L	6L	6L			6L	6L	6L	6L	6L	6L	6L	6L	6L	10	10	100%	10L	10L	10L
Method	NC	NC	NC	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	SFM	NRB	NRB	NRB	SFM	SFM	SFM
INPUT																								
IV	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125
MEDS Ancef Atrovent								50								50 / 75cc	Meds + Blood							50
PO Blood								450				450												
NGT																								
O.R. IN																								
SUB TOTAL	125	125	125	125	125	125	125	625	125	125	125	575	125	125	125	200	125	125	125	125	125	125	125	125
TOTAL		250	375	500	625	750	875	1400	1525	1650	1775	2350	2475	2600	2725	2925	3050	3175	3300	3425	3550	3675	3800	3925
OUTPUT																								
URINE	200	100	100	100	50	100	275	175	200	350	225	250	200	200	200	200	200	125	125	125	125	125		
NGT																								
STOOL																								
Hemorrage Stuff											50													30
LABS																10								
O.R. OUT																								
SUBTOTAL	200	100	100	100	50	100	275	175	200	350	225	250	200	200	200	200	200	125	125	125	125	125	100	100
TOTAL	200	300	400	500	550	650	925	1000	1200	1550	1825	2075	2275	2475	2675	2875	2975	3100	3225	3350	3475	3525	3675	3775
BALANCE																								

10:30 H/H 7.7 g/dl – 23% ↓ decreased to 22.0 cm Blood H/H

↓ 200
170

MEDCOM - 19761

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: Post-Anesthesia Care Unit (PACU) Flow Sheet

OTSG APPROVED (Date)

Date: 19 SEP 03
Time In: 0352
Allergies: NKDA
Pre-op V/S: 80/40 P96
Procedures: EX LAP

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

OR Intake: Crystalloid 4200 Colloid 1u PRBC
OR Output: UOP 300 EBL 500
Meds/Times: 250 Fent / 10mg MSO4

F

Drains: Hemovac, NG, JP, T-tube, Foley, TLS

Airway: Nasal, Oral, ETT, Trach, Other

Pre Op Meds

History

Time	0300	0310	0420	0430	0440	0500	0530	0600
SaO2	93	99	100	99	100	98	99	100
FIO2	RA	RA	RA	RA	RA	RA	RA	RA
Methods								
240								
220								
200								
180	59/26	55/26	53/26	53/27	52/25	53/27	53/27	53/26
160								
140								
120								
100								
80								
60								
40								
20								
RR	10	10	10	14	13	15	22	12
T	96.6							
Time								
Pain (0-10)								
LOS								

Patient teaching done; Wound Care, Pain Management,
T, C, & DB., Incentive Spirometer, Comfort Measures
Safety: SR up X 2, Falls Precautions. Privacy Maintained

Pacu Intake

Time	Solution	Amount	Site	By	Infused
0530	Ancef	50	IV	MZ	50

X-rays:

Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	/	/	/
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	9	9	9

Codes:
AIRWAY
A = Ambu
BB = Blow-by
M = Mask
FT = Face Tent
RA = RoomAir
NC = Nasal Cannula

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

(Continue on reverse)

PREPARED BY (Signature & Title): [redacted] RN

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 19SEPT03

b(6)-2

[redacted] form if for typed or written entries give: Name (last, first, middle; grade; date; hospital or medical facility)

#[redacted]

b(a)-4

☐ HISTORY/PHYSICAL
☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION
☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete USAPPC V2.00

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

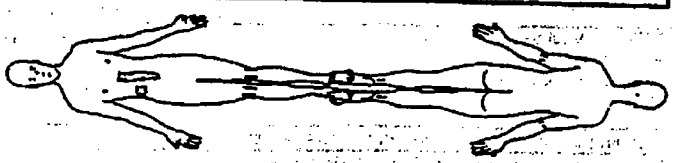
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	Midline abd		C/D/I
30'	" "		" "
60'	" "		" "
D/C	" "		" "



PACU OUTPUT

Time	Source	Color/Appearance	Amount
0440	Hemovac	bloody	500cc
0540	Hemovac	bloody	225cc
0540	Foley	clear yellow	100cc

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

NURSING NOTES

b(6)-2

See progress Note - [redacted] N/A

Discharge Criteria:
Date: Time: PARS:
BP: T: HR: RR: SaO2:
Pain Level at D/C (0-10):
Intake: _____ Output: _____
Additional Data: _____
Transferred To: _____
Report Given To: _____
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: _____
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: _____

WAMC OP 173-E

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

b(6)-2

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

NEURO	TIME	0700	INITIAL [redacted]		INITIALS	INITIALS
	PUPILS	1mm pupils NR	1mm nonreactive			
	SENSORIUM	Sedated c̄ Versed	sedated c̄ versed 5mg			
		MS04, paralyzed	MS04 5mg, vecuronium			
		c̄ vecuronium	7mg			
RESPIRATORY	RESPIRATORY PATTERN	#8 ETT 24cm @	Vent SIMV R16 P5 TV800			
	BREATH SOUNDS	teeth SIMV 16 TV800	FIO2 45, #8.0			
	SECRETIONS	peep 10 FIO2 45% sats	24c teeth. Coarse BBS			
		98% LS CTA	thick blood tinged			
		thick yellow	yellowish secretions			
		secretions				
SKIN	COLOR	W+D, midline	W/D; ABD incision			
	INTEGRITY	abd incision c̄	intact c̄ steristrips			
		steristrips				
IV SITE	LOCATION	(R) SC TLC (L) art	(R) SC Triple lumen			
	CONDITION	18G (L) rad A-line	(L) Rad Aline, PIVX1			
		Ø S/S infection	Ø SS infiltration			
		noted D5½NS	or infection			
		c̄ 20 meq KCL @ 125 c/h	patent			
GASTRO	ABDOMEN	(R) nare NGT → LIS	Round distended			
	BOWEL SOUNDS	↓ BS x4 quads	Absent bowel sounds			
		Ø BM abd soft	soft to touch			
		non-distended				
GU	URINE:	Foley drng dk	amber urine no			
	COLOR/CLARITY	amber urine	foley cath			
		sufficient amt				
CARDIOVASCULAR	CARDIAC RHYTHM	ST 110's Ø ectopy	ST in 110's weak			
		S1S2 Ø murmur	palpable pulses 1+			
		pulses UE, 2+ LE	UE 2+ LE.			
		Heparin @ 1000u/hr	Ø edema			
		CBC c̄ PT/PTT Q6°				

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU2

DATE: 30Sep03

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

EPW # [redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 30 Sep03 | DX S/P GSW (R) Flank/pelvis | HOSPITAL DAY 12

	TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	~~24~~
VITALS SIGNS	BP Arterial Line	107/67	113/107	90/48	107/58	102/56	117/66	121/68	123/68	112/56	110/60	105/53		109/65	132/75	123/68	112/62		
	BP Cuff																		
	Temperature			100.2						101°				101.6			100.5		
	Pulse	112	107	112	114	111	106	109	103	111	107	105	123	107	111	109	100	107	
	Respiratory Rate	16	16	16	18	17	16	19	19	16	18	17		16	27	19	16	16	
	FiO_2	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	
	Sats	99	98	94	97	98	97	96	96	94	96	97		96	96	97	96	95	
	Source	Vent	vent	vent	vent	vent	Vent	vent	Vent	vent	vent	Vent	vent	vent	vent	vent	vent	Vent	
	Peep	10		8		6		5										5	
	Suction			X	X	X		X		X		X							
	Turn			R		B		L		B		R							
INTAKE	TIME									8° T									8° T
	maint	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	125	
	Heparin	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
	MSO4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
	Versed	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
	Vecuronium	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	IVPB	50	50	250	100		100						100		250				
	Bolus																		
	Subtotal	209	209	409	259	159	259	159	159	159	159	159	259	159	409	159	159	159	
	TOTALS	209	418	827	1086	1245	1504	1663	1822	1981	2140	2299	2558	2717	3126	3285	3444	3603	3603
OUTPUT	URINE HOUR	110	100	110	160	300	320	200	120	170	170	150	130	160	200	200	200	210	
	URINE TOTAL	110	210	320	480	780	900	1100	1220	1390	1560	1710	1840	2000	2200	2400	2600	2810	3210
	URINE sp gr																		
	URINE S/A																		
	NG OUTPUT											400							
	NG pH																		
	NG GUIAC																		
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS																		

POST-OP DAY 11

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS	24	01	02	03	04	05	06		
	110/58		129/76	133/73		107/59			
				101			100.3		
	110	107	104	112		102	102		
	16	16	16	16		17	29		
	45	45	45	45		45	40		
	95	96	98	98		97			
	Vent								
	5					5			

INTAKE									8° T
	125	125	125	125	125	125	125		
	20	20	20	20	20	20	20		
	5	5	5	5	5	5	5		
	5	5	5	5	5	5	5		
	4	4	4	4	4	4	4		
	100								
	259	159	159	159	159	159			
	259	418	577	736	895	1054			

OUTPUT									
	210/210	200/410	150/560	80/640	80/720	160/880	200/1080		

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ARTERIAL BLOOD GAS	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

DAILY LIVING ACTIVITIES	TIME			
	MOUTH CARE			
	BATH			
	SKIN CARE			
	FOLEY CARE			
	TRACH CARE			
	ROM EXERCISES			

TURN	TIME				
SUCTION					

24° I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S SIGNATURE	INITIALS

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0623	INITIALS [redacted]	b(6)-2	INITIALS [redacted]		INITIALS
NEURO	PUPILS	2mm sluggish		2mm sluggish but			
	SENSORIUM	Sedated c̄ versed and MSO4		reactive. Sedated			
		paralyzed c̄ Vecuronium		versed 5, MSO4 5mg/hr			
				vecuronium 4mg/hr			
RESPIRATORY	RESPIRATORY PATTERN	#8 ETT, 24cm @ teeth		Coarse, breath sounds (R)			
	BREATH SOUNDS	SIMV, Rate 16, TV 800 FIO2 40%		↓ BS LLL			
	SECRETIONS	thick yellow secretions from		COARSE BBS = chest			
		ETT, thick clear secretions		expansion vent SIMV			
		from oropharynx, cuff inf		R16 PS TV 800 40%			
		and full at least		thick copious amt clear secretions			
SKIN	COLOR	Normal for Race		Normal			
	INTEGRITY	Midline incision intact		intact c̄ midline			
		(R) flank dressing C/D/I		incision well approximated			
IV SITE	LOCATION	(L) forearm cath, C/D/I		(L) FA, (R) SC Triple			
	CONDITION	(R) Central line C/D/I		lumen. Site CDI			
		L radial A-LINE		PSSI. patent triple lumen			
		secured, site C/D/I		except ÷ port ( )			
GASTRO	ABDOMEN	Ø BS, ND, Soft		round soft			
	BOWEL SOUNDS			absent bowel sounds			
				midline ABD incision			
GU	URINE:	Foley to gravity,		foley amber			
	COLOR/CLARITY	Amber colored urine 7		urine 7100/hr			
		30cc/hr					
CARDIOVASCULAR	CARDIAC RHYTHM	ST Rate 100-110		ST c̄ HR 110's			
		S1S2, Ø ectopy		edema			
		UE - +1 pulses		palpable pulse 2+			
		LE - +2 pulses, Ø edema		(R)			

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] SSG b(6)-2

DEPARTMENT/SERVICE/CLINIC

DATE 1 Oct 03

PATIENT LABEL (Place here or typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

EPW # [redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE	DX													HOSPITAL DAY				
VITAL SIGNS																		
TIME	07	08	09	10	11	12	13	14		15	16	17	18	19	20	21	22	
BP Arterial Line	111/60	110/59	114/62	114/65	108/60	120/69	120/69	118/70		110/64	131/70	115/59		121/61	130/60	149/76	120/59	
BP Cuff							100/60	112/64		102/64	113/62	117/69	119/60					
Temperature	99.9	99.7	99.6	99.6	99.4	99.7	99.0	98.7		98.7	98.6	97.0	98.0	99.7				
Pulse	104	100	96	93	92	104	100	98		101	97	97	96	101	114	121	117	
Respiratory Rate	17	18	18	16	16	18	17	17		14	16	16	16	16	22	26	16	
FiO2	40%	40	40%	40	40	40	40%	40		40	40	40	40	40				
SpO_2	98	94	98	95	100	97	97%	96		97	96	97	96	98	94	93	93	
Source	Vent	Vent	Vent	Vent	Vent	Vent	Vent	Vent		Vent	Vent	Vent	Vent					
PEEP	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	
Suction	X																	
Turn																		
INTAKE																		
TIME									8° T									8° T
D5 ½ NS + 20K	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
Heparin	20	20	20	20	20	20	20	20		20	20	20	20	20	20	20	20	
MSO4	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	
Versed	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5	
Tobramycin				100														
Cent		100																
Vancomycin	4	4	4	4	4	4	4	4		4	4	4	4	4	4	4	4	
Primaxin				100							100						100	
	160	200	160	359	159	159	159	159		159	259	159	159	159	159	159	259	
TOTALS	160	420	580	939	1098	1357	1516	1675	1675	1834	2093	2242	2401	2560	2719	2878	3137	3137
OUTPUT																		
URINE HOUR	200	270	280	240	280	240	240	260		300	240	280	260	185	400	200	200	
URINE TOTAL	200	470	750	990	1270	1510	1750	2010	2010	2310	2550	2830	3090	3275	3675	3875	4075	4075
URINE sp gr																		
URINE S/A																		
NG OUTPUT	Ø	Ø	50	50	50	Ø	Ø	Ø		100	100	50	Ø					
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06
	113/59	133/72	139/76	126/67	134/73	132/70		
	993				987			
	103	119	121	119	122	119		
	14		23	21	28	32		
	40	40	40	40	40	40		
	95	95	95	95	96	97		
	5	5	5		5			

INTAKE									8° T
	125	125	125	125	125	125			
	20	20	20	20	20	20			
	5	5	5	5	5	5			
	5	5	5	5	5	5			
	4	4	4	4	4	4			
						100			
	159	159	159	159	159	259			
	159	318	477	636	795	1054			

OUTPUT									
	365/365	390/255	120/875	200/1075	200/1275				

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	07	11	15	19	23	03			
	MODE	SIMV								
	F_IO_2	40								
	TV	800								
	RATE	16								
	PEEP	5								
ARTERIAL BLOOD GAS	A pH	7.488								
	A PCO_2	32.6								
	A pO_2	73								
	B HCO_3	25								
	B SAT	96								
	G BASE	1								

LABORATORY	TIME	07								
	GLUCOSE	110								
	Na/K	128/4.0								
	Cl/CO_2	92/24								
	BUN/Cr	/0.6								
	WBC/PLATELET	10/606								
	Hct/Hgb	29.9/9.5								

ACTIVITIES OF DAILY LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24° I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S SIGNATURE	INITIALS
[redacted]	
b(6)-2	

