ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A (b)(3)-1	T2	(b)(6)-4	Iraqi CIV # (b)(6)-4		M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
	18Y	X	9	

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		99	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		2200	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	L76	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	NO
				X

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
1	FCU2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NATURE OF MEDICAL TREATMENT	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
(b)(3)-1 (b)(6)-4 (b)(3)-1	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
05	A	20030824

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM 28th CSH	26. DATE THIS ADMISSION (YYYYMMDD)
KACAA	A14A1	20030821

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYYYMMDD)
	A14A1	20030821

FOR LOCAL USE

Dx: 86415
86813
E9912
Trauma
9

Px: 5061
8622
Amputation
569

ADMITTING OFFICER (Specify as required) (b)(6)-2 (b)(6)-2 MD
MAT, MC, USA

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 2000 EDITION OF MAR 89 IS OBSOLETE USAPA V1.00

21

INPATIENT TREATMENT RECORD COVER SHEET (For Plate Imprinting)

...of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

ENT DA (b)(6)-4

Iraqi CIV # [redacted]

(b)(6)-4 [redacted]

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION

ADMISSION REMARKS

(b)(6)-4 [redacted]

ADMITTING OFFICER

(b)(6)-2 [redacted]

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION: RTD

26. DATE OF DISPOSITION: 23 Aug03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(L) occipit 873.0 ICDFY02 scalp wound

(R) arm plegia — too broad of dx

(R) pneumothorax 54 chest tube 512.1 ICDSFY02

☐ CHECK IF CONTINUED ON REVERSE

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

36. TOTAL DAYS ALL FACILITIES					
a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNAT... SIGNATURE ...ORDS OFFICER

(b)(6)-2 [redacted]

(b)(6)-2 [redacted]

DA FORM 1 MAY 79 3647-X EDITION OF 1 AUG 76 IS OBSOLETE.

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

Pt. 43y/o EPW transferred from 28th CSH. Pt. s/p shrapnel wound to (L) occiput c̄ (R) arm plegia. Also, pt. had (R) PTX and is s/p chest tube - removed 19 Aug. Pt. complains of (R) arm plegia + (R) leg paresthesia. He also reports 28th CSH did not remove shrapnel from brain. No neurosurgical note available. Dc note reports shrapnel in frontal lobe c̄ no exit wound.

Pmhx	Psxhx	Allergies	Meds
Arthritis	ø	NKDA	Dilantin 300mg QHS Zantac 150mg BID

PHYSICAL EXAMINATION

Gen - NAD
HEENT - healing incision (L) occiput c̄ small hematoma
EOMI
Heart - RRR
Lungs - CTA (B)
Chest - drawing (R) chest s/p chest tube pull
Abd - soft, NT, (+) BS
Ext - (R) arm - plegia, minimal movement
ø strength

Ext Gait
(R) leg - paresthesia
w/ poor strength
(L) arm + leg - w/ poor strength

PROGRESS *(Enter date of discharge and final diagnosis)*

A/P: Pt. 43y/o EPW s/p shrapnel wound (L) occiput + (R) chest. Shrapnel still present frontal lobe. (R) PTX resolved s/p chest tube.

(1) Admit to ICU 2
(2) Labs CXR in AM
(3) PT
(4) Discuss about placement

(b)(6)-2

(b)(6)-2 Yang	DATE	IDENTIFICATION NO.	ORGANIZATION

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

REGISTER NO.	WARD NO.

Iraq

(b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

ECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Discharge Summary

DOA → 17 AUG 03

DO Transfer → 21 AUG 03

Iraqi EPW soldier with fragment wound to the (L) occiput and (R) arm plegia. Also has shrapnel to (R) chest with (R) sided pneumothorax → needle thoracostomy and into (R) chest tube. Patient awake, alert and appropriate from time of consult follows commands. No RUE movement since time of admission. Small 1cm (L) occipital entrance. Skull Xray revealed fragment from parietal → occiput → frontal lobe (no exit wound). Chest tube removed 1st sub without pneumothorax. Pt convalescent, cooperative on ward. Transferred at this time to 21 BSH [See neurosurgical note]

Transfer meds

1. Dilantin 300mg po QHS
2. Solian 100mg
3. Zantac 150mg po BID

Diagnosis
1. (R) arm monoplegia
2. (L) occipital shrapnel wound
3. (R) hemithorax fragments with (R) pneumothorax

MD

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	RELATIONSHIP TO SPONSOR	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	REGISTER NO.	WARD NO. ICU3

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

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

(b)(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
2200 21Aug03	Arrived from EMT via gurney. NAD VSS T 98.8 P 91 R 18 BP 123-76 Sat's 98% RA. A/O x3 PERRL Hair stuck to back of head. Red marks over (R) eye. Chest CTA c̄ dressing to (R) upper chest from prior CT c-D.T. (+) BS Unable to move (R) UE. Will cont to monitor vsc, [redacted] (b)(6)-2 (b)(6)-2 the, cuffers
0200 22 Aug 03	Sleeping well. NAD vises and full of chest noted. will cont to monitor per order. Guard is in place. (b)(6)-2
0500 22 Aug 03	AM Labs done at this time. Tolerated well (b)(6)-2 (b)(6)-2
22 Aug 03 0705	Pt resting in bed VS- 120/72, 84, 97.9, 96%, 14. Pt in NAD, PERRLA, lung fields CTA. + Pulses to all extremities. Good Cap. refill. Pt moves all extremities except RUE. + BS x4. dressing C/D/I. Will continue to monitor. (b)(6)-2
22Aug03 1000	IV D5 ½NS + 20 KCl Started @ 100cc/hr. (b)(6)-2 (b)(6)-2
22Aug03 1200	750 ml clear yellow urine. [redacted] (b)(6)-2 (b)(6)-2
22Aug03 1330	VS- 115/62, 85, 98.2, 97%, 02, RR 14. [redacted] (b)(6)-2
1400	Assumed care. Pt appears to be sleeping in bed, in NAD. D5½NS + 20K infusing via #18 (L) UE PIV. No S/S infection/infiltration CDI. Passive ROM performed. Pt tolerated well. Will 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 writ[illegible] give: Name - last, first, middle; ID No or SSN; Se[illegible]rth; Rank/Grade) (b)(6)-2		REGISTER NO.	WARD NO.	

EPW # (b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

509-114

DATE	NOTES
22 Aug 05	Sur note
0852	S: A. resting comfortably, Tol po-liquid
	O: Afebrile, VSS
	Heart - RRR Chest - drains in place (R) chest
	Lungs - CTA (B)
	Abd - soft, NT, (+) BS
	~~EXT (R)~~ 7.6 / 11.7 / 33 / 446
	CXR - ↓ PTX, (+) shrapnel
	Skull - (+) shrapnel
	A/P: A. c̄ shrapnel wound Head/(R) chest -
	(R) arm paresis - stable.
	(1) Place IV & start fluids until pt. tol po well
	(2) Plan ~~[illegible]~~ removal of (R) chest drains tomorrow
	(3) Cont passive movement (R) arm
	(4) Attempt to obtain neurosurgery note from (b)(3)-1
	(b)(6)-2
	[illegible]

MEDICAL RECORD | **PROGRESS NOTES**

DATE	
22Aug03 1430	Assessment completed. A+O x3. PERRLA - lungs CTA(B) Heart - RRR - Mod - BS active x4 non-tender, non-distended. (R)UE paralysis. elevated on pillow x1. Scalp hematoma/stitches CDI - open to air. HOB ↑ 30°. Pt denies pain/discomfort other than (R)UE & passive ROM. Dsg to (R) flank CDI - old CT site. Will continue to monitor — [redacted]
1730	Pt c/o HA. Notified DR [redacted] Administered Tylenol 650 mg po. Pt sitting ↑ @ BS eating dinner. — [redacted]
1800	Pt ambulated for ~5 min unassisted. Placed RUE in cravat d/T hemiparesis. Pt c/o slight "dizziness" but showed steady gait. Pt sitting in chair @ BS. Will continue to monitor — [redacted]
1815	VS - BP 129/91 HR 94 RR 14 POX 96% T - 98.3.
22Aug03 2215	Took over care A/O x3 VSS T 97.9 P 84 R 12 BP 119/64 Sat's 99% PERRL Chest CTA. Heart RRR Abd (+) BS x4 ∅ tenderness - non distended (R) sided Paralysis, scalp hematoma c̄ stitches. CDI open to air. HOB ↑ 20° Has ∅ c/o discomfort at this time. Will cont to monitor. — [redacted]
0130 23Aug03	Sleeping eyes closed. NAD will cont to monitor per orders. — [redacted]

(Continue on reverse side)

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

EPW # [redacted]

REGISTER NO. | WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
23 Aug 03 0630	Pt assessment complete - BP 121/73, P-83, T 98.3, SPO2 96%, RR 14 Pt resting in bed NAD, PERRLA, Lungs CTA, Heart RRR, + Pulses to all extremities, Cap refill less than 3 secs, + BS x4, (R) UE paralysis, Scalp hematoma c̄ stitches CDT open to air. Drsg to (R) flank CDT. Pt has D5 ½ NS +20 KCL @ 100 cc/hr. Will continue to monitor for any changes. (b)(6)-2 HN
23 Aug 03	1000 - 700 ml clear urine.
23 Aug 03	1200 - VS 124/78, SPO2 97%, T 98.2, Pulse 100, RR 14
23 Aug 03 1400	Rec'd Pt in chair. Voices ø c/o. AAOX3. Lungs CTA. Heart RRR @ 96. Pulses palpable. CR <3 sec. BS(+) x 4 quads. 3 stitches to scalp. Healed. Well approximated. Dressing CDI to (R) flank. IV HL'd (+) ACS S/Sx of infection. Continue to monitor (b)(6)-2 cpt SN
23 Aug 03 1800	Pt showing c̄ difficulty VSS @ T 98.0 B/P 124/72 Pulse 100. Voices ø c/o. Pt to amb hall. Gait steady. Slow (b)(6)-2 cpt SN
23 Aug 03 1940	To EPW Camp c̄ MP's. Condition stable. Took all belongings (b)(6)-2 cpt SN

PROGRESS NOTES

DATE
Aug 03
2848

Sig note
∅ new Changes
Pt. tol po
Pt. has been OOB to chair
(R) arm paresis & paresthesia (R) leg
stable, (R) chest tube site healing well
Plan: Pt. Sp shaped mood to head/
(R) chest stable.
(1) Cont passive motion (R) arm
(2) Await neurosurgery note/recs
from [redacted] (b)(3)-1
(3) Heplock IV when
tol po well

[redacted] (b)(6)-2

MAJ [illegible]

Addendum
After discussion, Pt. is ready to
go to EPW Comp. will at
Dilation & Alc pt. to EPW
Comp.

[redacted] (b)(6)-2

MAJ [illegible]

STANDARD FORM 509 BACK (Rev. 11-77)

☆U.S. Government Printing Office: 1990-262-081/20138

care/treatment or discharge from an inpatient hospital stay.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 21 Aug 03
2. ADMITTING/DIAGNOSIS: Shaved Wounds/
3. PERTINENT LAB, X-RAY, FINDINGS: (R) Arm ~~[illegible]~~
   ALG-3.0 BUN-12
   ALT-29 Cr-0.8
   Aug-29
   AST-5
   TB-0.5
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
   Dilantin 300 QHS
   No seizures — Ambulatory
   — No jaundice
   — No fever
   — Tolerating PO
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
   (1) Shaved wound (L) occiput
   (2) Shaved wound (R) flank
   (3) (R) PTX s/p CT
   (4) (R) Arm Mass
6. ACTIVITY: Ambulatory
7. DIET: Local Temp Diet
8. MEDICATIONS:
   ☒ Medications have been prescribed for home use. See separate list and special instructions or see below.
   Dilantin 300 mg QHS
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
   F/U PM
   Monitor drug interactions
10. DISCHARGING PROVIDER: (b)(6)-2 MD
    (b)(6)-2 (b)(6)-2
    (Signature) *(Printed or Stamped Name)*

PATIENT IDENTIFICATION
Frag: # (b)(6)-4

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☑ OTHER EPW camp
   ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☑ OTHER MPs
3. PATIENT EDUCATION:
   Completed and patient prepared for home care. ☑ YES ☐ NO
   If no, explain:
   Patient ☐ states ☐ demonstrates understanding of home care needs.
   Printed educational materials provided:
4. Clinical outcomes met and post-discharge/release referrals made.
   ☑ YES ☐ NO If no, explain:
5. If transferred to another health care facility, report called to nurse.
   ☐ YES ☐ NO If no, explain:
6. NUTRITION CARE - Comments:
   Regular Diet
7. MEDICATIONS: given to Medic
   Explained by: ☐ NURSE ☐ PHYSICIAN ☐ PHARMACIST
   Printed medication literature provided. ☐ YES ☐ NO
   Patient states understanding of prescribed medications. ☐ YES ☐ NO
8. EQUIPMENT/SUPPLIES PROVIDED:
   NG
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY:
    (b)(6)-2 (b)(6)-2 CPT/AN 23 Aug 03 1940
    (Signature and Title) *(Date and Time)*

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

(Patient/Responsible Adult's Signature) *(Date and Time)*

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

STANDARD FORM 545 Rev.
10-75 545-108

LABORATORY REPORT DISPLAY

TEST(S)		
SPECIMEN TAKEN		
DATE 22 Aug 03	TIME 0630 A.M. P.M.	
RESULTS	REQUESTED	(X)
4.37	RBC COUNT	
12.4	HEMOGLOBIN	
37.0	HEMATOCRIT	
84.6	MCV	
28.3	MCH	
33.5	MCHC	
7.6	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PROTHROMBIN TIME CONTROL	
	PROTHROMBIN TIME PATIENT	
	PROTHROMBIN TIME % ACTIVITY	
	PROTHROMBIN TIME RATIO	
446 *	~~SICKLING TEST~~	P/F
23.0	~~L PREP~~	L+#
1.7		L+#

HEMATOLOGY 549-107
STANDARD FORM 549 (Rev. 7-78)
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

REMARKS

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE: CH10
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY: JS
MD
DATE: 22 Aug 03
TECH
LAB. ID. NO.

CBC

URGENCY: STAT ☐ TODAY ☐ ROUTINE ☐ PRE-OP ☐
PATIENT STATUS: BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM ☐
SPECIMEN SOURCE: VEIN ☐ CAP ☐ OTHER (Specify)

PATIENT'S MED. RECORD

TEST(S)	
SPECIMEN TAKEN	
DATE Aug 22, 03	TIME 0800 A.M. P.M.
REQUESTED	
RESULTS	

TRAQ

ICU2

(b)(6)-4

ALB 3.0 *
ALP 100 *
ALT 29
AMY 29
AST <5*
TBIL 0.5
BUN 12
Ca 9.3
CRE 0.8
GLU 106
TP 7.2

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

REMARKS: Chem-18

(b)(6)-2

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
MD
DATE: 22 Aug 03
LAB ID NO.

(b)(6)-2

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

PATIENT'S MED. RECORD

(b)(6)-4

ICU 2

(1) (2) (3) (4) (5) (6) (7)

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

INSTRUCTIONS: This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER (Specify)
☐ URINALYSIS (SF 550)	**MOUNTED ON STRIPS 1, 4, AND 7**
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY I (SF 553)
☐ SPINAL FLUID (SF 555)	☐ MICROBIOLOGY II (SF 554)
	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

General Services Administration and
Interagency Committee on Medical Records
Prescribed by GSA ICMR
FIRMR (41 CFR) 201-45.505

LABORATORY REPORT DISPLAY

☆ GPO—1991—304—610

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.
AP (Port) P + PART. PARALY (1) CXR - ~~RA LAT~~ (2) LAT SKULL	43	♂		ICU 2	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) [redacted]				TELEPHONE/PAGE NO. ORL.
	SIGNATURE OF REQUESTOR [redacted]				DATE REQUESTED 21 AUG 03

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

43yo EPW transferred from [redacted] (b)(3)-1 S/P (R) PTX (shrapnel) & (L) parieto-occipital entrance head wound - shrapnel. please do admission films for baseline ~ resolution of PTX, location head frags please

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

RADIOLOGIC REPORT

Chest — Clear lungs, no head, neg fxs schrapnel projects over (R) axilla and over R hemidiaphragm - need lateral film to tell exactly where pieces are

Lat skull — 3 pieces of schrapnel project over lateral skull - (parietal bone)

[redacted] (b)(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
IRAQI # [redacted] (b)(6)-4 ICU-2	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

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

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

(b)(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 21 aug 03 TIME OF ORDER: 2220 HOURS

LIST TIME ORDER NOTED AND SIGN

1. admit to icu-2, Dr Chol, Gen Surg
2. DX: Serapnel wound (R) thorax and head, (L) occipital scalp, (R) PTX s/p CT, (R) arm hemiplegia
3. condition: good
4. NKDA
5. Diet: Regular
6. Vitals: q 6°
7. activity: ad lib
8. Dilantin 300mg po q ms
9. ~~Zantac~~ (10)
10. Passive ROM (R) UE tid
11. CBC, Chem 10 ~~on admission~~ in AM
12. CXR Lat IPA and lat skull in am please.

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
(b)(6)-2	21 Aug 03 @ 2320	(b)(6)-2

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

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT	ROOM NO.	BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION: IRAQI [redacted]

DATE OF ORDER: 22 Aug 03 TIME OF ORDER: 0856 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Start IV
Run NS ~~TC~~ 20mg KCl
at 100 cc/hr

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: Iraqi # [redacted]

DATE OF ORDER: 22 AUG 03 TIME OF ORDER: 1730 HOURS

VO Dr [redacted] / [redacted] 10/hr

(1) Tylenol 650 PO Q4° prn pain

[redacted] MD

[redacted] LTC [redacted]

[redacted] FAMILY PRACTICE

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: Iraqi # [redacted]

DATE OF ORDER: 23 Aug 03 TIME OF ORDER: 1920 HOURS

(1) DC to MPs
(2) DC [redacted]

[redacted] MD

[redacted] MC [redacted]

[redacted] FAMILY PRACTICE

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: Iraqi # [redacted]

DATE OF ORDER | TIME OF ORDER | HOURS

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD

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. 8 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23
21Aug03	(b)(6)-2	Condition: Good	D	/	BC	(b)(6)-2
			E	/		
			N			
21Aug03	(b)(6)-2	Diet - Reg	B	/	BC	
			L	/		
			D	/		
21Aug03	(b)(6)-2	Vitals q 6°	D	/	BC	
			E	/		
			N			(b)(6)-2
21Aug03	(b)(6)-2	Act: Ab Lib	D	/	BC	
		(MP @ bedside)	E	/		
			N			(b)(6)-2
21Aug03	(b)(6)-2	Passive ROM (R) UE TID	D	/	BC	
			E	/		
			N			(b)(6)-2
22Aug03	(b)(6)-2	D5 ½ NSC 20 meq KCl	D	/	BC	(b)(6)-2
		at 100 cc/hr	E	/		
			N	/		

ALLERGIES: ☐ YES ☑ NO

NKDA

PRIMARY DIAGNOSIS: Scapula wound (R) thorax and head (L) occipital scalp lac, (R) PTX s/p CT, (R) Arm hemotoma

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

Iraqi (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

N 23 24 01 02 03 04 05 06

DA FORM 1 OCT 78 4631

EDITION OF 1 DEC 77 MAY BE USED.

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 8 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
Aug 21,03	[illegible]	Admit to ICU-2 Dr (b)(6)-2 Gen Surg	Done	—		(b)(6)-2
Aug 21,03	[illegible]	CBC, Chem-10 in AM	22Aug03	0500	[illegible]	
Aug 21,03	[illegible]	CXR LAT/PA LAT SKULL in AM	22Aug03	0700	0545	

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

CLINICAL RECORD

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

Aug 8 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23
21 Aug 03	(b)(6)-2	Dilantin 300mg PO	22	/	(b)(6)-2	
		q HS				

ALLERGIES: ☐ YES ☑ NO

NKDA

PRIMARY DIAGNOSIS: Scalp laceration (R) Thorax and head (L) Occipital scalp (R) PTX s/p CT (R) Arm Hemiplegia

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

Iraqi # (b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

0	8	9	10	11	12	13	14	15
3	16	17	18	19	20	21	22	23
4	24	01	02	03	04	05	06	07

DA FORM OCT 73

EDITION OF 1 DEC 77 MAY BE USED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				Mo _____ Yr _____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED														
22 AUG	(b)(6)-2	Tylenol 650mg po Q4° prn	1730 22 AUG (b)(6)-2														

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)
A (b)(3)-1 [redacted]	F 2

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	Iraqi CIV # (b)(6)-2	CIV	M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		99	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		2200	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	76	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	NO
				X

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
1	ICU2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

(b)(3)-1 [redacted] AT (b)(3)-1 [redacted] NT FACILITY (b)(6)-2 [redacted]

21. DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
01		20030823

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM [redacted]	26. DATE THIS ADMISSION (YYYYMMDD)
A6AA		20030821

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYYYMMDD)
	A14A1	20030823

FOR LOCAL USE

Dx: 80059
8601
34440
E9919

Px 3839
3404
8659

Trauma 9

Injury 590

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

(b)(6)-2 [redacted]

ADMITTING OFFICER (Signature, as [redacted] MD (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2

DA FORM 2985, MA[redacted]00 ACTICE EDITION OF MAR 8 [redacted] SAPA V1.00

(b)(6)(2)

21(-)

INPATIENT TREATMENT RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

ITEMS 1 - 30 *(Excluding Items 25 & 26)*

(b)(6)-4

LINE	LEGEND
1	REGISTER NO. - NAME - GRADE
2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION
3	FMP - SSN - ORGANIZATION - WARD
4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE
5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC
6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION
8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION

ADMISSION REMARKS

(b)(6)-4

241

(b)(6)-2

32. UNITS OF BLOOD/COMPONENT TRANSFUSED

Transfer for 28th CSH

25. TYPE DISPOSITION D/C

26. DATE OF DISPOSITION 24 AUG 03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Gunshot Wound to Back/Abd 876.0 879.2 ICD9 FY02

S/p Ex lap c̄ colectomy, (R) colon colostomy 45.79 46.10 NEC ICD9 FY02

Wound Infection c̄ small area fascial dehiscence 958.3 ICD9 FY02 POD#16 998.3 ICD9 FY02

Right leg weakness 780.79 ICD9 FY02

☐ CHECK IF CONTINUED ON REVERSE

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

36. TOTAL DAYS ALL FACILITIES

a. ABSENT SICK DAYS	b. OTHER	c. CONV LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

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

SIGNATURE OF MEDICAL RECORDS OFFICER SSG

(b)(6)-2

DA FORM 1 MAY 79 3647-1 EDITION OF 1 AUG 76 IS OBSOLETE.

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

24yo EPW who on 5 Aug sustained a GSW to (R) back which apparently caused a (R) colon injury. He underwent laparotomy and (R) colon colostomy. Post op developed a wound infection and small area of fascial dehiscence. Presents c/o (R) leg weakness, tolerating diet, no apparent signs of sepsis. Wound care to paramedian incision.

PmHx - Ø PsHx as above Meds - None NKDA
Denies Pain

PHYSICAL EXAMINATION

WDWN ♂ NAD AOx3, conversant through interpreter
HEENT - WNL
Neck - small healed wound (L) neck
L - CTA
CV - RRR ± (R) (S)
Abdomen NABS, soft nontender, Ø peritoneal signs:
(R) Paramedian incision open, granulating well
~~No bowel visible. Colostomy viable, stool in bag~~

PROGRESS *(Enter date of discharge and final diagnosis)*

Ext - Ø Evidence trauma
Neuro nonfocal ± (R) leg 4/5 strength to hip flexion.
Pt ambulates w/ assistance

A/P 5/p GSW to Abd → Colostomy, wound granulating well.
(R) leg weakness - C-spine X-rays

(b)(6)-2	DATE 8/21/03	IDENTIFICATION NO.	ORGANIZATION
		REGISTER NO.	WARD NO.

(Subsequent entries give Name last, first, middle; grade; date; hospital or medical facility)

Iraqi (b)(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
21 Aug 03 @ 2200	Admission note: Patients transfered from (b)(3)-1 as a direct admit to ICU2. Arrived @ unit via litter. Translator present, MP guard available. VSS: Bp 104/43, HR 72, RR 16, Temp. 98.3, SAT 98%. Dressing to abdomin, packed (+) exudate in wound and on dressing. colostomy to (R) side (+) drainage. Dressing to lower back. (+) drainage. New dressings applied to all sites. Pt states weakness / numbness to (R) leg. (B) upper + lower extremities full strength. Neuro vascular intact. Pulses normal. (+) Bowel sounds. Will continue to monitor — [redacted] CPT/A
22 Aug 03 (0200)	Bp: 103/50, HR 70, Temp 99.3, SAT, 98%, RR 16 / Pt continues to sleep. Ø complaints @ this time. — [redacted] CPT/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.

Fragi # [redacted]

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11 203(b)(10)

509-114

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
27 AUG 03	TRANSFER SUMMARY
@ 1800	23 y.o. s/p GSW to Abdomen / Back c̄ fx of Transverse process L3, presented s/p operation at Iraqi Hospital c̄ Colostomy & paramedian wound. Pt. did well but developed wound infection. On POD #13 we opened the wound. He had a small fascial dehiscence and with everything so packed in I decided it best to let everything granulate c̄ ventral hernia formation, to be fixed if the ostomy ends up being taken down. He is presently doing well & getting dressing d/s.
	(b)(6)-2 [redacted]
	(b)(6)-2 [redacted] (b)(6)-2 [redacted]
	MAJ (b)(3)-1
	KT FST

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

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

(b)(6)-4 [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

EDICAL RECORD

PROGRESS NOTES

Pt VS- 107/52, T99.8, Bpm 76, SPO2 97%, BR 14. Pt resting in bed NAD, PERRLA, Pt lung fields CTA, + Pulses x4. Good Cap refill. Pt has (R) sided Colostomy minimal drainage. + Bs x3 dressing Orth 4th area. Pt moves all extremities, U.O. continues to monitor.