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

				INITIALS
NEURO	TIME	0630	b(6)-2	
	PUPILS	2mm sluggish, PERRLA	2mm sluggish	
	SENSORIUM	Sedated 5mg MSO4, 5mg Versed, paralyzed 4mg Vecuronium	PERRLA MSO4 5mg/hr versed 5mg/hr. rec - D/cont. opens eyes	
		Occasional jerking and response to touch when touched.		
RESPIRATORY	RESPIRATORY PATTERN	Trg ETT, 24cm @ teeth	Ett 24cm @ teeth	
	BREATH SOUNDS	VENT SIMV 16, TV 800, FiO2	Vent SIMV 15 TV 800	
	SECRETIONS	40%, thick clear secretions from oropharynx, coarse (B) lung sounds, equal rise and fall at chest	FiO2 40% LS ~~SIMA~~ NA coarse, equal rise fall chest	
SKIN	COLOR	Normal for race	normal for race	
	INTEGRITY	midline incision intact, ⊘ s/s infection (D) Black c/d/i	good surgery. midline incision intact (D) Black c/d/i	
IV SITE	LOCATION	(1) AC - site c/d/i	(1) AC patent (-) s+s infx	
	CONDITION	(2) SC central line, c/d/i	(2) SC central (-) s+s infx	
		(3) Radial A-line, site c/d/i	(3) Radial alive (-) s+s infx	
GASTRO	ABDOMEN	⊘ BS, soft, distended	⊘ BS soft (-) rigidity	
	BOWEL SOUNDS	⊘ edema		
GU	URINE:	Foley to gravity	Foley to gravity	
	COLOR/CLARITY	Clear amber urine	clear amber	
		>200/hr	>200/hr.	
CARDIOVASCULAR	CARDIAC RHYTHM	ST ∑ ectopy, rate 110's	ST ∑ ectopy rate	
		S1, S2, ⊘ edema	~~100~~ ↓100's	
		Pulses +2 throughout	pulses present x2	
			cap refill brisk	

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

b(6)-2

(Continue on reverse)

PREPA[redacted] 56 91W30MC | DEPARTMENT/SERVICE/CLINIC: ICU-2 | DATE: 2-Oct 03

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

[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 02 Oct 03 | DX | HOSPITAL DAY

VITAL SIGNS	TIME	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	BP Arterial Line	120/67	127/68	116/57	113/53		114/66	107/59	107/59		119/60	108/55	114/60	109/55	102/60	102/59	91/51	94/53 96/55
	BP Cuff																115/63	
	Temperature	98.7	99.7	98.5	98.6	98.4	99.0	97			97.6	97.0	97.6	100.2	100.1	100	100	100 100
	Pulse	115	108	111	110	110	106	104	99		100	103	109	107	104	99	99	109 102
	Respiratory Rate	26	17	19	26	28	30	16	15		18	20	21	19	13	17	13	17 18
	FiO_2	40	40	40	40	40	40	40	40		40	40	40	40	40	40	40	40 40
	SaO_2	97	97	95	95	95	96	97	98		93	94	95	95	95	98	99	98 98
	Source	Vent	Vent	VEN	VENT	Vent	Vent	Vent	VENT		Vent	Vent	Vent	Vent	Vent	Vent	VENT	Vent Vent
	PEEP	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5 5
	Suction	X	X	X	X	X	X	X	X		X							
	TURN	R		L		R		L			R							

INTAKE	TIME									8° T								8° T
	D5½NS 20K	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125 125
	HEPARIN	20	20	20	20	20	20	20	20		20	20	20	20	20	20	20	20 20
	MSO4	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5 5
	VERSED	5	5	5	5	5	5	5	5		5	5	5	5	5	5	5	5 5
	TOBRAMYCIN				100													
	Vecuronium	4	4	Ø	Ø	Ø												
	Primaxin				100							100					100	
	Dobhoff (osmolyte)																	10
			159			150	150	155	155		155	255	155	155	155	155	155	155
	TOTALS	159	318	477	636	786	936	1091	1246		1401	1656	1811	1966	2121	2276	2431	2586 2741

OUTPUT		HOUR / TOTAL	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	URINE		260/260	400/660	400/1060	300/960	200/1160	200/1360	280/1640	200/1840		260/2100	240/2340	240/2580	280/2860	300/3160	175/3335	150/3485	200/3685	195/3880
		sp gr																	
		S/A																	
	NG	OUTPUT	Ø	Ø	Ø	100	Ø	Ø											
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS																		
	TOTALS		260	400	660	1060	1160	1360	1640	1840		2100	2340	2580	2860				3880

POST-OP DAY

VITALS SIGNS	24	01	02	03	04	05	06	07
	99/65	101/64	110/60	102/58	92/60	94/58	92/49	
	120	99	99	100		100		
	100	98	88	104	98	100	100	
	15	16	20	16	16	18	16	
	40	40	40	40	40	40	40	
	98	99	96	99	96	95	97	
	vent	vent	vent	vent	vent	vent	vent	
	5	5	5	5	5	5	5	

INTAKE								
								8 T
	125	125	125	125	125	125	125	125
	20	20	20	20	20	20	20	20
	5	5	5	5	5	5	5	
	5	5	5	5	5	5	5	
					100			
	10	10	10	10	10	10	10	
	165	165	165	165	265	165	165	
2996	3101	3256	3411	3401	3856	4021		

OUTPUT								
	200/400	200/425	200/445	200/465	210/465	240/510	210/531	
							5315	
4030	4255	4455	4655				5315	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME	07	11	15	19	20	21	22	23	24
	MODE	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
	F_IO_2	40	40	40	40	40	40	40	40	40
	TV	800	800	800	40	800	800	800	800	800
	RATE	16	16	16	16	16	16	16	16	16
	PEEP	5	5	5	5	5	5	5	5	5
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING	TIME				TIME				
	MOUTH CARE				TURN				
	BATH								
	SKIN CARE								
	FOLEY CARE				SUCTION				
	TRACH CARE								
	ROM EXERCISES								

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE	INITIALS

MEDICAL RECORD--SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600	INITIALS [redacted] b(6)-2	INITIALS		INITIALS
NEURO	PUPILS	PERRL@2mm. PT Alert				
	SENSORIUM	Intact				
RESPIRATORY	RESPIRATORY PATTERN	= rise & fall of				
	BREATH SOUNDS	Chest bil. No SOB				
	SECRETIONS	noted. Pt coughing				
		mucus sputum tissue				
		@ X's. BS/C TA Bil.				
		Will monitor				
SKIN	COLOR	WNL for race. W&D				
	INTEGRITY	to touch. Midline ABD				
		Incision = steri-strips C/D/I.				
IV SITE	LOCATION	~~Scrotal~~ Scab areas (3) (R)				
	CONDITION	lat. area C/D/I. (D) foot scab				
		area C/D/I. O2@1.5L/Min				
		per NC. IV RLG (R) FA 5				
		5/5 @ infusion or infiltration				
		D5.N5@125cc/hr. Side (R) FA RLG				
GASTRO	ABDOMEN	RLG (D) AC 5 5/5 @ infusion.				
	BOWEL SOUNDS	Flushes well, IV (R) AC HL				
		Aline site red. Aline				
		works, Will inform MD.				
GU	URINE:	ABD soft nontender, Non-				
	COLOR/CLARITY	distended. BS(+) in all				
		4 quads. Foley to gravity				
CARDIOVASCULAR	CARDIAC RHYTHM	= Clear amber urine.				
		HR 120-130's @ X's. ST.				
		(+) radial & pedal pulses				
		Tel. Cap refill < 3sec				
		@ fingertips & toenail beds.				
		LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy				

(Continue on reverse)

PREPARED BY [redacted] (Signature & Title) b(6)-2.

DEPARTMENT/SERVICE/CLINIC ICU 2

DATE 01 OCT 03

PATIENT (If typed or written entries give: Name—last, first, middle, [redacted] hospital or medical facility)

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITALS SIGNS																		
TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
BP Arterial Line	119/78	114/71	PCB															
BP Cuff	102/62	100/64	114/66	90/57	113/69	114/64	103/55	100/56	95/55	110/66								
Temperature	97.7	97.7A	97.5A	97.7A	97.8A	97.3A	98.2A	98.3A	98	97.4								
Pulse	114	111	92	89	96	96	98	94	105	86								
Respiratory Rate	39	27	31	27	20	21	24	29	24	20								
SPO2	97	100	96	97	96	96	96	99	97	97								
O2	.5L	.5L	RA	RA	RA	RA	RA	RA	RA	RA								
Method	NC	NC																
CTPT q2°		MA		MA		MA		MA		MA								
IS	MA	MA	MA	MA	MA	MA	MA	MA	MA	MA								

INTAKE																		
TIME									8° T									8° T
~~PB~~ 0515-20°	125	125	125	125	125	125	125	125	125	125								
IVPB																		
po	350					200												
TOTALS								1550	1575	1690								

OUTPUT																		
URINE HOUR	110	110	52	90	150	100	80	100	100	50								
URINE TOTAL	110	220	320	410	460	560	640	740	840	890								
URINE sp gr																		
URINE S/A																		
NG OUTPUT	150																	
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	24	01	02	03	04	05	06		
INTAKE									8° T
OUTPUT									

ACUITY LEVEL CLASSIFICATION

RESPIRATORY	TIME									
	MODE									
	F_IO_2									
	TV									
	RATE									
	PEEP									
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

DAILY ACTIVITIES OF LIVING	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24*I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday _____	wt Today _____		
INTAKE	OUTPUT		
IV _____	Urine: _____		
po _____	_____		
_____	_____		
TOTAL _____	TOTAL _____		
BALANCE _____			

MEDICAL RECORD–SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED *(Date)* QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0630	INITIALS [redacted] b(6)-2	INITIALS		INITIALS
NEURO	PUPILS	3mm, sluggish, ARRLA				
	SENSORIUM	Alert at times, cooperative				
		Sedated & 5mg MSO4 and 5mg				
		Versed				
		Moves & sensation x 4 extremes				
RESPIRATORY	RESPIRATORY PATTERN	#9 ETT 24cm @ teeth				
	BREATH SOUNDS	Vent SIMV 16, TV 800, Fio2 40%				
	SECRETIONS	↑ secretion in mouth				
		Coarse (B) lung sounds				
		↓ lung sound (R) base				
SKIN	COLOR	Normal for race				
	INTEGRITY	Midline incision intact				
		(R) flank drainage CLOSE				
IV SITE	LOCATION	(L) AC CLOSE				
	CONDITION	(R) SC Triple lumen central				
		line - 2 patent ports				
		(R) radial A-line				
GASTRO	ABDOMEN	BS in LUQ, LLQ				
	BOWEL SOUNDS	NO, NT, Round				
		Dopkott c 10cc IV Ondansetron				
GU	URINE:	Foley to gravity				
	COLOR/CLARITY	Clear amber to yellow color				
		7/100cc/hr				
CARDIOVASCULAR	CARDIAC RHYTHM	Sinus Tachy Rate 100's-110's				
		S1 S2, Ø extra, Murmurs				
		+2 throughout, cap refill				
		< 3 secs				
		BP's 100/52				

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

b(6)-2

(Continue on reverse)

PR[redacted] & Title) [redacted] SSG 9W30MO

DEPARTMENT/SERVICE/CLINIC: ICU-2

DATE: 5-20-03

PATIENT [redacted] (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

#[redacted]

b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DATE 03-Oct-03	DX													HOSPITAL DAY				
VITALS TIME	7	8	9	10	11	12	13	14		15	16	17	18	19	20	21	22	
BP Arterial Line	93/57	99/54	127/69	127/69		122/60	104/54	122/81		118/67	122/71	110/61	130/72	111/59	94/82	82/77	78/73	
BP Cuff														115/68		116/66	115/69	
Temperature	99.7	100.4	100.6	100.3	99.8	99.3	99.3	99.2		98.8	98.8	99.0	99.0	99.1	99.5	99.4	99.6	
Pulse	96	100	102	100	97	97	95	97		112	103	104	101	106	109	102	100	
Respiratory Rate	16	16	30	30	28	26	30	28		30	31	36	30	25	34	36	30	
FiO2	40	40	40	45	45	~~45~~	—	—										
SpO2	97	97	96	96	98	100	93	96		96	95	96	94	95	96	97	97	
Source	vent	vent	vent	vent	vent	vent	RA	RA		vent	vent	vent	vent	Venturi	Venturi	Venturi	Venturi	
PEEP	5	5	5	5	5	~~5~~				50%	50%	50%	50	50%	50%	50%	50%	
SIGNS Respiratory	10	10	10	Ø	Ø	Ø	6	10		6	6	6	D/C	→				
TURN	B	L	R	B	L	R												
Suction	X	X	X	X	X													
INTAKE TIME									8° T									8° T
D5½NS c 20K	125	125	125	125	125	125	125	125		125	125	125	125	125	125	125	125	
HEPARIN	20	20	20	20	20	20	20	20		20	20	20	20	20	20	20	20	
MSO4	5	5	5	5	Ø	Ø												
versed	5	5	5	5	Ø	Ø												
Tobramycin																		
Pimozide																		
Feeding	10	10	10	Ø	Ø	10	10	10		10	10	10	D/C	→				
		165	165	155	145	145	155	155		155	155	155	145	145	145	145	145	
TOTALS	165	320	485	640	785	1115	1270	1425		1580	1735	1990	2135	2280	2425	2570	2715	
OUTPUT URINE HOUR / TOTAL	200 / 200	140 / 340	140 / 480	160 / 640	200 / 840	200 / 1040	200 / 1240	240 / 1440		260 / 1700	260 / 1960	240 / 2200	200 / 2400	200 / 2600	320 / 2920	200 / 3120	200 / 3320	
URINE sp gr																		
URINE S/A																		
NG OUTPUT																		
NG pH																		
NG GUIAC																		
EMESIS																		
STOOL																		
DRAINS																		
DRAINS																		
TOTALS																		

POST-OP DAY

VITAL SIGNS	23	24	01	02	03	04	05	06
	103/59	144/75	143/74	144/75	138/72	121/68	127/66	
	104/57	119/69	124/76	129/67	134/72	115/70	115/70	
	98.1	99.3	99.4	99.0	98.7	99.1	99.5	
	99	94	101	103	103	99	99	
	16	40	32	28	23	40	39	
	94	95	95	97	93	94	94	
	Venturi	Venturi	Venturi	NC	NC	NC	NC	
	50%	50%	50%	4L	5L	5L	5L	

INTAKE									8° T
	125	125	125	125	125	125	125		
	20	20	20	20	20	20	20		
					100				

OUTPUT								
	145	145	145	145	145	145		
	2860	3005	3150	3215	3410	3585		
	170/70	90/660	100/400	160/225	125/350	125/475	150/450	

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA	TIME	07	09	15	19	23	01	04		
	MODE	SIMV	SIMV							
	F_IO_2	40	40							
	TV	800	800							
	RATE	16	8							
	PEEP	5	5							
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

DAILY LIVING ACTIVITIES OF	TIME				TURN	TIME				
	MOUTH CARE									
	BATH									
	SKIN CARE									
	FOLEY CARE				SUCTION					
	TRACH CARE									
	ROM EXERCISES									

24*I&O TOTALS

wt Yesterday _____ wt Today _____

INTAKE		OUTPUT	
IV		Urine:	
po			
TOTAL		TOTAL	

BALANCE _____

NURSE'S SIGNATURE [redacted] INITIALS [redacted]

b(6)-2

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

Offense against Civilian(s) [check one] If "Other" then describe: Running Check pt

- [ ] Arson (I.P.C. 342)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

Offense against Coalition Forces [check one] If "Other" then describe:

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

Apprehending Unit: 3/2 ACR		Location Grid: VIC: FALLUJA	
Date of Incident: (D/M/Y) 9/10/03 to / /	Time of Incident: hrs to hrs	Date of Report: (D/M/Y) / /	Time of Report: hrs

Detainee #:		Key Connected Person: [ ] Victim [ ] Witness	
Last Name: [redacted]		Last Name:	
First Name: [redacted] Given Name:		First Name: Given Name:	
Hair Color: [redacted] BLK	Scars/Tattoos/Deformities:	Hair Color:	Scars/Tattoos/Deformities:
Eye-Color: BRN	Weight: lb / Height: in	Eye-Color:	Weight: lb / Height: in
Address:		Address:	
Place of Birth: IRAQ		Place of Birth:	
Ethn/Tribe/ Sect:	Sex: [X] M [ ] F / Phone#: / DOB D/M/Y: / [ ] Mobile [ ] Regular	Ethn/Tribe/ Sect:	Sex: [ ] M [ ] F / Phone#: / DOB D/M/Y: / [ ] Mobile [ ] Regular
[ ] Passport [ ] Dr. license [ ] Other (specify)		[ ] Passport [ ] Dr. license [ ] Other (specify)	
Document #:		Document #:	

Total Number of Persons Involved: _____ (list names/identifying info on reverse under "Additional Helpful Information")

[ ] Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)	Owner:	
Make:	Color:	VIN:	Number of People In Vehicle:
Model:	Type:	Plate No.:	
Year:	Names of People In Vehicle:		
Contraband/Weapons in Vehicle:			

[ ] Property/Contraband	[ ] Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type:		Model:	Color/Caliber:
Serial No.:	Quantity:	Make:	Receipt Provided to Owner: Yes/ No
Other Details:		Where Found:	Owner:

Name of Assisting Interpreter: CONTACT 3/2ACR FOR Details in 2ACR FSC

Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): Last, First MI	Supervising Officer's Name (Print): Last, First MI
Signature:	Signature:
Email: / Unit Phone: / Date: / /	Email: / Unit Phone: / Date: / /

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? IRAQI MALE RAN Checkpt MANNED BY IP & U.S. FORCES. BROUGHT TO ZACK SURGICAL TEAM & TRANSFERRED TO U.S. HOSP

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses:

How was this person traveling (car, bus, on foot)? CAR

Who was with this person?

What weapons was this person carrying? unknown

What contraband was this person carrying? unknown

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

SKIN AND WOUND ASSESSMENT

MEDICAL RECORD — **PROGRESS NOTES**

Admission Date: 7 Oct 03 Diagnosis: S/P BSW abd 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			

Add the total score — *Total Score:* 20

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 X No__ Location: abd Size:_____ Drainage: Ø
Tubes: — Pins: — Appearance: Skinstrips intact
Dressing change:_____

Burn wound (s): Yes__ No X % BSA_____ Partial_____ Full_____
Location:_____ Size_____
Appearance:_____
Dressing change:_____

Pressure Ulcer (s): Yes___ No X
Stage I, II, III, IV (Circle the one that applies and describe below)
Location:_____ Size:_____
Wound character: Pink____ Moist____ Dry____ Granulation tissue_____ Yellow slough _____ Tunneling_____
Undermining_____ Odor_____ Purulent discharge_____ Eschar_____ Exudates _____
Type of dressing change: Wet-to-dry_____ Comfeel dressing_____ Carrasyn-V Gel_____ Alginate_____

Physician notified/consulted for wound debridement: Yes___ No____ Date/time MD notified _____
CNS notified/consulted for Stage II and greater: Yes____ No_____
Nutrition Referral: Yes_____ No_____
Physical Therapy Referral: Yes_____ No_____
Action taken:_____ Date & Time_____

REGISTER NO.	WARD NO.

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

EPW b(6)-d

[redacted]

PROGRESS NOTES
Medical Record
STANDARD FORM 509

[redacted]

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF								LOCATION (State or Country Code.)
1	2	3	4	5	6	7	8	
A	1	1	D	1		I	Z	

3. REGISTER NUMBER						
9	10	11	12	13	14	15
[redacted]						

NAME (Last, First, Middle Initial) EPW# [redacted] b(4)-4

4. PAY GRADE		5. SEX
16	17	18
EPW		M

6. DATE OF BIRTH (YYYYMMDD)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	
1	9	6	3	0	1	0	1	Ø	4	0	Z	Z	unk

10. LENGTH OF SERVICE			ETS	11. FMP		12. SOCIAL SECURITY NUMBER								
32	33	34		35	36	37	38	39	40	41	42	43	44	45
				~~99~~	20	[redacted]								

b(4)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46: Z	Ø330	—

14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE								
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
			K	7	8									

17. UNIT LOCATION (State or Country Code)		18. MOS							19. TRAUMA	PREV. ADMISSION	
62	63	64	65	66	67	68	69	70	71	YEAR	NO
I	Z								9		X

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: Ø	ICW1	unk

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): unk

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: [redacted] b(2)-2

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: unk

21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYYYMMDD)							
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
								2	0	0	3	1	0	1	5

24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYYYMMDD)							
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
	E	A	A							2	0	0	3	1	0	0	7

LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYYYMMDD)							
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122

LOCAL USE

X: S/P GSW to abn / Bilat ~~lobe~~ lobe pneumo lower

Dx: 86814 86813 86884 E9912 9973 481 78820 8057 8085 879.3 879.5

Px: 5411 544

b(4)-2

ING OFFICER (Signature, as required)	SI[redacted] OF ADMITTING CLERK
[redacted]	[redacted]

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF						2. MTF LOCATION		
1	2	3	4	5	6	7	8	(State or Country Code.)
A	1	1	D	1		I	Z	

3. REGISTER NUMBER							NAME (Last, First, Middle Initial)	4. PAY GRADE		5. SEX
9	10	11	12	13	14	15	EPW# [redacted] b(4)-4	16	17	18
[redacted]									EPW	M

6. DATE OF BIRTH (YYYYMMDD)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACKGROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	
								Ø	3	9	Z	Z	unk

10. LENGTH OF SERVICE			ETS	11. FMP		12. SOCIAL SECURITY NUMBER								
32	33	34		35	36	37	38	39	40	41	42	43	44	45
				99	20	[redacted]								

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH/CORPS
	46		b(6)-4
	Z		

14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE								
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
			K	7	8									

17. UNIT LOCATION (State or Country Code)		18. MOS							19. TRAUMA	PREV. ADMISSION	
62	63	64	65	66	67	68	69	70	71	YEAR	☒ NO
I	Z								9		

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	ICU 2	unk
Ø b(2)-2		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
		unk
[redacted]		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
		unk

21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO						23. DATE OF DISPOSITION (YYYYMMDD)							
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88
5	Ø							2	0	0	3	1	0	1	9

24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (YYYYMMDD)							
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106
A	B	A	A							2	0	0	3	0	9	1	9

27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (YYYYMMDD)							
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122

FOR LOCAL USE

Dx: GSW to (R) flank/Pelivis

b(4)-2

b(4)-2 [redacted]

ADMITTING OFFICER (Signature, [redacted] | [redacted]E OF ADMITTING CLERK

Dr. [redacted]

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTRANT [redacted]	2. NAME (Last, First, MI) UNK				3. GRADE NA	ADMISSION REMARKS
4. SEX M	5. AGE 33U	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC NA	9. ETS NA	10. PREVIOUS ADMISSION NO
11. FMP 99	12. SSN [redacted]		13. ORGANIZATION b(6)-2 NA			14. WARD ICW1
15. FLYING STATUS NA	16. RATING/DSG	17. DEPT./BEN NA	18. BRANCH/CORPS NA	19. UIC/ZIP		20. TYPE CASE NBI
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct From Emt				22. HOURS OF ADMISSION 1950	23. CLINIC SERVICE AEAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK			25. TYPE DISPOSITION 21		26. DATE OF DISPOSITION 10/29/03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK			27b. TELEPHONE NO. UNK		28. DATE OF THIS ADMISSION 9/19/03	ADMITTING OFFICER b(6)-2 Dr [redacted]
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted] b(2)-2					30. DATE OF INTIAL ADMISSION 9/19/03	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

31. [redacted]

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: (R) FEMUR FX / FOOT BURNS

821.10
945.39
998.59
041.19
041.6
E991.2
E849

79.65
86.04
86.22
86.28
93.59
97.16
98.29
86.59

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	41	41

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	41	41

SIGNATURE OF ATTENDING MEDIC [redacted] Dr. [redacted] b(6)-2

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER [redacted]

b(6)-2

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

INDIV of WHO CAME TO ER WITH (R) BUMBREL X-FIX, 22 DAYS OLD, WITH LARGE DRAINING WOUND POSTERIOR (R) THIGH AND BURNS TO FOOT.

PMH ?

PSH ?

MEDS - KEFLEX

NKDA

PHYSICAL EXAMINATION

HEENT - WNL

NECK - SUPPLE

EXT - (R) LEG WITH X-FIX, DRAINING WOUND POSTERIOR THIGH. PULSES 2+ (=)

FOOT - BLUE TINGE, BURNS ON SOLES OVER TOES MT HEADS

PROGRESS *(Enter date of discharge and final diagnosis)*

X-RAYS - COMMINUTED FX (R) MIDSHAFT FEMUR BUCKLE MAL OK

(R) OPEN OR ZONE III (R) FEMUR FX.

(R) I&D IN OR

SIGNATURE OF [redacted] b(6)-2

PATIENT'S IDENTIFICATION	DATE	IDENTIFICATION NO.	ORGANIZATION
(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)	19 SEPT 03		
[redacted]		REGISTER NO.	WARD NO.

b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
...R (41 CFR) 201-45.505
...BER 1975
USAPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

16 SEP 03 Orthopedic Op Note

1540

Pre-Op Dx: Open (R) femur fx

Post Op Dx: same

Procedure: I&D (R) femur

Surgeon [redacted] b(6)-2

Anesthesia: MAC

Findings: No dead bone fragments, well vascularized

PLAN: ABX beads 26 Sept 03.

b(6)-2 [redacted]

16 SEP 03 Orthopedic Op Note

1002

Pre-Op Dx: Open (R) femur fracture

Post Op Dx: same

Procedure: I&D (R) femur

placement of ABX beads

Surgeon [redacted] b(6)-2

Anesthesia: MAC BUPIVACAINE 400 cc 2% [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

[redacted]

b(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
	Findings - Wound without fresh pus 6 days irrigation, Two strings of tobramycin beads placed, and skin edges approximated pk #7 PDS. dressed in Dobard pouch
	Plan - PIV <12hr
	recheck in 5-7 days
	[redacted]
	b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES b(6)-2

DATE	NOTES
30 Sep 03 0700	– Assumed care pt. A+O×3. VSS c/o pain or discomfort @ this time. External fixator to (R) LE intact dressings to bilat feet CDI. sylvadene cream applied to burns wings clear HRRR. Active BS ×4 quads. Will cont to monitor — [redacted] /WMG.
(2015)	Pt alert, VSS, c/o pain to (R) leg. II Percocet given c̄ relief. ex-fix to (R) thigh - pin care done. drsg's CDI. Drsg to feet CDI. Silvadene applied burns. (+) pulses. voiding mod. yellow urine via urinal. Gentamycin unflushing @ this time to (R) wrist s̄ complication. Restraints on (+) circulation. Will monitor — [redacted] /WMG, SPC
1 Oct 03 0700	– Assumed care sleep @ this time. VSS External fixator to (R) LE intact. plastic dressing to thigh c̄ 4×4 dressing wrapped and secured c̄ kerlix for drainage. Dressing intact. Dressing to bilat feet sylvadene cream applied CDI. IV ABx therapy cont. ∅ evidence of distress. Will cont to monitor — [redacted] /WMG
(1750)	I concur c̄ above assessment. [redacted] /WA

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

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

b/c of 2 A11

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
10CT.03 1915	Pt A+OX3, VSS, LS CTA(B), (+)BS x4, Ex Fix to (R)LE, dsg's around Ex Fix CDI, dsgs to toes (B) CDI, pt medicated for pain ≈ 2 percs, HL IV (R) wrist intact ≈ s/sx of infx or s/sx of poor circulation or skin break down on pts of restraint. [redacted]
2015	Dsg on (R) LE Δ'd, blood drnge noted + smell, packing covered ≈ surgi pads + kerlix for drnge. [redacted]
10ct03	2100: I concur ≈ above assessment. [redacted]
20CT03@1400	Received pt resting in bed, VSS, A+OX3, speaks Arabic. Tol po. HL to (R) wrist patent + intact, fluids easily. (R)LE dsg Δ'd and pers care done. Bilat feet dsgs Δ'd, silvadene cream applied, wounds cleaned w/ NS. Sigs. Tol po, medicated w/ 1# percocet for pain and 5mgs morphine prior to dsg Δ. Restraints on per CAU protocol, c̄ breakdown noted. c̄ other remarkable assessments @ this time. Will cont to monitor. [redacted]
20ct03@2245	Assumed care @ 1800; All VSS, pt A+OX3; (+)CMS to (R)LE, IV intact, pain cont, coiled ≈ percs; Ex-fix in place, dsg intact; abd applied, wrapped ≈ Kerlix Fordings; minimal drng noted; dsg to Bilat feet Δ'd; silvadene applied, wrapped ≈ Kerlix; K SL patent; cont ≈ IVabx; pt voiding ≈ diff; pin care complete, ~~[illegible]~~ (-)drng noted; Restraints in place, (+)circ, (-)skin break d/t; cont to monitor [redacted]
3oct03@0100	SL infiltrated, New one started in (L) Ed, patent ≈ s/sx infection/infiltration [redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