(b)(6)-2

(b)(6)-2

1 wk/03 G Surgery
Pt resting comfortably
Vs Trans < 100
Abd soft, tender
wound granulating well
WBC 12.3 Gts - wet L/A ⊖ CX ⊖

D/C 5/P GSW to abd
Continue wound care
Ambulate ō assistance

(b)(6)-2

(b)(6)-2

(b)(6)-2

LCMC(N)

(Continue on reverse side)

REGISTER NO.

WARD NO.

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

(b)(6)-4

Iraqi #

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

DATE	PROGRESS NOTES
22 Aug 03 0900	Pt's dressing D'd. Abd ctr wound football shaped approx 2x1 inch beefy red, white discharge noted slight odor from wound noted. Wound ctr black 1 cm in diameter. no signs of infection noted. Well. Pt ambulated c̄ minimal assistance needed.
1400	Assumed care. Pt resting comfortably in bed, in NAD VSS — T-99.6 BP — 106/49 HR — 73 Sat 98% RR-14 Assessment completed PERRLA. lungs CTA (B). Heart RRR. Abd — BS active x4. NL abd drsg. CDI. LLQ colostomy = Mod - semi formed brown stool. BUE/BLE NV intact. NO c/o pain/discomfort. Will cont. to monitor. (b)(6)-2
1730	Pt ate 50% of dinner. Encouraged & assisted pt to ambulate ~50 steps. Pt c/o (R) thigh pain and limped. Pt now resting in bed. (b)(6)-2
2000	Drsg Δ to ABD Completed. Tissue red & beefy = small amt. puss-like discharge. Packed c̄ kerlex soaked in sterile H2O per order. Covered c̄ 4x4. Pt tolerated c̄ moderate discomfort. Premedicated c̄ Tylox 1 po 30 prior (b)(6)-2

*U.S. Government Printing Office: 1990-262-081/20138

MEDICAL RECORD	PROGRESS NOTES

DATE

ug 03 @ 2200 Nurse note: Pt sleeping but easily arousable. Dressing to abdomen c/D/I. same @ back L3. Colostomy c̄ small amount of liquid stool. Strong grip strength. Pulse +2 x all extremities. N/V intact. ~~Will~~ Denies pain/discomfort @ this time.
Vitals: Bp 98/47, HR 63, SAT 99%, RR 16, Temp 99°
Will continue to monitor for change. [redacted]

ug 03 0200 VS - Bp 107/50, HR 64, RR 16, SAT 99% - Temp 98°
Ø complaints, voiding clear yellow urine ō difficulty. [redacted] respiration even/unlabored. Will cont. to monitor. [redacted]

Aug 03 0145 - Pt assessment complete VS - 110/56, 72, 98%, 99°, 12. Pt alert. PERRLA, lung fields CTA, Cap refill <3 sec. + Pulses to all extremities. Pt able to move all extremities. (R) side Colostomy CDI, back and Abd dressing CDI. + BS x3, abd dressing covering 4th. Will continue to monitor for any changes. [redacted]

3 Aug 03 Surgery
Pt doing well, tolerating diet, ambulating
VFS Time <100
L CTA
Wound [illegible]

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

(b)(6)-4

PROGRESS NOTES

DATE	
	O/P S/P Exlap - Colostomy (1) Mobilization (2) Wound care (3) ↑ PO Nutrition (b)(6)-2 LTC MC USA
23 Aug 03 1020	G Surgery Overall plan is to teach patient colostomy care. If pt able to receive wound care at EPW camp may be discharged c̄ every fourth day following to assess wound healing. (b)(6)-2 LTC MC USA
23 Apr 03 1500	Voices ⊘ C/O. Colostomy reinforced 2° drainage VSS @ T 98.6 B/P 122/50 HR 84, AAOx3. MAE's (3) (B) Lungs CTA Pulses palpable, Dressings CDI. Continue to monitor (b)(6)-2 gtad

MEDICAL RECORD	PROGRESS NOTES

DATE

03 VSS BP 116/54, HR 55, RR 16, Temp 98.6, POx 100%

20 Pt A+oriented. Requesting pain meds. Tylox ii given po. Dressing changed to lower back. Ostomy care done. Stoma pink c̄ fatty tissue around stoma. ⊕ formed stool. Pulses +2 all extremities. MAE W. Tolerating fluids. Will continue to monitor for change — (b)(6)-2 c/p

Aug 03 Report received, assumed care of patient. Appears to be asleep this time, respirations regular + unlabored. (b)(6)-2

Aug 03 G Surgery
Pt doing well, no S/S other problems
Urs A/G
L-CTR CW-RRR
Wound granulating well

P/P 1/P Exlap - stable
May be discharged when learns colostomy care
Plan for wound check every 2-3 days

(b)(6)-2

(Continue on rev

REGISTER NO.

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

POTUS / EPW # (b)(6)-4

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR (41 CFR) 201-45.505
509-111

PROGRESS NOTES

DATE	
24 May 1015	BP 108/48 / T 98.6 / O2 sat 98% / HR 58. Midline abdominal dsg Δ'd NS W→D. Small amt purulent drainage noted. Frank bleeding + granulation noted. Dr [redacted] [redacted] in to see patient (SGT [redacted])
24 May 03 1430	Assumed Care of pt. VSS 102/49 P 66 T 99.2 R 20. Resting quietly AAOx3. Lungs CTA(B) HR RRR. Bowel sounds active. Brown formed stool in colostomy bag in RUQ. All pulses palpable. Ø IV. Ø HL. Voices Ø c/o. Continue to monitor [redacted] (SGT [redacted])
24 May 03 1600	MP's at bedside to learn colostomy care c̄ pt. Pt Δ'd colostomy 3 diff. Medic to Δ dressing until closed. Will be back to take to EPW Camp at 1800. Cont to monitor. Ø Δ in wound from AM. [redacted] (SGT [redacted])
2030	DC to EPW Camp c̄ all belongings i.e. Sent c̄ dressing + colostomy supplies. Accompanied by MP's. VSS. Condition stable. [redacted] (SGT [redacted])

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure, extended care/treatment or discharge from an inpatient hospital stay.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION: 21 Aug 03
2. ADMITTING/DIAGNOSIS: Ex Lap, Colostomy
3. PERTINENT LAB, X-RAY, FINDINGS:
Operation at Iraqi Hospital
(R) Colectomy, Colostomy POD #19
(R) Back Entry Wound
OPEN PARAMEDIAN Wound
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
Wound care only at 21st CSH
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
GSW to Back/Abd
S/P Ex Lap & Colectomy (R) colon
Colostomy
Wound Infection & Dehiscence
6. ACTIVITY: Ad lib
7. DIET: Regular
8. MEDICATIONS:
☐ Medications have been prescribed for home use. See separate list and special instructions or see below.
None
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
Wet to dry Wound care
Twice a Day

(b)(6)-2
(b)(6)-2
(b)(6)-2
LTC[illegible]
(Printed or Stamped Name)

(b)(6)-4
Iraqi

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☑ OTHER EPW Camp
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☑ OTHER MP's
3. PATIENT EDUCATION:
Completed and patient prepared for home care. ☑ YES ☐ NO
If no, explain:
Patient ☐ states ☑ demonstrates understanding of home care needs.
Printed educational materials provided:
Ø
4. Clinical outcomes met and post-discharge/release referrals made.
☑ YES ☐ NO If no, explain:
5. If transferred to another health care facility, report called to nurse.
☐ YES ☐ NO If no, explain:
6. NUTRITION CARE - Comments:
Reg Diet
7. MEDICATIONS: Ø
Explained by: ☐ NURSE ☐ PHYSICIAN ☐ PHARMACIST
Printed medication literature provided. ☐ YES ☐ NO
Patient states understanding of prescribed medications. ☐ YES ☐ NO
8. EQUIPMENT/SUPPLIES PROVIDED:
Ostomy + Wound Care Supplies
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY:
(b)(6)-2 (b)(6)-2 CPT AW
(Signature and Title)
D/C 2030
24 Aug 03 1745
(Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

(Patient/Responsible Adult's Signature) *(Date and Time)*

MEDCOM FORM 691-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE MC V1.00

DATE 22 AUG 03 | TIME 0125 | LAB #

Physician (b)(6)-2

Clinic/Ward/OCA ICU2

☒ Clean Catch ☐ Catheterized

☐ Routine
☐ Today
☒ STAT

Urine Chemistry

Glu Neg
Bili Neg
Ket Neg
SG 1.025
Bld Neg
pH 5.5
Prot Neg
Uro Neg
Nit Neg
Leuk Neg

Patient ID

Ivogi # (b)(6)-4

ICU2

Color yellow
Appearance clear
Clinitest
Acetest
Ictotest
SSA

Microscopic

Casts /LPF
Type
WBC /HPF
RBC /HPF
Crystals
Epi Cells /HPF
Type
Yeast
Trichomonas
Bacteria
Mucous
Other

Clinical Data:

Reported By: (b)(6)-2

Date: 22 Aug 0135

Note: Micro exam only when abn. chem. found or upon special request.

Normal Values

Color: Straw, Yellow, Amber
Specific Gravity: 1.003-1.030
Urobilinogen: 0.1-1.0 EU/dl
pH: 4.6 — 8.0
WBC: 0—5/HPF
RBC: 0-3/HPF
Epi: 0—5/HPF
Others: Negative

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF PATHOLOGY
FH MDA FORM 8 1 Feb 85

CHART COPY

RY REPORT DISPLAY

TEST(S)
SPECIMEN TAKEN
DATE 21 Aug 03 | TIME 0245 A.M. P.M.
REQUESTED

RESULTS

WBC 12.3*
RBC 3.30
Hgb 9.7
Hct 28.4
MCV 86.2
MCH 29.4
MCHC 34.1
Plt 704 *
Ly% 17.1
Ly# 2.1

REMARKS CBC * Test repeated X3

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

REQUESTING PHYSICIAN'S SIGNATURE Dr. (b)(6)-2

REPORTED BY (b)(6)-2

MD DATE 0507
TECH 22 Aug

Ivogi # (b)(6)-4

ICU2

MISC

URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☒ STAT

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO

PATIENT'S MED. RECORD

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

ORY REPORTS ALONG THIS BASE LINE

reports as a
eet should be
are mounted
ys be visible.

ARD NO.—DATE

FORMS DISPLAYED ON THIS SHEET ARE (Check one)

MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
☐ CHEMISTRY I (SF 546)	☐ PARASITOLOGY (SF 552)
☐ CHEMISTRY II (SF 547)	☐ IMMUNOHEMATOLOGY (SF 556)
☐ CHEMISTRY III (SF 548)	☐ ASSORTED FORMS
☐ HEMATOLOGY (SF 549)	☐ OTHER (Specify)
☐ URINALYSIS (SF 550)	**MOUNTED ON STRIPS 1, 4, AND 7**
☐ SEROLOGY (SF 551)	☐ MICROBIOLOGY I (SF 553)
☐ SPINAL FLUID (SF 555)	☐ MICROBIOLOGY II (SF 554)
	☐ MISCELLANEOUS (SF 557)
	☐ ASSORTED FORMS

General Services Administration and
Interagency Committee on Medical Records
Prescribed by GSA ICMR
FIRMR (41 CFR) 201-45.505

LABORATORY REPORT DISPLAY

☆ GPO—1991—304—610

TEST(S)

SPECIMEN TAKEN

DATE 21Aug03 TIME 0445 (A.M.) P.M.

RESULTS	REQUESTED	(X)
111	GLUCOSE	
8	UREA N.	
1.1	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
9.2	CALCIUM	
7.2	TOTAL PROTEIN	
2.5	ALBUMIN	
	GLOBULIN	
128	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
31	SGOT	
	LDH	
	CPK	
0.5	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
104	CHOLESTEROL	
174	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
52	ALT	

CHEMISTRY I

STANDARD FORM 546 (Rev 8-77)

PRESCRIBED BY GSA ICMR

FIRMR (41 CFR) 201-45.505

546-107

Chem 10/12

REMARKS

Dr. (b)(6)-2

REQUESTING PHYSICIAN'S SIGNATURE

Enter in above space

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

Iraqi # (b)(6)-4

ICU2

REPORTED BY

(b)(6)-2

TECH

MD

DATE 0507 22Aug

CHEM I

URGENCY

☐ ROUTINE

TODAY ☐

☐ PRE-OP

STAT ☒

PATIENT STATUS

☒ BED ☐ AMB

OUTPATIENT ☐

☐ NP ☐ DOM.

SPECIMEN SOURCE

☒ BLOOD

☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB. RPT. NO.

PATIENT'S MED. RECORD

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

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
CXR					
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Rank) Dr. (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2 per UPT/AN				DATE REQUESTED

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

R/O effusion

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

RADIOLOGIC REPORT

Normal portable chest film

⊖ effusion

(b)(6)-2

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

ICU2

Iraqi # (b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REQUEST/REPORT
1 — MEDICAL RECORD

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

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

Iraqi (b)(6)-4

DATE OF ORDER 8/21/03 TIME OF ORDER 2230 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Admit to ICU (b)(6)-2

(2) Dx: S/P GSW (b)(6)-2

(3) Condition: Stable

(4) Vitals, Routine

(5) Activity ad lib

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

noted CPT 21 Aug 03 @ 2300 (b)(6)-2

DATE OF ORDER TIME OF ORDER HOURS

(6) Change Abd wound with wet to dry dressing of Kerlex / sterile water q 12°

(7) Change (R) Lade Gunshot QD

(8) Diet: Regular

(9) IV: None

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

(10) Meds - Tylenol 1-2 po q 4-6 prn

(11) CBC, Chem 10, U/A in AM

(12) CXR in AM
R/o effusion

(13) ~~Blood Culture~~ ~~Sputum Specimen~~ in AM

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 8/24/03 TIME OF ORDER 1620 HOURS

(1) Discharge to EPW Company (b)(6)-2 LTC, MC, USA

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

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. 8 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24
21	(b)(6)-2	Vitals Routine	D	/ (b)(6)-2			
	-----		E	/			
	-----		N	(b)(6)-2			
21	(b)(6)-2	Activity ad lib	D	/ (b)(6)-2			
	-----	(MP @ bedside)	E	/			
	-----		N	(b)(6)-2			
21	(b)(6)-2	Change abdominal	08	/ (b)(6)-2			
	-----	wound with wet to	20	(b)(6)-2			
	-----	dry dressing of kerlex/					
	-----	sterile water Q 12°					
21	(b)(6)-2	Change (R) back	08	2000 (b)(6)- (b)(6)-2			
	-----	bandage QD					
21	(b)(6)-2	Diet: Regular	B	/ (b)(6)-2			
	-----		L	/ (b)(6)-2			
	-----		D	/ (b)(6)-2			

ALLERGIES: ☐ YES ☐ NO
NKDA per patient

PRIMARY DIAGNOSIS: S/P GSW Abdomen

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

PATIENT IDENTIFICATION:
Iraqi # (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES
0 8 9 10 11 12 13 14 15
5 16 17 18 19 20 21 22 23
4 24 01 02 03 04 05 06 07

DA FORM 4137, OCT 73 — EDITION OF 1 DEC 77 MAY BE USED.

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 8 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
21	(b)(6)-2	Admit to ICU- Eastman	8/21/03	on arrival	2200	(b)(6)-2
21	(b)(6)-2	Condition Stable	8/21/03	on arrival	noted	
21	(b)(6)-2	CBC, Chem10, U/A in Am	8/22/03	0500	0445	
21	(b)(6)-2	CXR in Am (R/o effusion)	8/22/03	0500	0530	

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

MAR

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.

No. 8 Jr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 21	22	23	24
21	(b)(6)-2	IV: None	D	/ (b)(6)-2			
			E	/ (b)(6)-2			
			N	(b)(6)-2			

ALLERGIES: ☐ YES ☐ NO

NKDA (per patient)

PRIMARY DIAGNOSIS:

S/p GSW Abdomen

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

Iraqi # (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 1127-3 4-3

EDITION OF 1 DEC 77 MAY BE USED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				Mo _____ Yr _____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED														
8/21/03	(b)(6)-2	Tylox 1-2 po q 4-6 prn	22 Aug 1930	23 Aug 1315	23 Aug 2200												

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A (b)(3)-1	I Z	(b)(6)-4	(b)(6)-4 (b)(6)-4	r	M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		99	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		2200	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K2 G	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
7	ICU2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

(b)(3)-1 (b)(3)-1 TMENT FACILITY — TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y Y Y M M D D)
05		20030824

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM 28th CSH	26. DATE THIS ADMISSION (Y Y Y Y M M D D)
ABAA		20030821

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y Y Y M M D D)

FOR LOCAL USE

Dx: 72989
V553
Y6543
9060
59990

ADMITTING OFFICER (b)(6)-2 — SIGNATURE (b)(6)-2 — TING CLERK

Ltc medical — SS

DA FORM 2985, MAR 2000 — EDITION OF MAR 89 IS OBSOLETE — USAPA V1.00

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	3 Sep 03
POD	~~DOS~~ 1

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2
(b)(6)-2	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (b)(6)-2 (Title)	Department/Service/Clinic	DATE
	ICU 1	4 Sep 03

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

POTUS (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1656

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2								2							2	
	RADIAL L								*								/								
	DORSALIS PEDIS R								2								2							2	
	DORSALIS PEDIS L								2								2							2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 3 8								1 3 8							1 3 8	
EDEMA									+1								+1							+	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓								✓							✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓								✓							✓	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH								✓																
	FOLEY CARE																								
	ORAL CARE								✓			✓													
MOBILITY	BEDREST								✓								✓								
	BSC																								
	DANGLE																								
	CHAIR											✓	✓												
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE								✓								✓								
	HOB 30 DEGREES								✓								✓							✓	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE								✓								✓							✓	
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended									1								1							1	
BOWEL SOUNDS (active all quads)									Ø																
NG / DOBHOFF PLACEMENT VERIFIED									✓				OK												
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown								✓															✓	
	Surgical Wounds								✓								✓							✓	
	Rashes, Lac's, etc								✓								✓							✓	
DRESSING (Dry & Intact: specify site below)																									
#1 (L) thigh & ex flx									✓								✓							✓	
#2																									
#3																									

(b)(6)-2

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
~~PI~~ IJ IV	(L)	3 Sept 03	CDI, ØSS infusion
IJ	(L)	3 SEP 03	Ø S/S Inf

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE:

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open									4								4							4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response									5								5							5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response									6								6							6	
GLASGOW COMA SCALE (A+B+C)									15								15							15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																								
	L																								
MOVEMENT (See Motor Function Scale at Top of Page)	RUE								5								5							5	
	LUE								~~4~~								~~4~~							2	
	RLE								3								3							3	
	LLE								2								2							2	
GRIP (S) Strong (W) Weak (-) absent	R								5								5							5	
	L								NA								—							—	
RESPIRATIONS	REGULAR								✓								✓							✓	
	IRREGULAR																								
	UNLABORED								✓								✓							✓	
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL								5								5							5	
	LUL								5								5							5	
	RLL								5								5							5	
	LLL								5								5							5	
	BOTH BASES								5								5							5	
COUGH	NONE								✓								✓							✓	
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)								2	~~2~~	2	2	2	2	2		2							2	
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE											✓	✓	✓	✓			✓								
COUGH / DEEP BREATH									(b)(6)-2																
INITIALS											(b)(6)-2													(b)(6)-2	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300	99.4	102	20	114/79	97												
0400																	
0500																	
0600																	
0700	98.9 (A)	97	24	126/81	96%												
0800																	
0900																	
1000	99.9 (A)	102	20	119/75	96%												
1100																	
1200																	
1300																	
1400	100.6 (A)	104	23	131/76	96%												
1500																	
1600	100.5 (A)	107	24	129/77	94%												
1700																	
1800	100 (A)	98	24	117/67	95%												
1900																	
2000																	
2100																	
2200																	
2300	100.1	99	22	127/79	97												
2400																	

	INTAKE									OUTPUT						
	D5NS+20KCl	IVPB							Total	URINE	NG	STOOL			Total	COMMENTS
0100	100 / 100															
0200	100 / 200									300 / 300						
0300	50 / 250	50 / 50														
0400	50 / 300									480 / 780						
0500	100 / 400									400 / 1180						
0600	50 / 500	50 / 100									100					
0700	100 / 600															
0800	75 / 675	50 / 150														
8 HR	675	150							8 HR. 825	1180	100				8 HR 1280	
0900	100 / 100									425 / 425						
1000	100 / 200															
1100	100 / 300	100 / 100														
1200	50 / 350	50 / 150														
1300	100 / 450															
1400	100 / 550									400 / 825						urine is dk
1500	100 / 650															
1600	100 / 750									150 / 975						
8 HR	750	150							16 HR. 1725	975					16 HR. 2055	
1700	150 / 900	50 / 50								200 / 200						
1800	50 / 950	100 / 150									200 / 200					
1900	100 / 150									200 / 400						
2000	100 / 250															
2100	100 / 350															
2200	100 / 450									200 / 600		200				
2300	100 / 550															
2400	50 / 650	50 / 200														
8 HR	600	200							24 HR. 2575	600		200			24 HR 3055	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTE (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
4 Sep 03	0015		Pt resting. T 98.6 (A). will continue to monitor. (b)(6)-2
	0130		Pt c̄ % pain to LLE. Medicated per order. (b)(6)-2
	0300		Pt assessment ∃ change, ∅ complaints ~~pt c̄~~ pt repositioned for comfort. (b)(6)-2
	0530		Pt labs drawn. (R) hand Heplock D/c'd. unable to flush or draw blood. (b)(6)-2
4Sept03	0615		Recieved pt from prev shift. Pt resting will cont to monitor (b)(6)-2
4Sept03	0820		Pt resting. ⊖AEA. Ex fix on (R) thigh. dsg slightly moist (LB→D). pt has numerous stitches on legs. abd non tender med tone. will cont to monitor (b)(6)-2
4Sept03	1015		@0945 dsg Δ'ed. LB→D. c̄ NS. ~~[illegible]~~ ∅ drainage very sm amt of bleeding will cont to monitor (b)(6)-2
4Sept03	1130		Pt OOB to chair c̄ (L) leg elevated. started @ 1100 will cont to monitor (b)(6)-2
4Sept03	1250		@1200 NGT D/C'ed. pt asked for pain meds early obtained order for ~~more~~ pain meds early @1215. pt now sleeping will cont to monitor (b)(6)-2
4Sept03	1400		@1345 adm tylenol suppository 1gm for ax temp of 100.6° pt ~~sitting~~ up in bed 1/S encouraged & done will cont to monitor (b)(6)-2
4SEP03	1800		Pt to BS commode. 200 light brown stool (b)(6)-2
4SEP03	2100		Dsg Δ'd LLE. Tissue looks red and beefy c̄ moderate exudate. Dsg replaced/packed c̄ Dakins soaked gauze and Kerlex (b)(6)-2
	2200		Assumed care of pt sleeping ⊖ distress. (b)(6)-2
	2300		assessment per flowsheet, abd remains mildly distended hypoactive bowel sounds noted. (R) ⊖E) patent 5 s/s of infiltration.