3 Oct 03 1137 Received pt resting in bed, USS, tol po, A+Ox3, arabic speaking. IV to (L) wrist patent & intact, flushes easily. (R) LE pin care done with iodine swabs & 1/2 strength H_2O_2. Ø purulent drainage noted. LE (R) gauze ~~drainage~~ [redacted] dressing Δ'd, serous drainage noted to old dsg, foul odor noted. Bilat feet dsg Δ'd, Silvadene cream applied. Pt able to reposition self for most needs, assistance occasionally needed. Restraints on per CPW protocol, Ø skin breakdown or circulation issues noted. Will cont to monitor pt. [redacted] (AN) b(6)-2

03 Oct 03 @ 2245 Assumed care @ 1800; A&O USS; pt ↑SO, pain controlled ⓒ percs & MSO4 for dsg Δ; dsg to R Ex-fix in place, pin care complete ⓒ 1/2 strength H_2O_2, minimal amt of purulent drainage noted; dsg Δ'd minimal amt of drainage on old dsg, wound malodorous; (B) Foot dsgs Δ'd & silvadene applied; Ø significan Δ's in assessment; Restraints in place, (+) circulation, (−) skin breakdown, cont to monitor b(6)-2 [redacted]

4 Oct 03 pt A+Ox3 USS, IV L wrist Ø patent, IV started @ forearm, flushes easily, pin care complete 1/2 strength H_2O_2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

b(6)-4

[redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
4 Oct 03	minimal drainage noted, drsg Δ behind knee. some drainage noted from opsite drsg, with some odor, drsg changed bilat on feet + silvadene wnl healing well wounds appear reddish-pink, pt bu via poop chute restraints x2 in place ⊕ circulation [redacted] (1700) I concur c̄ above assessment. [redacted]
4 Oct 03 ⊙	Assumed care @ 1800; AIIVSS, pt A+Ox3, pain controlled c̄ percs, ⊕ cns throughout, Neurovascularly intact; dsg to (B) Feet Δ'd c̄ silvadene, healing well; ~~pt~~ ex-fix in place, pin care complete c̄ ½ strength H_2O_2; abd pads applied to affected leg wrapped c̄ Kerlix, minimal drainage noted; pt voiding c̄ diff. SL patent & easily flushing, restraints in place [redacted] ⊕ circ. ⊖ skin break ↓, cont to monitor.
5 Oct 03	pt A+Ox3, WN, IV ⓡ forearm patent pincare complete, pt c/o pain frequently given ⅟ percs for pincare pain, drsg Δ'd, minimal drainage from opsite drsg, drainage dark red with a strong odor, silvadene applied to feet wounds appear reddish pink [redacted] restraints x 2, ⊕ circulation, skin integrity intact. Spc [redacted]
5 Oct 03	1700 I concur c̄ above. Will [redacted] monitoring. Pt tolerating dinner well [redacted]
5 OCT. 03 2000	Pt A+Ox3, VSS, medicated for pain c̄ 2 percs, LS c̄ TA (B), ⊕ BS x4, Ex Fix on (R) thigh, dsg on posterior thigh saturated c̄ yellowish red drainage coming from opsite, odor noted, dsg's on toes (B) CDI, ⊖ sx of poor circulation on pts of restraints or skin break ↓. [redacted] GIII

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
06OCT03	(cont.) Drsgs to feet ∆d this am. Ø s/sx infection @ burn sites. Silvadene applied to wounds. IVFs infusing into IV in (R) forearm ∃ s/sx infection/infiltration. Voiding ∃ difficulty. Td po well. Will SL ⊽ dinner. 2 point restraints in place ∃ s/sx ~~infection/infiltr~~ [redacted] complications. Will continue to monitor. b(6)-2 [redacted] unaw
6OCT03	Pt resting in bed, A+OX3, VSS, dsg on (R) LE CDI, opsite ∃ abx in place, Ex Fix (R) thigh elevated ∃ blanket, pain controlled ∃ percs, voiding to urinal, c/y urine, dsg on toes [redacted] (B) CDI, IV HL (R) FA intact, flushes well, Ø s/sx of infex, abd soft + flat non tender, Ø s/sx of poor circulation or skin breakdown on pts of restraint. b(6)-2 [redacted] aw
7 oct 03 0700	Assumed care pt. A+O x3. U[redacted] Ø c/o pain or discomfort @ this time. External fixator to (R) LE incision to posterior thigh packed ∃ antibiotic beads. Lungs clear HRRR. Active BS x4 quads. Void QS per urinal. Bilat feet dressing CDI healing Ø s/s of infection denying ambulation. Will cont to monitor [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME: LAST	FIRST	MI	SPONSOR'S ID NUMBER (SSN or Other) b(6)-2

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO. ICW#1

#[redacted]

b(6)-4

PROGRESS NOTES
Medical Record
STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
7OCT03 2045	Pt resting in bed, A+O×3, VSS, Ex Fix to (R) thigh in place, opposite ≈ abx beads placed on posterior (R) thigh CDI, kerlix wrapped around oppsite to prevent saturation, pin care given, ∅ s/sx of infex, pedal pulses equal bilat, dsg on toes (B) CDI, pain controlled ≈ percs, IV d/c'd due to pain + swelling from infiltration, will start new IV in AM, 2 pt restraint in place, ∅ s/sx of poor circulation or skin breakdown, LS CTA (B), abd soft flat nontender, (+) BS×4. [redacted]
8oct03 0200	Assumed care of pt. A+O x3 VSS ∅ c/o pain or discomfort @ this time. Bilat feet burns healing dsg change CDI. External fixator to (R) LE serous drainage to chuck 4×4 sponges and kerlix wrapped. Will cont to monitor [redacted]
	(1750) I concur ≈ above assessment. [redacted]
8Oct03	1920=VSS, ∅c/o pain @ present, A+O×3, Ex fix to (R) femur intact, continuing pin care BID & PRN ΔS, Dsg CDI right now, Δ @ HS tonight, Dsg's to (B) feet CDI, neurovascularly intact, 2+ pedal pulses (B), (R) LE edema noted, reinforced BR, IVHL to (L) AC flushed & patent, continuing IV antibx around the clock,

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
8/03@1920	(continued) - x2 restraints on, ⊖ skin breakdown noted, tolerates PO well [redacted] adequate UOP, continue to monitor

b(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

...THORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
9 OCT 03 0850	Assumed pt. care @ 0800. Pt. A+O x 3. VSS. lungs CTA. ⊕BS x4. ⊕strong pulses x4. AL @ RC patent to flush. Ex-fix to ⓡ leg ī dressing CDI. Edema to ⓡ lower leg. Dsing to ⓡ and ⓛ foot CDI. Pt. speaks arabic but understands instructions. c/o pain to ⓡ leg but tolerable ī meds. Will continue to monitor — b(6)-2 [redacted] 9 Iwas6
9 OCT 03	1050: Dressing A complete. Pin care done. No signs of infection or foul odor noted. [redacted] 9 Iwas6
9 OCT 03	1330: Pt. c/o 7/10 pain to ⓡ leg. ī Percocet administered. Will cont to monitor — [redacted] 9 Iwas6
9 OCT 03	VSS. AO. DSG's CDI. ⊕ pulses to RLE. Provided AB ī as ordered. Provided 2 pancaks for 5/10 leg pain. Cont to monitor — b(6)-2 [redacted] sw
10 OCT 03	(1225) Assumed care of pt @ 0800 ī report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled ī Percs/TID motrin. Pt OOB to chair - tol. well. Personal hygiene done by pt. Dsg to RLE reinforced ī abd pads and Kerlex wrap. Pin care on ex fix on RLE done. Pt able to move all toes. Skin warm/dry to touch. ⊕ pedal pulses equal bilat. SL in ⓛ

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

#[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
10OCT03 (1225)	(cont) forearm flushes well s̄ s/sx infection/infiltration Kerlex dressgs applied to feet for comfort. Tol. reg diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ s/sx complications. Will continue to monitor. b(6)-2 [redacted]
11 OCT 03 0127	VSS. AO. LSCTAB. (+) pulse to RLE ē ck ≈ 2 seconds. Performed self care on pins and assisted ē DSG change to wound site. DSG's intact to both feet & calf. Voiding light amber urine, amount sufficient. b(6)-2 [redacted]
11OCT03	(1625) Assumed care of pt a) [redacted] p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled ē Percs. Ex fix in place on RLE. Pin care done this am. Drsg to RLE reinforced ē abd pads/Kerlex wrap. Feet open to air. Burn sites healing well. SL in (-) forearm flushes well s̄ s/sx infection/infiltration. Tol. reg. diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ s/sx complications. Will cont. to monitor. b(6)-2 [redacted]
	(1700) Pt OOB to BR. Amb ē crutches s̄ difficulty. monitoring. b(6)-2 [redacted]
11OCT03	2000: VSS, ∅/10 pain, resting in bed, OOB ē crutches PRN, IV HL to (L) AC running Gent IV @ this time. (R) LE ē ex fix in place, pin care BID (doing tonight @ HS) & Dsg Δ's. Neurovascularly intact, (R) LE ↑, (+) edema, (R) foot burns healing well. - Open to air.

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
110ct03	continued @ 2000 = continuing contact precautions, continuing IV antibx, pain mgt, x2 restraints & skin breakdown assessed, will monitor for acute Δ's. b(6)-2 [redacted]
110ct03	2100 = pin care done, Dsg to (R) femur Δ'd & pt assisted c̄ care under supervision. Scant serosang drainage noted, will continue to monitor. b(6)-2 [redacted]
110ct03	2245 = IV leaking to (L) AC D/C'd intact. restarted 18G to (R) AC - patent. b(6)-2 [redacted] Received pt resting on bed, VSS, tol PO, ao x3. Medicated w/ ii percocets for pain. Dsg to (R) femur & Bilater feet (balls & toes) c/d/i. 18g (R) ac intact, ∅ redness or swelling noted. IV abx cont, will medicate pr MAR as appropriate. OOB & amb w/ crutches, safety present. Restraints per epic protocol, ∅ breakdown noted. Will cont to monitor. [redacted] b(6)-2
120ct03	2100 = VSS, A+O x3, managing pain c̄ ii percs as ordered or Motrin around the clock, pin care & Dsg Δ's done to (R) femur

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO. ICW#1

[redacted]
b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
	ex & ex fix CDi, neurovascularly intact, (R) LE ↑, (+) edema, IV to (L) FA patent when flushed HL'd, continuing IV antibx around the clock, OOB c̄ crutches PRN, tolerates PO well, x2 restraints, (−) skin breakdown, (Ø) other remarkable, [redacted] b(6)-2 finding. Continue to monitor.
13OCT03 0931	Received pt resting in bed, VSS, tol PO, ambs x3 Medicated x1 ÷ pericocets for pain with ambs. (D) LE w/ thigh exfix, transparent dsg in place w/ gauze overwrap for drainage. foul odor noted to wound & drainage. Pt able to self perform pin care. Cont IV Abx. (D) fa access is patent & intact, flushes easily. Restraints per CPN protocol; Ø breakdown noted. Ø other [redacted] b(6)-2 remarkable assessments of the tm. Will continue
13Oct03 @ 1930	= VSS, Ø c/o pain @ present time, pt. did own pin care & assisted c̄ DSG Δ's to (R) LE, (R) LE ↑, (+) edema, neurovascularly intact, IV HL to (L) FA patent, continue IV antibx, OOB c̄ crutches PRN, x2 restraints in bed c̄ skin breakdown noted, continue to monitor. POC: Pain control, infection control, wound mgt. [redacted] b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
14 OCT 03 0700	Assumed care of pt. A+O x3 VSS Ø c/o pain or discomfort cont IV abx tx. External fixator @ LE. Encouraged OOB c crutches. Self pin care c assistance. Lungs clear. Hawk Active as Tolerating PO well. Remains afebrile. Will cont to monitor b(6)-2 [redacted]
0900	Pt c/o pain to @ LE and IV site LFA swollen. IV HL d/c'd. Medicated c percocet II tabs. Will access for relief b(6)-2 [redacted]
14 OCT 03 2200	VSS AO. @ pulses to RLE. Mild c/o pain to RLE and provided 2 percocet for pain. DSG & pin care performed c minimal assistance to RLE. Applied moisturizing cream to bottom of both feet. Tenderness and redness to both feet. Up & crutch walked for 20 min c interval rest periods. Tolerated well. No c/o SOB, CP, N/V. IV patent to @ AC. Foot left OTA. Sensity light yellow urine quantity sufficient. b(6)-2 [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

EPW

[redacted] b(6)-4

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES b(6)-2 All
15 Oct 03 0700	Assumed care of pt. HEO E3. VSS. bilat feet burn open to air neosporin cream applied. External fixator intact dressing change and pin care given. Serosanq drainage to dressing and chux. Encouraged to ambulate c crutches ward. Will cont to monitor [redacted] SIGNING
	(b)(6) I concur c above assessment. [redacted] TIM 7A
15 Oct 03 2101	VSS. AO. (R) pulses to bilateral extremities. (R) edema to packed area. DSG Δ & pin care performed c c/o pain. ~~Some~~ moderate amount of serosanq drainage to site noted prior to DSG Δ. Contact walked for 15 min on ward and tolerated well. c/o SOB, ch. of. [redacted]
16 OCT 03 1210 HRS	PT NOTE - ROM (R) FEET & ANKLES. (R) FOOT (+) EDEMA c PITTING & ECCHYMOSIS DORSAL SURFACE, AROM ↓ ~ 75% PNT c/o PAIN c MVMT. (L) FOOT/ANKLE ROM WNL. SR [redacted] SIGNING
16 OCT 03 @ 1000	Assumed care of pt. @ 0700. Pt. A&O x3. V.S.S. Assessment done. Pt. on contact precautions. Outer DSNG to (R) LE Δ'd. Pin care done by patient (R) LE wrapped c Kerlex & secured c tape. Eucerin cream applied to feet bilaterally to affected areas. (R) LE elevated. 1+ pitting edema (R) foot. [redacted] 2CE, A
16 OCT 03 @ 1500	Pt. given 2 Percocet for pain @ 1420. EPM [redacted] restraint protocol used. ∅ signs of skin breakdown. [redacted] 2CE, AA
16 Oct 03 0305	VSS. AO. DSG's changed to (R) thigh & pin care performed. Ambulated to BR and on ward c minimal assistance. TV placed to (L) forearm c difficulty. Provided new gown & blanket. Brace to foot [redacted] & OTA. Cont AB Tx. [redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
17 OCT 03	PT NOTE
1030 HRS	HX: CRUTCH AMBUL. ROM (R) KNEE & (R) ANKLE. FOR BURNS (R) FEET & E/F (R) FEMR.
	T/M: BURNS 2° TO BALLS (R) FEET, SOME 3° TO DIGITS OF (R) FOOT. (R) > (L). (+) EDEMA C
	PITTING (R) ANKLE C (+) ECHYMOSIS. MINIMAL EDEMA TO (R) KNEE. AROM (R) KNEE ~ 30°
	PROM (R) KNEE ~ 40°-45° (R) ANKLE AROM ↓ ~ 75° 4 WAY, ESP. DF; PROM WNL PF, INV
	EV, DF ~5°-7°
	DX: AROM/AAROM (R) KNEE, PROM (R) ANKLE C ELEVATION 50 ANKLE PUMPS BID
	AMBUL PWT C CRUTCHES & (R) FOOT BANDAGES (REMOVE P AMBUL).
	I: PROM (R) ANKLE (4WAY). ROM (R) KNEE & AMBUL DEF 2° PAIN.
	G: AROM (R) LE ~~AMBUL~~ (TBC) RESTORE KNEE ~ 90° FLEX; ANKLE ~ 20 DF, ALL OTHER WNL
	& AMBUL PWT ~~25'~~ (TBC) 50' X 2 wks.
	SPC [redacted] b(6)-2 SIMMONS PT TECH
17 OCT 03 @ 1540	Pt. resting quietly in bed, semi-Fowlers. A&O x 3, Onto DRSNG to (R) LE Δ'd, Moderate amount of yellowish-brown drainage on old DRSNG. Pin care done by pt. P.T. tech did ROM C patient, Blisters burns to bottom of feet; too painful to ambulate at this time, open to air. (R) foot (+) 1 pitting edema, (R) LE elevated. Pt has
1700	Ø c/o pain at this time. b(6)-2 [redacted]
(1950)	Pt alert, VSS, c/o pain to (R) leg (II Percocet given). pin care done, drsg Δ'd. (old brown drainage noted.). Burns to (R) feet OTA. (R) foot C

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

REGISTER NO. | WARD NO.

[redacted]

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
	+1 pitting edema (elevated). Pt getting Gentamycin Q day per MD orders. 2 pt restraints on & compromise to skin/circulation. Will
18OCT 0330	monitor (b(6)-2 [redacted] 91WM6
	2 percocet given for c/o pain to (R) leg, relief noted (b(6)-2 [redacted] 91WM6
18 Oct 03 1700	Pre Op Note Pre Op Dx: Infected (R) femur fx Post Op Dx Procedure: I&D (R) femur Surgeon: [redacted] b(6)-2 Anesth: Gen Fluids: 700 cc Findings: Minimal drainage. Bone removed. Wound closed over Penrose drain. PLAN: Remove drain in 24 hrs. [redacted] b(6)-2
18Oct03 1450	PT NOTE Pt supine in bed c̄ ex fix (R) femur, burns (B) feet needs ROM and ambulation. Pt post-op today, no ambulation. PROM @ ankle ~75° DF, minimal inv/ev, all c̄ pain. Instructed Pt of ankle exercises. AROM (R) Knee ~ 25°. PROM (R) Knee ~ 35-40°. [redacted] SPC 91WP1 b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

[redacted] b(6)-9

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
18 OCT 03 0700	Pt recieved ~~from~~ @ 0600 hours. Pt A&O LS CTA (B). $S_1 S_2$ present. (+) BS x4 quads. Pt voiding spontaneously cyo qs. Drsg on (L) LE CDI. Pt on call for OR today. Denies pain at this time. b(6)-2 [redacted] Spc 91WM
18 OCT 03 1300	Pt recieved from PACU. Pt A&O c/o pain to RLE. RLE Drsg c̄ Ace wrap. LLE +2 pitting edema, warm & Dry to palpation. LS CTA (B) + BS x 4 quads. $S_1 S_2$ present. Pain controled c̄ percocet. Will continue to monitor b(6)-2 [redacted] 91WM6
(1800)	I concur c̄ above assessment [redacted]
(2030)	Pt a/o, VSS, c/o pain often, controlled c̄ percocet. pen care done. drsg to (R) LE c̄ ace wrap. c̄ drain intact, minimal bloody drainage noted. +2 edema to (R) leg. (elevated). Sent c̄ cipro cont per MD orders. pt rolling on side c̄ reminder. (D) AC HL-flushing easily. 2 pt restraints on & compramise to skin or circulation. Will monitor [redacted] 91WM6 b(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

REGISTER NO. | WARD NO.

[redacted]

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
19 Oct 03	b(6)-2 All PT/ORTHO NOTS: Pt supine in bed c̄ ex fix (R) femur, (R) foot burns needs ambulation and BOM. Pt (I) sit ↔ stand, ambulated ~ 150 ft. PROM (R) ankle ~ 75° DF, minimal inv/ev. Instructed Pt on ankle exercises c̄ litter strap. AROM (R) knee ~ 30°, PROM (R) knee ~ 40°. Elevated leg on blanket c̄ (R) knee bent ~ 20° [redacted] SPC 91WP1
19OCT03 @ 1300	Pt. sitting up in bed c̄ (R) LE elevated. Pin care done. Pt. C/O constipation in AM. Pt. given M.O.M. and assisted to BR c̄ crutches. Pt. remained in BR for 25 min. c̄ Ø BM. Pt. given rectal suppository and remained in BR for 25 min. c̄ Ø BM. Pt. assisted back to bed c̄ BSC @ bedside. Pt. has (+) BS in all 4 quads. 2+ pitting edema to (R) foot, painful on palpation. DRSNG to (R) thigh ~~intact~~ (M.D.) CDI; drain intact, small amount of sanguinous ~~fluid~~ (M.D.) drainage. V.S.S. ~~Ti~~ Percocet given @ 1025 for pain. Ø C/O pain at this time. All other assessments WNL. EPW restraint protocol in use. Ø signs of skin breakdown. [redacted] 2CT, AN
19OCT03 @ 1730	Drain to (R) LE emptied, 30cc serosanguinous drainage. [redacted] 2CT, AN
19OCT03 @ 2030	Assumed care @ 1800; A11 VSS, pt. is speaking arabic, pain controlled c̄ percs; Ex-fix to (R) LE in place, dsg ~~##~~ intact, minimal drainage, pin care completed by pt; drain intact c̄ sm amt sero-sang ~~OP~~. 2+ pitting edema to (R) LE; PROM & AROM encouraged; No ~~Δs~~ in ~~[illegible]~~ [redacted] Restraints in place, (+) circ, (-) skin breakdown; Cont to monitor
1100 20OCT03	VSS A0 assumed care of pt @ 0800. Pt. C/O pain "7" percs given @ 0900. LS CTA(B) Abd. soft, Ext fix intact to (R) LE. Pin care performed. Odema to (R) E.

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

b(6)-2 A11

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
21OCT03 0020	USS Alert & oriented. Lungs clear. BS (R) x 4 Ext. Abd soft non-distended. OOB → Ambulates c̄ crutches to BR. (R) FA Saline lock patent & intact. Per Care done. (R) leg dry dry & intact. Voiding clear amber urine. 0% pain voiced or noted. Will continue care as planned. [redacted] 2LT AN
22OCT03@0900	Pt. sitting up in bed c̄ (R) LE elevated, DRSNG TO (R) femur CDI. Pin care done by pt. A&O x 3, V.S.S. IVSL to (R) AC, flushed well, Pt. C/O pain to (L) FA from previous IV infiltration. Site is red & slightly swollen. (L) UE elevated, warm compress applied. All other assessments WNL. EPW restraint protocol in effect, 0 signs of skin breakdown. [redacted] 2LT, AN
22OCT03@1620	Pt. ambulated to BR c̄ crutches. (+) BM, Pt. required no assistance getting in and out of bed or going up a step in to BR. Pt. C/O pain. Percocet ii tabs given PO. [redacted] 2LT, AN
22OCT03 1930	USS alert & oriented. (R) FA Saline lock patent & intact (R) LE ↑ on folded blankets. Pt completed Pin Care to (R) LE ext fix with supervision 0 C/O pain or discomfort voiced or noted. Voiding clear yellow urine. Tolerating reg diet. Will continue care as planned. (R) Pedal pulse +2. Capillary refill to (R) toes <3s [redacted] 2LT AN
23OCT03@1300	Pt. A&O x 3, V.S.S. Pt. performed own pin care; Ambulates well c̄ crutches. Physical therapy taught pt. to perform ROM exercises +1 edema to (R) foot. All other assessments WNL. Restraint protocol in use, 0 signs of breakdown. [redacted] 2LT, AN

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

(cont'd) encouraged pt to do ROM exercises. IV HL. (L) hand. Will cont. to monitor pt. b(6)-4 [redacted]

20oct03@2300 Assumed care @ 1800; All VSS; pt A&O speaking arabic; ⊕ CMS, +2 PP, brisk cap Ref; N/V intact; pain controlled c̄ percs; ex-fix in place, dsg intact, pin care completed by pt; +2 pitting edema +⊕ LE; pt voiding c̄ difficulty; H/L patent, cont c̄ IV abx; Restraints in place, ⊕ circ, ⊖ skin break/[redacted] to monitor [redacted]

21oct03@0145 H/L infiltrated, New one started in ⊕ AC, patent & easily flushes c̄ s/sx infection/infiltration; Cont to monitor b(4)-2 [redacted]

21OCT03 (1600) Assumed care of pt @ 0800 c̄ report from night shift. Pt alert, speaking Arabic. VSS. ⊕ Pain controlled c̄ Percs/Motrin. Pt amb in hallway c̄ crutches x2 this shift. OOB to chair. Tol well. Pt does own pin care c̄ supervision. RLE swollen - +2 pitting edema. ⊕ pedal pulse - pt able to move toes. SL in @ AC flushes well c̄ s/sx infection/infiltration. Site of old IV on @ forearm red/swollen. Heat pack applied to site. Tol. reg diet well. Voiding c̄ difficulty. 2-point restraints in place c̄ s/sx complications. Will continue to monitor. b(4)-2 [redacted] (MA)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			[redacted] NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted]
b(a)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
230403 2000	VSS, Alert & Oriented. (R) AC Saline lock patent and intact. Lungs clear BS (+) x4 quad. Abd soft non-distended. Ate 90% of Regular diet for dinner. Pt Performed proper pin care with supervision. Pedal pulses palpable +2. Bil toes c ~~color~~ capillary refill <3sec. Voiding clear amber urine. Will ~~continue~~ continue care as planned b(6)-2 [redacted] 2LT (R)
24OCT03@1100	Pt. resting quietly in bed, eyes closed. V.S.S. Pt. given 2 tabs percocet PRN for pain to (R) LE @ 0715. (0) c/o pain at this time. Pt. given materials to do pin care to (R) LE ex-fix. Bandage DRSNG to (R) LE CDI. Dry scaly skin to both feet; lotion applied. +1 edema to (R) foot, +2 pedal pulses (+) Bowel sounds, lungs clear bilat. Urinal at bedside, clear yellow. Pt. refused breakfast. EPW restraint protocol used. (0) signs of skin breakdown. b(6)-2 [redacted] 2LT, AN
24OCT03@1600	Pt. given shave & haircut. New IVSL started at (R) AC. b(6)-2 [redacted] 2LT, AN

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

b(4)-4 [redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	NAME	MIDDLE INITIAL	ID NUMBER

b(6), 2 AU

DATE	NOTES
2400@ 2010	Pt laying in bed c̄ 2 pt restraints. ⊖S/SX of skin compromise. VSS. Pt does self-pin care to ® LE Ex-fix. Pins has ⊖ S/SX of infection. Lung sounds clear through all lobes. B/L LE dry, scaly. ® LE elevated c̄ donut. ⊕ Pedal pulses. ⊕ bowel sounds. Urinates in urinal c̄ ⊖ difficulty. Pt ⊖ c/o pain. [redacted] /AN
2500 CT/B	(1515) Assumed care of pt ∂ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ Percs. PT working c̄ pt. Amb well c̄ crutches. ROM c̄ RLE done. Ex fix in place. Pin care done by pt. Drsg to RLE intact. SL in @ forearm flushes well s̄ S/SX infiltration/infection. Tol. reg diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ S/SX complication will continue to monitor. [redacted] /AN
2500 @ 1915	Pt sitting up in bed. Denies any pain at this time. DSB to pin area appear CDI. VSS. Lung sounds clear through all lobes. $S_1 S_2$ audible. ⊕ bowel sounds. [redacted] /AN
2600 CT/B	(1465) Assumed care of pt ∂ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ TID motrin/Percs. Pt amb well c̄ crutches. ↑ in chair for 2° - tol. well. Ex fix in place on RLE. Swelling in RLE cont. to ↓. Pin care done by pt c̄ supervision. Drsg to RLE intact. SL in @ forearm flushes well s̄ S/SX infection/infiltration. Tol. reg diet well. Voiding s̄ difficulty. 2 point restraints in place s̄ S/SX complications. Will cont to monitor. [redacted] /AN

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS**

DATE	NOTES
27OCT@0100	Pt ambulated c̄ crutches to BR. Pt had steady gait. Self-pin care. ⊖ S/Sx of infection. Pt medicated c̄ 2 Percocets. Will continue to monitor. Pt urinates in urinal s̄ difficulty. Lung sounds clear through all lobes. ⊕ bowel sounds. b(6)-2 [redacted]
27OCT@1400	Pt. resting quietly in bed, V.S.S., A&O, Ø c/o pain at this time. Pt. performed own pinsite this AM. DRSNG to ® thigh CDI, IVSL to ® AC, flushes well. Pt. ambulates well c̄ crutches. Pt. in 2 points restraints, Ø signs of skin breakdown. Urinal at bedside clear yellow. All other assessments WNL. Will cont. to monitor. b(6)-2 [redacted] 2CT,AO
27OCT@1917	New IV started in Ⓛ FA. 18G flushes well + ⊕ blood return. Pt does self pin care. EX FIX to Ⓛ® Femur ⊖ S/Sx of infection. Pt tol reg diet, voids in urinal, denies any pain at this time. Pt amb to BR c̄ crutches. Amb c̄ steady gait. IV ABX. b(6)-2 [redacted] UTZ,AN
28OCT03	(1645) Assumed care. Received report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ TID motrin/Percs. Pin care done by pt. Amb well c̄ crutches. 2 point restraints in place s̄ S/Sx complications. SL in ⊖ forearm flushes well s̄ S/Sx infection/infiltration. Will monitor. b(6)-2 [redacted] UZ,A

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

[redacted]

b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	MID[illegible] NUMBER
[illegible]	[illegible]

DATE	NOTES
28OCT03 1900	VSS Alert & Oriented. (L) FA IV c̄ swelling & Pt c/o pain to site. (L) FA IV d/ced. Warm moist compress applied to (L) FA IV site. ~~Restart~~ Restarted 20g 1¼in IV to (R) FA x1 attempt. Pt properly performed pen care to (R) LE ex fix upon supervis. Pedal pulses palpable +2. Capillary refill brisk to TOE (B). Urine clear yellow urine consumed 80% of Regular diet for dinner. Will continue care as planned. [redacted] b(6)-2 CTAR
29OCT03 0200 1500	Assumed care of pt. @ 0600. V.S.S. Ø c/o pain. A&O. (R) LE elevated. Small amount of serous drainage to (R) thigh DRSNG, posterior thigh. Pt. performed own pin site care. +1 edema to (R) foot. Pt. ambulated c̄ crutches to BR c̄ difficulty. (+) BM. IVSL to (R) wrist. All other assessments WNL. Pt. in 2 point restraints. Ø signs of skin breakdown. [redacted] b(6)-2 T, AN,
29OCT03 2000	VSS Alert & Oriented. (R) Ferrum ex fix pin sites without drainage or crusting. Pedal pulses palpable +2. (R) FA Saline lock patent & intact. OOB c̄ crutches to BR. Burns to feet healed. D/C to EPW ~~Camp~~ Camp with Pt taken to Pharmacy. Will continue care as planned. [redacted] b(6)-2 2CT