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	3 Sep 03
POD	2

24 HOUR DATA	
24 Hour Balance	+50
24 Hour Intake	3050
24 Hour Output	3000
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 RN	ICU 1	5 Sep 03

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

Potus (b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1662

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2							2										
	BRACHIAL L							2							2										
	DORSALIS PEDIS R							2							2										
	L							2							2										
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale (10) HOT								1 5 8							1 3 8										
EDEMA								1+							1+										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓							✓										
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST							ST										
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE							✓																	
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR														✓										
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE							✓							✓										
	HOB 30 DEGREES							✓							✓										
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE							✓							✓										
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended								1 HYPO							1 HYPO										
BOWEL SOUNDS (active all quads)																									
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								DKY AMBER							✓										
SKIN INTEGRITY	No Breakdown							✓							✓										
	Surgical Wounds							✓							✓										
	Rashes, Lac's, etc							✓																	
DRESSING (Dry & Intact: specify site below)																									
#1 LUE								✓							✓										
#2 LLE								✓							✓										
#3																									

(b)(6)-2

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
(L) EJ 18g		3 S 8 03	5 S/S of infiltration
(R) PA 18g		3 S 8 03	3 S/S of infiltration, opaque in place
(L) SA 18g	(R) SA	0700 hr	
		5 S 8 03 N	S/S of inf / infl

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE:

TIME		03	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open								4							4										
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response								5							5										
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response								6							6										
GLASGOW COMA SCALE (A+B+C)								15							15										
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R																								
	L																								
MOVEMENT (See Motor Function Scale at Top of Page)	RUE							4							4										
	LUE							2							2										
	RLE							4							4										
	LLE							2							2										
GRIP (S) Strong (W) Weak (-) absent	R							5							5										
	L							N/A							N/A										
RESPIRATIONS	REGULAR							✓							✓										
	IRREGULAR																								
	UNLABORED							✓							✓										
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL							5							5										
	LUL							5							5										
	RLL							5/1							5										
	LLL							5/1							5										
	BOTH BASES							5/1 ✓							5										
COUGH	NONE														✓										
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)							2L							2L										
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
ENTIVE SPIROMETRY DONE																									
H / DEEP BREATH																									
INITIALS								(b)(6)-2							(b)(6)-2										

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	99.8 (A)	91	22	125/76	96												
0500																	
0600																	
0700	100.4 (A)	101	25	122/73	92												
0740	100.0 (A)																
0800																	
0900																	
1000																	
1030	100.0 (A)																
1100																	
1200																	
1300	100.4 (A)	96	25	121/71	95%												
1400																	
1500	100.5 (A)	97	20	117/68	93%												
1600																	
1700																	
1800																	
1900																	
2000	99.8 (A)	92	24	143/84	100%												
2100																	
2200																	
2300																	
2400																	

	INTAKE									OUTPUT						
	D5W5ØDW	LVPB	PO						Total	urine	stool				Total	COMMENTS
0100	100/100	—														
0200	50/100	50/50														
0300	100/200									X1						
0400	100/300															
0500	100/400									400/400+X1						
0600	100/500															
0700	100/600	50/50								275/675X1						
0800	100/700	50/100								300/975 new						
8 HR	750	850							8 HR. 850	675+X1					8 HR 675+X1	+175+X1
0900	100/100									300/300						
1000	100/200	50/50														
1100	100/300									375/675						
1200	100/400	250/300 250/550								325/1000						
1300	100/500	50/350								325/1325						
1400	100/600									1325						
1500	100/700															
1600	300/1000	50/400														
8 HR	1000	400							16 HR. 2250	1325					16 HR. 2000	+250
1700	100/100									200/200						
1800	50/150	50/50														
1900	100/250															
2000	100/350									400/600						
2100	100/450															
2200	100/550															
2300	100/650															
2400	50/700	50/100								400/1000						
8 HR	700	100							24 HR. 3050	1000					24 HR 3000	+50

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTE (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
5Sep03	0015		Pt ≅ ↓ neck pain. IV site ≅ erythema or edema. ⊖ firmness or site swelling noted. Tape reapplied and reinforced. Pt also ≅ leg pain. Repositional ≅ relief with medicate per order. (b)(6)-2
	0045		Through interpreter, ↓ pain to neck & leg continued. (L) EJ IV D/C'd, pressure applied for 4-5 minutes. IV 18g to (R) PA x1 attempt pt tolerated well. Fluids continued at this site. Pt medicated for leg pain. (b)(6)-2
	0300		Voided x1, pt remains ≅ distress. Afebrile T 99.9 Low grade fever, skin warm/dry to touch. Assessment ≅ change. (b)(6)-2
9/5/03		0900	PT ≅ complaint. VSS. AM Care given. Pt remain NPO for OR this am. Will continue to monitor (b)(6)-2
9/15/03		1400	VSG D'd OOB to chair. Medicated c̄ Tylenol [illegible] for temp 100.4 (A) [illegible] (b)(6)-2
"		2000	Pt recovered s/p washout [illegible] LUE/LLE. Pt VSS AOx3. Tolerating PO meds w/ [illegible] (b)(6)-2
5Sep03		2200	Assumed care of pt. sleeping soundly. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25Aug03
DOS	5 5Sep03
POD	

24 HOUR DATA	
24 Hour Balance	-175
24 Hour Intake	2850
24 Hour Output	3025
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	
LCT	

Safety Checks	D	E	
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	N/A	N/A	—
Call Light Within Reach			—
Side Rails Up			—
Bed in Low Position			—

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 EICLVN	ICU#1	6Sep03

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

EPW# (b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1668

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2						2						2								2		
	Brachial L		2						2						2								2		
	DORSALIS PEDIS R		2						2						2								2		
	L		2						2						2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1 3 8						1 3 8						1 3 8								1 3 8		
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓						✓						✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			ST						✓						✓								✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH									✓															
	FOLEY CARE																								
	ORAL CARE									✓															
MOBILITY	BEDREST								✓						✓										
	BSC																								
	DANGLE																								
	CHAIR											✓			✓										
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE		✓						✓						✓								✓		
	HOB 30 DEGREES		✓						✓						✓								✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE								✓						✓								✓		
	PAIN SCALE (1-10)		5																						
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			1						1						2								2		
BOWEL SOUNDS (active all quads)			Hypo						Hypo						✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓						✓						✓								✓		
SKIN INTEGRITY	No Breakdown		✓						✓						✓								✓		
	Surgical Wounds		✓						✓						✓								✓		
	Rashes, Lac's, etc		✓						✓						✓								✓		
DRESSING (Dry & Intact: specify site below)									✓						✓										
#1 LUE																							✓		
#2 LLE																							✓		
#3																									

(b)(6)-2

(b)(6)-2

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
R FA 18G PIV	R FA	5 Sep	patent & s/sx of infx or infiltration
18G	(L) FA	5 Sep	" "
PIV 18G	(R) FA	5 Sep	patent & s/sx of infx or infiltration

(b)(6)-2

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 6 Sep 03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4					4							4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			5					5							5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6					6							6								6		
GLASCOW COMA SCALE (A+B+C)			15					15							15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		+												+								2+		
	L		+												+								2+		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		4					4							4								4		
	LUE		2					3							3								3		
	RLE		4					4							4								4		
	LLE		2					2							2								2		
GRIP (S) Strong (W) Weak (-) absent	R		5					5							5								5		
	L		N/A					N/A							N/A								N/A		
RESPIRATIONS	REGULAR		✓					✓							✓								✓		
	IRREGULAR																								
	UNLABORED		✓					✓							✓								✓		
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL							5							5								2		
	LUL							5							5								5		
	RLL							5							5								2		
	LLL							5							5								2		
	BOTH BASES							5							5								2		
COUGH	NONE		✓					✓							✓								✓		
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)		2L					2L							2L								2L		
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS			(b)(6)-2					(b)(6)-2							(b)(6)-2								(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	100.1	100	19	~~99~~ 124/79	99%	on 2L NC											
0300																	
0400																	
0500																	
0600																	
0700	99 (A)	97	20	124/78	97%	2L/NC											
0800																	
0900																	
1000	101 (A)																
1100	~~X~~	113	23	118/74	97%												
1200																	
1300																	
1400	99 (A)	97	14	116/62	96%												
1500																	
1600																	
1700																	
1800	99	87	23	119/70	97%												
1900																	
2000																	
2100																	
2200	100.9	90	26	117/50	97%	on 2L NC											
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine					Total	COMMENTS
0100	100/700															
0200	100/200	50/50								400/450						
0300	100/300															
0400	100/400									400/850						
0500	100/500															
0600	100/600									575/1425						
0700	100/700															
0800	100/800		60/60													
8 HR	800	50	60						8 HR. 910	1425					8 HR 1425	-485
0900	100/100	50/50														
1000	100/200															
1100	100/300	50/100														
1200	100/400	50/150	60/60													
1300	100/500		120/80							500/500						
1400	100/600															
1500	100/700															
1600	60/760	50/200	30/110							300/800					2225	-255
8 HR	760	200	110					1060	16 HR. 1970	800					16 HR. ~~800~~ BDr	~~+1100~~ BDr
1700	100/100															
1800	100/200									500/500						
1900	100/300															
2000	100/400															
2100	100/500									300/800						
2200	100/600		30/30													
2300	100/700															
2400	100/800	50/50														
8 HR	800	50	30					880	24 HR. 2850	800					24 HR 3025	-175

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
6Sep03	0230		Pt continues to c/o pain to (L) upper leg. Pt informed that he couldn't have any more pain meds until 0430. Will continue to monitor. SPC (b)(6)-2 SIC LUN
	0500		Pt medicated c̄ 25mg Demerol/12.5mg Phenergan for CBT Welden. Will continue to monitor. SPC (b)(6)-2 SIC LUN
	0530		Demerol/Phenergan Effective. Will continue to monitor. SPC (b)(6)-2 SIC LUN
6Sep	0550		(Late note 0215) Pt assessment complete on flowsheet. Pt c/o pain to (L) upper extremity. Will medicate c̄ Demerol/Phenergan. Will continue to monitor SPC (b)(6)-2 SIC LUN
6Sep03	0850		DRSG TO LLE D'd. MODERATE AMT of Serous Sanguinous drainage c̄ foul odor. Wound Packed c̄ NS soaked GAUZE. ELASTIC BANDS & staples intact. Tolerated procedure well. VSS. Will continue to monitor. (b)(6)-2
6Sep03	1200		Medicated c̄ 1gm Tylenol PO for Temp 101°
6SEP03	1930		Pt drsg D'd on LUE/LLE. Pt premedicated c̄ 25mg Demerol/12.5 phenergan. Pt tolerated well. Dr (b)(6)-2 to see both wounds. Wounds appeared red and beefy c̄ minimal exudate noted. Drsg packs and redressed c̄ W→D packing (b)(6)-2
6Sep03	2255		Report received from offgoing nurse. Pt assessment complete and on flowsheet. Pt is currently painfree. Will continue to monitor. SPC (b)(6)-2 SIC LUN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	5 Sep 03
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach	N/A	N/A	
Side Rails Up			
Bed in Low Position			

(b)(6)-2		Department/Service/Clinic	DATE
	87CLVN	ICU#1	7 Sep 03

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

EPW# (b)(6)-4

- ☐ HISTORY PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1674

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2								2								2	
	BRACHIAL L							2								2								2	
	DORSALIS PEDIS R							2								2								2	
	L							2								2								2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 3 8								1 3 8								1 3 8	
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓								✓								✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST								ST									
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST							✓								✓								✓	
	BSC																								
	DANGLE																								
	CHAIR															✓									
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE							✓								✓								✓	
	HOB 30 DEGREES							✓								✓								✓	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE							✓								✓									
	PAIN SCALE (1-10)																							X	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended							2								2								X	
BOWEL SOUNDS (active all quads)								HYPO								HYPO								✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								DARK AMBER								DARK									
SKIN INTEGRITY	No Breakdown							✓								✓								✓	
	Surgical Wounds							✓								✓								✓	
	Rashes, Lac's, etc							✓								✓								✓	
DRESSING (Dry & Intact: specify site below)																									
#1 LUE								✓								✓								✓	
#2 LLE								SS								SS								✓	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18G PIV	RA	5Sep03	patent s/s/s of inf. or infiltration / 0703
18G	LA	7Sep03	s/s inf / infiltration

(b)(6)-2

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger		No Change from Previous Assessment --

DATE: 7 Sep 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open							4								4								4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response							5								5								5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response							6								6								6	
GLASGOW COMA SCALE (A+B+C)							15								15								15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R																								
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L																								
MOVEMENT (See Motor Function Scale at Top of Page) — RUE							4								4								4	
MOVEMENT — LUE							2								2								2	
MOVEMENT — RLE							4								4								4	
MOVEMENT — LLE							2								2								2	
GRIP (S) Strong (W) Weak (-) absent — R							S								S								S	
GRIP — L							N/A								N/A								—	
RESPIRATIONS — REGULAR							✓								✓								✓	
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED							✓								✓								✓	
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL							5								5								5	
BREATH SOUNDS — LUL							5								5								5	
BREATH SOUNDS — RLL							5								5								5	
BREATH SOUNDS — LLL							5								5								5	
BREATH SOUNDS — BOTH BASES							5								5								5	
COUGH — NONE							✓								✓								✓	
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)							1L								1L								1L	
OXYGEN DELIVERY DEVICE — FM (l/min)																								
OXYGEN DELIVERY DEVICE — NRBM (l/min)																								
ETT # _____ — ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE							✓								✓									
COUGH / DEEP BREATH							✓								✓									
INIT							(b)(6)-2								(b)(6)-2								(b)(6)-2	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700	101.7 (A)	107	20	124/73	94%												
0800																	
0900																	
1000																	
1100	99.1 (A)	98	20	122/73	94%												
1200																	
1300																	
1400																	
1500	99.7 (A)	100	18	116/74	95%												
1600																	
1700																	
1800																	
1900																	
2000	100.4 (A)	109	20	117/69	94%												
2100																	
2200	100.7 (A)																
2300	101.6	114	24	133/79													
2400	103.0																

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	Urine					Total	COMMENTS
0100	100/100		30/30													
0200	100/200	50/50														
0300	100/300									325						
0400	100/400															
0500	100/500															
0600	100/600									450/775						
0700	100/700															
0800	100/800															
8 HR	800	50	30						8 HR 880	775					8 HR 775	⊕ 105
0900	100/100	50/50														
1000	100/200		120/120													
1100	100/300	50/100								340/340						
1200	100/400	50/150	240/360													
1300	100/500															
1400	100/600															
1500	100/700									300/640						
1600	50/750	50/200														
8 HR	750	200	360						16 HR. 2190	640					16 HR. 1415	⊕ 675
1700	100/100															
1800	50/150	50/50								400/400						
1900	100/250															
2000	100/350															
2100	100/450															
2200	100/550															
2300	100/650															
2400	50/700	50/100														
8 HR									24 HR 2990	400					24 HR 1815	+1175

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
7Sep03	0800		Pt C/O pain to (R) arm. Will medicate c̄ Demerol/Phenergan 25/12.5 via Maj [(b)(6)-2] Will continue to monitor. SPC [(b)(6)-2] 91C LPN
7SEP03	0700		Assessment Completed. See Flowsheet. NPO. (-) C/O discomfort Tolerated approximately 10% of Regular diet. Tolerating PO Liquids. ↑ Temp 101. Will cont. to monitor [(b)(6)-2] LPN
7Sep03	1030		Premedicated Pt c̄ Tylox ii PO & Demerol 25mg c̄ 12.5mg Phenergan IVP for DRSG Δ. W→D to DRSG to LUE & LLE. LLE Packed c̄ gauze. Small amt of purulent discharge to LLE. IV restarted in RFA c̄ 16g angio. IV patent & c̄ s/sx of infection or infiltration. IV to RUE d/cd c̄ cath intact & (-) s/sx of infection. [(b)(6)-2] LPT, A
7Sep 03		1300	TOLERATED Approx 5-10% [illegible] diet [illegible] LPT, A
7SEP03		1900	Pt moved to chair c̄ assist of [illegible] staff members. Pt AOx3 @ this time [illegible]
		2100	assumed care of pt. Remain febrile & with diaphoresis. Medicated c̄ Tylox x2 as ordered with minimal effect. [(b)(6)-2]
		2345	Pt temp as documented. Blanket removed to allow for ambient cooling. assessment per flowsheet. Ahd fine but soft tone, (+) BS x4q. NAD, Respiration even and unlabored. IV (R) PA patent c̄ s/s of infiltration [(b)(6)-2]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	5 Sep 03
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

(b)(6)-2

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2	ICU	8 Sep 03

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

POTUS / EPW

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1680

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2					2				2							2	
	BRACHIAL L							2					2				2							2	
	DORSALIS PEDIS R							2					2				2							2	
	L							2					2				2							2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 3 8					1 3 8				1 3 8							1 3 8	
EDEMA														✓											
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓					✓				✓							✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST					SR ST				ST							ST	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE							✓					✓				✓								
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR																✓								
POSITIONED	RIGHT																								
	LEFT							✓					✓											✓	
	SUPINE							✓					✓											✓	
	HOB 30 DEGREES							✓																	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE							✓									✓							✓	
	PAIN SCALE (1-10)												7												
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended							Soft Sl. Distended					Soft Sl. Distended				Soft Sl. Distended							X	
														✓											
BOWEL SOUNDS (active all quads)								Hyp						✓			Hyp							✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								Dark amber									dark								
SKIN INTEGRITY	No Breakdown							✓					✓												
	Surgical Wounds							✓					✓				✓							✓	
	Rashes, Lac's, etc							✓					✓				✓							✓	
DRESSING (Dry & Intact: specify site below)																									
#1 LUE								✓					✓				✓							✓	
#2 ~~RUE~~ LLE								✓					✓				✓							✓	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
PIV 18g	RFA	7 Sep 03	PATENT & s/sx of infection or infiltration
PIV 16g	RFA	8 Sep 03	PATENT & s/sx of infection or infiltration

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	99°	94	16	114/68	94%												
0500																	
0600																	
0700	99.4 (A)	105	20	122/69	95												
0800																	
0900																	
1000																	
1100	↑																
	OR																
1200	↓																
1300	95.5 (A)	101	13	132/84	95%												
1400																	
1500	102.3 (A)	139	12	137/67	94%												
1600	102.4 (O)	139	20	110/60	97%												
1700																	
1800	102.2 (OR)	126	20		96%												
1900																	
2000	102.2 (OR)																
2100																	
2200																	
2300	99.3	116	24	104/62	95												
2400																	

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger		No Change from Previous Assessment --

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open							4					4				4							4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response							5					5				5							5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response							6					6				6							6	
GLASCOW COMA SCALE (A+B+C)							15					15				15							15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R																								
PUPIL RESPONSE — L																								
MOVEMENT (See Motor Function Scale at Top of Page) — RUE							4					4				4							4	
LUE							2					2				2							2	
RLE							4					4				4							4	
LLE							2					2				2							2	
GRIP (S) Strong (W) Weak (-) absent — R							5					5				5							5	
L							N/A					N/A				N/A							—	
RESPIRATIONS — REGULAR							✓					✓				✓							✓	
IRREGULAR																								
UNLABORED							✓					✓				✓							✓	
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL							5					5				5							5	
LUL							5					5				5							5	
RLL							5					5				5							5	
LLL							5					5				5							5	
BOTH BASES							5 ✓					5 ✓				5 ✓							5 ✓	
COUGH — NONE							✓					✓				✓							✓	
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)												2L												
FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																✓								
COUGH / DEEP BREATH																								
INITIALS							(b)(6)-2					(b)(6)-2											(b)(6)-	

	INTAKE									OUTPUT						
	DRINKING	IVPB	PO	LR OR					Total	URINE	Stool				Total	COMMENTS
0100	100/100									600/500						
0200	50/150	50/50														
0300	100/250									250/750						
0400	100/250															
0500	100/350															
0600	100/450									375/1125						
0700	100/550		30/30													
0800	100/650	50/100														
8 HR	650	100	30						8 HR 780	1125					8 HR 1125	-345
0900	100/100									250/250						
1000	100/200															
1100	100/300	50/50								250/500						
1200	100/400	50/100		1000/1000												
1300	100/500															
1400	100/600															
1500	100/700									375/875						
1600	100/800	50/150														
8 HR									16 HR 2730						16 HR 2000	
1700	100/100															
1800	100/200	50	800/800							325						
1900	100/300															
2000	100/400									250						
2100	100/500		240													
2200																
2300																
2400	~~50~~	50														
8 HR	500	100	1040						24 HR 4370	575					24 HR 2775	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NO. (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
8Sep03	0025		T - 101.8 will continue to monitor [redacted] (b)(6)-2
	0245		T - 99.8 will continue to monitor [redacted]
	0400		Assessment unchanged, NAD, ~~no needs identified~~
			[redacted] (b)(6)-2 [redacted] (b)(6)-2
8 Sep 03	1100		NAD noted. VSS TO OR via Litter [redacted] CT/M.
8 Sep 03		1200	RTD from OR VSS. EX-Fix to LLE In [redacted] Dress's to LLE & LLE CD&I. Will Continue to Monitor [redacted] LCTM
	1500		T/Lox ii po given for fever + pain [redacted] (b)(6)-2
	1600		PT OOB 1510 - Back to bed 1630. PT currently drinking Vanilla Ensure + eating crackers. [redacted] (b)(6)-2
	1700		Tolerated only 1/4 can of Ensure, 1 c rackers, + 1 bite of fish. States stomach not feeling like eating. Will cont. to push Ensure. [redacted] (b)(6)-2
	1800		Finished ensure, drank 1 cup grape juice + 1 pepsi. [redacted] (b)(6)-2
8Sep03		2200	Preformed dressing changes to both Right stump area and Right thish, (R) thigh wet to dry dressing c̄ 7 pieces of Iodoform 1/2", Left tabs for locations Packed lower Portion of wound with sterile 4X4 dampened. (R) stump Packed c̄ damp Iodoform covered ~~in d~~ with damp [redacted] with dry curlex under sterile technique [redacted] (b)(6)-2 SGT 91WME LVW
		2200	Pt desires sleeping medications. Will monitor effect. [redacted] (b)(6)-2
		2330	Assessment per flowsheet, ~~&~~ distress, pt doesn't indicate any need at present. abd distended ~~but~~ but soft. [redacted] (b)(6)-2
		2335	Hep locks x 2 patent; ~~5~~ 3/5 of infiltration. [redacted] (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	8 Aug 03
POD	1

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED	Department/Service/Clinic	DATE
(b)(6)-2	ICU 1	9 Sep 03

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

POTUS (b)(6)-4
DETAINEE

- ☐ HISTORY PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

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1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2							2								2		
	~~BRACHIAL~~ L							2							2								2		
	DORSALIS PEDIS R							2							2								2		
	L							2							2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 5 8							1 3 8								1/3/8		
EDEMA								✓																	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓							✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST							NS										
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST							✓							✓										
	BSC																								
	DANGLE																								
	CHAIR														✓								✓		
POSITIONED	RIGHT																								
	LEFT																						SELF		
	SUPINE																								
	HOB 30 DEGREES							✓							✓								✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE							✓							✓										
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended								2							2								2		
BOWEL SOUNDS (active all quads)								✓							✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								DARK AMBER							DARK										
SKIN INTEGRITY	No Breakdown							✓							✓								✓		
	~~Surgical Wounds~~							✓							✓										
	Rashes, Lac's, etc							✓							✓								✓		
DRESSING (Dry & Intact: specify site below)								✓																	
#1 LUE								✓							✓								✓		
#2 ~~RUE~~ LLE								*							U/A								✓*		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
~~18 PIV HL~~	~~RFA~~	~~7 Sep~~	~~3 s/sx of infection or infiltration~~
~~16 PIV HL~~	~~Lateral AC~~	~~8 Sep~~	~~3 s/sx of infection or infiltration~~

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open							4							4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response							5							5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response							6							6								6		
GLASGOW COMA SCALE (A+B+C)							15							15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R														2+								+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L														2+								+		
MOVEMENT (See Motor Function Scale at Top of Page) — RUE							4							4								4		
MOVEMENT — LUE							2							2								2		
MOVEMENT — RLE							4							4								4		
MOVEMENT — LLE							2							2								2		
GRIP (S) Strong (W) Weak (-) absent — R							S							S								S		
GRIP — L							/							N/A								—		
RESPIRATIONS — REGULAR							✓							✓								✓		
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED							✓							✓								✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL							5							5								5		
BREATH SOUNDS — LUL							5							5								5		
BREATH SOUNDS — RLL							5							5								5		
BREATH SOUNDS — LLL							5							5								5		
BREATH SOUNDS — BOTH BASES							5							5										
COUGH — NONE							✓							✓								✓		
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE											(b)(6)-2													
COUGH / DEEP BREATH							(b)(6)-2						(b)(6)-2											
INITIALS																						(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600	103.2 (A)	132	20	113/70	93												
0700																	
0800	98.4 (A)																
0900																	
1000																	
1100	98.3 (A)	98	20	118/75	94												
1200																	
1230	100.2 (A)																
1300																	
1400	100.2 (A)																
1500																	
1600	99.4 (A)	88	18	115/71	93%												
1700																	
1800																	
1900																	
2000	101.9 (A)	116	20	117/56	93%												
2100																	
2200	98.6 (A)	103	18	114/71	94%												
2300																	
2400																	

	INTAKE									OUTPUT						
	IV meds	PO							Total	Urine					Total	COMMENTS
0100	~~50~~ 50															
0200																
0300		240														
0400																
0500																
0600																
0700										~~425~~ 425						
0800		~~350~~ 350														
8 HR	50	590							8 HR. 640	425					8 HR 425	+ 215
0900	50 50	~~50~~ 50														
1000		120 120														
1100	50 100	60 180								350 350						
1200	50 150	60 240														
1300	~~240~~ ~~390~~	240 480														
1400	~~100~~ ~~490~~	100 580														
1500																
1600	50 200									400 750						
8 HR	~~780~~ 200	580							16 HR. 1420	750					16 HR. 1175	+245
1700																
1800	100 100															
1900										450 450						
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
9Sep03 0030			Pt alleging ⊖ distress or complaint, well (b)(6)-2 monitor
0400			Pt ⊖ distress - LABS drawn ⊖ change in status ⊕ leg repositioned for comfort. (b)(6)-2
9Sep03 0700	0700		Assessment completed. Temp 103.2 Medicated ⊖ Tylox ii PO. Linen saturated ⊖ serous drainage from LLE wound. Linens Δ'd. NAD noted. Will Δ DRSG'S ⊖ will cont to monitor. (b)(6)-2
9Sep03	0800		Consumed approximately 5% of Regular diet
9Sep03		1200	DRSG TO LUE & LLE Δ'd. Packing to LLE Purulent exudate. Packing to LUE clean. Both extremities ⊖ pink → red color of wounds. Both extremities re-packed ⊖ wet drsg. Portable CXR done @ BS. Pt OOB TO Chair. Instructed via interpreter of importance of ↑ PO intake. Will cont to monitor VSS. (b)(6)-2
error @		~~1810~~	~~Pt received Tylox x(2) for % pain @ 8/10 - (b)(6)-2 to assist rest.~~
9SEP03		1800	Pt to chair given ~~for~~ two tylox PO for c drsg Δ/temp. Pt tol. drsg Δ well. Minimal exudate on wound packing noted @ this time. Wound on both LUE/LLE appears red and beefy (b)(6)-2
		2200	Assessment completed - VSS - afebrile. RLE dressing intact ⊖ (+) bleeding drainage. PIV x(2) d/c'd 2° infiltration - will attempt to re-start. No % pain @ this time. Cont. monitor. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	8 SEP 03
POD	2

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA	(b)(6)-2	(b)(6)-2
Call Light Within Reach	NA		/
Side Rails Up	NA		/
Bed in Low Position	NA		/