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

[redacted] b(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
29 Oct 03 2040	Orthos Discharge Note
	Iraqi male shot through right femur, and bilateral foot burns, who came here 21 days after wounding with an external fixator. While here, underwent multiple wound debridements and eventual wound closure of posterior (L) thigh. Fracture is not healed, and anticipate that it will take 2-3 months to do so.
	PLAN: Crutches, non-weight bearing. Levaquin, 250mg P.O. q day, #30. Follow-up in 30 days. Dry dressing to posterior thigh. Pain care.
	b(6)-7 [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
[redacted] b(6)-4		

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
19Sep03	2045= pt. admitted from EMT via litter c̄ dx (R) femur fx & burns to feet. VSS, A+O x3, ∅ c/o pain @ present, NPO p̄ MN for o/c to OR tomorrow - Lpt. Informed. Restraints x2 in place & assessing skin integrity (∅ breakdown to extremities restrained at this time). External fixator to (R) femur in place c̄ Dsg from EMT. Per EMT's report (2LT [redacted]), Dr. [redacted] verbalized to not do Dsg Δ's / pm care R/T going to OR tomorrow. 2+ edema to (R) LE (pitting), 2+ pedal pulse (R) foot, unable to move (R) LE very well at all. Reinforced Bedrest. IV to (R) AC (18G) running LR @ 125cc/:5 difficulty. ∅ other remarkable assessment findings. Pain Management & will monitor for acute Δ's. — b(6)-2 [redacted]
20sep03 0700	- Assumed care of pt. awake alert and oriented x3 VSS ∅ c/o pain or discomfort @ this time. Remains NPO for OR today. (R) LE Fixator positive circulation to extremity AEB warm to touch strong pedal pulse. Able to wiggle toes. Painful stimuli upon palpation. Burns to bilat feet. Will cont to monitor b(6)-2 [redacted]
1730 -	Pt back from OR ~~Start~~ status post wash out I+D to (R) LE external fixator and bilateral feet. Dressing CDI c/o pain medicated for relief. Will cont to monitor — b(6)-2 [redacted]

EPW# [redacted] b(6)-4

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

9 Dec 03
2040

Author Discharge Note

Bragin made shot through right femur and bilateral foot burns into camp for 21 days after wounding with an external fixator. While here underwent multiple wound debridements and eventual wound closure of posterior thigh. Fracture is not healed, and anticipate that it will take 2-3 months to do so.

PLAN: Crutches, non-weight bearing.
Levaquin, 250mg P.O. q day, 7 days
Follow-up in 30 days
Dry dressing to posterior thigh.
Pain care

[redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

[redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

MEDICAL RECORD	NOTES
DATE	
20sep03 @ 2100	Assumed care @ 1800; VSS, pt A&Ox3, ⊕ CMS throughout; ⊕ pulsox4, brisk cap Ref; NV intact; Ex-fix to (R) LE intact; drsg CDI ∓ drainage; S1S2, LS CTA (B); ⊕ BSx4, pt voiding QS, clear, dark yellow urine; PIV in (R) FA patent & infusing LR @ 125 cc/hr ∓ s/sx infection/infiltration; pt c/o sliglas pain to (R) LE; restraints in place, ⊕ circulation, ⊖ skin break ↓; [redacted] b(6)-2
21 Sep 03 0700	- Pt resting in bed @ this time sleep. External fixator to (R) LE intact dressing CDI Kerlix wrapped and secured with ace bandages. Bilateral feet ∓ burns ~~[illegible]~~ char removed in OR feet dressed ∓ kerlix and ace bandages, ∅ bleeding noted. IV LRO 125 cc/hr to (R) FA patent Lungs clear HARR active BS [redacted] PO will cont to monitor b(6)-2
21 Sep 03	Pt resting. External fixator to (R) LE. Dressed with Kelix and acewrap. Moderous ∓ drainage noted. Burns to Bilater [redacted] feet dressed with Kerlix [redacted]
22sep03	(1545) Assumed care of pt @ [illegible] p report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled ∓ Percs/MSO4. Ex fix in place on (R) thigh. Pin care done this am. Well → dry drsg on back of (R) thigh Δd. Wound packed ∓ wet kerlex. Large amount of green/brown drainage

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME: LAST	FIRST	MI	SPONSOR'S ID NUMBER (SSN or Other)
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	REGISTER NO.	WARD NO.

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

EPW # [redacted] b(6)-2

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (F
Prescribed by GSA/ICMR FPMR (41CFR) 101-1

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
22SEP03 (1545)	(cont) noted on old dsg. Dsgs to bilat. feet D/d this am. Silvadene cream applied to burned areas, then covered c̄ Kerlex. Pt OOB to chair c̄ assist. from staff. Pt tol. well. Tol. reg diet well. Voiding s̄ difficulty. IVF infusing into IV in @ ac. s̄ sisx infiltration/infection. Will d/c IVFs p̄ dinner. 1 point restraint in place s̄ sisx complications. Will continue to monitor. [redacted] MAD b(6)-2
22SEP03 2030	Chk Ap Pts PMH by ⓐ Lafeytal open (R) femur fx (2) bilateral foot burns PDSH OP hx - None PLOLMSE @ IED (R) femur (2) IED [redacted] foot Lungs - [redacted] b(6)-2 CBC - WNL PMHx - Erythematous posterior thigh in area of sheath, suspect it's laying on damp dressing. Still serosanguinous in wound. Wound charge should be fixed PLAN Repeat IED in 48-72 hours Consider OR beside b(6)-2 [redacted]
22Sep03 2100	Pt back from OR; All WSS, pt A&Ox3, ⊕ CMS, brisk cap ref, ⊕ pulses x4, N/V intact, pain controlled perc & MSO4; S&Sx, LS CTA @; ⊕ BSx4, pt voiding QS, clear, dark yellow urine, pt TOL sips of H2O; dsg to (R) LE around ex-fix CDI, wrapped c̄ Kerlex & ACE

STANDARD FORM 509 (REV. 5/1998) BACK

USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
20 SEP 03	Ortho Op Note
1630	Pre Op Dx - (D) Open, displaced (R) femur fracture (2) Burns (B) foot
	Post Op Dx same
	Procedure: DIR (R) femur (L) IRD (B) foot
	anesthesia
	Surgeon, Brooks, assisted, specialist
	ward position (R) thigh, sponged with betadine. Removed necrotic tissue, debrided fragments of bone. Reached with Kirschner wire. Left debridement, very little full thickness loss, one sulfa bead packed. Dressing applied
	Plan: Culture taken from tissue. Begin Cefazolin, keep NPO, will need beads eventually. Admission to ward. Rpd 7+10 y.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINT. [redacted]
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR b(6)2	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION : *(Sign each entry)*
6 OCT 03 1425	Ortho Op Note Pre Op Dx - Open (R) femur fracture Post Op Dx - same Procedure: I+D (R) femur [redacted] antibiotic beads Surgeon [redacted] b(4)-2 GSW, mer Findings - Wound closing, ⊘3X beads hypergranulation tissue present Plan: Remove beads in 2 weeks X-ray in ⊘3 wks [redacted] b(4)-2 [redacted]
⊘6OCT⊘3	(1600) Assumed care of pt @ ⊘600 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ percs. Pt to OR this pm. Tx back to ward p̄ IVD via gurney in stable cond. Drsg to (R) thigh CDI. Ex fix in place on RLE. Pt able to move feet. ⊕ pedal pulses equal bilat. Cap refill <3 secs

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

[redacted] b(4)-4

b(2)-2

NSN 7540-01-075-3786

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT *(Patient)*

LOG NUMBER [redacted]

RECORDS MAINTAINED AT [redacted]

ARRIVAL

DATE *(Day, Month, Year)* 19 Sept. 03 | TIME 1605

TRANSPORTATION TO FACILITY In wheel ~~WR~~ Vehicle

PATIENT'S HOME ADDRESS OR DUTY STATION [redacted] b(6)-4

STREET ADDRESS EPW - [redacted] | STATE | ZIP CODE

CITY

SEX: M

AGE: 33

DUTY/LOCAL PHONE: AREA CODE | NUMBER

HOME PHONE: AREA CODE | NUMBER

MILITARY STATUS ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

THIRD PARTY INSURANCE ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: Ø Hpflox

ALLERGIES: Ø

CHIEF COMPLAINT

INJURY OR OCCUPATIONAL ILLNESS ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT: DATE LAST VISIT | 24 HOUR RETURN ☐ YES ☐ NO

TETANUS: DATE LAST SHOT | COMPLETED INITIAL SERIES ☐ YES ☐ NO

CATEGORY OF TREATMENT: ☐ EMERGENT ☐ URGENT ☒ NON-URGENT

TIME 1605

INITIALS NV

VITAL SIGNS

TIME	1605	1705	1806	1948
BP 126/79	102	124/74	120/74	120/78
PULSE	102	80	98	92
RESP	16	16	16	16
TEMP	99.6	99.1	99.1	
WT				

LAB ORDERS: CBC/DIFF | ABG | PT/PTT | BHCG/URINE/BLOOD/QUANT | URINE C&S | UA MSCC/CATH | CHEM: | BLOOD C&S X

X-RAY ORDERS: CXR PA & LAT/PORTABLE | C-SPINE | ACUTE ABDOMEN | LS SPINE | SINUS | HEAD CT | ANKLE R/L

ORDERS ☐ MONITOR ☐ ECG

☒ PULSE OX 97%

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

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

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 EPW [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 7.0		136	4.4		SUP 02	PH	PO2	RESULTS	
H/H 12.0		104	24		PCO2	SAT	OTHER		
PLT									
PT				U/A	DIP			EKG INTERPRETATION	
APTT	BHCG	ETOH	GLU		MICRO				

PROVIDER HISTORY/PHYSICAL

S) age of injury - unknown. arrived at Camp - 3 days ago
Received Keflex & Anesp. (Supposedly shot by fellow Iraqi. Also had feet (sole) burned by other Iraqi (wound - 21 days old)

MEDS: Keflex
Allergies: NKA
PMH: 0

O) Alert HEAD - normocephalic EAT - 0 Pulses
Lungs - clear Heart - RR Abd - soft, N.T
B.S. - N.A

Rt leg in ~~cast~~ X-fix device Pulse - 2+
6" inch open wound posterior thigh.
Feet - 3° burn anterior 1/3 sole (R) foot.
3° burn " 1/3 sole (L) foot

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
			[redacted] b(6)-2

DIAGNOSIS
1) GSW Rt femur / comminuted ~~fr~~ Rt femur
2) 3° burn sole - feet

CODES

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); hospital or medical facility)*

EPW [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	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: 33 HEIGHT: unk. WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKA 3. PREVIOUS SURGERY [ ] NO [ ] YES (type): UNK

4. PROPOSED SURGICAL PROCEDURE:
I+D (R) Thigh wound.

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

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

#[redacted] blw-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to sedation; pain; injury E.2. ✓ Potential discomfort due to injury; pain	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ✓ Disminished visual perception due to being injury; sedation; F.2. ✓ Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures.	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. as possible o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from either side. o Validate pt.'s understanding of verbal communications. as poss o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

[redacted]ENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] b(6)-2 20SEP03 DATE

11. POSTOPERATIVE EVALUATION:

Pt. ⊼ s/s of distress.
Drsg CDI.

12. PREOPERTIVE EVALUATION PREPARED BY

b(6)-2 [redacted] CRT/RN

[redacted] 20SEP03 TIME: 1445

13. POSTOPERTIVE EVALUATION PREPARED BY [redacted] b(6)-2

DATE: 20SEP03 TIME: 1623

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: See chart HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA 3. PREVIOUS SURGERY [ ] NO [X] YES (type): See Hx

4. PROPOSED SURGICAL PROCEDURE:

I+D Femur

5. ADDITIONAL INFORMATION: Last PO: 7 am Medical Hx: See Hx Implants: See Hx Medications: ∅
Jewelry removed: (yes)/no Family waiting: yes/(no)

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment	✓ Pt. verbalizes any specific anxiety. ✓ Pt. exhibits relaxed body posture.	✓ Allow pt. to verbalize freely. ✓ Explain OR environment and answer questions regarding surgery. ✓ Offer comfort measures, (e.g., warm blanket, touch) ✓ Explain all nursing procedures before they are done. ✓ Remain with pt. whenever possible. ✓ Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to sedation; positioning; injury	✓ PT. will be able to breathe without difficulty during immediate intra-operative phase.	✓ Offer to elevate head of litter or offer pillow. ✓ Observe pt. while awaiting surgery for signs of distress ✓ Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to bovie pad; position; fluid shift	✓ PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	✓ Utilize pressure preventing devices on OR table and accessories. ✓ Check for proper positioning and support to maintain good body alignment. ✓ Pad pressure points. ✓ Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

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

#[redacted] b(6) - 4
EPW -
ICW - 1

DA FORM 5179, JUN 91 Previous 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	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o ~~Place and take down legs from stirrups with slow bilateral motion.~~ o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to sedation; pain; injury E.2. ✓ Potential discomfort due to injury; pain	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ✓ Disminished visual perception due to being injury; sedation; F.2. ✓ Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures. NO	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from Either side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

10. OR N[redacted]DITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] MAJ/AN 6 OCT 03 DATE

11. POSTOP[redacted]E EVALUATIO[redacted]

b(6)-2

12. PREOP[redacted] (Signature a[redacted] MAJ/AL

DATE: 6 OCT 03 [redacted]IME:

13. PREOPER[redacted] BY (Signature [redacted] MAJ/AL

DATE: 6 OCT 03 TIME: 1455

REVERSE OF DA FORM 5179, JUN 91 USAPA V1.01

MEDICAL RECORD

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

1. PATIENT TRANSPORTED TO OPERA[illegible] [illegible]OM VIA litter BY Anesthesia	2. PATIENT IDEN[illegible] [redacted] PROCEDURE VERIFIED BY CPT [redacted] b(6)-2
3. DATE 22 Sept 03 TIME PATIENT ARRIVED IN SUITE 1950	4. PATIENT IN ROOM [redacted] TIME 1950 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS *(Specify)*

error [redacted] ☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☒ RIGHT SIDE UP