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LAN.	ICU #1	10 Sep 03

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

Yofin #(b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R				2				2						2									2	
	Brachial L				2				2						2									2	
	DORSALIS PEDIS R				2				2						2									2	
	L				2				2						2									2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale					1/3/8				1/3/8						1/3/8									1/3/8	
EDEMA									Ø						/										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					✓				✓						✓									✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓						✓									✓	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH				Partial																			✓	
	FOLEY CARE																								
	ORAL CARE														✓										
MOBILITY	BEDREST														✓										
	BSC				S																				
	DANGLE				E																				
	CHAIR				L																				
					F																				
POSITIONED	RIGHT								S						✓										
	LEFT								E																
	SUPINE								E						✓									✓	
	HOB 30 DEGREES				✓										✓									✓	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE				✓										✓										
	PAIN SCALE (1-10)								✓															✓	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended					2				2						2									2	
BOWEL SOUNDS (active all quads)					✓				✓						✓									✓	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph -																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.					✓				OK						Dark										
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds				✓				✓						✓									✓	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 LUE GAUZE WRAP									*						✓									✓	
#2 LLE GAUZE WRAP									*						✓									✓	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20ga SL	(R) HAND	10 Sep 03	5/0/1 - PATENT MW 0800
18Ga IVP	(R) AC	10 Sept 03	CDI, DSS inf, patient
18Ga (P) IV	(R) AC	10 Sep 03	D3/S Rate Infiltration / Infection

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger		No Change from Previous Assessment --

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open				4				4						4									4	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response				5				5						5									5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response				6				6						6									6	
GLASCOW COMA SCALE (A+B+C)				15				15						14									15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R				+										+2										
PUPIL RESPONSE — L				+										+2										
MOVEMENT (See Motor Function Scale at Top of Page) — RUE				5				5						5									5	
LUE				/				-						3									3	
RLE				3				3						3									4	
LLE				3				3						3									3	
GRIP (S) Strong (W) Weak (-) absent — R				5-				5						5									5	
L				5-				BN						/										
RESPIRATIONS — REGULAR				✓				✓						✓									✓	
IRREGULAR																								
UNLABORED				✓				✓						✓									✓	
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL				5				5						5									5	
LUL				5				5						5									5	
RLL				5				5						5									5	
LLL				5				5						5									5	
BOTH BASES								5						5									5	
COUGH — NONE				✓				✓						✓									✓	
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
FIO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITI				(b)(6)-2				(b)(6)-2						(b)(6)-2									(b)(6)-2	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	101.4 (R)	120	18	117/72													
0500																	
	99.8 (A)																
0600																	
0700																	
0800	97.2 (O)	93	20	114/72	95%												
0900																	
1000																	
1100																	
1200	97.6 (A)	94	16	105/69	95%												
1300	99.6 (O)																
1400	103.6 (A)																
1500	102 (A)																
1600	101.4 (A)	115	18	99/59	93%												
1700																	
1800	100 (A)																
1900																	
2000	99.4 (A)	105	20	108/66	94%												
2100																	
2200																	
2300																	
2400	102°	110	24	126/67	94%												

	INTAKE									OUTPUT						
	PO	IVP	IV						Total						Total	COMMENTS
0100										x/						
0200																
0300																
0400																
0500										x						
0600																
0700	100															
0800		50/50								550						
8 HR	100	50							8 HR 150	550+					8 HR	550 +
0900																
1000																
1100																
1200		220/220								+						
1300																
1400	240/240									400						
1500	120/360															
1600		50/270														
8 HR	360	270							16 HR. 780	400+					16 HR.	950 ++
1700	240/240															
1800	100/380	50/50														
1900										400						
2000																
2100																
2200																
2300																
2400	50	50	50							x1						
8 HR	340	50	50						24 HR. 1220						24 HR	1350 +++

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
10 Sep 03	0010		Multiple IV attempts unsuccessful. 20ga RV ⓡ hand infiltrated per anesthesia. No ↓'s - Cont. monitor. (b)(6)-2 LPN
	0315		Pt c̄ ↑ pain - VS ✓ @ this time - T @ 101.4, Tylox x2 - will monitor for effect as pain control and antipyretics. Positioned for comfort. Linens ✓'d - Dry @ this time - Cont. monitor. - (b)(6)-2 LPN
	0500		Pt turned and draw sheet ✓'d - scanned 2° urine, flowrate well - no s/s of acute distress. Ate a package of crackers - 2 cups of soda. Foot drop cont taken off upon request. Cont. monitor. (b)(6)-2 LPN.
			Received pt from prev shift pt resting. no signs of distress. will cont to monitor (b)(6)-2
	0915		pt now sitting had 60% water melon and sipps of Ensure water. Dsg on ⓡLE. ~~drain~~ NW moist ∅ dripping drainage. ⓡLE. stump CDI m cd ⓒ 0730 2 tylox well cont to monitor - (b)(6)-2
	1125		dsg Sed W-D. ∅ nec tissue. On ⓛ thigh of ⓛ stump. ~~will c~~ NW IV starter in ⓡ AC. will cont to monitor (b)(6)-2
	1330		pt ↑ in chair. (b)(6)-2
10SEP03	1600		Range of Motion exercises performed c̄ LUE/LLE. Pt tol. well / participated actively. (b)(6)-2
10SEP03	1800		Pt to chair c̄ complete assest. Pt presentated and tolerated well (b)(6)-2
	2200		Assumed care of pt. (b)(6)-2
	2330		Pt c̄ 102 fever. Assessment per flowsheet. Through interpreter: ⓛ desires something for sleep, incontinent of urine large amt. Pt medicated per orders for pain and fever. Linens changed pt cleaned. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	8 Sep 03
POD	3

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREP (b)(6)-2 re and Title)	Department/Service/Clinic	DATE
	ICU 1	11 Sep 03

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

POTUS (b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1698

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2												2				
	RADIAL L								2												2				
	DORSALIS PEDIS R								2												2				
	DORSALIS PEDIS L								2												2				
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 3 8												1/3/8				
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓												✓				
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)																									
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																								
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE								PF												PF				
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended								2												2				
BOWEL SOUNDS (active all quads)									✓												✓				
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.									DARK												✓				
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds								✓												✓				
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 LUE gauze wrap									*see note												✓				
#2 LLE gauze wrap																					✓				
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
~~18g~~	~~RAC~~ D/C	10 Sep	patent 5 S/S of infiltrate
~~20g~~	~~R Femoral~~ D/C	11 Sep	patent 5 S/S of infiltration
20g	(L) FOOT	11 Sep 03	90/i - Lactate

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment –

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open								4												4				
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response								5												5				
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response								6												6				
GLASGOW COMA SCALE (A+B+C)								15												15				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R								2+												+				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L								2+												+				
MOVEMENT (See Motor Function Scale at Top of Page) — RUE								4												4				
MOVEMENT — LUE								2												2				
MOVEMENT — RLE								4												4				
MOVEMENT — LLE								2												2				
GRIP (S) Strong (W) Weak (-) absent — R								S												S				
GRIP — L								NA												—				
RESPIRATIONS — REGULAR								✓												✓				
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED								✓												✓				
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL								5												5				
BREATH SOUNDS — LUL								5												5				
BREATH SOUNDS — RLL								5												5				
BREATH SOUNDS — LLL								5												5				
BREATH SOUNDS — BOTH BASES								5																
COUGH — NONE								✓												✓				
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FIO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS								(b)(6)-2												(b)(6)-2				

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	100.2																
0300																	
0400	98.7	103	20	116/66	93												
0500																	
0600																	
0700	102.6 AX	113	19	109/69	94%												
0745	101.2 AX																
0800																	
0540	101 AX																
0900		110	16	111/59	94%												
1000																	
1100																	
1200	99.2 AX	116	19	145/90	99%												
1300	104 AX	133	21	117/66	93%												
1400	104.4 AX																
1500																	
1600																	
1700																	
1800	99.8 (A)																
1900																	
																	TYLOX ATTEMPT
2000	102	121	20	114/65	95% RA												
2100																	
2200	102 (A)																
2300	104.5 (A)																in PACKS (A)
2400	100.7	118	22	117/70													

	INTAKE									OUTPUT						
	IV	IVP	PO						Total	Urine	Stool				Total	COMMENTS
0100	100 / 100															
0200	50 / 150	50 / 50														
0300	100 / 200															
0400	100 / 350															
0500	100 / 450		120													
0600	100 / 550															
0700	100 / 650															
0800	50 / 700	50 / 100														
8 HR	700	100							8 HR. 800						8 HR	
0900	100 / 100									400 / 400						
1000	100 / 200	50 / 50														
1100	100 / 300	50 / 100								200 / 600						
1200	75 / 375															
1300	75 / 450															
1400	75 / 525															
1500	75 / 600									400 / 1000						
1600	75 / 675															
8 HR	675	100							16 HR. 775						16 HR.	
1700																
1800																
1900																
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NO. (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
11Sep03	0110		20 g IV to (R) hand started x 1 attempt. (R) AC site patent and ∅ S/S of infiltration. AC site heplocked. (b)(6)-2
	0300		Pt sleeping soundly ∅ change in assessment. IV fluid infusing ∅ problem (b)(6)-2
11Sep03	0845		AM care complete. Pt complained of LLE and LUE pain, 2 Tylox given as ordered, pt also febrile (↑ temp of 102.6 AX). Temperature is going down. Assessment complete. Pt is NPO due to surgery, AM PESG A's to be done at that time. IV infusing at 100cc/hr to (R) Hand, Patent and ∅ sig of infiltration. SPC (b)(6)-2
11Sep03		1230	Pt recovered from surgery and is resting. Last temp taken 99.2 AX. SPC (b)(6)-2
		1730	Pt febrile, Tylox given for pain/fever. Pt OOB to chair for 45 minutes. Pt ate some food sent in from his family and small amount of evening meal. SPC (b)(6)-2
11Sep03		2100	Assessment completed - Pt. ∅ c/o pain @ this time - Foley line ↓ 2° urinary soakage. Chang A'S - will notify physician changes necessary due to urine. Cont monitor (b)(6)-2
		2200	T@102° - Tylox x(2) PO; however chewed and spit out - Interpreter talked c̄ Physician + Pt. → Pt. under impression that Physician is on drug; Doctor - administer Tylox x(2) to com c/o pain and febrile condition - Cont monitor. (b)(6)-2
		2300	PIV x(2) d/c'd 2° - stated @ site - wound not flush/flow, No return, (R) Hand - painful upon flush, and would not flow. 20g was initiated successfully - (L) foot flowing - cont monitor. (b)(6)-2 Note - Tylox x(1) taken - refused 2nd Tylox. Monitor Pain/Temp. (b)(6)-2 CR -
		2330	ice packs applied 2° ↑ temp. monitor effectiveness. CRN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	11 Sep 03
POD	#1

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	(b)(6)-2		(b)(6)-2
Call Light Within Reach	NA	N/A	
Side Rails Up	NA		
Bed in Low Position	NA		

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LAW.	ICU #1	12 Sep 03

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

Lopez, [redacted] (b)(6)(4)

(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

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		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R (B brachial)		+		+				NA 2							NA					2				
	RADIAL L		+		+				NA						2	2					2				
	DORSALIS PEDIS R		+		+				2						2	2					2				
	DORSALIS PEDIS L		+		+				2						2	2					2				
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1/3/8		1/3/8				1 3 8						1 3 8	1 3 8					1/3/8				
EDEMA									Ø							Ø									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓		✓				✓						✓	✓					✓				
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓						✓	✓									
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH									✓					✓	NF									
	FOLEY CARE																								
	ORAL CARE										✓														
MOBILITY	BEDREST								✓						✓										
	BSC																								
	DANGLE																								
	CHAIR											✓			✓	✓	✓				✓				
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE		✓		✓				✓						✓	✓					✓				
	HOB 30 DEGREES		✓		✓				✓						✓	✓					✓				
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE		✓		✓				✓							✓					✓				
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended		2		2				2							2					2				
BOWEL SOUNDS (active all quads)			✓		✓				✓							✓					✓				
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.			✓		✓				OK							OK					✓				
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds		✓		✓				✓						✓	✓					✓				
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (R) ee			✓		✓				✓						✓	✓					✓				
#2 (L) LE			✓		✓				✓						✓	✓					✓				
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20ga	(L) Foot	12 Sep 03	c/o/: - PATENT. (b)(6)-2

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE:

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open					4				4							4					4				
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response					5				5							5					5				
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response					6				6							6					6				
GLASCOW COMA SCALE (A+B+C)					15				15							15					15				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R				+																+				
	L				+																+				
MOVEMENT (See Motor Function Scale at Top of Page)	RUE				4				4							4					4				
	LUE				—				strap							strap					3				
	RLE				4				4							4					4				
	LLE				2				2							2					2				
GRIP (S) Strong (W) Weak (-) absent	R				S-				(W)							(W)					S-				
	L				—				—							mp					—				
RESPIRATIONS	REGULAR				✓				✓							✓					✓				
	IRREGULAR																								
	UNLABORED				✓				✓							✓					✓				
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL				5				5							5					5				
	LUL				5				5							5					5				
	RLL				5				5							5					5				
	LLL				5				5							5					5				
	BOTH BASES								5							5					5				
COUGH	NONE				✓				✓							✓					✓				
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE		✓			✓																				
COUGH / DEEP BREATH									✓	✓															
INITIALS				(b)(6)-2					(b)(6)-2												(b)(6)-2				

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	100.7 (A)																is performed
0200	99.8																
0300																	
0400	101.6	128	18	118/65	—												
0500	100.6																
0600																	
0700																	
0800	99.1° (A)	100	12	103/69	93%												
0900																	
1000																	
1100																	
1200	100.5 (A)	126	16	111/63	93%												
1300	100.2 (A)																
1400	98.8° (A)																
1500																	
1600																	
1700																	
1800	101.2	130	20	139/73													Tylenol 1 Gm
1900																	
2000	101.8																
2100																	
2200	100.9	111	20	117/73													
2300																	
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	PO						Total	URINE	STOOL				Total	COMMENTS
0100	75 / 75									300						
0200	75 / 150															
0300	75 / 225									350						
0400	75 / 300															
0500	75 / 375															
0600	75 / 450															
0700	75 / 525		400													
0800	75 / 600	100														
8 HR	600	100	400						8 HR. 1100	650					8 HR 650	
0900	75		120							X1						
1000	25 / 100															
1100	75 / 225	100														
1200	75 / 300		350 / 370													
1300	75 / 375									300 / 300+						
1400	75 / 450									50 / 350+						
1500	75 / 525									75 / 425+						
1600	75 / 600															
8 HR	600	100	370						16 HR ~~1070~~ 2170	425+					16 HR. 1075+	
1700	75 / 75	270														
1800	75 / 150															
1900	75 / 225									325 / 325						
2000	75 / 300															
2100	75 / 375	300 / 540														
2200	75 / 450										1000 / 1000					
2300	75 / 525									350 / 675						
2400	75 / 600															
8 HR	600	540							24 HR. 3310	675	1000				24 HR 2750	16 +560

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
12 Sep 03	0200		Pt T@ 99.8 - ⊕ void via urinal - Cont. monitor - No Δ [redacted] (b)(6)-2 LPN.
	0415		T@ 101.4 ∴ Tylox ×(2) PO - swallowed ∃ difficulty - Dressing ✓'d - dry/intact. Monitor effect of Tylox - Will fwd c̄ on-coming shift re: antipyretic medication ordered. - [redacted] (b)(6)-2 LPN.
	0500		Pt. turned to Δ chair underneath. - slight amt. drainage No c/o pain - T@ 100.6 Cont. Mon. Pt. [redacted] (b)(6)-2 LPN
	0700		Pt eating breakfast currently. Ø signs of distress. Will cont to monitor. [redacted] (b)(6)-2
	0945		pt resting fr boards to ⒷLE placed. will cont to monitor [redacted] (b)(6)-2
	1025		ROM @ 0900 and at 1015. x4 ext. passive [redacted] (b)(6)-2
	1035		@1030 med for pain c̄ tylox [redacted] (b)(6)-2
	1445		pt ↑ @ 1130 ↑ for 1hr. labs drawn. pt stood for Transfer to chair c̄ full assist pt back to bed ate & tol lunch. [redacted] (b)(6)-2 will cont to monitor [redacted] (b)(6)-2
	1545		pt up OOB to chair drank some milk + pepsi ¼ can. will cont to monitor [redacted] (b)(6)-2
	1635		pt to bed c̄ full assist [redacted] (b)(6)-2
		1800	Rec report. Reassessment completed. VSS - T@ 101.2 ∴ Tylenol PO per order. Monitor for effectiveness. [redacted] (b)(6)-2 LPN.
		2100	Dressing Δ'd. T@ 101 will recheck p ↑ to chair. ⒷLE + ⒶUE dressings Δ'd c̄ wet gauze / Kerlix wrap. Cont. monitor [redacted] (b)(6)-2 LPN
		2200	Pt has been ↑ in chair × 30 min. assisted to bed - given food to eat. Utilized BSC - Approx: 100 ml loose stool. Pt did not consume food -
		2300	Reinforced / Δ'd iv dressing site - c/o/. Patent. [redacted] (b)(6)-2 LPN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	11 Sep 03
POD	#2

24 HOUR DATA	
24 Hour Balance	(b)(6)-2
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2	(b)(	(b)(6)-2
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA		
Call Light Within Reach	NA	NA	(b)(6)-2
Side Rails Up	NA		
Bed in Low Position	NA		

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LPN	ICU # 1	13 Sep 03

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

(b)(6)-4

☐ HISTORY PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

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1 MAY 78

MEDCOM - 1710

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R (DPRCHMC)				2				2						2								2		
	RADIAL L (BRAC.AC)				2				2						2								2		
	DORSALIS PEDIS R				2				2						2								2		
	DORSALIS PEDIS L				2				2						2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale					1/3/8				1 3 8						1 3 8								1/3/8		
EDEMA									0						—										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					✓				✓						✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓						✓										
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH									✓															
	FOLEY CARE																								
	ORAL CARE	✓							✓	✓															
MOBILITY	BEDREST														✓								✓		
	BSC																								
	DANGLE											✓													
	CHAIR																								
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE				✓				✓						✓										
	HOB 30 DEGREES				✓				✓						✓								✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																							✓		
PAIN	PAIN FREE				✓				✓						✓								✓		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended					2				2						2								2		
BOWEL SOUNDS (active all quads)					✓				✓						✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED																							✓		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.					✓				DK						Dark										
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds				✓				✓						✓								✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (R) UE					✓				✓						✓								✓		
#2 (L) LE					✓				✓						✓								✓		
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
20ga PIV	(L) foot	11 Sep 03	c/o l.i. - Patent. (b)(6)-2
20g PIV	(R) foot	13SEP03	patent ⊖ s/s of foot. (b)(6)-2

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open				4				4						4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response				5				5						5								3 ~~5~~		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response				6				6						6								6		
GLASGOW COMA SCALE (A+B+C)				15				15						16								13		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R				+										+2								+		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L				+										+2								+		
MOVEMENT (See Motor Function Scale at Top of Page) — RUE				4				4						4								4		
MOVEMENT — LUE				✓				NA						2								2		
MOVEMENT — RLE				~~4~~ 3				3						3								3		
MOVEMENT — LLE				3				2						2								2		
GRIP (S) Strong (W) Weak (-) absent — R				S-				W						W								S-		
GRIP — L				✓				MR						✓								✓		
RESPIRATIONS — REGULAR				✓				✓						✓								✓		
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED				✓				✓						✓								✓		
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL				5				5						5								5		
BREATH SOUNDS — LUL				5				5						5								5		
BREATH SOUNDS — RLL				5				5						5								5		
BREATH SOUNDS — LLL				5				5						5								5		
BREATH SOUNDS — BOTH BASES								5						5										
COUGH — NONE				✓				✓						✓								✓		
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS				(b)(6)-2				(b)(6)-2						(b)(								(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	101 (T)	127	22	121/75													
0300																	
0400	99 (T)																
0500																	
0600																	
0700																	
0730	100.7° (A)	115	24	127/75	93%												
0800																	
0900																	
1000	100.9° (A)	~~130~~	~~21~~		~~94%~~												(b)(6)-2
1100																	
1200	101.4° (A)	130	24	127/77	94%												
1300	100.0° (A)																
1400	98 (A)																
1500																	
1600	98.5 (A)	107	22	111/72	93%												
1700																	
1800																	
1900																	
2000																	
2100	98 (A)	140	18	143/77	95%												
2200																	
2300																	
2400	101	109	20	107/55	—												Covers Back @

	INTAKE									OUTPUT						
	LR								Total	Urine					Total	COMMENTS
0100	75 / 75									425						
0200	75 / 150															
0300	75 / 225															
0400	75 / 300															
0500	75 / 375															
0600	75 / 450									225 / 650						
0700	75 / 525									600 / 1250						
0800	75 / 600	100														
8 HR	600	100							8 HR. 700	1250					8 HR 1250	
0900	75															
1000	75 / 150															
1100	75 / 225									350 / 350						
1200	75 / 300															
1300	75 / 375															
1400	75 / 450															
1500	– / 450	100 / 100														
1600										400 / 750						
8 HR	450	100							16 HR. 1350						16 HR. 2000	+150
1700	100	OR														
1800		500 / 500														
1900																
2000																
2100																
2200																
2300																
2400	800 / 800									X1						
8 HR	800	500							24 HR. 2650						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
	0005		T@ 103° - Tylenol 975 mg PO - monitor effect. Bandaging decreased -
			cont. monitor / will re-check x1° and apply cold packs prn. (b)(6)-2
	0200		Pt disgruntled - talked c̄ interpreter re. desire to get outside
			and to see his family, interpreter explained that he could
			not. Wanted water - Explained NPO status 2° pending surgery.
			T@ 101° - Covers off. cont monitor - speaking c̄ interpreter -
			Pt very agitated - Haldol per order - monitor effect. - (b)(6)-2 LPN
	0250		Pt recieved 5mg Haldol - delayed administration due to clarification
			of order. Will monitor effect - Physician ordered increase
			pain c̄ parameters. (b)(6)-2 LPN
	0450		Pt. has been resting quietly; however, 20ga IV pulled from
			(L) foot. Physician called to regarding IV - will wait since
			central line to be initiated this am. Cont. monitor - (b)(6)-2 LPN
	0530		20ga IV initiated during obtaining AM labs - infusing LR @ 75 ml/hr
			per order. S/S of complication. Cont monitor. (b)(6)-2 LPN
	0830		Pt Awake, moving around. med c̄ MSO4 2mg
			for pain @ 0820 2mg MSO4 adm see assessment
			well cont to monitor (b)(6)-2
	0930		@0850 MSO4 2mg IV for pain well cont
			to monitor (b)(6)-2
	1000		Bed Bath c̄ ROM x4 ext.
	1145		@1130 pt OOB
	1230		Eyes have a small little yellow tint to
			them (B), on (D) heel quarter size blood blister
			noted (b)(6)-2 aware will cont
			to monitor. (b)(6)-2
	1330		Pt temp ↓ to 100.0° (A) from 101.4° (A) cold pack
			given. ~~pt keeps moving it off~~ - will cont to
			monitor (b)(6)-2
	1630		Pt to OR VIA GURNEY (b)(6)-2 LPN
	2100		Pt recovered. NG tube placed X-RAYS taken
			physician to confirm placement (b)(6)-2 LPN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	13 Sep 03
POD	#1

24 HOUR DATA	
24 Hour Balance	+1190
24 Hour Intake	4540
24 Hour Output	3350
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA		NKA
Call Light Within Reach	NA	N/A	
Side Rails Up	NA		
Bed in Low Position	NA		

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LPN.	ICU #1	14 Sep 03

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

Pepus # (b)(6)-4

- ☐ HISTORY PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

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1 MAY 78

MEDCOM - 1716

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL Radial R		2						2	2	2	2	2	2	2		2								
	Brachial L		2						2								2								
	DORSALIS PEDIS R		2						2								2								
	L		2						2								2								
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale			1/3/8						1 3 8 (Slight)								1 3 8								
EDEMA									~~0~~								Slight								
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓						✓								✓								
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓								✓								
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH		Partial								✓														
	FOLEY CARE		Linen Δ									✓													
	ORAL CARE		Peri-Care								✓														
MOBILITY	BEDREST		✓								✓						✓								
	BSC																								
	DANGLE																								
	CHAIR		✓																						
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE		✓						✓								✓								
	HOB 30 DEGREES		✓						✓								✓								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)			✓						✓								✓								
PAIN	PAIN FREE		✓						✓								✓								
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended			2						2								2								
BOWEL SOUNDS (active all quads)			✓						✓								✓								
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT												✓					✓								
VOIDING CLEAR, YELLOW URINE q.s.			✓						✓								✓								
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds		✓						✓								✓								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) UE			Δ						✓								✓								
#2 (L) LE			Δ						✓								✓								
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Central	(R) Subclavian	13 Sep 03	c/o 1. · Patent (b)(6)-2
IVP	(R) AC	14Sept03	CDI, patent, ØSS infection

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE:

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4						3								4								
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			3						3 / 4								4/3								
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6						5								6								
GLASGOW COMA SCALE (A+B+C)			13						11								14/13								
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		x						+								+2								
	L		y						+								+2								
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		4						4								4								
	LUE		2						2								2								
	RLE		3						3								3								
	LLE		2						2								2								
GRIP (S) Strong (W) Weak (-) absent	R		S-						S-								S								
	L		✓						NA								✓								
RESPIRATIONS	REGULAR		✓						✓								✓								
	IRREGULAR																								
	UNLABORED		✓						✓								✓								
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL		5						5								5								
	LUL		5						5								5								
	RLL		5						5								5								
	LLL		5						5								5								
	BOTH BASES																								
COUGH	NONE		✓						✓								✓								
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH									✓								✓								
INITIAL			(b)(6)-2						(b)(6)-2								(b)(6)-2								

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400	101.5	111	20	110/66	—												
0500	101°																
0600																	
0700																	
0800	100.3 (A)	115	12	121/66	98%												
0900																	
1000																	
1030	99.7° (A)																
1100																	
1200	100.2 (A)	107	12	112/66	96%												
1300	99.8° (A)																
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300	100.6 (A)	107	16	124/69	95%												
2400																	