COMMENTS: proper body body alignment maintained, positioned on beanbag, pillow between legs, axillary roll in place, (R) arm resting on pillow, position approved by [redacted] anesthesia

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

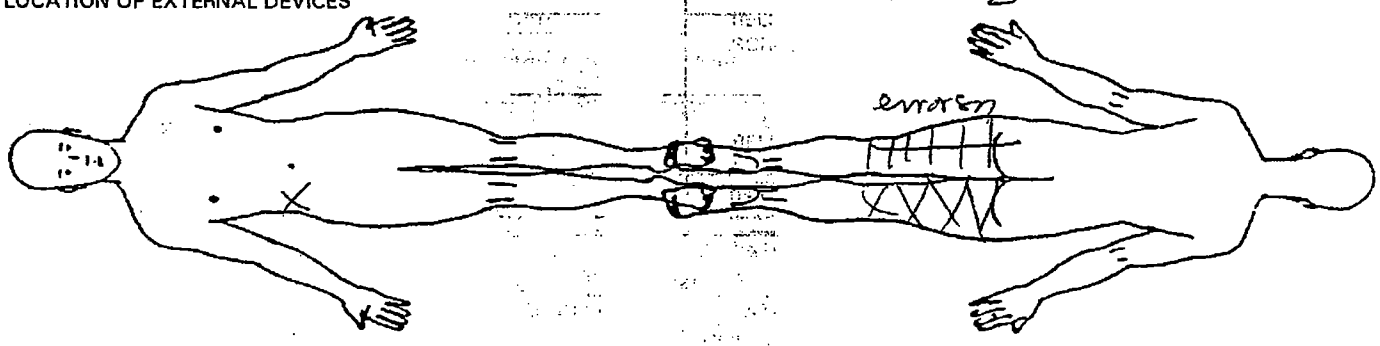
PREP SOLUTION *(Specify)* Betadine / Betadine

SITE: Lat (R) flank + posterior BY WHOM: [redacted] b(6)-2

SITE: BY WHOM:

COMMENTS: No pooling or stains 4's intact

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect Initial: [redacted]

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

I CW-[illegible]

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

☐ ESU NO: Valleylab Force 40

GROUND PAD: BRAND VL Ram Polyhesive II

LOT NO: 70011 2008-04

☐ 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 ☐ YES O IF YES NAME: ID NUMBEF CTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
Silvadene Ointment	QS	I&D	Topical	[redacted]	[redacted] b(6)-2

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 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)*
Fluffs
Kerlix
Ace wrap

19. ADDITIONAL INFORMATION b(6)-2
Surgeon: [redacted]
Anesthesia: [redacted]
b(6)-2
-5179 on chart, ∅Δ's noted

20. OPERATION(S) PERFORMED
I+D (R) Femur
Disg. A bic feet

21. PATIENT TRANSFERRED [redacted] TIME Sel DA9389 METHOD Litter

22. [redacted] URSE SIGNATURE [redacted] (OTHN)

REVERSE [redacted]

b(6)-2

USAPA V1.00

MEDICAL RECORD

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

1. PATIENT TRANSPORTED TO OPERAT[illegible] (14ons)
VIA 1. Her BY Anesthesia

2. PATIENT I[redacted]WED AND PROCEDURE
VERIFIED BY [redacted] PTA b(4)-2

3. DATE 24 Sept 03 TIME PATIENT ARRIVED IN SUITE 1440

4. PATIENT IN ROOM [redacted] TIME 1440 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] b(4)-2	RELIEF SCRUB	b(4)-2
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	May [redacted] 1500-EOC

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

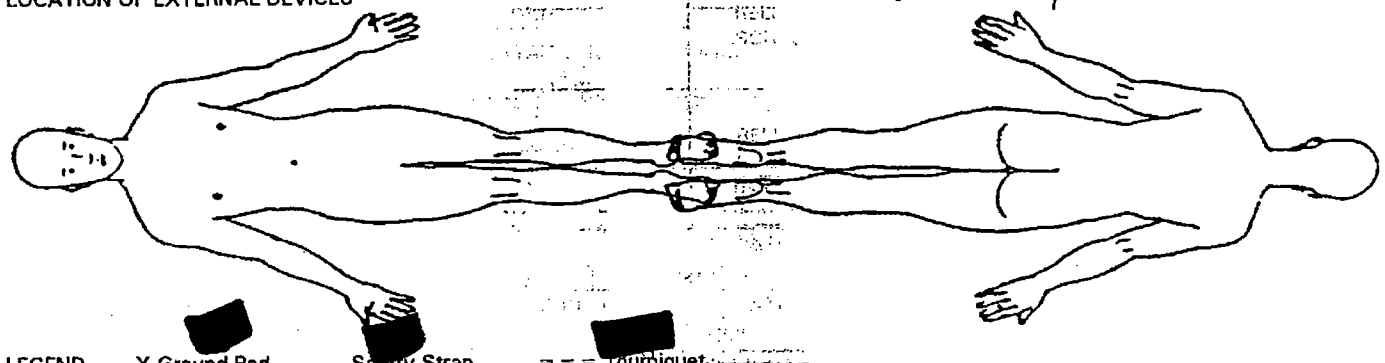
8. SKIN PREPARATION

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

COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine
SITE: (R) leg BY WHOM: CPT [redacted]
SITE: BY WHOM: b(4)-2
COMMENTS: ∅ pooling

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB b(4)-2	CIRCULATOR b(4)-2
Sponge	☑ Yes	☐ No		C	C	[redacted]	[redacted]
Needle Sharp	☑ Yes	☐ No		C	C		
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] EPW
b(4)-4

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

CW 30 - COAG 30
☒ ESU NO: Valleylab
GROUND PAD: BRAND Valleylab
LOT NO: 68936
☐ 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 .O IF YES NAME: ID NUMBE: CTURER

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):

NS

OTHER ORDERS	TIME	CARRIED OUT BY
None		

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM IF YES, SITE

YES ☐ NO ☒

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

Kerlix
fluffs
ace wraps

19. ADDITIONAL INFORMATION

WCI

Surgeon: [redacted]

Anesthesia: [redacted] bleo-2 general

20. OPERATION(S) PERFORMED

I & D (R) thigh

bleo-2

21. PATIENT TRANSFERRED TO PACU | TIME 1435 | METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] MAJ A [redacted] CPT/R

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

USAPA V1.00

MEDICAL RECORD	INTRAOPERATIVE DOCUMENT b(6)-2 For use of this form, see AR 40-66, the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA gurney BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT (AN)

3. DATE 26 Sep 03 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT I[redacted] TIME 0900 NUMBER 2-2 (3)

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Allergies: NKDA

6. NURSING PERSONNEL

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

7. POSITION AND POSITIONAL AIDS (Specify) Pillows used between legs and arm.

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

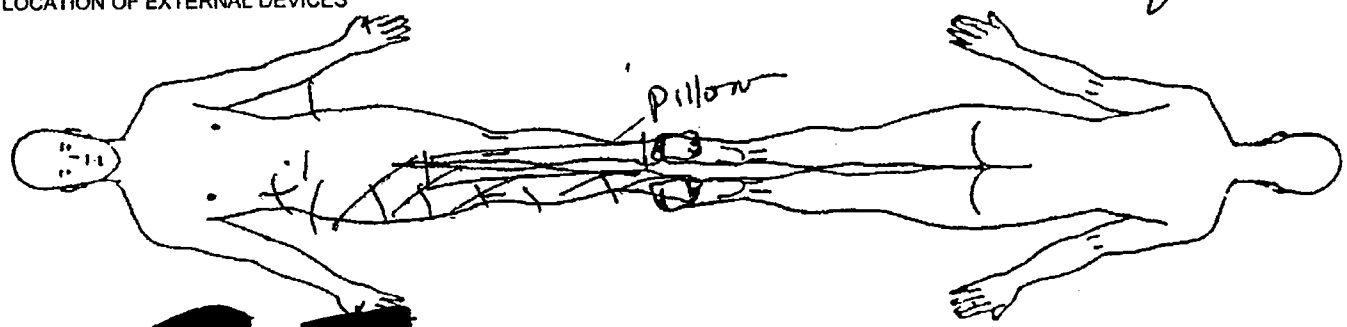
COMMENTS: pt positioned on bean bag by Dr. [redacted] b(6)-2

8. SKIN PREPARATION

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

PREP SOLUTION (Specify) Betadine/Betadine
SITE: R Hip + leg BY WHOM: CPT [redacted]
SITE: BY WHOM:
COMMENTS: no pooling w/ prepnotes

9. LOCATION OF EXTERNAL DEVICES



LEGEND X [redacted] Pad [redacted] Strap === Tourniquet xx-prep.

b(6)-2

10. COUNTS		C = Correct I = Incorrect				
		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No	C		C	SGT [redacted]	CPT [redacted]
Needle Sharp	☒ Yes ☐ No	C		C		
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
26 Sep 03

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

Tobramycin lot# [redacted] 7 SEP 03 [redacted] 05

RADIOPAQUE BONE CEMENT
[redacted]ributed by:
[redacted]ker®
Howmedica
Osteonics Mahwah, New Jersey
Full Dose
Cat. No. [redacted]
Control N[redacted]

13. PROSTHESIS, IMPLANTS ☒ YES 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 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)*
fluffs tape
Foot
- kerlix - kerlix
- kerlix - fluffs
- Combine - Silvadene

19. ADDITIONAL INFORMATION
WC
Surgeons: [redacted] Anesthesia: CPT [redacted] esia Type: CRNA
b(4)-2
b(4)-2

Bovie Pad site intact pre-op_____; post-op_____ Bovie Settings: Coag/Cut
Tourniquet Site intact pre-op_____; post-op_____
Tourniquet Time: Up_____ Down_____ N/A [redacted]

20. OPERATION(S) PERFORMED
Irrigation and DPC of (R) leg wound.

21. PATIENT TRANSFERRED TO ICU 3 b(4)-2 TIME 1010 METHOD gurney.

22. REGISTERED NURSE SIGNA[redacted] CPT/RN

REVERS[redacted]ORM 3173-1, OCT 87 USAPA V1.01

MEDCOM - 19829

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 OPERATING ROOM VIA Wheeled litter BY Anesthesia
2. PATIENT IDENTIFIED [redacted] AND PROCEDURE VERIFIED BY CPT [redacted] b(6)-2
3. DATE 30SEP03 TIME PATIENT ARRIVED IN SUITE
4. PATIENT IN ROOM TIME 1510 NUMBER 2/1/6

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Allergies: s/p GSW & burn on feet x 21 days ago.
NKDA Ex Fix present (R) femur.

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] 91D b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	ILT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Pt in (L) Lateral on padded OR table. Pillow between legs, (R) arm on Allen Armrest. (L) Arm on padded armboard <90°.

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

COMMENTS: Normal anatomic body alignment maintained.

8. SKIN PREPARATION

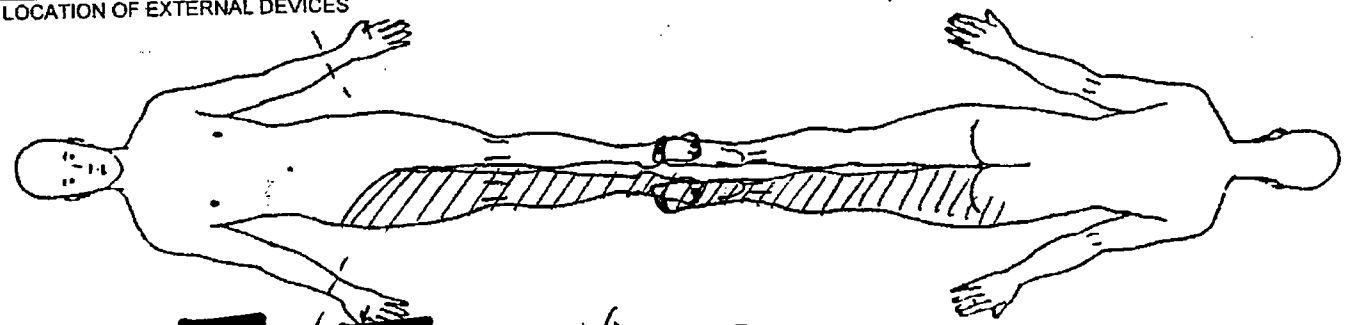
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS: N/A

PREP SOLUTION (Specify) Betadine/Betadine
SITE: Right leg BY WHOM: ILT [redacted]
SITE: BY WHOM: b(6)-2

COMMENTS: No pooling or adverse reaction

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad [redacted] Safety Strap N/A === Tourniquet ▨ - prep b(6)-2

Initial: SPC Salas ILT Malachi

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No	/	C	C	SPC [redacted]	ILT [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

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

☒ ESU NO: FOE 006417 cut 30 coag 30
GROUND PAD: BRAND Valleylab Polyhesive II REM
LOT NO: 68936/12005-03

☐ 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
Silvadene Cream 1% SH09 Exp 5-2005	Q.S.	in the-op	local application	[redacted] Pharm.	Dr. [redacted] b(4)-2

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NaCl - Q.S.

OTHER ORDERS	TIME	CARRIED OUT BY
N/A		

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 (A) Swab from (R) femur (C)	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. kerlix c̄ NaCl	2.	3.
SITE	1 (R) thigh wound.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

fluffs. kerlix, ABD, ACE
feet: fluffs, KERLIX, ACE

19. ADDITIONAL INFORMATION

WC IV

Surgeons: Dr [redacted] Anesthesia: MA [redacted] Anesthesia Type: GETA

b(4)-2

Bovie Pad site intact pre-op ✓; post-op_____ Bovie Settings: Coag/Cut 30/30

Tourniquet Site intact pre-op N/A; post-op_____

Tourniquet Time: Up____ Down N/A

DA 5179 initiated.

20. OPERATION(S) PERFORMED

I&D of R thigh wound.
Debridement of burns on feet.

21. PATIENT TRANSFERRED TO PACU TIME see DA 7389 METHOD Liter c̄ O2

22. REGISTERED NURSE SIGNATURE [redacted] /AN b(4)-2

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT**

For [redacted] MEDCOM - 19832 [redacted] Office of The Surgeon General.