	INTAKE									OUTPUT						
	IV	IVPB	NG	KCL	PO	Blood			Total	URINE	NG	STOOL			Total	COMMENTS
0100	100/100		60/60													
0200	100/200															
0300	100/300															
0400	100/400															
0500	100/500															
0600	100/600															
0700	100/700															
0800	100/800	100/100														
8 HR	800	100	60						8 HR. 960						8 HR	
0900	100/900									500/500						
1000	100/200		420/420													
1100	100/300	100/100														
1200	100/400															
1300	100/500			25/25												
1400	100/600			25/50						320/900						
1500	100/700		240/660	25/75		50/50										
1600	100/800			25/100		50/100					—					
8 HR	800		660	100		100			16 HR. 2760	900					16 HR. 900	1760
1700	100/100			25/25	240/240	50/50				800/800		300/300				
1800	100/200			25/50	240/480	50/100										
1900	100/300			25/75		50/150										
2000	100/400			25/100		50/200										
2100	100/500			25/125		50/250				800/1600						
2200	100/600			25/150		50/300										
2300	100/700			25/175												
2400	100/800			25/200					1780	550/2150					2450	
8 HR	800			200	480	300			24 HR. 4540	2150		300			24 HR 3350	+1190

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
14Sep03	0330		Pt resting - occasional verbal outbursts. Soft restraint @ RUE intact - circulation (+). Cont. mon. for - T@ 101.5, No anti ~~emetic~~ pyretic order per physician. Closely monitor (b)(6)-2 LA
	0530		AM labs drawn from peripheral site - Pt sedated. T @ 101° No s/s of acute distress. Cont monitor (b)(6)-2 LA
	0700		@0600 received pt from prev shift no apparent signs of distress pt sleeping will cont to monitor (b)(6)-2
	1320		pt sleeping most of shift responds to pain and stimuli @ 0800 dsg Δ ed. ~~[illegible]~~ W→D. @0900 tube feedings adm. ~~[illegible]~~ pt tol. 8cc residual. pt now receiving 100meq KCl over 10 hrs. pt on ~~[illegible]~~ card. monitor. foley placed @ 1130. central line dsg CDI. 20g IVP in RAC started @ 1200. ROM of 4 ext. x 2 for shift 2 units of PRBC to be infused. will cont to monitor (b)(6)-2
	1400		pt in 1pt restraint attempted to pull out NG ✓ pulls q1° ROM x 3. c RUE will cont to monitor (b)(6)-2
14SEP03	~~1410~~	1410	Pt VSS + max 100°. Blood transfusion started (b)(6)-2 LA
	~~1700~~	1700	Pt oriented to self but not to time and place. Pt denies pain @ this time (b)(6)-2
		2100	Drsg Δ on LUE/LLE. pt tol. ~~[illegible]~~ requiring ~~[illegible]~~ pain meds. 2nd unit of blood complete 2045. Pt resting quietly. Restraint to RUE removed @ this time (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25AUG03
DOS	13SEP03
POD	#2

24 HOUR DATA	
24 Hour Balance	+330
24 Hour Intake	5155
24 Hour Output	4825
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA		N/A
Call Light Within Reach	NA		X
Side Rails Up	NA		
Bed in Low Position	NA		

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 UTAN	ICU#1	15SEP03

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

Pothus #(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

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1 MAY 78

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		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2							2										2						
	Bradcal L	/							2										/						
	DORSALIS PEDIS R	2							2										2						
	L	2							2										2						
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale		1 3 8							1 3 8										1 3 8						
EDEMA		Ø							Ø										Ø						
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		BS2							✓										✓						
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST							✓										ST						
SWAN GANZ CATHETER (Zeroed & calibrated)		Ø																							
ARTERIAL LINE (zeroed & calibrated)		Ø																							
HYGIENE	BED BATH								✓																
	FOLEY CARE								✓																
	ORAL CARE								✓				✓						✓						
MOBILITY	BEDREST	✓							✓										✓						
	BSC									✓	✓														
	DANGLE																								
	CHAIR																				✓				
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE	✓							✓										✓						
	HOB 30 DEGREES	✓							✓										✓						
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE	PF							✓										✓						
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended	2							2										2						
BOWEL SOUNDS (active all quads)		X4							x4										X4						
NG / DOBHOFF PLACEMENT VERIFIED		*																	CXR						
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT		✓							✓										✓						
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds	✓							✓										✓						
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 RUE gauze + ace		✓							✓										✓						
#2 RLE kerlix		✓							✓										✓						
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Central Cordis	(R) IJ	13SEP03	CDI Patent Ø S/S infection/infiltration
(R) IVP	(R) AC	14Sept03	CDI, Patient, Ø S/S inf — D/C in OR
1 PIV	(R) IJ	13 Sep 03	Ø S/S of infection or infiltration

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 15SEP03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		4							4										4						
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		3							5										5						
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		6							6										6						
GLASCOW COMA SCALE (A+B+C)		13							15										15						
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R	+																							
	L	+																							
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	5							5										5						
	LUE	4							3										4						
	RLE	3							3										3						
	LLE	2							2										2						
GRIP (S) Strong (W) Weak (-) absent	R	5							5										5						
	L	✓							–										–						
RESPIRATIONS	REGULAR	✓							✓										✓						
	IRREGULAR																								
	UNLABORED	✓							✓										✓						
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5							5										5						
	LUL	5							5										5						
	RLL	5							5										5						
	LLL	5							5										5						
	BOTH BASES																								
COUGH	NONE	✓							✓										✓						
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE																									
COUGH / DEEP BREATH																									
INITIALS		(b)(6)-2							(b)(6)-2										(b)(6)-2						

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	99.3 ax																
0200																	
0300																	
0400	97.8 ax																
0500																	
0600																	
0700																	
0800	100.8 (A)	103	16	122/75	94												
0900																	
1000																	
1100																	
1200	101.3° (A)	108	16	130/82	96												
1300																	
1330	100.3° (A)																
1400																	
1500																	
1600		129	18	137/81	98												
1700	101.5 ax	132	25	134/84	94												
1800	101.2 ax	130	25	132/80	92												
1900																	
2000	100.6 ax																
2100																	
2200	100.5	135	26	128/75													
2300																	
2400																	

	INTAKE									OUTPUT						
	IVF	IVPB	R.B. Kcl	Kcl	PO	NGT ensure			Total	Urine					Total	COMMENTS
0100	100/100	100/100														
0200	100/200															
0300	100/300															
0400	100/400									500/500						
0500	100/500															
0600	100/600	100/200								375/875						
0700	100/700															
0800	100/800	100/300								230/1105						
8 HR	800	300							8 HR. 1100	1105					8 HR 1105	
0900	100/100															
1000	100/200															
1100	100/300															
1200	100/400	100/100								PO/720						
1300	100/500															
1400	100/600									250/970						
1500	200/800									400/1370						
1600	100/900	100	25/25							100/1470						
8 HR									16 HR. 2125						16 HR. 2575	
1700	100/100		25/25		330											
1800	100/200	100/100	25/50							500/500						
1900	100/300		25/75													
2000	100/400		25/100			240 Juice				700/1200						
2100	100/500		25/125			60 water 300										
2200	100/600		25/150		1200/1530					300/1700						
2300	100/700		25/175													
2400	100/800	100/200	25/200						3030	550/2250					2250	5155
8 HR	800	200	200		1530	300			24 HR. ~~32~~ 5155	2250					24 HR 4825	4825 + 330

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NO. (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
14SEP03		2350	Pt pulled NG ⊂ Ⓡ hand which was free of restraints.
			Dr (b)(6)-2 advised not to replace NGT tonight. Pt remains
			confused Ⓡ hand restrained again. Pt given 2mg
			MSO4 for pain to ⓁLE. Resting comfortably (b)(6)-2 (b)(6)(2)
15Sept03	0830		pt now resting. pt continues to ask for water despite being told no and told he will be going to surgery. ∅c/o pain. see assessment
			will continue monitor NPO waiting surgery (b)(6)-2
	1245		@1100 dsg Δ due to post ponement. W→D. ∅ drainage ~~[illegible]~~ suitable tissue. ∅ action on temp & ad ~~[illegible]~~ will continue monitor (b)(6)-2
15Sep03	1800		Assessment completed. Ⓛ antecub PIC p'cd in OR - IV access - RIJ. NG inserted in OR & secured in nose Ⓡ Hand remains restrained so he won't pull on NGT. Circ. ✓ & UNL (b)(6)-2
	2000		OOB to chair. NG Tube placement verified via xray. Ⓡ Gastric bubble heard. started Ensure Clear via NGT. Pt refuses to drink ensure. Ate well for dinner - mod. amt chicken & drank Pepsi & lots of grape juice & water. Medicated for pain @ 1850 - c/mg MSO4 - effective. (b)(6)-2
	2100		Back to bed. Dressings remain CDI. (b)(6)-2
	2145		10 mg ambien given for sleep. (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG03
DOS	/1358P03/1558P03
POD	3/1

24 HOUR DATA	
24 Hour Balance	-220
24 Hour Intake	5330
24 Hour Output	5550
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 UTAN	(b)(6)-2
(b)(6)-2	
(b)(6)-2	
(b)(6)-2 91WM6 LVN	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 UTAN	CU #1	16 SEP03

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

Pohus # (b)(6)-4

☐ HISTORY/PHYSICAL ☒ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700

MEDCOM - 1728

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2							2						2						2				
	Brachial L	2							2						2						2				
	DORSALIS PEDIS R	2							2						2						2				
	L	2							2						2						2				
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale		1 3 8							1 3 8						1 3 8						1 3 8				
EDEMA		0							0						—						—				
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		SR2							✓						✓						✓				
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST							ST						ST						ST				
SWAN GANZ CATHETER (Zeroed & calibrated)		0																							
ARTERIAL LINE (zeroed & calibrated)		0																							
HYGIENE	BED BATH										✓														
	FOLEY CARE										✓														
	ORAL CARE									✓															
MOBILITY	BEDREST	✓							✓						✓										
	BSC																								
	DANGLE																								
	CHAIR														✓										
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE	✓							✓						✓										
	HOB 30 DEGREES	✓							✓						✓						✓				
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE	PF							PF						✓						✓				
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended		2							2						2						2				
BOWEL SOUNDS (active all quads)		x4							x4						x4						✓				
NG / DOBHOFF PLACEMENT VERIFIED		✓							✓						✓						✓				
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT		✓							✓						✓						✓				
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds	✓							✓						✓						✓				
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 OUE gauze + ace		✓							✓						✓						✓				
#2 OUE Kerlix & ex tape		✓							✓						✓						✓				
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Central	(R) IJ	13SEP03	Patent dressing D'd 15SEP03 ⊖S/Sx infection/infiltration
CSF	(R) IJ	13SEP03	⊖ s/s of Inf / Infiltration patent

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 16SEP03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		4							4						4						4				
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		4							5						5						5				
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		6							6						6						6				
GLASGOW COMA SCALE (A+B+C)		14							15						15						15				
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R	+													+2						+2				
	L	+													+2						+2				
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	5							5						5						5				
	LUE	4							4						4						4				
	RLE	3							3						3						3				
	LLE	2							2						2						2				
GRIP (S) Strong (W) Weak (-) absent	R	S							S						S						S				
	L	✓							✓						✓						✓				
RESPIRATIONS	REGULAR	✓							✓						✓						✓				
	IRREGULAR																								
	UNLABORED	✓							✓						✓						✓				
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5							5						5						5				
	LUL	5							5						5						5				
	RLL	5							5						5						5				
	LLL	5							5						5						5				
	BOTH BASES								5						5						5				
COUGH	NONE	✓							✓						✓						✓				
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE										✓	✓				✓										
COUGH / DEEP BREATH																									
INITIALS		(b)(6)-2							(b)(6)-2						(b)(6)						(b)(6)-2				

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
	102.7 AX	122	21														
0200																	
	101.6																
0300																	
0400																	
0500																	
0600	99.7 AX	101	20	117/74	95%												
0700																	
0800	100.7 AX																
0900																	
1000	100.0 AX																
1100																	
1200																	
1300																	
1400	99.1 AX	109	24	111/75	97%												
1500																	
1600																	
1700																	
1800	103.2																
1900																	
2000	100.4																
2100																	
2200	99.2 AX	111	14	115/74	94% RA												
2300																	
2400																	

	INTAKE									OUTPUT						
	IVF	IVPB	Ensure	Flush	K.L	P.O.			Total	Urine					Total	COMMENTS
0100	100/100				25/25											
0200	100/200		240/240	60/60	25/50	240/240				325/325						
0300	100/300				25/75					325						
0400	100/400				25/100	240/480										
0500	100/500				25/125	150/630										
0600	100/600	50/50		60/120						450/775						
0700	100/700															
0800	100/800	100/150	240/480	120	125	250/880				800/1575						
8 HR									8 HR. 2555						8 HR 1575	+980
0900	100/100															
1000	100/200	100/100				250/250				400/400						
1100	100/300															
1200	100/400									275/675						
1300	100/500					250/500										
1400	100/600		240/240			100/600				500/1175						
1500	100/700			60/60												
1600	100/800															
8 HR	800	100	240	60		600			4355 16 HR. ~~100~~	1175					16 HR. 2750	7/605
1700	100/100									1000/1000						
1800	100/200		240/240													
1900	100/300									700/1700						
2000	100/400		240/240	60												
2100	100/500															
2200	100/600									800/2500						
2300	100/700															
2400	100/800									300/2800						
8 HR									24 HR.						24 HR	
	2400	250	960	240	1480									5550	OUT	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
15SEP03	2300		(B) IJ dressing D'd, new opsite placed cleansed ī betadine. Pt resting in bed p̄ receiving dose of ambien at 2200. (b)(6)-2
16SEP03	0230		Tylenol 650mg given per NGT, Ensure I can infused followed by 60cc H2O flush. Given 2mg MSO4 for pain in (D) thigh. (b)(6)-2 TAN
16 sep 03	0800		Pt drank apple juice and ate roll for breakfast. Refused pancakes, eggs, n sausage. NG placement verified + started Ensure. T = 100.7 ax - given Tylenol po but pt spit the tabs out - Given Tylenol PR. Pt oriented currently. (b)(6)-2 MAJ/AN
16sep	1100 ~~1000~~		Dressing Δ to (D) LE and (U) UE (c) 1000 - wet to dry. Tissue pink + healthy looking. OOB to chair after dressing Δ ~ 1030. (b)(6)-2
16sep	1130		Back to bed (b)(6)-2
	1200		No unasyn in theater currently (b)(6)-2 (b)(6)-2 aware.
	1230		Ate a couple bites of chicken, 2 spoonfuls of rice, small serving of cake, + drank 1 Pepsi for lunch. (b)(6)-2
16SEP03		1430	Assessment complete. Pt presently unrestrained and resting quietly. (b)(6)-2
		1815	Pt medicated ī 650mg Tylenol while up to chair for 60 minutes (b)(6)-2
		2000	Pt medicated ī 10mg morphine IVP prior to drsg Δ. Pt tolerated drsg Δ well. Wounds appear red and beefy ī minimal exudate. Pt resting @ this time (b)(6)-2
		2000	Recieved pt VSS, Ø complaints @ this time see flow chart for assessment
			(b)(6)-2 Sgt 91WM6 Lvn
		2130	Pt medicated with 5mg MSO4 for pain will monitor Effect (b)(6)-2 SGT 91WM6 LVN
		2300	Pt Pain Reduced (b)(6)-2 SGT 91WM6 LVN
		2400	2400 dose of unasyn not given pharmacy out of drug (b)(6)-2 SGT 91WM6 LVN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA		NKDA
Call Light Within Reach	NA	N/A	
Side Rails Up	NA		
Bed in Low Position	NA		

(b)(6)-2 Signature and Title)	Department/Service/Clinic	DATE
GIWMO LVN	ICU 1	17 SEP 03

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

POTUS #(b)(6)-4

☐ HISTORY/PHYSICAL ☒ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1734

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2								2					2								2		
	Brachial L	2								2					2								2		
	DORSALIS PEDIS R	2								2					2								2		
	L	2								2					2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale		1 3 8								1 3 8					1 3 8								1 3 8		
EDEMA		✓								Ø					✓								Ø		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		✓								✓					✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		SR								✓					✓								✓		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH										✓														
	FOLEY CARE										✓														
	ORAL CARE										✓														
MOBILITY	BEDREST														✓										
	BSC																								
	DANGLE																								
	CHAIR											✓				✓			✓						
POSITIONED	RIGHT												✓	✓											
	LEFT														✓										
	SUPINE									✓					✓		✓			✓					
	HOB 30 DEGREES	✓								✓							✓						✓		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE	✓													✓								✓		
	PAIN SCALE (1-10)										5*					mf					5				
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended	2								2					2								2		
BOWEL SOUNDS (active all quads)		✓								✓					✓								✓+		
NG / DOBHOFF PLACEMENT VERIFIED		✓								✓					✓								✓		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT		✓								✓					✓								✓		
VOIDING CLEAR, YELLOW URINE q.s.																									
SKIN INTEGRITY	No Breakdown																								
(L) LE Gauze+Ace cdt	Surgical Wounds	✓								✓					✓								✓		
(L) UE Gauze+Ace cdt	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1																									
#2																									
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Central	(R) IJ	13 Sep 03	Ø S/S OF I/F (b)(6)-2
Central	IJ (R)	13 SEP 03	Ø S/S of inf / infiltration 1400 (b)(6)-2
Central	(R) IJ	13 Sep 03	Ø S/S of I/F 2200 17 Sep 03

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	97.2AX																
0300																	
0400																	
0500																	
0600	99.8AX																
0700																	
0800																	
0900	100.4° (A)	124	20	120/78	95%												
1000																	
1100																	
1200																	
1300	98.8° (A)																
1400	98% (A)	114	18	117/67	97%												
1500																	
1600																	
1700																	
1800	99 (A)																
1900																	
2000																	
2100																	
2200	101.5AX	129	16	135/78	95%	RA											
2300																	
2400																	

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment –

DATE:

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open		4								4					4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		5								5					5								4		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		6								6					6								6		
GLASCOW COMA SCALE (A+B+C)		15								15					15								14		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R	+													/								+		
	L	+													/								+		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	5								5					5								5		
	LUE	4								3					4								4		
	RLE	3								3					5								3		
	LLE	2								2					2								2		
GRIP (S) Strong (W) Weak (-) absent	R	5								5					5								5		
	L	–								/					/								/		
RESPIRATIONS	REGULAR	✓								✓					✓								✓		
	IRREGULAR																								
	UNLABORED	✓								✓					✓								✓		
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5								5					5								5		
	LUL	5								5					5								5		
	RLL	5								5					5								5		
	LLL	5								5					5								5		
	BOTH BASES	5								5					5								5		
COUGH	NONE	✓								✓					✓								✓		
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FiO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE												✓	✓		✓								✓		
COUGH / DEEP BREATH										/	✓														
INITIALS		(b)(6)-2								(b)(6)-2													(b)(6)-2		

	INTAKE									OUTPUT						
	IVF	PO	IVPB	ENSURE	FLUSH				Total	URINE	EMESIS	BM			Total	COMMENTS
0100	100 / 100															
0200	100 / 200			240 / 240												
0300	100 / 300				70 / 70					925 / 925						
0400	100 / 400															
0500	100 / 500	450 / 450														
0600	100 / 600									725 / 1650						
0700	100 / 700	200 / 650														
0800	100 / 800		100	240 / 480	120 / 190											
8 HR	800	650	100	480	190				8 HR. 2210	1650					8 HR 1650	
0900	100 / 100	200 / 200														
1000	100 / 200	120 / 320														
1100	100 / 300	120 / 440								1000 / 1000						
1200	100 / 400	60 / 500	100 / 100													
1300	100 / 500															
1400	100 / 600			240 / 240	40 / 40					600 / 1600						
1500	100 / 700				30 / 70											
1600	100 / 800	200 / 700								300 / 1900						
8 HR	800	700	100	240	70				16 HR. ~~1910~~ 4120	1900					16 HR. 3550	
1700	100 / 100															
1800	— / 100		100 / 100							650						
1900	100 / 200	240 / 240														
2000	100 / 300			240 / 240	30 / 30					1100 / 1700						
2100	100 / 400															
2200	100 / 500									400 / 2100						
2300	100 / 600															
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NO. (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
17Sept	0710		Ø signs of distress, pt requested pain meds 2mg MSO4 adm pt ate a couple bites of diet tol currently resting will cont to monitor (b)(6)-2
	1040		pt now resting. Dsg Δ'ed w→D, ROM 4ext, pt drinking water regularly will cont to monitor (b)(6)-2
	1230		pt currently resting in bed on (R) side. ↑ OOB to chair ~~for~~ last hour. 2cm size skin break-down on upper back and one small area on sacral area. lotion applied will cont to monitor (b)(6)-2
17 Sep 03	~~1630~~	1630	↑ into chair @ 1500, required 100% staff assistance. C/o pain once in chair, (L) hip. 3mg MSO4 IVP given @ 1510. Appears to have had moderate relief c̄ MSO4. Back to bed @ 1600 requiring staff assistance. Pt able to support ~50% weight on (R) leg. Appears to be rest... comfortably @ this time. Interpreter @ bedside. (b)(6)-2 MAJ AN
17 Sep 03		1830	OOB to chair x 30 minutes. Ate 1/2 hamburger patty, drank 240cc fluid. Appears to be alert & oriented. (b)(6)-2 MAJ AN
		2000	Δ'd pt dsg LUE/LLE, Pt had 8mg morphine IVP. MD presente change. Wounds appears red beefy c̄ exudate on LUE site (b)(6)-2
		2200	Recieved pt VSS pt disoriented thinks his in line at Hotel, Ø c/o pain, N/V, UOP Great, will continue to monitor ✓ Flow chart for Assessment. (b)(6)-2 SET 9IWMG LVN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	+325
24 Hour Intake	5250
24 Hour Output	4925
Weight on Admission	
Weight Yesterday	
Weight Today	
Last BM	16 Sep 03

NURSE'S SIGNATURE	Initials
(b)(6)-2 LUN	(b)(6)-2
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On	NA		NKDA
Call Light Within Reach	NA		
Side Rails Up	NA		
Bed in Low Position	NA		

(b)(6)-2 (Signature and Title)	Department/Service/Clinic	DATE
SGT GIWMG LUN	ICU 1	18 Sep 03

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

Potus # (b)(6)-4

☐ HISTORY/PHYSICAL ☒ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1740

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2								2								
	Brachial L								2								2								
	DORSALIS R								2								2								
	PEDIS L								2								2								
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 3 8								1 3 8								
EDEMA									Ø								Ø								
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓								✓								
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓																
SWAN GANZ CATHETER (Zeroed & calibrated)																	Ø								
ARTERIAL LINE (zeroed & calibrated)																	Ø								
HYGIENE	BED BATH									✓															
	FOLEY CARE									✓															
	ORAL CARE									✓									✓						
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR										✓	✓				✓			✓						
POSITIONED	RIGHT																				✓				
	LEFT																								
	SUPINE								✓	✓							✓			✓					
	HOB 30 DEGREES								✓	✓							✓								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE											✓													
	PAIN SCALE (1-10)									Stable															
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																	Ø								
ABDOMEN	(2) Soft & Flat (1) Distended								2								2								
BOWEL SOUNDS (active all quads)									X4								hyper								
NG / DOBHOFF PLACEMENT VERIFIED									✓																
RESIDUAL ASSESSED															4cc						4cc				
Ph																									
FOLEY CATHETER PATENT									✓								✓								
VOIDING CLEAR, YELLOW URINE q.s.									✓																
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds								✓								✓								
	Rashes, Lac's, etc																✓								
DRESSING (Dry & Intact: specify site below)																									
#1 (D) thigh									✓								wet				Ad				
#2 (D) stump									✓								✓				Ad				
#3																	(b)(6)-2								

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
~~13 Sep 03~~ 20	26		
central	~~(R)~~ (R) IJ	13 Sep 03	Ø S/S of IJ (b)(6)-2

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 185ep03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open								4								4								
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response								5								4								
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response								6								6								
GLASCOW COMA SCALE (A+B+C)								~~13~~ 15								14								
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R																PERLA								
PUPIL RESPONSE — L																								
MOVEMENT (See Motor Function Scale at Top of Page) — RUE								4								4								
LUE								3								4								
RLE								4								4								
LLE								2								2								
GRIP (S) Strong (W) Weak (-) absent — R								5-								W								
GRIP — L								Stump								Stump								
RESPIRATIONS — REGULAR								✓								✓								
IRREGULAR																								
UNLABORED								✓								✓								
LABORED																								
SHALLOW																✓								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL								5								5								
LUL								5								5								
RLL								5								1								
LLL								5								1								
BOTH BASES								5								1								
COUGH — NONE								✓								✓								
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																NA								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																NA								
VENTILATOR — Vt																								
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT _____ cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE										✓	✓	✓			✓	✓		✓		✓				
COUGH / DEEP BREATH								✓							✓	✓		✓						
INITIALS								(b)(6)-2								(b)(6)-2								

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300	101.7 (AX)																
0400																	
0500																	
0600																	
0700																	
0800	98.6° (A)	115	24	119/75	94%												
0900																	
1000																	
1100																	
1200	99.3° (A)																
1300																	
1400	101.2° (A)																
1500																	
1600	101.3° (AX)	120	26	112/70	94%												(b)(6)-2 notified of T.P.R.
1700																	
1800																	
1900																	
2000	98.3° (AX)																
2100																	
2200																	
2300	101.3	129	24	123/83	97%												
2400																	