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

2. PATIENT IDENT[redacted]ED AND PROCEDURE
VERIFIED B[redacted] MAJ/A

3. DATE 6 OCT 03
TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM [redacted]
TIME b(6)-2 NUMBER 1-3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] ORT b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAJ [redacted] A	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt transferred to OR table, anatomically aligned for surgical procedure w/ pad under head (L) arm on padded arm board ies 90° (R) arm on pillow across chest + secured in place pillows between legs + under heels/feet

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

COMMENTS:

8. SKIN PREPARATION

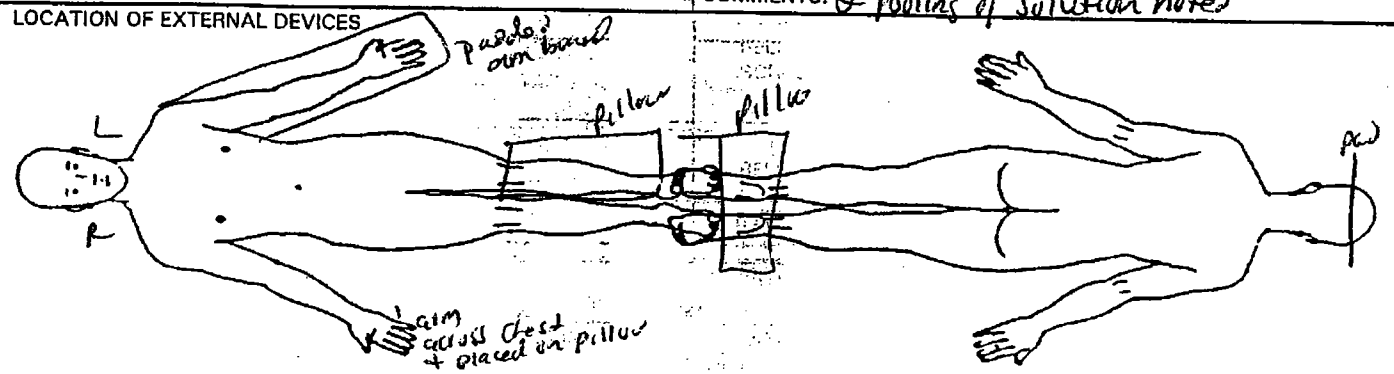
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine
SITE: (R) Femur → hip BY WHOM: MAJ [redacted] A
SITE: BY WHOM: b(6)-2

COMMENTS: ☒ Pooling of solution noted

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☐ No					
Needle Sharp	☐ Yes	☐ No					
Instrument	☐ Yes	☐ No					
Other	☐ Yes	☐ No					

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

H[redacted]
b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO 30/30

☒ ESU NO: 465 R8E 105305
GROUND PAD: BRAND Valleylab
LOT NO: 68245 Exp 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

19832

13. PROSTHESIS, IMPLANTS ☑ YE IO IF YES NAME: ID I

Howr R.L.
Rahee ark
Limerick, Irel
Tobramycin 2.4g
LOT: [redacted] Full Dose
EXP: 3/05
REF
LOT

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) NO ☑

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO; TYPE(S): 0.9% NPC

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

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

19. ADDITIONAL INFORMATION
Surgeon Anesthesia
[redacted] [redacted]

20. OPERATION(S) PERFORMED
I + D (R) Femur c̄ Antibotic Beads placement

21. PATIENT TRANSFERRED TO PACU L(a) - 2 TIME 1453 METHOD Litter c̄ O2

22. REGIS[redacted] MAS/An

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.00

MEDICAL RECORD | **INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407, the p[redacted] office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERA[redacted]M [redacted]
VIA Litter BY Anesthesia

2. PATIENT [redacted] VIEWED AND PROCEDURE VERIFIED BY [redacted] MAJ b(6)-2

3. DATE 18 OCT 03 TIME PATIENT ARRIVED IN SUITE 1000

4. PATIENT IN ROOM [redacted] TIME 1000 NUMBER 2-3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Pt awake, looking around ∅ complaint of pain or discomfort

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] ORT b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAJ [redacted], AN	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt transferred to OR table, anatomically aligned for surgical procedure c̄ towel under head. (L) arm on padded arm board less 90° (R) arm across Chest c̄ pillow between legs

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

COMMENTS:

8. SKIN PREPARATION

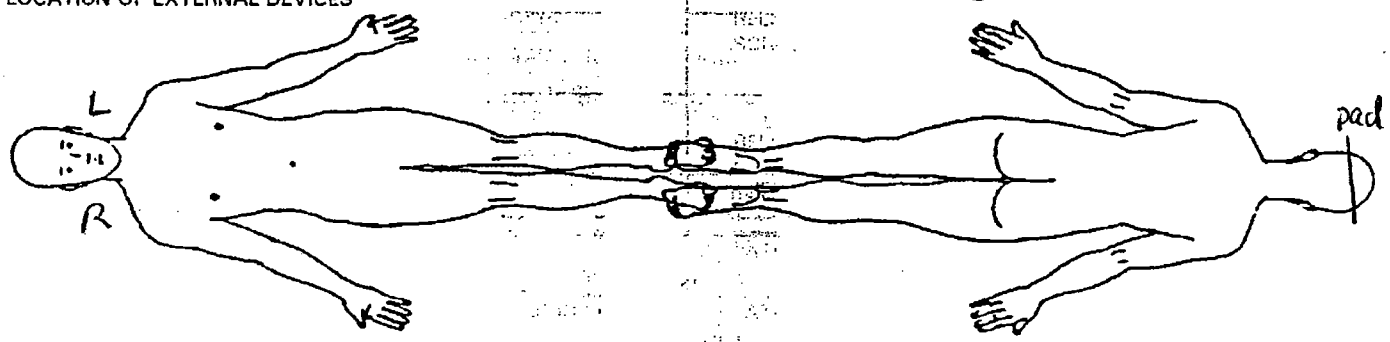
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine/Betadine
SITE: BY WHOM:
SITE: BY WHOM:

COMMENTS: ∅ pooling of solution noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad – Safety Strap = = = Tourniquet

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☒ No					
Needle Sharp	☐ Yes	☒ No					
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

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

#[redacted]
b(6)-4

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

☐ ESU NO: SN# R8B 102395
GROUND PAD: BRAND Valleylab
LOT NO: Lot 108 245 Exp 2005-07

☐ 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

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 aerobic anaerobic	NAME
NAME	NAME	NAME
NAME	NAME	NAME

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 40Fr Hemovac	2.	3.
SITE	1. (R) Thigh	2.	3.

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

19. ADDITIONAL INFORMATION

Surgeon [redacted] Anesthesia [redacted]

20. OPERATION(S) PERFORMED

I+D (R) leg

21. PATIENT TRANSFERRED TO PACU b/u 2 TIME 1101 METHOD Lifter c̄ O_2

22. REGIST[redacted] MAJ/AN

REVERSE OF DA FORM 5179-1, OCT [redacted] MEDCOM - 19835 USAPA V1.00

MEDICAL RECORD

VITAL SIGNS RECORD

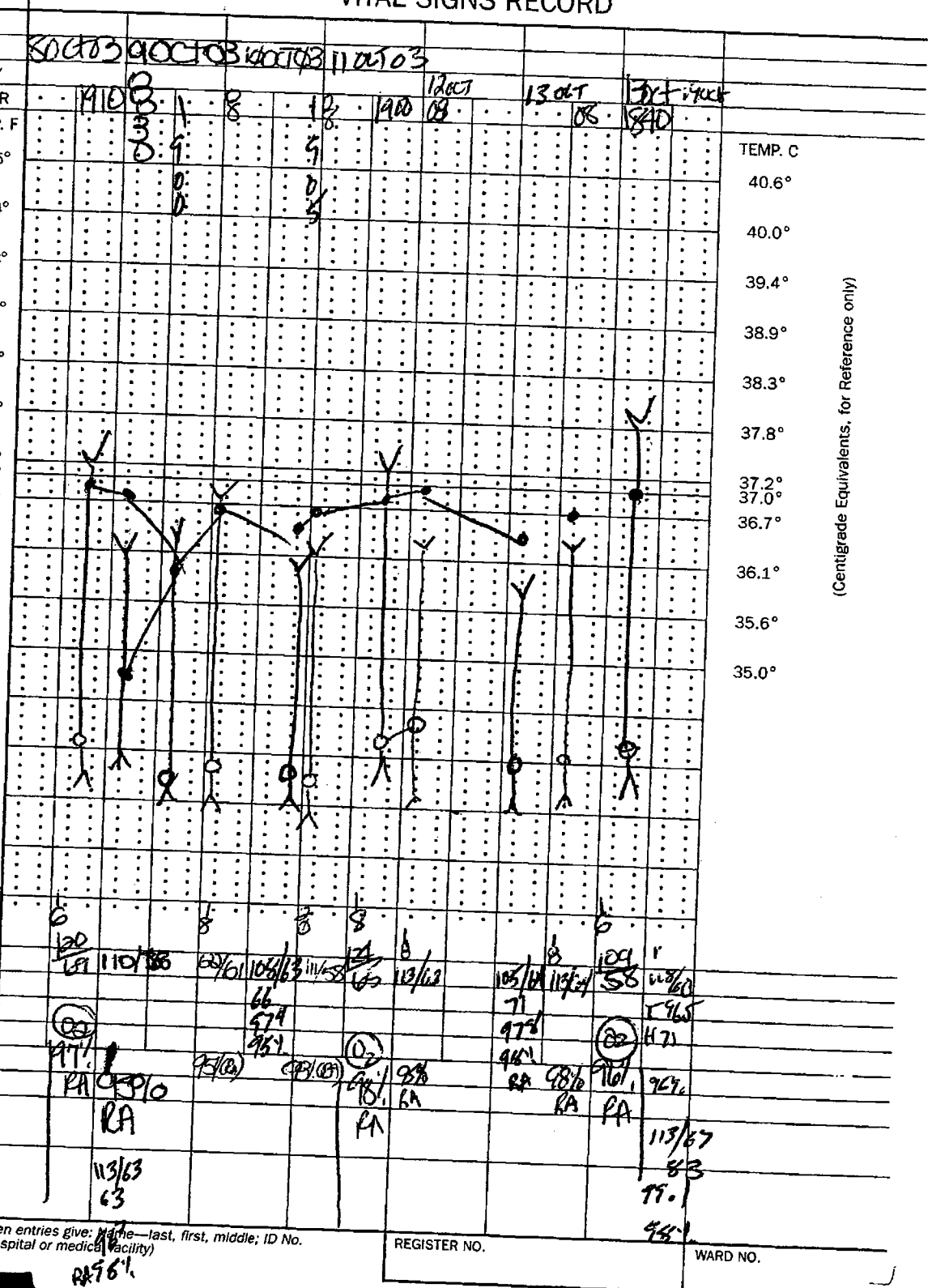
HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY

19 HOUR

PULSE (O) — TEMP. F (°) — TEMP. C



RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7–95) BACK

[redacted]

b(6)-4

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR DAY

19 HOUR

PULSE (O) — TEMP. F (•) — TEMP. C (Centigrade Equivalents, for Reference only)

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		

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.

#[redacted]

b/w5-4

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- OCTOBER DAY 24

MONTH-YEAR | DAY

19 | HOUR

PULSE (O) | TEMP. F (•)

TEMP. C (Centigrade Equivalents, for Reference only)

TEMP. F	TEMP. C
105°	
104°	40.6°
103°	40.0°
102°	39.4°
101°	38.9°
100°	38.3°
99° / 98.6°	37.8°
98°	37.2° / 37.0°
97°	36.7°
96°	36.1°
95°	35.6°
	35.0°

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

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)

[redacted]

b(w)-4

REGISTER NO.

WARD NO.

STANDARD FORM 511 (REV. 7-95) BACK

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

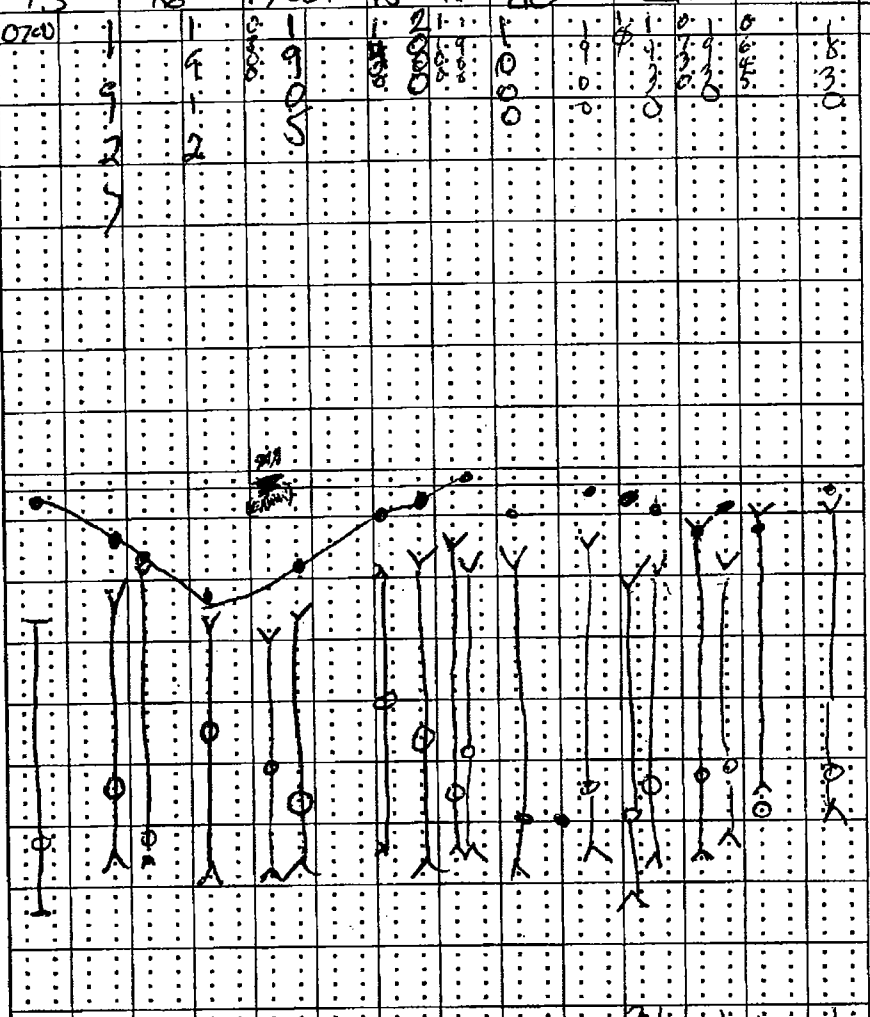
POST- DAY

MONTH-YEAR OCT DAY 15 16 17 OCT 18 19 20 21 22 23

2003 HOUR 0700

PULSE (O) | TEMP. F (°)

TEMP. C (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.

[redacted]

D(a)-4

VITAL SIGNS RECORDS

Medical Record

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

b(6)-2

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

Ward/Section: ICW#1

REQUESTING PHYSI[redacted]

DATE [redacted] TIME 0400

SSN/PEEUDO [redacted] b(6)-2

LAST, FIRST, MI. EPW # [redacted] b(6)-2

(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
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^{++}		8.0-10.3 mg/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.

======= PICCOLO =======
18/10/03 04:00
REFERENCE RANGE: b(6)-4 MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: b(6)-3 3151AA1
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	97	73-118	MG/DL
BUN	16	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	80	39-380	U/L
NA+	132	128-145	MMOL/L
K+	4.4	3.3-4.7	MMOL/L
CL-	95*	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:

OVER →