	INTAKE									OUTPUT						
	IVF	IVPB	PO	ENSURE	FLUSH				Total	Urine					Total	COMMENTS
0100	100/100															
0200	100/200	100/100	100/100	240/240	100/100											
0300	100/300															
0400	100/400															
0500	100/500									1300/1300						
0600	100/600	100/200														
0700	100/700		120/120													
0800	100/800		100/220	240/480	90/190											
8 HR	800	200	220	480	190				8 HR. 1890	1300					8 HR 1300	
0900	100									550/550						
1000	100/200															
1100	100/300	100														
1200	100/400	100/200	100													
1300	100/500		200/300													
1400	100/600			480/480	30/30					725/1325						
1500	100/700															
1600	100/800		60/360													
8 HR	800	200	360	480	30				16 HR. ~~1870~~ 3760	1325					16 HR. 2625	
1700	100/100		60/60													
1800	100/100	100/100														
1900	100/200															
2000	100/300			480/480						1100/1100						
2100	100/400				30/30					200/1300						
2200	100/500															5750
2300	100/600		120/120							1000/2300						4925
2400	100/700								1490						2300	325
8 HR	700	100	180	480	30				24 HR. 5250	2300					24 HR 4925	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
18sep03	0745		pt resting currently. Ø signs of distress. will cont to monitor [(b)(6)-2]
	1005		pt currently eating. Dsg Δ'ed w/ D on (R) thigh + (L) stump. Bed bath complete. pt ate own food. central line dsg Δ'ed. will cont to monitor [(b)(6)-2]
	1355		pt dozing on and off. tube feedings infusing per gravity. 4cc residual prior to 1400 feedings. Dsg intact. will cont to monitor [(b)(6)-2]
18 Sep 03		1600	Pt appears alert, follows commands, only oriented to person. T 101.3(ax), HR-120, R-26, SpO_2-94% - RA. [(b)(6)-2] notified. Breath sounds very diminished @ bases. CBC c̄ diff and CXR ordered. [(b)(6)-2] MJ AN
18 Sep03		2000	LUE stump dsg Δ'd. Iodoform gauze packed into medial aspect of wound. Small amt of red blood coming from wound. Wet Kerlix gauze applied over stump. Stump wrapped c̄ dry kerlix and ace bandage. (L) thigh wound dsg Δ'd, wet → dry c̄ kerlix roll. Deep wounds packed c̄ wet kerlix. No active bleeding noted. No s/sx infection noted. Ex-fix intact. Sat in chair from 1830 - 1930. Received 5mg MSO_4 IVP @ 1930 upon return to bed and another 5mg MSO_4 IVP @ 1935 prior to dsg Δ. Pt tolerated dsg Δ well. Ate 0% of dinner. 2 cans ensure given @ 2000. Will continue to monitor pt. [(b)(6)-2] MJ AN

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25AUG03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	
Last BM	16 Sep 03

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			N/A
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 UTAN	ICU	19SEP03

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

Pohus #(b)(6)-4

- ☐ HISTORY/PHYSICAL
- ☒ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1746

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2						2					2			2					2				
	Brachial L	2						2					2			2					2				
	DORSALIS PEDIS R	2						2					2			2					2				
	L	2						2					2			2					2				
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale		1 3 8						1 3 8					1 3 8			1 3 8					1 3 8				
EDEMA		0						✓					✓			✓					✓				
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)		S1S2																							
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)		ST						ST					ST			ST									
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH													✓											
	FOLEY CARE													✓		✓									
	ORAL CARE													✓							✓				
MOBILITY	BEDREST							✓					✓												
	BSC																								
	DANGLE																								
	CHAIR													✓		✓					✓				
POSITIONED	RIGHT																								
	LEFT																				S				
	SUPINE	✓						✓					✓								E				
	HOB 30 DEGREES	✓						✓					✓								L F				
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)								✓					✓			✓									
PAIN	PAIN FREE	PF																							
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended	2						2					2			2					2				
								✓																	
BOWEL SOUNDS (active all quads)		X4						✓					✓			✓					✓				
NG / DOBHOFF PLACEMENT VERIFIED		✓						✓													✓				
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT		✓						✓					✓			✓									
VOIDING CLEAR, YELLOW URINE q.s.																✓									
SKIN INTEGRITY	No Breakdown							✓					✓			✓					*				
	Surgical Wounds	✓																			✓				
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 QUE		✓						✓					✓			✓					*				
#2 QUE - thigh		✓						✓					✓			✓					*				
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Central	R/J	13 SEP 03	8Sk infusion / infiltration / 0700/1750

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 19800103

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		4						4					4			4									
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		4						4					4			4									
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		6						6					6			6									
GLASCOW COMA SCALE (A+B+C)		14						14					14			14									
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R	2														+									
	L	2														+									
MOVEMENT (See Motor Function Scale at Top of Page)	RUE	5						5					5			5									
	LUE	3						3					3			3									
	RLE	4						4					4			4									
	LLE	2						2					2			2									
GRIP (S) Strong (W) Weak (-) absent	R	S						S					S			S									
	L	✓						✓					✓												
RESPIRATIONS	REGULAR	✓						✓								✓									
	IRREGULAR																								
	UNLABORED	✓						✓					✓			✓									
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL	5						5					5			5									
	LUL	5						5					5			5									
	RLL	1						5/1					5/1			1									
	LLL	1						5/1					5/1			1									
	BOTH BASES							5/1					5/1												
COUGH	NONE	✓						✓					✓			✓									
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																								
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE		✓												✓		✓									
COUGH / DEEP BREATH																									
INITIALS		(b)(6)-2						(b)(6)-2					(b)(6)-2			(b)(6)-2									

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	100.6																
0300																	
0400																	
0500	98.8																
0600																	
0700	98.2 (A)	103	20	113/69													
0800																	
0900																	
1000																	
1100																	
1200	97.6 (A)	110	23	126/80	95%	RA											
1300																	
1400																	
1500	96.2 O	117	18	114/73	94%	RA											
1600																	
1700																	
1800																	
1900																	
2000	100.2 (A)	124	16	124/78	—	—											
2100																	
2200	102.5 (A)																
2300																	
2400																	

	INTAKE									OUTPUT						
	IVF	IVPB	PO	Ensure	Flush				Total	Urine					Total	COMMENTS
0100	100 / 100	100 / 100														
0200	100 / 200			480 / 480	30 / 30					750 / 750						
0300	100 / 300															
0400	125 / 425															
0500	125 / 550															
0600	125 / 675															
0700	125 / 800	50 / 50														
0800	125 / 925															
8 HR	925	150		480	30				8 HR. 1585	750					8 HR 750	+ 835
0900	125 / 125	100 / 100								525 / 525						
1000	125 / 250															
1100	125 / 375	100 / 200								230 / 755						
1200	800 / 1175	50 / 250	← OR							100 / 855	← OR					
1300	100 / 1275		150 / 150													consumed 10% of Reg diet
1400	100 / 1375			360 / 360	30 / 30					450 / 1295						
1500	100 / 1475		120 / 270													
1600	100 / 1575									500 / 1795						
8 HR	1575	250	270	360	30				16 HR. 2485	1795					16 HR. 1795	
1700	100 / 100	50 / 50								525 / 525						
1800	100 / 200															
1900	100 / 300									300						
2000	100 / 400															
2100	100 / 500															
2200	100 / 600									600 / 1425						
2300	100 / 700															
2400	100 / 800									650						
8 HR	800	50							24 HR. 3335	2075					24 HR 5870	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
19SEP03	0005		Pt resting quietly in bed. Incentive spirometery done. Oley placed in splint. Oley splint too long. Hurting Oley/knee of pt. Pt currently not restrained. Explained via interpreter importance of not tugging on foley cath. Pt feels like he needs to urinate despite Foley cath and told interpreter the urinal worked better. (b)(6)-2 LTAN
	0020		Medicated ō 650mg tylenol via NGT, ensure hanging and infusing via NGT. Medicated ō 5mg MSO4 @ 0050 for pain in Oley. Repositioned leg and placed blanket under ex fix. (b)(6)-2 LTAN
9/19/03	0600		Remains NPO for Surgery this a.m. Insulin not given. Will Cont. to monitor. (b)(6)-2 LTAN.
9/19/03	1100		Picked up by OR staff via Gurney. NAD noted (b)(6)-2 LTAN
9/19/03		1205	RTD from OR. See PACU & Surgical flow sheet. VSS NAD noted. (b)(6)-2 LTAN
9/19/03		1300	Tolerated approximately 10% of bag diet. (b)(6)-2 LTAN.
		1700	Pt rested most of afternoon. OOB to chair w/o problems. SPC (b)(6)-2
		1820	A. Pt in chair - refused pm meal - consumed water + 1 can of soda. No S/S of acute distress. VSS - TC 100.2 - monitor. (b)(6)-2 LPN.
		1910	3mg MSO4 following transfer from chair to bed. Dressing ⊕ UE - c/o/i. ⊕ LE ō breakthrough drainage - re-reinforced. (b)(6)-2 LPN.
		2000	Ensure - 480mL ↑ via NGT - Gravity feed. monitor tolerance, assisted OOB to chair. (b)(6)-2 LPN.
		2200	Pt assisted to bed - Dressings A&D for ⊕ U/L Extremities. Stage II Breakdown area upper back noted - dressing c/o/i. Stage II @ Coccyx area noted - clean - left open to air. turned forward ⊕ side. 5mg MSO4 IV for pain control. Monitor (b)(6)-2 LPN.
			Addition: 50mg Benadryl PO per order - monitor effectiveness. (b)(6)-2 LPN.
		2230	102.5 ⊕ ∴ Tylox x ② - A ō % ⊕ Pain and febrile condition - monitor effectiveness for pain control and ant. ~~emetic~~ Pyretic (b)(6)-2 LPN.

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	19 Sep 03
POD	005

24 HOUR DATA	
24 Hour Balance	-535
24 Hour Intake	3335
24 Hour Output	3870
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 LPN.	(b)(6)-2
LVT A	

Safety Checks	D	E	N
BVM at bedside	(b)(6)-2		
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			NKA
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 LPN.	ICU #1	20 Sep 03

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

Lotus # (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1752

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R				2			2							2								2		
	Brachial L				2			2							2								2		
	DORSALIS PEDIS R				2			2							2								2		
	L				2			2							2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale					1/3/8			1/3/8							1/3/8								1/3/8		
EDEMA								~~0~~							—								—		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					✓			✓							✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST																	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH										✓														
	FOLEY CARE										✓														
	ORAL CARE										✓														
MOBILITY	BEDREST										✓												✓		
	BSC															✓									
	DANGLE								✓																
	CHAIR								✓		✓														
POSITIONED	RIGHT			✓							✓														
	LEFT							✓		✓															
	SUPINE							✓	✓	✓	✓					✓							✓		
	HOB 30 DEGREES																								
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE			✓				✓															✓		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended				2				2								1							2		
								✓																	
BOWEL SOUNDS (active all quads)				✓				✓		✓					✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED				✓					✓						✓								✓		
RESIDUAL ASSESSED				✓					✓																
Ph								✓																	
FOLEY CATHETER PATENT				✓				✓																	
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓				*											✓		
SKIN INTEGRITY	No Breakdown			—				*															—		
	Surgical Wounds			✓				✓															✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) UE				✓				✓							✓								✓		
#2 (L) LE				✓				✓							✓								✓		
#3																									
				(b)(6)-2				(b)(6)-2							(b)(6)-2										

STAGE COCCYX & BACK

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
(R) IJ	(R) IJ		c/o i - Patrick 10700

PUPIL SIZE	PUPILS	
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment –

DATE: 20 Sep 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open				4			4							4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response				5			5							5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response				6			6							6								6		
GLASCOW COMA SCALE (A+B+C)				15			15							15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R				+																				
PUPIL RESPONSE — L				+																				
MOVEMENT (See Motor Function Scale at Top of Page) — RUE				4			4							4								4		
LUE				3			3							3								3		
RLE				4			4							4								4		
LLE				3			2							2								2		
GRIP (S) Strong (W) Weak (-) absent — R				S-			S							S								S		
L				–			–							–								–		
RESPIRATIONS — REGULAR				✓			✓							✓								✓		
IRREGULAR																								
UNLABORED				✓			✓							✓								✓		
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL				5										5								5		
LUL				5										5								5		
RLL				5										5								5		
LLL				5										5								5		
BOTH BASES				✓			✓							5								1		
COUGH — NONE				✓										✓								✓		
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
FIO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE								✓		✓														
COUGH / DEEP BREATH																								
INITIALS				(b)(6)-2				(b)(6)-2		(b)(6)-2				(b)(6)-2								(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100	101.5 (A)																
0200																	
0300	98.9 (A)																
0400		109	16	124/60													
	97°																
0500																	
0600																	
0700																	
0800	97.7 (A)	111	18	128/79	93												
0900																	
1000																	
1100																	
1200																	
1300	99.8 (A)	124	24	115/79	96%	OOB in Chair											
1400																	
1500																	
1600																	
1700																	
1800																	
1830	99.2	116	22	112/73													
1900																	
2000																	
2100																	
2200	98.4	118	20	125/47	97%												
2300																	
2400																	

	INTAKE									OUTPUT						
	IVF	IVPB	PO	ENSURE NOC					Total	URINE					Total	COMMENTS
0100	100 / 100	50 / 50	240 / 240													
0200	100 / 200		~~780~~ / 700	480 / 480						600						
0300	100 / 300		60 / ~~780~~ / 300													
0400	100 / 400															
0500	100 / 500									650 / 1250						
0600	100 / 600															
0700	100 / 700	50 / 100														
0800	100 / 800		250 / ~~1030~~							600 / 1850						
8 HR	800	100	590 / ~~1830~~	480					8 HR ~~1380~~ 1480	1850					8 HR	+80
0900	100 / 100	100 / 100														
1000	100 / 200		300 / 600													
1100	100 / 300	50 / 150								500 / 500						
1200	100 / 400															
1300	100 / 500		180 / 480							550 / 1050						
1400	200 / 500	150	480							200 / 1250						
1500										120 / 1370						
1600				480 / 480						280 / 1650						
8 HR	500	150	480	480					16 HR 3540						16 HR 3800	+40
1700			360 / 360							0						
1800		50 / 200	240 / 600							200 / 200						
1900																
2000																
2100																
2200																
2300										500 / 700						
2400		50 / 100	240 / 840	200 / 200												
8 HR		100	840	200					24 HR.						24 HR. 1140	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTE (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
20Sep 03	0010		Residual ✓ for NGT = 10cc. Pt. instructed will be taken from (L) side - positioned supine c̄ sponge donut under coccyx area. (b)(6)-2 LMN
	0030		T@101.5 - comfort reduced - will monitor temperature closely. (b)(6)-2 LMN
	0300		T@98.9(A) - Pt. provided water and positioned back to (R) side (b)(6)-2 LMN
	0430		T@97(A) - covered c̄ blanket, positioned for comfort, cont. monitor (b)(6)-2
20Sep03	1100		Pain free. DVSG's to RUE LUE & RUE Δ'd W>D. (-) EXUDATE or foul odor observed. STAGE II Decubitus Ulcer in Coccyx area between Gluteal fold. approximately 2" in diameter. (-) Exudate. Stage II Small multiple decubiti to area below neck approximate 1/4" in size. Sites cleaned c̄ bibiclen & patient turned to (R) Side. VSS. NAD noted (b)(6)-2 ILT, RN
20Sep 03		1325	Foley D/C'd. Pt tolerated. Attempted IV start X3 unsuccessful. Will try again later. Pt refused restart. (b)(6)-2 ILT, RN
		1430	Assumed care of pt. Ø distress presently on (R) side. Post void foley D/C'd void obtained. NG feeding proceeding (b)(6)-2
		1515	Pt to BSC. tolerated well. (b)(6)-2
		1515	Pt back to bed. ⊖ stool scant urine c̄ clots. (b)(6)-2
		1715	Pt refuses food. unable to convince to eat (b)(6)-2
		1800	18g IV to (L) foot x 1 attempt. pt tolerated well good blood draw. (b)(6)-2
		1900	Report given to MPJ Lopinto ICU 2. Pt transported via stretcher tolerated transfer well (b)(6)-2
20Sep03	1900		Pt received in transfer from ICU 1. Settled in bed, stable condition. (b)(6)-2
	2000		Assumed care. Pt resting quietly in bed. Will continue to monitor (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 AUG 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 1LT/N	ICU-2	21 Sep 03

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

POTUS # (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R						2		2			–			2									2	
	brachial L						2		2			–			2									2	
	DORSALIS PEDIS R						2		2			–			2									2	
	L						2		2			–			2									2	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale							1 3 8		1 3 8			–			1 3 8									1 3 8	
EDEMA							Ø		✓			–			Ø										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)							✓		✓			–			✓									✓	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)							NS		✓			–			✓									NS	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH						✓									✓									
	FOLEY CARE						✓																		
	ORAL CARE															✓									
MOBILITY	BEDREST						✓																	✓	
	BSC								✓			–													
	DANGLE																								
	CHAIR						✓		✓			–				✓									
POSITIONED	RIGHT																								
	LEFT																								
	SUPINE																							✓	
	HOB 30 DEGREES														✓									✓	
FALLS PROTOCOL INITIATED							✓		✓			–			✓									✓	
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE						✓		✓			–			✓									✓	
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended						2		2			–			2									2	
BOWEL SOUNDS (active all quads)							x4		✓			–			✓									x4	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.							✓		✓			–			✓									✓	
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds																								
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) UE							✓		✓			–			✓									✓	
#2 (L) LE							✓		✓			–			✓									✓	
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
#18g	(L) foot	20 Sep 03	CDI

PUPIL SIZE		PUPILS
1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

MARK CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE: 21 Sep 03

TIME		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open							4		4			-			4									4	
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response							5		5			-			4 per Resp									5	
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response							6		6			-			6									6	
GLASCOW COMA SCALE (A+B+C)							15		15			-			14									15	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R						+		+2			-			+2									+2	
	L						+		+2			-			+2									+2	
MOVEMENT (See Motor Function Scale at Top of Page)	RUE						4		4			-			5									4	
	LUE						3		3			-			4									3	
	RLE						4		4			-			~~4~~ 5									4	
	LLE						2		2			-			2									2	
GRIP (S) Strong (W) Weak (-) absent	R						5		5			-			5									5	
	L						⊘		⊘			-			—									~~VA~~	
RESPIRATIONS	REGULAR						✓		✓			-			✓									✓	
	IRREGULAR																								
	UNLABORED														✓									✓	
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL						5		5			-			5									5	
	LUL						5		5			-			5									5	
	RLL						5		5			-			5									5	
	LLL						5		5			-			5									5	
	BOTH BASES						✓		✓			-			1									✓	
COUGH	NONE						✓								✓									✓	
	SPONTANEOUS																								
	PRODUCTIVE																								
	NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																									
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																									
VENTILATOR	Vt																								
	FIO2																								
	RATE (SIMV/CMV)																								
	PEEP / CPAP																								
	PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE	NC (l/min)																							RA	
	FM (l/min)																								
ETT #_____	NRBM (l/min)																								
	ETT _____cm gums																								
ETT CARE / POSITION CHANGE																									
ETT / NT SUCTIONED																									
INCENTIVE SPIROMETRY DONE							✓		✓			-													
COUGH / DEEP BREATH									✓			-													
INITIALS							(b)(6)-2		(b)(			-			(b)(6)-2									(b)(6)-2	

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600	97.6	81	16	118/81	98%												R/A
0700																	
0800																	
0900																	
1000	98.2	88	16	120/88	99%												RA
1100																	
1200																	
1300																	
1400	98.4	119	18	127/81	97%	RA											
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300	97.6	109	16	118/77	96%		92										RA
2400																	

	INTAKE									OUTPUT						
	IVF	IVPB	PO	NGT					Total	Urine					Total	COMMENTS
0100																
0200																
0300																
0400																
0500		100 100								750						
0600																
0700										200 50						
0800		50 150		480						100						
8 HR		150		480					8 HR.	1050					8 HR	
0900			200													
1000			50 250							200 200						
1100			100 350	50						100 300						
1200			75 425							225 525						
1300			230 655							— 525						
1400				480												
1500																
1600																
8 HR									16 HR.						16 HR.	
1700																
1800										400 925						
1900																
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
21 Sep 03	0330		Pt attempted to pull NGT out. Firmly explained that pt would be placed in Restraints if any further attempts continued. Pt appeared to understand. Pt did not sleep entire shift, frequently yelling out, but denying pain or other needs. Will continue to monitor. (b)(6)-2
	0600		Assumed patient care LISS - S C/O pain NO Sx of distress (b)(6)-2
	1040		Dressing D/C to LLE Tolerated well will continue to monitor per orders (b)(6)-2
	1115		Dressing D/C to LUE Tolerated well will continue to monitor per orders. (b)(6)-2
		1240	OOB to chair tolerated well. WAD (b)(6)-2
		1330	Back to bed. Doing well. needed help to assist from chair to bed. (b)(6)-2
	1400		Assumed care. Pt sitting in bed voicing no complaints this time. Will continue to monitor (b)(6)-2
		1500	Performed extensive personal hygiene to include shampoo, oral care and bed bath. Pt participated minimally. Pt now sitting up in chair. Will continue to monitor (b)(6)-2
		2000	Dressing change completed to LLE in NAD fashion. Wound red & beefy. Pt tolerated well. Will continue to monitor (b)(6)-2
21 Sept 03		2300	Client ☑ NAD ☑ drsg wrapping CDI, ☑ foot Heplock flushed, patent CDI ☑ external fixator CDI LE drains to abd OTA, NG tube ☑ more ☐ fluids running ☐ this time Moves ☑ UE ☐ dysphasic, skin warm dry loc. to LE's x2 MPC BS (b)(6)-2
22 Sept 03	0100		Began pt on ensure per physicians instruction checked placement pt talking to elder trying to dislodge NG tubing (b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2
8/WM6	
LPN	
8/WM6	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 8/WM6	ICU-2	22 Sept 03

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

Pozno # (b)(6)-4

☐ HISTORY-PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R								2						2								2		
	RADIAL L								PDP						UTA								~~2~~		
	DORSALIS PEDIS R								2						2								2		
	DORSALIS PEDIS L								2						2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									1 3 8						1 3 8								1 3 8		
EDEMA									Ø						Ø								Ø		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)									✓						✓								R		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)									✓						✓								NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH								✓														✓		
	FOLEY CARE																								
	ORAL CARE								✓														✓		
MOBILITY	BEDREST														✓										
	BSC																								
	DANGLE																								
	CHAIR								✓							✓									
POSITIONED	RIGHT																						~~3~~		
	LEFT																						~~4~~		
	SUPINE																						~~5~~		
	HOB 30 DEGREES								✓																
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE								✓														✓		
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended								2						2								2		
BOWEL SOUNDS (active all quads)									✓						✓								✓		
NG / DOBHOFF PLACEMENT VERIFIED									✓						✓								✓		
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.									*						Inc										✓
SKIN INTEGRITY	No Breakdown																								
	Surgical Wounds								✓						Coccyx										
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) US									✓						✓										✓
#2 (L) US									✓						✓										✓
#3																									

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18G	(L) foot	20 Sept 03	CDI

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger		No Change from Previous Assessment --

DATE: 22 Sep 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open								4						4										4
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response								5						4										4
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response								6						6										6
GLASGOW COMA SCALE (A+B+C)								15						14										14
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R								3+						3+										3
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L								3+						3+										3
MOVEMENT (See Motor Function Scale at Top of Page) — RUE								5						5										5
MOVEMENT — LUE								4						4										4
MOVEMENT — RLE								3						3										3
MOVEMENT — LLE								3						3										3
GRIP (S) Strong (W) Weak (-) absent — R								5						5										5
GRIP — L								amp						amp										amp
RESPIRATIONS — REGULAR																								✓
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED								✓																✓
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL								5						5										5
BREATH SOUNDS — LUL								5						5										5
BREATH SOUNDS — RLL								5						5										5
BREATH SOUNDS — LLL								5						5										5
BREATH SOUNDS — BOTH BASES								5						5										5
COUGH — NONE								✓						✓										✓
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt								RA																
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS							(b)(6)-2							(b)(6)-2										(b)(6)-2

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700																	
0800	97.7	110	18	120/80	99%	RA											
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800	98.1	108	18	112/76	99%												
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

	INTAKE									OUTPUT						
	NG	IVPB	PO						Total	Urine					Total	COMMENTS
0100																
0200																
0300																
0400																
0500																
0600										100						
0700			100/100							200/400						
0800			880/980													
8 HR			980						8 HR.	400					8 HR	
0900																
1000																
1100																
1200																
1300																
1400			250/250							x1 inc.						
1500			100/350							x1 inc.						
1600																
8 HR									16 HR.						16 HR.	
1700																
1800																
1900																
2000																
2100																
2200																
2300																
2400	30	100								x1						Incontinent
8 HR									24 HR.						24 HR	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
22Sept03	0400		pt pulling @ tubing and fluids, removing ace bandaging to (L) arm UE, throwing bedclothes. applied soft restraint to (R) UE — (b)(6)-2
	0700		got pt up to chair; bed bath done; pt. is having urgency + frequency with urination; noticed blood in urine; will send UA @ next void — (b)(6)-2
	0900		UA sent; pt. sitting up in bed eating food from home — (b)(6)-2
22sp03	1400		Report received, assumed care of patient. Pt continues to be loud, yelling @ times, incontinent of urine, attempting to pull out NGT. (R) hand restrained @ this time. See flowsheet for details — (b)(6)-2 MATAW
	1700		OOB → chair x 2 hrs. — (b)(6)-2 AT
	2100		Back to bed, OOB → chair x 2 more hrs (b)(6)-2 AT
22sept03		2200	sleeping @ this time; Ø S/S of resp. distress, NGT in place will continue to monitor pt — (b)(6)-2 CPR

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	25 Aug 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	(b)(6)-2

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

(b)(6)-2

Department/Service/Clinic: ICU2

DATE: 23 Sept 03

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

Potus # (b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOWCHART

☐ OTHER EXAMINATION Or EVALUATION ☐ OTHER(*Specify*)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R		2																				
	RADIAL L		2						2														
	DORSALIS PEDIS R		2						2						2								
	DORSALIS PEDIS L		2						2						UTA								
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale									2						2								
EDEMA			1						1						1								
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			3						3						3								
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			0						0						8								
SWAN GANZ CATHETER (Zeroed & calibrated)			R						R														
ARTERIAL LINE (zeroed & calibrated)			NA						R						R								
HYGIENE	BED BATH		✓						NSR														
	FOLEY CARE						✓								✓								
	ORAL CARE																						
MOBILITY	BEDREST		✓				✓																
	BSC						✓																
	DANGLE												✓										
	CHAIR																						
POSITIONED	RIGHT						✓																
	LEFT		S										✓										
	SUPINE		S				S						✓										
	HOB 30 DEGREES		S				S																
FALLS PROTOCOL INITIATED							S																
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)							S																
PAIN	PAIN FREE		✓																				
	PAIN SCALE (1-10)						✓																
PCA/PCEA IN USE (Refer to FHMDA OP132-7)													✓										
ABDOMEN (2) Soft & Flat (1) Distended			2																				
BOWEL SOUNDS (active all quads)			✓				2																
NG / DOBHOFF PLACEMENT VERIFIED			✓									2											
RESIDUAL ASSESSED																							
Ph																							
FOLEY CATHETER PATENT																							
VOIDING CLEAR, YELLOW URINE q.s.																							
SKIN INTEGRITY	No Breakdown		✓																				
	Surgical Wounds		✓																				
	Rashes, Lac's, etc																						
DRESSING (Dry & Intact: specify site below)																							
#1 C L Ext pin site CDF																							
#2																							
#3																							

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
TSG vage	C Foot	20Sept03	CDF

PUPIL SIZE / **PUPILS**

1 mm	=	Equal
2 mm	R	Reactive
3 mm	NR	NonReactive
4 mm	L > R	Left Larger
5 mm	R > L	Right Larger

MOTOR FUNCTION

0 = No Movement
1 = Slight Flicker/ Trace of Contraction
2 = Active (Gravity Eliminated)
3 = Active: against gravity, but not against resistance
4 = Active: Against Gravity and Resistance, not full strength
5 = Full Strength against Examiners Resistance

CHART CODES

Present ✓
Not Applicable /Absent (blank)
Refer to Nsg. Notes X
No Change from Previous Assessment --

DATE:

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open		4						4						4										
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		4						4						4										
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		6						6						6										
GLASCOW COMA SCALE (A+B+C)														14										
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) R		2						2						2										
L		2						2						2										
MOVEMENT (See Motor Function Scale at Top of Page) RUE		4						4						4										
LUE		4						4						3										
RLE		4						4						4										
LLE		4						2						2										
GRIP (S) Strong (W) Weak (-) absent R		5						5						5										
L		5						5						5										
RESPIRATIONS REGULAR																								
IRREGULAR		/						/						✓										
UNLABORED																								
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished RUL		5						5						5										
LUL		5						5						5										
RLL		5						5						5										
LLL		5						5						5										
BOTH BASES		5						5						5										
COUGH NONE																								
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR Vt																								
FIO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE NC (l/min)																								
FM (l/min)																								
NRBM (l/min)																								
ETT #_____ ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH															✓									
INITIALS		(b)(6)-2							(b)(6)-2															

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	98.6	62	16	114/56	100%												
0300																	
0400																	
0500																	
0600																	
0700																	
0800	96.6	103	16	122/79	99%												
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500	97°	98	18	130/80	100%												
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

	INTAKE									OUTPUT						
	NG	IVPB	PO						Total	Urine	Bm				Total	COMMENTS
0100																
0200	340															
0300																
0400																
0500										X1						Incontinent
0600		100														
0700																
0800																
8 HR									8 HR.						8 HR	
0900																
1000											X1 Lg					
1100																
1200																
1300																
1400			200													
1500																
1600																
8 HR									16 HR.						16 HR.	
1700																
1800																
1900																
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
23sept03	0200		Sleeping @ this time, will continue to monitor pt (b)(6)-2
	0700		pt resting with eyes closed; NAD; will cont. to monitor (b)(6)-2
	1030		pt voiding dark yellow urine; VA was sent
		1430	Resting well NAD VSS will cont to monitor per orders (b)(6)-2
		1615	Incontinent of urine. (b)(6)-2
		1645	In; Out cath. 80cc cloud yellow urine will inform MD of finding (b)(6)-2
		1655	↑ to chair tolerating well. NAD will cont to monitor per orders (b)(6)-2
		1700 ~~1830~~	Received Tylox x ii for leg pain. will cont to monitor per orders. (b)(6)-2
		1830	In chair eating some food. NAD (b)(6)-2
		1845	MD Mondragon noting of In; Out results. (b)(6)-2
		1910	Back to bed tolerated well. Needed help of help to stand. (b)(6)-2

CRITICAL CARE FLOW SHEET

DARNALL ARMY COMMUNITY HOSPITAL

LOS DATA	
DOA	25 Aug 03
DOS	
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 9/WM6	ICU	24 Sept 03

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

(b)(6)-4 (EPCO)

- ☐ HISTORY/PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER(*Specify*)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R	2		2				2							2								2		
	Brachial L	NP	(b)(6)-2	NP				UTA							DA								D		
	DORSALIS PEDIS R	2		2				2							2								2		
	L	2		2				2							2								2		
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale		1 3		1 3 8				1 3 8							1 3 8								1 3 8		
EDEMA															D										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)				✓				✓							✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)				NSR				SR							SR								NSR		
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH																								
	FOLEY CARE																								
	ORAL CARE																						✓		
MOBILITY	BEDREST			✓				✓							✓										
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT							S																	
	LEFT							P																	
	SUPINE			✓				F															✓		
	HOB 30 DEGREES			✓				✓																	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)				*																					
PAIN	PAIN FREE			✓											*								✓		
	PAIN SCALE (1-10)							n/a																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended				2				2							2								2		
BOWEL SOUNDS (active all quads)																									
NG / DOBHOFF PLACEMENT VERIFIED								✓							✓								✓		
RESIDUAL ASSESSED								✓																	
Ph -																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.				✓				✓							✓								✓		
SKIN INTEGRITY	No Breakdown			✓																					
	Surgical Wounds																								
LE Lac	Rashes, Lac's, etc			✓				✓							✓								✓		
DRESSING (Dry & Intact: specify site below)				✓																					
#1 (L) LE ext fix				✓				✓							✓								✓		
#2 (L) UE amp								✓							✓								✓		
#3																									
			(b)(6)-2				(b)(6)-2																		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
NG	(L) none		
18 G	(L) port	20 Sept 03	CVT

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger		No Change from Previous Assessment --

DATE: 24 Sept 03

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open			4				4							4								4		
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response			*5				5							5								5		
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response			6				6							6								6		
GLASGOW COMA SCALE (A+B+C)			15				15							15								15		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R							+2							+2								2		
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L							+2							+2								2		
MOVEMENT (See Motor Function Scale at Top of Page) — RUE			3				3							4								4		
LUE			2				2							3								3		
RLE			~~3~~ 2				3							3								3		
LLE			2				2							2								2		
GRIP (S) Strong (W) Weak (-) absent — R			S				S							S								S		
L			-				-							-								-		
RESPIRATIONS — REGULAR			✓				✓							✓								✓		
IRREGULAR																								
UNLABORED			✓				✓							✓								✓		
LABORED																								
SHALLOW																								
RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL			5				5							5								5		
LUL			5				5							5								5		
RLL			5				5							5								5		
LLL			5				5							5								5		
BOTH BASES			✓				✓							5								5		
COUGH — NONE			✓				✓							✓								✓		
SPONTANEOUS																								
PRODUCTIVE																								
NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
FiO2																								
RATE (SIMV/CMV)																								
PEEP / CPAP																								
PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)			2A				2A																	
FM (l/min)																								
ETT #_____ NRBM (l/min)																								
ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS			(b)(6)-2				(b)(6)-2							(b)(6)-2								(b)(6)-2		

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0140	100.4	113	18	131/74	96%		96										(b)(6)-2
0200																	
0300																	
0400																	
0500																	
0600																	
0700	99.6	104	16	125/73	97%		94										(b)(6)-2
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400	97.1	106	16	122/74	96%	(b)(6)-2											
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400	97.5	126	16	120/63	97%												(b)(6)-2

CRITICAL CARE FLOW SHEET

DARNALL ARMY COMMUNITY HOSPITAL

LOS DATA	
DOA	25 Aug 03
DOS	25 Sep 03
POD	

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	
24 Hour Output	
Weight on Admission	
Weight Yesterday	
Weight Today	

NURSE'S SIGNATURE	Initials
(b)(6)-2 CPN	(b)(6)-2
[redacted] (b)(6)-2	

Safety Checks	D	E	N
BVM at bedside			
Monitor Alarms On			
ID Bracelet On			
Allergy Bracelet On			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 CPN	ICU	25 Sept 03

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

(b)(6)-4

- ☐ HISTORY PHYSICAL
- ☐ FLOWCHART
- ☐ OTHER EXAMINATION Or EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700
1 MAY 78

MEDCOM - 1780

		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL R							2																	
	RADIAL L							2																	
	DORSALIS PEDIS R							2																	
	DORSALIS PEDIS L							2																	
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundiced (8) Color Normal (9) Pale								1 3 8																	
EDEMA																									
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)								✓																	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)								ST																	
SWAN GANZ CATHETER (Zeroed & calibrated)																									
ARTERIAL LINE (zeroed & calibrated)																									
HYGIENE	BED BATH							✓																	
	FOLEY CARE																								
	ORAL CARE																								
MOBILITY	BEDREST																								
	BSC																								
	DANGLE																								
	CHAIR																								
POSITIONED	RIGHT							S																	
	LEFT							U																	
	SUPINE																								
	HOB 30 DEGREES							S																	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE																								
	PAIN SCALE (1-10)							1/10																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended							✓																	
BOWEL SOUNDS (active all quads)								✓																	
NG / DOBHGFF PLACEMENT VERIFIED								✓																	
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT																									
VOIDING CLEAR, YELLOW URINE q.s.								✓																	
SKIN INTEGRITY	No Breakdown																								
LE LAC	Surgical Wounds							✓																	
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) UE Amp								✓																	
#2 (L) LE ~~BKA~~ fx & open wound								✓																	
#3																									

(b)(6)-2

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
NS	(L nostril)		
18g	(L IJV)	20Sep07	CDI

PUPIL SIZE	PUPILS		MOTOR FUNCTION	CHART CODES
1 mm	=	Equal	0 = No Movement	Present ✓
2 mm	R	Reactive	1 = Slight Flicker/ Trace of Contraction	
3 mm	NR	NonReactive	2 = Active (Gravity Eliminated)	Not Applicable /Absent (blank)
			3 = Active: against gravity, but not against resistance	
4 mm	L > R	Left Larger	4 = Active: Against Gravity and Resistance, not full strength	Refer to Nsg. Notes X
			5 = Full Strength against Examiners Resistance	
5 mm	R > L	Right Larger		No Change from Previous Assessment --

DATE: 25 Sep 2005

TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) To Pain (3) To Voice (1) Does Not Open							4																	
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response							5																	
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response							6																	
GLASGOW COMA SCALE (A+B+C)							15																	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — R							+2																	
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-) — L							+2																	
MOVEMENT (See Motor Function Scale at Top of Page) — RUE							3																	
MOVEMENT (See Motor Function Scale at Top of Page) — LUE							3																	
MOVEMENT (See Motor Function Scale at Top of Page) — RLE							3																	
MOVEMENT (See Motor Function Scale at Top of Page) — LLE							3																	
GRIP (S) Strong (W) Weak (-) absent — R							W																	
GRIP (S) Strong (W) Weak (-) absent — L							-																	
RESPIRATIONS — REGULAR							✓																	
RESPIRATIONS — IRREGULAR																								
RESPIRATIONS — UNLABORED							✓																	
RESPIRATIONS — LABORED																								
RESPIRATIONS — SHALLOW																								
RESPIRATIONS — RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RUL							5																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LUL							5																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — RLL							5																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — LLL							5																	
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished — BOTH BASES							1																	
COUGH — NONE																								
COUGH — SPONTANEOUS																								
COUGH — PRODUCTIVE																								
COUGH — NONPRODUCTIVE																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt																								
VENTILATOR — FiO2																								
VENTILATOR — RATE (SIMV/CMV)																								
VENTILATOR — PEEP / CPAP																								
VENTILATOR — PRESS. SUPPORT																								
OXYGEN DELIVERY DEVICE — NC (l/min)																								
OXYGEN DELIVERY DEVICE — FM (l/min)																								
ETT #_____ — NRBM (l/min)																								
ETT #_____ — ETT _____cm gums																								
ETT CARE / POSITION CHANGE																								
ETT / NT SUCTIONED																								
INCENTIVE SPIROMETRY DONE																								
COUGH / DEEP BREATH																								
INITIALS							(b)(6)-2																	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200																	
0300																	
0400																	
0500																	
0600																	
0700	99°																
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

	INTAKE									OUTPUT						
	PO	IVRB							Total	Urine					Total	COMMENTS
0100																
0200																
0300																
0400																
0500																
0600	120/120	50/50								1600cc						
0700	340/460															
0800	80/540	30/80														
8 HR									8 HR.						8 HR	
0900																
1000																
1100																
1200																
1300																
1400																
1500																
1600																
8 HR									16 HR.						16 HR.	
1700																
1800																
1900																
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

NSN 7540-00-634-4123

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
25 Sep 0	0500		+ cont to rest comfortably Ø S/S of distress Ø difficulty breathing Dr H cont to monitor pt

(b)(6)-2

MEDICAL RECORD - PATIENT RELEASE / DISCHARGE INSTRUCTIONS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure, extended care/treatment or discharge from an inpatient hospital stay.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

1. DATE OF PROCEDURE/ADMISSION:
2. ADMITTING/DIAGNOSIS:
3. PERTINENT LAB, X-RAY, FINDINGS:

See chart

4. PROCEDURES, TREATMENT, HOSPITAL COURSE:

See chart

5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:

1) Acute Appendicitis w/ Blank
2) ST LOPS w/ Blank
3) Hyp w/ DM

6. ACTIVITY:
7. DIET:
8. MEDICATIONS:

☒ Medications have been prescribed for home use. See separate list and special instructions or see below.

Cefflex
Percocet
Cl, Ox, Oc

9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:

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

(Signature) *(Printed or Stamped Name)*

PATIENT IDENTIFICATION

(b)(6)-4

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☒ OTHER EPW (b)(6)-4 (b)(6)(9) [redacted]

☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☒ OTHER EPW (b)(6)-4 [redacted]

3. PATIENT EDUCATION:

Completed and patient prepared for home care. ☒ YES ☐ NO (b)(6)(9)

If no, explain:

Patient ☐ states ☒ demonstrates understanding of home care needs.

Printed educational materials provided:

4. Clinical outcomes met and post-discharge/release referrals made.

☒ YES ☐ NO If no, explain:

5. If transferred to another health care facility, report called to nurse.

☐ YES ☐ NO If no, explain: N/A

6. NUTRITION CARE - Comments:

Reg diet, ↑ fluids

7. MEDICATIONS:

Explained by: ☒ NURSE ☐ PHYSICIAN ☐ PHARMACIST

Printed medication literature provided. ☐ YES ☒ NO

Patient states understanding of prescribed medications. ☒ YES ☐ NO

8. EQUIPMENT/SUPPLIES PROVIDED:

Kerlix, Intuform dressing, Cotton tipsticks, 4x4's, Steri strips

9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:

(b)(6)-2 1300 with Dr (b)(6)-2 at the 21st CSH Specialty (b)(6)-2

10. FOR PROBLEMS OR EMERGENCY, CONTACT: (b)(6)-2

21st CSH EMT 570 (b)(3)-1

11. COMPLETED BY:

(b)(6)-2 LPN 25Sep03/1040

(Signature and Title) *(Date and Time)*

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS. EPW MEDIC 25Sep03/1100

(b)(6)-2

(Patient/Responsible Adult's Signature) *(Date and Time)*

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
5 SEP	(b)(6)-2	Admit to ICU1 Dr (b)(6)-2	5 SEP	(b)(6)-2
5 SEP		CBC in am 7 SEP 03 Sunday	7 SEP	(b)(6)-2
7 SEP 03		CREATININE TODAY	7 SEP 03	7 SEP 03 0930
7 SEP 03		NPO @ Midnight	8 SEP 0001	(b)(6)-2 7 SEP 03 2?8

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: _____

ALLERGIES: _____

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 5	6	7	8	9	10
5SEP03	[illegible]	DSNS 120mL KCL	D	/					
		100cc/°	E	[illegible]					
			N	[illegible]					
5SEP03	[illegible]	Gentamicin 300g IV q24°	11	/					
		x4 days							
5SEP03	[illegible]	Ancef 1gm IVPB	02	/					
		q8°	10	/					
			18	[illegible]					
5SEP	[illegible]	O2 3L via N/C PRN	D	/					
		SAT <92%	E	[illegible]					
			N						
5SEP	[illegible]	W→D dress BID	10	/					
		NEED to PACK AREA	22	/					
		by PT's							
5SEP	[illegible]	Zantac 50mg IV	08	/					
		q8°	16	/					
			24						
5SEP	[illegible]	Diet: NPO ~~okay for~~	D	/					
		ICE chips 1/2 cup q1°	L	/					
		(or small sips H2O)	D	/					
5SEP	[illegible]	ODB to change BID-TID	D	/					
			E						
			N						
5SEP	[illegible]	Dr. D of FO Elbow	10	/					
		BID (pull drain tomorrow)	22	/					
6SEP03	[illegible]	CLEAR LIQUIDS ADVANCE	D	/					
		SLOWLY AS TOLERATED	E						
			N						

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

(b)(6)-4

Page 2 of 4 pages

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE					
5Sep 0550	(b)(6)-2	Demerol 25mg IV 12.5 phenergan IV q 4-6 prn pain	Date	6Sep	6Sep	6Sep	7Sep	7Sep
			Time	0030	0500	1850	0300	1030
			Amt	25/12.5	25/12.5	25/12.5	25/12.5	25/12.5
			Inj	(b)(6)-2				
			E/I	I	E	E	E	E
5Sep	(b)(6)-2	Tylenol 650-1000mg PR (supp) q 4-6° prn temp > 101°F	Date	9/6	9/7			
			Time	1200	0930			
			Amt	1gm	1gm			
			Inj	(b)(6)-2				
			E/I	E	E			
7Sep	(b)(6)-2	Ambien 5mg q HS prn	7Sep 2000 5mg PO					
			E					
7Sep03	(b)(6)-2	AMBIEN 10mg SIG: PO q HS PRN						
7Sep	(b)(6)-2	Tylenol 650-1000mg PO q 4-6° PRN Temp > 101°F	9/7 0230 1000mg					
			EV	(b)(6)-2				
7Sep	(b)(6)-2	Tylox T-II PO q 4-6° PRN PAIN	9/7 1000 II PO	7Sep 1800 II	7Sep 2200 II	8Sep 0630 II PO		
			E	E	E			

DC'd 9/7/03

DC'd 9/7/03

(b)(6)-2

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF 509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

Page 4 of 4 pages

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
9/8/03	(b)(6)-2	CBC c̄ Diff on 9 Sep 03	9/9/03 0500	(b)(6)-2 0430
9/9/03		CHEST X-RAY TODAY (AP & LAT in RADIOLOGY	9/9/03	9/9/03 1130 (b)(6)-2
9/9/03		URINE FOR UA	9/9/03	1935
9/9/03		NUTRITIONAL ASSESSMENT AGAIN to ASSESS	9/9/03	
		FOR ENTERAL FEEDINGS		
9 Sep 03	(b)(6)-2	NPO past midnight	10 Sep 03	11 Sep 03

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: (L) BE AMP / (R) OPEN FEMUR FX 1.5" c̄ SHORTENING of Bone Wound Packing

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER'S REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 8	9	10	11	12
9/8/03	(b)(6)-2	VS Q Routine	D	(b)(6)-2				(b)(6)-2
			E	DC'd Sept 03				
			N					
9/8/03		REGULAR DIET ADVANCE	D					
		AS TOLERATED	E					
			N					
9/8/03		DS½NS c̄ 20meq KCl/L	D					
		OR CURRENT SOLUTION	E	Dcd 9/9/03				
		TRA 100cc/° HEPLOCK	N					
		WHEN PO GOOD				(b)(6)-2		
9/8/03		GENTAMICIN 300mg	11					
		IV Q DAY		Dcd 9/9/03				
9/8/03		ANCEF 1gm IV Q8°	02					(b)(6)-2
			10					
			18					
9/8/03		ZANTAC 50mg IV Q8°	08					
			16					
			24					
9/8/03		DAILY CREATININE	05					
9/8/03		DOB BID – TID	10					
			15					
			20					
9/8/03	(b)(6)-2	DRESSING CHANGE TO	09					
		ELBOW & HIP BID MAY	21					
		USE 1/4" to 1/2" Packing						
		AS NEEDED						
9/8/03	(b)(6)-2	HEPLOCK	D	(b)(6)-2				
		Flush c̄ NS Q shift	E	Dcd 9/10/03				(b)(6)-2
			N					
8/9/03	(b)(6)-2	VS Q 4° (T,P,R,BP,&SpO2)	04					
			08					
			12					
			16					
			20					
			24					

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 9	10	11
9/9/03	NO.7 (b)(6)-2	Frequently Assess	D	(b)(6)-2		
		DRSG's for DRAINAGE	E			
		& Reinforce if appropriate	N			
9/9/03	(b)(6)-2	↓ GENTAMICIN 200mg	11			
		IV QDAY				
1056PO	(b)(6)-2	Bactrim DS 1 PO BID	10	/	/	
			22	/	(b)(6)-2	
1056PO	(b)(6)-2	DS 1/2 NS 1L 20mEq (b)(6)-2	D	/		
		TKO 100cc/10	E	/		
			N	/		

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: (L) BE AMP (L) OPEN FEMUR FX ⅔D c SHORTENING of Bone Wound Packing

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE													
9/5/03	(b)(6)-2	AMBIEN 10mg PO q HS PRN INSOMNIA	9/8 2200 (b)(6)-2	9/10 2330 I												
9/8/03	(b)(6)-2	TYLENOL 650-1000mg PO Q 6° PRN TEMP > 100.5														
9/8/03	(b)(6)-2	DEMEROL 25mg IV Q 4-6° PRN Pain c 12.5mg Phenergan	9/8 1230 IV (b)(6)-2	8 Sep 2045 IV (b)(6)-2	9 Sep 0915 IV (b)(6)-2 E											
9/10/03	(b)(6)-2	TYLOX 1-2 PO Q 4-6 PRN Pain	8 Sep 1445 (b)(6)-2	8 Sep 1845 (b)(6)-2	8 Sep 2230	9 Sep 0630 E	9 Sep 1155 E	9 Sep 1800 PO E	10 Sep 0110 E	10 Sep 0730 SPO (b)(6)-2	10 Sep 1300 E	10 Sep 2340	11 Sep 0640 (b)(6)-2 E			

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF 509 FOR NURSE'S ENTRY

MEDCOM FORM 630-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
11 Sep 03	(b)(6)-2	CBC in Am (12 Sep 03)	12 Sep 03 0500	(b)(6)
11 Sep 03		S/P I+D to LUE stump, DRSG Δ by Dr. Gupta	—	—
11 Sep 03		Next planned washout 13 Sep 03	13 Sep 03	
11 Sep 03		Malaria smears q 8° x 3 or if #1	2000 11 Sep	(b)(6)
		temp goes > 101. #2	0400 11 Sep	(b)(6)
		#3	1200 12 Sep	12 Sept 1245 (b)(6)
12 Sept		Send LFTs	ASAP	12 Sept 1245 (b)(6)-2
12 Sept		NPO p MN	0000 13 Sept	(b)(6)-2
13 Sept		Portable CXR	NOW	
13 Sept		U/A	when urine	
13 Sept		ESR & next bloodwork & then QOD	today	

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P I+D to (D) UE Stump, Δ DRSG

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED 11	12	13
11Sep03	(b)(6)-2	Vital Signs q routine	D	(b)(6)-2		
		Temps Q4°	E			
			N			
11Sep03		Regular Diet	D			
		May eat food from home	E			
			N			
11Sep03		Ensure 1 Can TID	10			
			15			
			20			
11Sep03		Daily Creatine	05			
11Sep03		Up in chair BID-TID	10			
			15			
			20			
11Sep03		Ancef 1 gm IV q 8'	02			
			10			
			18			
11Sep03		Gentamicin 200 mg IV	11	(b)(6)-2		
		QD	(b)(6)-2			
11Sep03		Bactrim DS + PO BID	10			
			22			
11Sep03		Zantac 50mg IV Q8°	08			
		IF PO tolerated Δ to	16			
		150 mg PO TID	24			
11Sep03		DRSG Δ to below elbow	09			
		stump and hip BID	21			
11Sep03	(b)(6)-2	Current fluid (LR)	D			
		@ 75 cc/hr	E			
			N			
11Sep	(b)(6)-2	when tolerating PO-	08			
		Δ Zantac to 150mg	16			
		PO TID	24			
11Sep03		Levaquin 500mg IV q 24°	08			

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED 13	14	15
13 Sep 03	(b)(6)-2	115 q Shift	0	(b)(6)-2		
			E			
			N			
13 Sep 03		OOB Bid - TID	0			
			E			
			N			
13 Sep 03		D5½ 20K @ 100/HR	0			
			E			
			N			
13 Sep 03		Levaquin 500mg iV q 24°	08			
13SEP03		Gentamycin 150 mg iV q 24°	11			
13 Sep 03		Routine Central Line Care	0			
			E			
			N			
13 Sep 03		Dressing Δ Bid	10			
			22			
13 Sep 03		T Can ensure q Shift	0			
		VIA NG	E		(b)(6)-2	
			N		[redacted]	14Sep03
14Sept		Foley to ~~BA~~ DD	D		(b)(6)-2	
			E			
			N			
14Sept		Ensure 1 can @ 6°	03			
			09			
			15			
			21			
14Sept03		Advance diet as	B			
		tolerated	L			
			D			

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: s/p (L) UE Amp / (L) LE Femur Fx

ALLERGIES: NKDA.

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE			
13 Sep 03	(b)(6)-2	Haldol 5mg IV q6° PRN Psychosis	1380 2200 5mg			
		I/E	(b)(6)-2			
		INITIALS				
13 Sep 03	(b)(6)-2	MSO4 2-10mg IV q1°-2° PRN Pain	0800 2mg MS 14Sep	1700 2mg 14Sep 1-5L	14Sep 2mg 2315	
		I/E		G	E	
		INITIALS	(b)(6)-2			
13 Sep 03	(b)(6)-2	Phenergan 12.5mg IV q4° PRN N/V				
		I/E				
		INITIALS				
14 Sep 03	(b)(6)-2	Ambien 5mg PO qHS PRN Insomnia	13Sep 0930 2330	14Sep 0030 0030	~~14Sep~~ ~~0030~~	(b)(6)-2
		MAY REPEAT x 1 IF	I/E		O	
		INEFFECTIVE, MAY GIVE IV 4MG (INITIALS)	(b)(6)-2			

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
13Sep03	(b)(6)-2	LBE AMP, (L) open fem. fx.	13Sep	(b)(6)-2
13Sep03		S/P Central line placement, NG and washout	13Sep	
13Sep03		CBC c̄ DIFF, SMA 7, LFT's in AM	0500 19Sep03	05
13Sep03		Creatinine in AM	0500 14Sep03	05
13 Sep03		AP (L) Hip XRAY in AM	14Sep03	(b)(6)-2
13Sep03		U/S - Liver - Gallbladder in AM	14Sep03	(b)(6)-2
13Sep03		Flat Plate Abd Placement - NGT.	14Sep03	Done (b)(6)-2 2400
13Sep03		(1) Ensure: Mix 50/50 c̄ H2O - 60cc VIA NG. over 20 min -	(1) 13Sep03	2230 -
		(2) If tolerated, may use Ensure Full Strength. 60cc over 20 minutes.	(2) 13Sep03	2400
		(3) If tolerated c̄ N/V - ṫ can Ensure q shift VIA NGT.	(3) 13Sep03	0100
13SEP03		CXR - placement of central line - portable	13SEP03 Now	Done (b)(6)-2
13Sep03		Ambien 5mg PO NOW + HS PRN insomnia, may repeat x1 if ineffective - MAY give through NG Tube	13Sep 2330	2330
14Sept		T&C 2 units PRBC transfuse 1 now (1) NOW		(b)(6)-2
		4 hrs. Give both units (2) 3rd unit		(b)(6)-2
14Sept		KCL 100 mlq in 250cc NS over 10hrs NOW		(b)(6)-2 14Sept03
14Sept		Repeat K+ level after KCL infusion	DKCL	Done (b)(6)-2
14Sept		Check H/H 4° after last transfusion	15Sep 0045	Done
14SEP		Tylenol 1gm POx1 PRN	14SEP03	(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: (L) UE Amp / (L) LE Femur Fx.

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED														
				14	15													
145EP	(b)(6)-2	UNASYN 3.0gm IV	06	/	(b)(6)-2													
		q6°	12	/														
			18	(b)(6)-2														
			24															

MEDCOM FORM 690-A (TEST) (MCHO) MAR 99

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED														
				11	12	13	14	15										
13Sept	(b)(6)-2	ESR Q OD	05	/	/	/	/	(b)(6)-2	/		/		/					

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P I+D to ⓛ 4E stump, A DRSG

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE												
11Sep03	(b)(6)-2	Demerol 25 mg IV q 4-6 PRN pain c phenergan 12.5 mg	12Sep 0020 (b)(6)-2												
11Sep03	(b)(6)-2	Tylox 1-2 po q 4-6 prn pain	11Sep 0440	11Sep 1335	11Sep 1750	11Sep 2100	11Sep 2200	12Sep 0400	12Sep 1035						
			(b)(6)-2												
						PT spit out	E	E							
12Sep03	(b)(6)-2	Tylenol 1000mg po q 6° PRN temp	1210 nurse 3rd 12Sept	1820 12Sept 3rd	1220 12Sept (b)(6)-2										
			E												
12Sep03	(b)(6)-2	haldol 5mg IVP q 4° for psychosis PRN	1350 n 1615												
			E												
12Sep03	(b)(6)-2	MSO4 2-10mg IVP 2° PRN Pain/Sedg	0820	0850	1200	1202									
			(b)(6)-2												
			2mg 13Sept	2mg 13Sept	2mg 13Sept	4mg 13Sept									
13Sep03	(b)(6)-2	Melaria smears q 8° x 3 or if temp goes >101°	1030 (b)(6)-2 13Sept												

CODES: Initials only = Medication administered
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF 509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
15 sep	(b)(6)-2	Admit ICU-1 - [redacted] (b)(6)-2	15 sep	1600 (b)(6)
15 sep		KCl 100 meq in 250 cc D5W. Run	↑ 15 sep	↑ 1600 me
		in over 10 hr		
15 sep		Flate plate abd for NG tube placement	15 sep	15 sep 1730 me
15 sep		CBC & diff on 17 sep	17 sep 03	0500 [redacted] (b)(6)-2 (b) (6)
15 sep		Remove sutures		15 sep 2045 me (2)
18 sep		NPO p 0300 am (19 sep) (6° before surg)	19 sep 0300	(b)(6)-2 Done
18 sep		D5NS TRA 125cc after 0300 19 sep	19 sep 03 0300	Done
18 sep		Creatine / K+ in am	19 sep 03	[illegible]
18 Sep 03		Post CXR - AP + LAT	18 Sep 03	1630
18 Sep		CBC & diff	18 Sep 03	1640

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P I+D (2) Hip + (2) Elbow stem

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	[illegible]				03	04	05	06

[illegible] CORD - MEDICATION ADMIN [illegible] ECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	[illegible] IN [illegible] RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL [illegible] N FOLLOWING EACH ADMINISTRATION [illegible] ATE ADMINISTERED 15	16	17	18	19	20	21
15 sep	(b)(6)-2	Routine IJ care	D	/	(b)(6)-2					
			E					V		
			N							
15 sep	(b)(6)-2	Levaquin 500 mg	08	/						
		IV q 24°								
15 sep		Zantac 150 mg po	06	/						
		TID	14	/					/	
			22							
15 sep		Dressing Δ Bid	10	/						
			20	/						
15 sep		K+, creat Q am x 2 days	05	/					/	
15 sep		IS Q 1° WA	D	/						
			E							
			N							
15 sep		May restrain if	D							
		needed	E							
			N							
15 sep		V.S. Q shift &	D							
		Temps Q 4	E							
			N							
15 sep		ADVANCE Diet as	B	/	/					
		Tolerated	L	/	/					
			D	/	/					
17 sep		Rom Q shift	D	/	/					
		all extremities	E	/	/					
			N	/	/					
17 sep		apply foot splints	22	/	/					
		Q HS								
17 sep*		2 oz syn 3.375 gm IVPB	06	/	/					
		q 6°	12	/	/			U		
			18	/	/					
			24	/	/					

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 15	16	17	18	19
15sep	(b)(6)-2	OOB Bid - TID	D	(b)(6)-2				
			E					
15sep		NG for feeding	D					
		tube	E					
			N					
15sep		Advance diet as	D					
		tolerated	E					
			n					
15sep		Ensure + carb q6°	02					
		orn 20-30 min	08					
			14					
			20					
15sep		D5 ns c 20 Kcl/l	D					
		TKA 100 q1°	E					
			N					
15sep		Foley to gravity	D					
		drainage	E					
			N					
15sep		Unasyn 3.0 gm IV	06					
		q6°	12	(b)(6)-2				
			18					
			24	*				
15sep		~~Gentamicin +~~						
		Gentamycin 150 mg	11	(b)(6)-2				
		IV q24°						
15sep		Ambien 5-10 mg PO	22	(b)(6)-2				
		QHS for sundowners						
		See next page						

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P I&D (A) Hip + (A) Elbow stump

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE
15 Sep	(b)(6)-2	MSO4 2-10 mg Q 1-2° PRN pain	15 Sep 0850; 16 Sep 0200; 16 Sep 0800; 16 Sep; 16 Sep 1000; 16 Sep 2130; 17 Sep 0700; 17 Sep 1500; 10:25 PRN 1mg; 11:53 TWO 2mg; 15:10 17 Sep 3mg; 20:00 17 Sep 3mg
15 Sep	(b)(6)-2	Tylenol 650 mg PRN PO Q 6° PRN Temp >100.4 ax	15 Sep 1700; 16 Sep 0145; 16 Sep 0800; 16 Sep E; 16 Sep 1615 E; 16 Sep 1900; 17 Sep 1500; 17 Sep 1900 PO E; 17 Sep 1900 PO E; 17 Sep 2200 2mg; 17 Sep 2200 2mg; 17 Sep 0200 2mg
17 Sep 03	(b)(6)-2	Ditropan 5mg po Q8° PRN Bladder spasm	17 Sep 1830; 17 Sep 1830
15 Sep	(b)(6)-2	MSO4 2-10mg Q 1-2° PRN PAIN	17 Sep 2035; 17 Sep 2130; 18 Sep 0050 2mg; 18 Sep 0200; 18 Sep 1155; 18 Sep 1630; 18 Sep 0050 2mg; 18 Sep 0800
18 Sep	(b)(6)-2	Restoril 15mg QHS PRN if in 1° not asleep or wakes up may repeat 15mg po x1 Rx	15 mg tabs 18 Sep 03 1100
18 Sep	(b)(6)-2		

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF 509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

Page 4 of 4 pages

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED 18	19	20
18Sep	(b)(6)-2	Ensure PLUS 1-2	02	✓	(b)(6)-2	
		cans @ 6°	08	✓	O	
		N.O. check residuals	14	(b)(6)-2		
		prior to feeding hold	20			
		if over 50cc				
18Sep	(b)(6)-2	Restoril 30mg PO @	22			
		HS				

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P IND @ hip + elbow stump

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

For use of this form, see MEDCOM Circular 40-5

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION I DELAYED SINGLE ACTION ORDERS & PREOPERATIVES	DATE/TIME TO BE GIVEN	DATE/TIME GIVEN AND INITIALS
19Sept	(b)(6)-2	admit to ICU-1 (b)(6)-2	—	(b)(6)-2
19Sep		K^+, Creatine on 21Sep 03	21Sep 05	05 (b)(6)-2
20Sep03		D/C Foley	9/20/03	9/20/03 1325 (b)(6)-2
20Sep03		U/A Post foley removal	9/20/03 (b)(6)-2	9/20/03 1330 (b)(6)-2
20Sep03		START IV	9/23/03	20Sep03 1820
20Sep03		TRANSfer to ICU-2 @ 1800 hrs	9/23/03 1800	(b)(6)-2
21Sep		K, CR on 21Sep	21Sep	1400 21Sep (b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: SIP IDD Delaw stomp

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDIC[illegible]RD - MEDICATION ADMINISTRA[illegible]N RECORD

ORDER DATE	TRANSCRIBER REVIEWER INITIALS	SECTION II RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER [illegible]UMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 19	20	21	22	23
19 Sep	(b)(6)-2	Zosyn 3.375 gm	06	(b)(6)-2				
		IVPB q6°	12					
			18					
			24					
19 Sep	(b)(6)-2	Levaquin 500 mg IV	08					
		q 24°	/					
19 Sep	(b)(6)-2	Zantac 150 mg po TID	06					
			14					
			22					
19 Sep	(b)(6)-2	Change Dressings	10					
		Bid	20					
19 Sep	(b)(6)-2	May restrain as	D					
		needed	E					
			N					
19 Sep	(b)(6)-2	OOB to chair	08					
		5 or 6 times a day	11					
			14					
			18					
			21					

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

(b)(6)-4

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 19	20	21	22	23
19Sept	(b)(6)-2	OOB QID-5-6 X a day	D					
			E					
			N					
19Sept		Turn on side q2	D					
			E					
			N					
19Sept		NG for feeding tube	D					
			E					
			N					
19Sept		Foley care	D					
			E					
			N					
19Sept		Advance oral diet as tolerated	B					
			L					
			D					
19Sept		Ensure (plus) + 1-2 cans q 6°	02					
			08					
			14					
			20					
19Sept		D5 NS + 20meq KCL/L TRA 100cc/h°	D					
			E					
			N					
19Sept		Heplock when po good	D					
			E					
			N					
19Sept		Gentamicin 150mg IV q 24°	11					
19Sept	(b)(6)-2	Benadryl 50mg PO q HS	22					

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DIAGNOSIS: S/P blast injury - S/P ± ⊕ UE ⊕

ALLERGIES: NKDA

Circle administration times (in pencil) for recurring medication.

D	07	08	09	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

MEDICAL RECORD - MEDICATION ADMINISTRATION RECORD

ORDER EXPIRATION DATE	TRANSCRIBER REVIEWER INITIALS	SECTION III PRN MEDICATION, DOSE, ROUTE, FREQUENCY, REASON	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE/REASON/INITIALS/EFFECTIVENESS CODE													
19 Sept	(b)(6)-2	MSO4 2-10mg IV q 1-2° PRN Pain	9/19 1245 2MS	9/19 1910 3MS	9/19 2130 5MS	9/20 [illegible]										
		I	(b)(6)-2													
		I/E	(b)(6)-2	E	E	E										
19 Sept	(b)(6)-2	Tylenol 1-2 po q 6° PRN pain	9/18 2230	9/19 0430	2054 1930 2100	21 Sep 2100 #										
		I	(b)(6)-2													
		E	E													
19 Sep	(b)(6)-2	Nitropan 5mg po q 8° pcn bladder spasm														
19 Sep	(b)(6)-2	Restoril 30mg po q HS pcn insomnia	9/													
9/20/03	(b)(6)-2	IF Temp > 101° OBTAIN Blood Cultures X 2 SITES X2														

CODES: Initials only = Medication administrated
Initials and E = Medication effective
Initials and I = Medication ineffective*
Initials and O = Medication withheld*
*SEE SF 509 FOR NURSE'S ENTRY

MEDCOM FORM 690-R (TEST) (MCHO) MAR 99

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	DOB	RANK	SSN
(b)(6)-4	1			

Physician:	Ward:		STAT	Specimen Date and Time:	Reported by:	Date and Time:
Dr (b)(6)-2	ICU #1	X	Routine	19SEP03 0530	(b)(6)-2	19 Sep 0540

Chemistry (I-STAT)

6+ 7+ 8+ Glu (Crea)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
X	K	3.6	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
X	Creat	0.6	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		Negative
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi
RBC		Mucus
Bacteria		Yeast
Casts:		Spermatozoa
Crystals:		Amorph Sed
Other:		
Other:		

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative
DOA		Negative
CK-MB		< 4.3 ng/mL
Troponin I		< 0.19 ng/mL
Myoglobin		< 107 ng/mL

Microbiology

Source:		
FecLeuk		Negative
Gram Stain		
WetPrep		Negative
KOH		No Fungal Elements
OccBld		Negative
O&P		No Ova/Parasite

HCG

Urine		Negative
Serum		Negative

Hematology

CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Immature cells
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

Thin		No Plasmodium Se
Thick		No Plasmodium Se

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 second
FDP		Negative
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	DOB	RANK	SSN
(b)(6)-4				

Physician: (b)(6)-2 Ward: icu #1

STAT / Routine — Specimen Date and Time: 9/20/03 0530

(b)(6)-2

Date and Time: 20 590

Chemistry (i-STAT)			
6+ 7+ 8+ Glu Crea			
X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L
	Urinalysis		
	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative
	Urine Microscopic		
	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		Spermatozoa
	Crystals:		Amorph Sed
	Other:		
	Other:		

Chemistry (Piccolo Analyzer)			
Chem 12 MetLyte8 BMP Liver			
X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
X	Creat	0.5 *	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
X	K	3.3	3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L
	Misc. Chemistry		
	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative
	DOA		Negative
	CK-MB		< 4.3 ng/mL
	Troponin I		< 0.19 ng/mL
	Myoglobin		< 107 ng/mL
	Microbiology		
	Source:		
	FecLeuk		Negative
	Gram Stain		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite
	HCG		
	Urine		Negative
	Serum		Negative

Hematology			
CBC Malaria H/H			
X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL
	Differential		
Segs			Mono
Bands			Eos
Lymph			Baso
Atyp Ly			Immature cells
	RBC Morph:		
	Plt verify:		
	Spun Crit		35-60%
	Malaria Smear		
	Thin		No Plasmodium Se
	Thick		No Plasmodium Se
	Sed Rate		
	Sed Rate		1hr = 0-20 mm
	Coagulation		
	PT		10-13 seconds
	APTT		22.1-33.7 second
	FDP		Negative
	D-Dimer		Negative
	Fibrinogen		200-400 mg/dL
	Blood Bank		
	ABO/Rh		
	T&C		
	T&S		

MEDCOM - 1812

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	RANK	SSN
(b)(6)-4			

Physician:	Ward:	STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU #1	Routine	13 Sep 03 @ 0500	(b)(6)-2	14 Sep 03 @ 0720

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mmg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative
	Urine Microscopic		
	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
A	ALB	1.6	3.3-5.5 g/dL
A	ALP	145	26-84 U/L
	ALT	22	10-47 U/L
	AMY	29	14-97 U/L
A	AST	42	11-38 U/L
	Tbil	1.2	0.2-1.6 mg/dL
	BUN	9	7-22 mg/dL
	Ca	8.2	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
A	CL	91	98-108 mmol/L
	TCO2	29	18-33 mmol/L
	Creat	0.8	0.6-1.2 mg/dL
	GGT		5-65 U/L
A	Glu	201	73-118 mg/dL
A	K	2.4	3.3-4.7 mmol/L
	TProtein	7.1	6.4-8.1 g/dL
	Na	134	128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	9.2	4.8-10.8 x10(3)/uL
	RBC	2.64	4.2-6.1 x10(6)/uL
	Hgb	7.7	12.0-18.0 g/dL
	Hct	22.7	35.0-60.0%
	MCV	85.8	80.0-99.0 fl
	MCH	29.1	27.0-31.0 pg
	MCHC	34.0	33.0-37.0 g/dL
	Plt	594	130-400 x10(3)/uL
	LY%	14.4	15.0-55.0%
	LY#	1.3	0.7-4.3 x10(3)/uL

Differential

Segs	69	Mono	8
Bands	12	Eos	
Lymph	8	Baso	
Atyp Ly	3	Imm	

RBC Morph: N/N

(b)(6)-2

Plt veri: 30-35 (↑ clumps)

Spun Crit: 35-60%

Malaria Smear

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT		22.1-33.7 seconds
FDP		Negative

Misc. Chemistry

Mono		Negative
RPR		Negative
HIV		Negative
Meningitis		Negative

Other: Chem 7 LFT Creat

MEDCOM - 1813

UDC, Creatinine

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
(b)(6)-4			

Physician:	Ward:		STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU			13Sep03 0520	(b)(6)-2	13Sep03 0531

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat	0.8	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat		0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	9.9	4.8-10.8 x10(3)/uL
	RBC	3.05	4.2-6.1 x10(6)/uL
	Hgb	8.4	12.0-18.0 g/dL
	Hct	26.0	35.0-60.0%
	MCV	85.4	80.0-99.0 fl
	MCH	27.4	27.0-31.0 pg
	MCHC	32.1	33.0-37.0 g/dL
	Plt	567	130-400 x10(3)/uL
	LY%	10.8	15.0-55.0%
	LY#	1.1	0.7-4.3 x10(3)/uL

Differential

Segs	Mono
Bands	Eos
Lymph	Baso
Atyp Ly	Imm
RBC Morph:	
Plt verify:	
Spun Crit	35-60%

Malaria Smear

	Thin		No Plasmodium Seen
	Thick		No Plasmodium Seen

Sed Rate

	Sed Rate		1hr = 0-20 mm

Coagulation

	PT		10-13 seconds
	APTT		22.1-33.7 seconds
	FDP		Negative

Misc. Chemistry

	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative

Other:

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: (b)(6)-4 | UNIT: ICU #1 | RANK: — | SSN: (b)(6)-4

Physician: (b)(6)-2 | Ward: ICU #1 | STAT / Routine: Routine | Date and Time: 1240 / 12Sept03 | Reported by: | Date and Time:

Chemistry (I-STAT)				Chemistry (Piccolo Analyzer)				Hematology			
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L		ALB	1.5	3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL
	K		3.3-4.7 mmol/L		ALP	162	26-84 U/L		RBC		4.2-6.1 x10(6)/uL
	Cl		98-108 mmol/L		ALT	23	10-47 U/L		Hgb		12.0-18.0 g/dL
	pH		7.35-7.45		AMY	26	14-97 U/L		Hct		35.0-60.0%
	PCO2		35-45 mmHg		AST	53	11-38 U/L		MCV		80.0-99.0 fl
	PO2		80-90 mmHg		Tbil	1.0	0.2-1.6 mg/dL		MCH		27.0-31.0 pg
	TCO2		18-33 mmol/L		BUN	10	7-22 mg/dL		MCHC		33.0-37.0 g/dL
	HCO3		22-28 mmol/L		Ca	8.4	8.0-10.3 mg/dL		Plt		130-400 x10(3)/uL
	sO2		95-99%		Chol	84	100-200 mg/dL		LY%		15.0-55.0%
	BEecf		(-2) - (+3)		CK		30-170 U/L		LY#		0.7-4.3 x10(3)/uL
	AGap		8-16 mmol/L		CL		98-108 mmol/L		Differential		
	iCa		0.11-1.23 mmol/L		TCO2		18-33 mmol/L		Segs		Mono
	BUN		7-22 mg/dL		Creat	0.8	0.6-1.2 mg/dL		Bands		Eos
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph		Baso
	Creat		0.6-1.2 mg/dL		Glu	183	73-118 mg/dL		Atyp Ly		Imm
	Hct		35.0-60.0%		K		3.3-4.7 mmol/L		RBC Morph:		
	Hgb		12.0-18.0 g/dL		TProtein	7.5	6.4-8.1 g/dL				
					Na		128-145 mmol/L		Plt verify:		
	Urinalysis								Spun Crit		35-60%
	Color		Straw/Yellow		**Microbiology**				**Malaria Smear**		
	Clarity		Clear		Source:				Thin		No Plasmodium Seen
	Glucose		Negative		FecLeuk		Negative				
	Bilirubin		Negative		Gram St				Thick		No Plasmodium Seen
	Ketone		Negative		WetPrep		Negative				
	SG		1.010-1.025		KOH		No Fungal Elements		**Sed Rate**		
	Blood		Negative		OccBld		Negative		Sed Rate		1hr = 0-20 mm
	pH		5.0-8.0		O&P		No Ova/Parasite		**Coagulation**		
	Protein		Negative-Trace						PT		10-13 seconds
	Urobili		Negative						APTT		22.1-33.7 seconds
	Nitrite		Negative		**Blood Bank**				FDP		Negative
	Leuko		Negative		ABO/Rh						
	Urine Microscopic				T&C				**Misc. Chemistry**		
	WBC		Epi		T&S				Mono		Negative
	RBC		Mucus						RPR		Negative
	Bacteria		Yeast		**HCG**				HIV		Negative
	Casts:				Urine		Negative		Meningitis		Negative
	Crystals:				Serum		Negative				
	Other:										

Other: [redacted]

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(b)(6)(4)

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST MI	UNIT	RANK	SSN
(b)(6)-4	ICU #1		

Physician	Ward:			Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU #1		STAT / Routine	12 Sep 03 0430	(b)(6)-2	12 Sep 0430

Chemistry (i-STAT)

X	TEST	RESULT	REF. RANGE
	Na		128-145 mmol/L
	K		3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-90 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-28 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		0.11-1.23 mmol/L
	BUN		7-22 mmol/L
	Glu		73-118 mmol/L
	Creat		0.6-1.2 mmol/L
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color		Straw/Yellow
	Clarity		Clear
	Glucose		Negative
	Bilirubin		Negative
	Ketone		Negative
	SG		1.010-1.025
	Blood		Negative
	pH		5.0-8.0
	Protein		Negative-Trace
	Urobili		Negative
	Nitrite		Negative
	Leuko		Negative

Urine Microscopic

	WBC		Epi
	RBC		Mucus
	Bacteria		Yeast
	Casts:		
	Crystals:		
	Other:		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-84 U/L
	ALT		10-47 U/L
	AMY		14-97 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN		7-22 mg/dL
	Ca		8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
X	Creat	6.1	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu		73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein		6.4-8.1 g/dL
	Na		128-145 mmol/L

Microbiology

	Source:		
	FecLeuk		Negative
	Gram St		
	WetPrep		Negative
	KOH		No Fungal Elements
	OccBld		Negative
	O&P		No Ova/Parasite

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/uL
	RBC		4.2-6.1 x10(6)/uL
	Hgb		12.0-18.0 g/dL
	Hct		35.0-60.0%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/uL
	LY%		15.0-55.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp Ly		Imm	
RBC Morph:			
Plt verify:			
Spun Crit		35-60%	

Malaria Smear

	Thin		No Plasmodium Seen
	Thick		No Plasmodium Seen

Sed Rate

	Sed Rate		1hr = 0-20 mm

Coagulation

	PT		10-13 seconds
	APTT		22.1-33.7 seconds
	FDP		Negative

Misc. Chemistry

	Mono		Negative
	RPR		Negative
	HIV		Negative
	Meningitis		Negative

Other: