		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 6					1 3 8																	
EDEMA			0					0																	
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			R					R																	
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			NSR					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		I																						
	HOB 30 DEGREES		S					✓																	
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																	
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 Incision ABD Steristrips			—					✓																	
#2 C thigh Incision OTA			—					✓																	
#3 C L ABD W-D Dressing CDE			—					✓																	
Old chest tube Site S								✓																	

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)

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																	
GLASCOW COMA SCALE (A+B+C)			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																	
	LUE		5					5																	
	RLE		5					5																	
	LLE		5					5																	
GRIP (S) Strong (W) Weak (-) absent	R		3					3																	
	L		3					5																	
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		1					1																	
	LLL		1					1																	
	BOTH BASES							1/1																	
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																	

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	99.8	56	16	134/48	99%												
0300																	
0400																	
0500																	
0600																	
0700	98.7	72	16	109/51	97%		73										
0800																	
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

MEDICAL RECORD			NURSING NOTES (Sign all notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
16 Oct03	0030		-c/o pain (prn med given see MAR) will continue to monitor pt [redacted] (b)(6)-2
16 Oct03	0230		-sleeping @ this time Ø s/s of resp. distress will continue to monitor pt [redacted] (b)(6)-2
16 Oct03	0930		pt. resting in bed; NAD; VSS; pt c/o pain gen. ⅈ percocet given; assesstment completed; pt now resting c̄ eyes closed; will cont to monitor - [redacted] (b)(6)-2
	0915		Pt discharged to custody of MPs. MP given d/c instructions (Cpl [redacted] (b)(6)-1) and pt left ambulatory. [redacted] (b)(6)-2 MAT

	INTAKE									OUTPUT						
	PO								Total	Urine	BM				Total	COMMENTS
0100																
0200																
0300																
0400																
0500																
0600																
0700																
0800																
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	

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: 20 Oct 03
2. ADMITTING/DIAGNOSIS: GSW to Abdomen
3. PERTINENT LAB, X-RAY, FINDINGS:
Pt presented after sustaining a GSW to Abd c̄ 3 feet of eviscerated small bowel
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
Ex lap w/ Resection 30 cm small bowel c̄ primary anastomosis
Sigmoid Repair x2 - 20 Oct 03
Bilateral CHEST tubes 10/04/03
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
GSW to Abd w/ small bowel / sigmoid injuries
(R) PTX - Resolved
ARDS - Resolved
6. ACTIVITY: No lifting >10 lbs for 4 wks
7. DIET: Regular
8. MEDICATIONS:
☒ Medications have been prescribed for home use. See separate list and special instructions or see below.
Percocet 1-2 po q 4-6 prn
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
Wet to dry dressing LLQ wound (bullet exit site) twice a day
Follow up weekly 21st CSH on Sunday for wound check @ 10 Am
10. DISCHARGING PROVIDER
(b)(6)-2
LTC MC USA
(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 20C
☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☐ OTHER MP
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:
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:
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY:
(b)(6)-2 LTC MC USA 16 OCT 03
(Signature and Title) (Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.
(b)(6)-2 16 OCT 03
(Patient/Responsible Adult's Signature) (Date and Time)

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

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO_2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init
4 Oct 03	1100	SIMV	700	12	100	10	48	29	97	146	172/73	1:1.1	(b)(6)-2
4 Oct 03	1300	SIMV	700	16	100	10	41	25	77	144	146/72	1:1.1	
4 Oct 03	1500	SIMV	550	16	100	10	31	24	91	143	202/74	1:1.1	
4 Oct 03	1815	SIMV	550	15	100	10	42	26	91	136	150/72	1:1.1	
4 Oct 03	2000	SIMV	550	17	100	10	40	28	90	132	163/70	1:1.5	
4 Oct 03	2230	SIMV	550	17	100	10	44	24	92	115	159/61	1:1.5	
4 Oct 03	2330	SIMV	550	17	100	10	42	28	95	111	122/64	1:1.5	
5 Oct	0130	SIMV	550	17	100	10	39	22	100	109	114/62	1:1.5	
5 Oct 03	0300	SIMV	550	17	100	10	35	13	100	105	119/67	1:1.5	
5 Oct 03	0500	SIMV	550	17	100	10	31	20	100	96	117/61	1:1.5	
5 Oct 03	0700	SIMV	550	17	100	10	32	21	100	91	103/58	1:1.5	
5 Oct	0734				90%								
5 Oct 03	0930	SIMV	600	17	80%	10	33	18	100	92	93/50	1:1.5	(b)(6)-2
5 Oct 03	1130	SIMV	600	17	70%	10	35	20	100%	102	121/60	1:1.5	
5 Oct 03	1330	SIMV	600	17	60%	10	36	20	99%	97	117/60	1:1.5	
5 Oct 03	1530	SIMV	600	17	50%	10	35	20	99%	94	96/51	1:1.5	
5 Oct 03	1930	SIMV	600	17	50%	10	36	22	98	105	119/68	1:1.5	
5 Oct 03	2100	SIMV	600	17	50%	10	34	21	100	105	127/70	1:1.5	
5 Oct 03	2330	SIMV	600	17	50%	10	35	22	96	94	114/65	1:1.5	(b)(6)-2
6 Oct 03	0130	SIMV	600	17	50%	10	32	20	99	111	114/57	1:1.5	
6 Oct 03	0330	SIMV	600	17	50	10	33	22	98	91	112/52	1:1.5	
6 Oct 03	0530	SIMV	600	17	50	10	32	20	97	91	96/46	1:1.5	
6 Oct 03	0730	SIMV	600	17	50	10	25	10	97	100	125/62	1:1.5	
6 Oct 03	0930	SIMV	600	15	40	[illegible]	22	5	92	102	105/52	1:1.9	
6 Oct 03	1330	SIMV	600	15	45	8	37	18	94	104	120/70	1:1.9	
6 Oct 03	1530	SIMV	600	15	45	8	35	10	96	93	120/64	1:1.9	
6 Oct 03	1730	SIMV	600	15	45	8	34	17	97	99	114/58	1:1.9	(b)(6)-2
6 Oct 03	1930	SIMV	600	15	45	8	33	12	99	109	160/82	1:1.9	
6 Oct 03	2130	SIMV	600	15	45	8	37	13	98	99	60/54	1:1.9	

(b)(6)-4

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO_2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init
10/6/03	2330	SIMV	600	15	45	8	35	18	99	85	15/70	1:1.9	(b)(6)-2
10/6/03	0130	SIMV	600	15	45	8	33	15	100	79	10/62	1:1.9	
10/7/03	0330	SIMV	600	15	45	8	34	16	96	80	11/66	1:1.9	
10/7/03	0530	SIMV	600	15	45	8	33	18	97	95	12/66	1:1.9	
10/7/03	0730	SIMV	600	16	40	8	34	19	97	97	14/74	1:1.7	
10/7/03	0930	SIMV	600	16	40	6	24	12	97	87	12/64	1:1.7	
10/7/03	1130	SIMV	600	16	40	6	31	16	96	97	125/66	1:1.7	
10/7/03	1530	SIMV	600	25	60	6	38	18	96	107	10/55	1:1.7	
10/7/03	1730	SIMV	600	25	60	6	37	18	97	100	100/61		
10/7/03	1930	SIMV	600	23	45	6	38	18	94	94	100/6	1:1.7	
10/7/03	2135	SIMV	600	20	60	6	33	12	96	97	109/58	1:1.5	(b)(6)-2
10/7/03	2335	SIMV	600	16	50	8	34	15	99	100	114/63	1:1.5	
10/8/03	0135	SIMV	600	16	50	8	39	22	96	99	104/69	1:1.8	
10/8/03	0330	SIMV	600	16	50	8	36	20	97	98	114/68	1:1.5	
10/8/03	0530	SIMV	600	16	50	8	41	15	96	94	140/72	1:1.5	
10/8/03	0625				40				~~97~~ 98	~~100~~	~~150/89~~		
10/8/03	0730	SIMV	600	16	40	8	36	19	97	100	158/89	1:1.5	(b)(6)-2
10/8/03	1130	SIMV	600	16	100	8	42	22	100	110	123/71	1:1.5	
10/8/03	1550	SIMV	750	16	70	10	41	21	95	104	99/64	1:1.5	
10/8/03	1930	SIMV	800	14	60	10	39	22	97	107	114/67	1:1.9	(b)(6)-2
10/8/03	2130	SIMV	850	12	60	10	35	20	94	110	10/68	1:1.9	
10/8/03	2330	SIMV	850	12	50	10	40	15	96	110	114/61	1:1.8	
10/9/03	0135	SIMV	850	12	50	10	42	25	95	110	113/64	1:1.8	
10/9/03	0330	SIMV	850	12	50	10	44	26	98	115	116/68	1:1.8	
10/9/03	0530	SIMV	850	12	50	10	36	21	100	101	123/71	1:1.8	
10/9/03	1130	SIMV	1000	10	40	10	30	18	98	112	157/74	1:2.3	
10/9/03	1330	SIMV	1000	10	40	10	42	23	94	128	153/79	1:2.3	
10/9/03	1530	~~SIMV~~ A/C	1000	12	40	10	40	20	98	109	118/68	1:2.1	
10/9/03	1930	A/C	1000	12	40	10	32	18	99	103	121/65	1:2.1	

(b)(6)-4

Ventilator Flow Sheet

Date	Time	Mode	V_T	Rate	FiO_2	PEEP	PIP	MAP	SpO_2	HR	BP	I:E	RT Init
10/6/03	2000	A/C		10		8							
10/7/03	2130	A/C	1K	10	40	8	31	24	100	97	104/8	1:2	(b)(6)-2
10/8/03	2330	A/C	1K	10	40	8	37	14	97	109	105/51	1:1.8	
10/9/03	0615	A/C	1K	10	40	8	36	18	99	101	117/56	1:1.8	
10/9/03	0330	A/C	1K	10	40	16	33	14	100	94	118/55	1:1.9	
10/9/03	0830	A/C	1K	10	40	6	30	14	100	98	135/48	1:1.9	
10/10/03	0730	AC	1000	10	40	6	32	17	99	91	131/62	1:1.9	
10/10/03	0930	SIMV	1000	10	40	5	38	14	100	96	140/72	1:1.9	
10/10/03	1130	SIMV	1000	10	40	5	34	16	99	105	153/70	1:1.9	

(b)(6)-4

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician: Maj (b)(6)-2 | Ward: EMT | X STAT / Routine | Date and Time: 20ct0300225 | Re (b)(6)-2 | Date and Time: 20ct e

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na	141	128-145 mmol/L
	K	3.2	3.3-4.7 mmol/L
	Cl	105	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	15	7-22 mg/dL
	Glu	168	73-118 mg/dL
	Creat	1.2	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	A+B/Neg	
T&C		
T&S		

HCG

Urine		Negative
Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	10.9	4.8-10.8 x10(3)/uL
	RBC	4.61	4.2-6.1 x10(6)/uL
	Hgb	14.9	12.0-18.0 g/dL
	Hct	41.2	35.0-60.0%
	MCV	89.4	80.0-99.0 fl
	MCH	32.4	27.0-31.0 pg
	MCHC	36.3	33.0-37.0 g/dL
	Plt	317	130-400 x10(3)/uL
	LY%	21.0	15.0-55.0%
	LY#	2.3	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: I stat 6, CDC, Creat, TYP and cross 4

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:			Specimen Date and Time:	Re (b)(6)-2	Date and Time:
Dr (b)(6)-2	OR		STAT	2 Oct e 0400 HR		2 Oct e 0410 HR
			Routine			

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:		

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	4.1	4.8-10.8 x10(3)/uL
	RBC	3.92	4.2-6.1 x10(6)/uL
	Hgb	12.4	12.0-18.0 g/dL
	Hct	35.4	35.0-60.0%
	MCV	90.4	80.0-99.0 fl
	MCH	31.6	27.0-31.0 pg
	MCHC	34.9	33.0-37.0 g/dL
	Plt	161	130-400 x10(3)/uL
	LY%	19.7	15.0-55.0%
	LY#	0.4	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 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
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

Other: CBC

Fio2 100% Temp 101.8

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LA (b)(6)-4	UNIT ICU	DOB	RANK	SSN

Physician: (b)(6)-2	Ward:	X STAT / Routine	Specimen Date and Time: 4oct03 1930	Reported by: (b)(6)-2	Date and Time: 4oct03 2000 HR

Chemistry (i-STAT) — 6+ (7+) 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	135	128-145 mmol/L
	K	3.7	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.260	7.35-7.45
	PCO2	80.4	35-45 mmHg
	PO2	87.	80-90 mmHg
	TCO2	38	18-33 mmol/L
	HCO3	35	22-28 mmol/L
	sO2	93%	95-99%
	BEecf	9	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.05	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct	28%	35.0-60.0%
	Hgb	10.	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 Seen
Thick		No Plasmodium Seen

Sed Rate

Sed Rate		1hr = 0-20 mm

Coagulation

PT		10-13 seconds
APTT	33.1	22.1-33.7 seconds
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	ICU			

Physician:	Ward:		Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	X STAT / Routine	10/5/03 0750	(b)(6)-2	5Oct03 0917

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:		

Chemistry (Piccolo Analyzer) — Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
*	ALB	1.9	3.3-5.5 g/dL
	ALP	49	26-84 U/L
	ALT	42	10-47 U/L
	AMY	78	14-97 U/L
*	AST	56	11-38 U/L
	Tbil	0.2	0.2-1.6 mg/dL
	BUN	10	7-22 mg/dL
	Ca	7.9	8.0-10.3 mg/dL
	Chol	151	100-200 mg/dL
	CK		30-170 U/L
	CL	97	98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	0.9	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	142	73-118 mg/dL
	K	3.5	3.3-4.7 mmol/L
	TProtein	6.0	6.4-8.1 g/dL
	Na	137	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 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
	D-Dimer		Negative
	Fibrinogen		200-400 mg/dL

Blood Bank

	ABO/Rh		
	T&C		
	T&S		

Other: LIVER PANEL

MEDCOM - 2229

Critical value on reported to ...

(b)(6)-2

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician	Ward:			Specimen Date and Time:	Reported by	Date and Time:
(b)(6)-2	ICU	X	STAT	6 Oct 03	(b)(6)-2	6 Octo3 e 0530
			Routine			

Chemistry (~~I-STAT~~) ABG

6+ 7+ 8+ Glu Crea

X	TEST	RESULT	REF. RANGE
	Na	144	128-145 mmol/L
	K	3.9	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
X	pH	7.504	7.35-7.45
X	PCO2	45.6	35-45 mmHg
X	PO2	169	80-90 mmHg
	TCO2	37	18-33 mmol/L
X	HCO3	36	22-28 mmol/L
X	sO2	~~13~~ 100	95-99%
X	BEecf	13	(-2) - (+3)
X	AGap		8-16 mmol/L
	iCa	1.12	0.11-1.23 mmol/L
	BUN		7-22 mmg/dL
	Glu		73-118 mmg/dL
	Creat		0.6-1.2 mg/dL
X	Hct	22	35.0-60.0%
X	Hgb	7	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	2.0	3.3-5.5 g/dL
	ALP	45	26-84 U/L
	ALT	30	10-47 U/L
	AMY	74	14-97 U/L
	AST	46	11-38 U/L
	Tbil	0.4	0.2-1.6 mg/dL
	BUN	14	7-22 mg/dL
	Ca	8.4	8.0-10.3 mg/dL
	Chol	167	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	0.7	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	131	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	5.9	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	Dil ~~18.1~~ 10.1	4.8-10.8 x10(3)/uL
	RBC	2.73	4.2-6.1 x10(6)/uL
	Hgb	8.3	CV 12.0-18.0 g/dL
	Hct	24.9	35.0-60.0%
	MCV	91.0	80.0-99.0 fl
	MCH	30.3	27.0-31.0 pg
	MCHC	33.3	33.0-37.0 g/dL
	Plt	231	130-400 x10(3)/uL
	LY%	8.9	15.0-55.0%
	LY#	0.9	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 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
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

ABG 98.9 50%

CCL, Chem 12

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:	STAT / Routine	Date and Time:	Req (b)(6)-2	Date and Time: 6 Oct 06 15:42

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		0.6-1.2 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 (Piccoto Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB	2.4	3.3-5.5 g/dL
	ALP	46	26-84 U/L
	ALT	27	10-47 U/L
	AMY	205	14-97 U/L
	AST	47	11-38 U/L
	Tbil	0.3	0.2-1.6 mg/dL
	BUN	11	7-22 mg/dL
	Ca	8.4	8.0-10.3 mg/dL
	Chol	156	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	0.7	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	107	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	6.5	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		

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	10.8	4.8-10.8 x10(3)/uL
	RBC	3.15	4.2-6.1 x10(6)/uL
	Hgb	10.1	12.0-18.0 g/dL
	Hct	29.0	35.0-60.0%
	MCV	91.9	80.0-99.0 fl
	MCH	32.1	27.0-31.0 pg
	MCHC	34.9	33.0-37.0 g/dL
	Plt	390	130-400 x10(3)/uL
	LY%	17.6	15.0-55.0%
	LY#	1.9	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

ABG, CBC, CHEM 12 40 to 99' = T

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician	Ward:	STAT / Routine	Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	[X] Routine	100ct03 ~~0505~~ 0455	(b)(6)-2	10 Oct 03

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na	136	128-145 mmol/L
	K	3.7	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.428	7.35-7.45
	PCO2	41.2	35-45 mmHg
	PO2	46	80-90 mmHg
	TCO2	28	18-33 mmol/L
	HCO3	27	22-28 mmol/L
	sO2	93	95-99%
	BEecf	3	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.13	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

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	2.1	3.3-5.5 g/dL
	ALP	54	26-84 U/L
	ALT	42	10-47 U/L
	AMY	93	14-97 U/L
	AST	126	11-38 U/L
	Tbil	1.1	0.2-1.6 mg/dL
	BUN	8	7-22 mg/dL
	Ca	8.2	8.0-10.3 mg/dL
	Chol	144	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	0.6	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	113	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	5.8	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
	Seru		

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	11.9	4.8-10.8 x10(3)/uL
	RBC	3.29	4.2-6.1 x10(6)/uL
	Hgb	10.1	12.0-18.0 g/dL
	Hct	30.1	35.0-60.0%
	MCV	91.3	80.0-99.0 fl
	MCH	30.6	27.0-31.0 pg
	MCHC	33.5	33.0-37.0 g/dL
	Plt	287	130-400 x10(3)/uL
	LY%	15.5	15.0-55.0%
	LY#	1.8	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

MEDCOM - 2232

ABG, CBC, CHEM 12 T=99° RA

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, M (b)(6)-4 | UNIT | RANK N/A | SSN

Physician: (b)(6)-2 | Ward: ICU | STAT / [X] Routine | Date and Time: 11 OCT 03 0455 | Reported by: (b)(6)-2 | Date and Time: 11 oct 03 @ 0535

Chemistry (i-STAT)			
X	TEST	RESULT	REF. RANGE
	Na	134	128-145 mmol/L
	K	3.7	3.3-4.7 mmol/L
	Cl		98-108 mmol/L
	pH	7.524	7.35-7.45
	PCO2	32.8	35-45 mmHg
	PO2	220	80-90 mmHg
	TCO2	28	18-33 mmol/L
	HCO3	27	22-28 mmol/L
	sO2	100	95-99%
	BEecf	4	(-2) - (+3)
	AGap		8-16 mmol/L
	iCa	1.09	0.11-1.23 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.2 mg/dL
	Hct	29	35.0-60.0%
	Hgb	10	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	2.4	3.3-5.5 g/dL
	ALP	73	26-84 U/L
	ALT	62	10-47 U/L
	AMY	87	14-97 U/L
	AST	122	11-38 U/L
	Tbil	0.8	0.2-1.6 mg/dL
	BUN	6	7-22 mg/dL
	Ca	8.6	8.0-10.3 mg/dL
	Chol	185	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	0.7	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	106	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	6.6	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		

Hematology		
X	TEST	RESULT	REF. RANGE
	WBC	12.8	4.8-10.8 x10(3)/uL
	RBC	2.95	4.2-6.1 x10(6)/uL
	Hgb	11.0	12.0-18.0 g/dL
	Hct	26.6	35.0-60.0%
	MCV	90.3	80.0-99.0 fl
	MCH	37.3	27.0-31.0 pg
	MCHC	41.3	33.0-37.0 g/dL
	Plt	237	130-400 x10(3)/uL
	LY%	14.8	15.0-55.0%
	LY#	1.9	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

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

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

Physician:	Ward:		Specimen Date and Time:	Reported by:	Date and Time:
(b)(6)-2		STAT / Routine	10/7/03 0925	(b)(6)-2	7 Oct 03

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:		

Chemistry (Piccolo Analyzer)

Chem 12 MetLyte8 BMP Liver

X	TEST	RESULT	REF. RANGE
	ALB	2.2 *	3.3-5.5 g/dL
	ALP	44	26-84 U/L
	ALT	29	10-47 U/L
	AMY	120 *	14-97 U/L
	AST	38	11-38 U/L
	Tbil	0.4	0.2-1.6 mg/dL
	BUN	15	7-22 mg/dL
	Ca	8.2	8.0-10.3 mg/dL
	Chol	218 *	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	0.6	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	103	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	5.8 *	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	7.9	4.8-10.8 x10(3)/uL
	RBC	2.60 *	4.2-6.1 x10(6)/uL
	Hgb	8.4 *	12.0-18.0 g/dL
	Hct	24.0 *	35.0-60.0%
	MCV	92.2	80.0-99.0 fl
	MCH	32.3 *	27.0-31.0 pg
	MCHC	35.1	33.0-37.0 g/dL
	Plt	297	130-400 x10(3)/uL
	LY%	23.3	15.0-55.0%
	LY#	1.8	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 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
D-Dimer		Negative
Fibrinogen		200-400 mg/dL

Blood Bank

ABO/Rh		
T&C		
T&S		

Other:

CBC, Chem 12

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
(b)(6)-4	—	N/A	—

Physician:	Ward:		Date and Time:	Reported by:	Date and Time:
(b)(6)-2	ICU	STAT / [X] Routine	120003 0530	(b)(6)-2	12oct e

Chem 12 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		0.6-1.2 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:		
	Other:		

Chemistry (Piccolo Analyzer)

X	TEST	RESULT	REF. RANGE
	ALB	2.1	3.3-5.5 g/dL
	ALP	70	26-84 U/L
	ALT	54	10-47 U/L
	AMY	106	14-97 U/L
	AST	53	11-38 U/L
	Tbil	0.6	0.2-1.6 mg/dL
	BUN	12	7-22 mg/dL
	Ca	8.1	8.0-10.3 mg/dL
	Chol	131	100-200 mg/dL
	CK		30-170 U/L
	CL		98-108 mmol/L
	TCO2		18-33 mmol/L
	Creat	0.5	0.6-1.2 mg/dL
	GGT		5-65 U/L
	Glu	102	73-118 mg/dL
	K		3.3-4.7 mmol/L
	TProtein	6.2	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	5.0	4.8-10.8 x10(3)/uL
	RBC	3.19	4.2-6.1 x10(6)/uL
	Hgb	10.0	12.0-18.0 g/dL
	Hct	28.5	35.0-60.0%
	MCV	90.1	80.0-99.0 fl
	MCH	31.2	27.0-31.0 pg
	MCHC	34.7	33.0-37.0 g/dL
	Plt	250	130-400 x10(3)/uL
	LY%	21.7	15.0-55.0%
	LY#	1.7	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

NSN

TEST(S)
SPECIMEN TAKEN
DATE 10 Oct 03 TIME 1805 A.M. P.M.
REQUESTED
ABG
RESULTS

Na 134
K 3.9
TCO2 29
ica 1.08
Hct 29%
Hb 10
HCO3 28
BEecf 6
SO2 100%
PH 7.527
PCO2 36.1
PO2 194

REMARKS
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
(b)(6)-2
MD
TECH
DATE 10 Oct 03
MISC
URGENCY
ROUTINE
TODAY
PRE-OP
STAT
PATIENT STATUS
BED
AMB
OUTPATIENT
NP
DOM
SPECIMEN SOURCE (Specify)
Blood
LAB ID NO.
SPECIMEN/LAB RPT. NO
PATIENT'S MED. RECORD
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505
557-107

Tobe
SO2 100%
PO2 407
18:30

(b)(6)-4

FiO2: 40%
Temp 99.2
ICU

TEST(S)
SPECIMEN TAKEN
DATE 10 Oct 03 TIME 1430 A.M. P.M.
REQUESTED
ABG
RESULTS

Na 134
K 4.0
TCO2 32
iCa 1.07
Hct 28
Hb 10
pH 7.594
PCO2 31.9
PO2 208
HCO3 31
BEecf 9
SO2 100

(b)(6)-4

REMARKS
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
(b)(6)-2
MD
TECH
DATE 15:00 10 Oct 03
MISC
URGENCY
ROUTINE
TODAY
PRE-OP
STAT
PATIENT STATUS
BED
AMB
OUTPATIENT
NP
DOM
SPECIMEN SOURCE (Specify)
Blood
LAB ID NO.
SPECIMEN/LAB RPT. NO
PATIENT'S MED. RECORD
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45-505
557-107

(b)(6)-4

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

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
REPORTED BY
(b)(6)-2
MD
TECH
DATE 11 Oct 03
LAB ID NO.

HOSPITAL OR M
SPONSOR'S NAM
PATIENT'S IDEN

REMARKS
ABG - RA Temp 99.4

TEST(S)
SPECIMEN TAKEN
DATE 11 Oct 03 TIME 0145 A.M. P.M.
REQUESTED
RESULTS

Na - 135
K - 3.7
TCO2 - 28
[illegible] - 1.10
[illegible] - 29
[illegible] - 10
[illegible] - 7.530
[illegible] - 32.4
[illegible] - 827
HCO3 - 27
BEecf - 5
SO2 - 100%

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

AINED AT
ARD NO.
CAL CARE

NSN 7540-00-634-4176

TEST(S)
SPECIMEN TAKEN
DATE 09Oct03 TIME 0400 A.M. P.M.
REQUESTED

RESULTS

WBC 12.2
RBC 2.92
Hgb 9.3
Hct 26.5
MCV 90.7
MCH 31.7
MCHC 35.0
PLT 354
L/% 12.8
L/# 1.6
ALB 2.3 CHOL 147
ALP 40 CREO .8
ALT 22 GLU 114
AMY 113 TP 6.1
AST 28
TBIL 0.6
BUN 10
CA 8.4

REMARKS: CBC, Chem 12

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
MD (b)(6)-2 TECH
DATE 9Oct03
LAB ID NO. B100C
SPECIMEN SOURCE (Specify)
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
URGENCY: ROUTINE, TODAY, PRE-OP, STAT

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

(b)(6)-4

TCU

TEST(S)
SPECIMEN TAKEN
DATE 09Oct03 TIME 1450 A.M. P.M.
REQUESTED

RESULTS

Na - 134
K - 4.5
iCa - 2.9
TCO2 - 1.10
CPT Temp
PH - 7.532
PCO2 - 33.8
PO2 - 175
HCO3 - 28
BEecf - 6
SO2 - 100

REMARKS: ABG
F.O2 - 60%
T 100.6 ax

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
MD TECH
DATE 9Oct03
LAB ID NO.
SPECIMEN SOURCE (Specify)
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
URGENCY: ROUTINE, TODAY, PRE-OP, STAT
MISC
SPECIMEN/LAB RPT. NO

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

PATIENT'S MED. RECORD

(b)(6)-4

CA

(b)(6)-4

Critical value on Hgb reported to (b)(6)-2 CV

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
MD TECH
DATE 09Oct03
LAB ID NO.
SPECIMEN SOURCE (Specify) A-line
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
URGENCY: ROUTINE, TODAY, PRE-OP, STAT
MISC
SPECIMEN/LAB RPT. NO

PATIENT'S MED. RECORD

HOSPITAL OR MED
SPONSOR'S NAMI
PATIENT'S IDENTI
(b)(6)-4

REMARKS ABG Temp 101, O2 50%

TEST(S)
SPECIMEN TAKEN
DATE 09Oct03 TIME 0500 A.M. P.M.
REQUESTED

RESULTS

Na 134
K 4.5
TCO2 30
iCa 1.07
Hct 24%
pH 7.493
HCO3 26
BEecf 6
SO2 100%
PCO2 38.3
PO2 26.3

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

MEDCOM - 2237

FPL LEX Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

(b)(6)-4

FiO2: 40% Temp: 100.7

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

PATIENT'S MED. RECORD

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

(b)(6)-2 S SIGNATURE | REPORTED BY (b)(6)-2 | MD | TECH | DATE 10 Oct 07

REMARKS

MISCELLANEOUS

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

557-107

TEST(S)	SPECIMEN TAKEN DATE	TIME	REQUESTED	RESULTS
	10-10-03	1251 A.M. P.M.	ABG	Na-136 K-3.9 iCa-1.05 TCO2-29 HCO3-28 BEcf-6 SO2-100 @ pt temp pH-7.550 PCO2-32.2 PO2-200

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

AUTHORIZED FOR LOCAL REPRODUCTION

ICU

TEST(S)
SPECIMEN TAKEN
DATE 7 Oct 03 TIME 1915 A.M. P.M.
REQUESTED
RESULTS

Na- 140
K- 3.4
TCO2-31
iCa-1.09
Hct-25
Hb-9
@pt temp
ph-7.520
Pco2-37.4
Po2-138

HCO3- 30
BEecf-8
SO2-99%

(b)(8)-2 HBG FIO2 50% ventP100.5

(b)(8)-2

(b)(8)-2

(b)(8)-2

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

NATURE

MD DATE 7 Oct 03

(b)(6)-4

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

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

PATIENT'S MED. RECORD

TEST(S)
SPECIMEN TAKEN
DATE 7 Oct 03 TIME 1800 A.M. P.M.
REQUESTED
ABG
RESULTS

Na 139
K 3.4
TCO2 31
ica 1.06
Hct 25%
Hb 9
HCO3 30
BEecf 8
SO2 99%
pH 7.525
PCO2 37.0
PO2 134
Patient Temp - 100.7
FIO2 97
(U)

T-100.7 FIO2 60% SaO2 97%

REMARKS

(b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY

(b)(6)-2

(b)(6)-2

MD DATE 7 Oct 03

(b)(6)-4

MISC
URGENCY ☒ ROUTINE TODAY ☐ PRE-OP STAT ☐
PATIENT STATUS ☐ BED ☐ AMB OUTPATIENT ☐ ☐ NP ☐ DOM
SPECIMEN SOURCE (Specify) Blood
LAB ID NO. 185846

SPECIMEN/LAB RPT. NO

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

PATIENT'S MED. RECORD

ICU

(b)(6)-4

RELATION

DEPART./S

PATIENT'S

MISC
URGENCY ☐ ROUTINE TODAY ☐ PRE-OP STAT ☒
PATIENT STATUS ☐ BED ☐ AMB OUTPATIENT ☐ ☐ NP ☐ DOM
SPECIMEN SOURCE (Specify)

SPECIMEN/LAB RPT. NO

PATIENT'S MED. RECORD

R'S ID NUMBER (Other)

ID NO.

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

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

REPORTED BY

MD DATE 8 Oct 03

(b)(6)-2

LAB ID NO.

REMARKS 50% 0815

557-107

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

TEST(S)
SPECIMEN TAKEN
TIME 0010 A.M. P.M.
REQUESTED
RESULTS

Na - 140
K - 3.3
TCO2 - 31
iCa - 1.11
pH - 7.401
Pco2 - 38.2
Po2 - 131
HCO3 - 30
BEecf - 5
SO2 - 99%

MEDCOM - 2239

203(b)(10)

[redacted]

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MISCELLANEOUS

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

TEST(S)

SPECIMEN TAKEN

DATE 10/8/03 TIME 0250 A.M. P.M.

REQUESTED

RESULTS

Na - 138
K - 4.2
TCo2 - 31
iCa - 1.09
Hct - 26
Hb - 9
HCO3 - 29
BEecf - 6
SO2 - 97%
@ pt. temp.
ph - 7.453
PCo2 - 42.7
PO2 - 96

Temp 101.5

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

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

REPORTED BY (b)(6)-2

(b)(6)-2

(b)(6)-4

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

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

SPECIMEN SOURCE (Specify) A/line

LAB ID NO.

Sep03

MISCELLANEOUS

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

TEST(S) ABG

SPECIMEN TAKEN

DATE 6Oct03 TIME 1453 A.M. P.M.

REQUESTED

RESULTS

Na - 144
K - 3.9
TCo2 - 38
iCa - 1.08
HCO3 - 36
BEecf - 12
SO2 - 100
pH - 7.415
PCO2 - 57.1
PO2 - 190
@ pt temp

FiO2 - 45% T - 99.7

REMARKS (b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

TECH MD DATE 6Oct03

(b)(6)-4

ICU

MISC — URGENCY: ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT ☐

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

SPECIMEN/LAB RPT. NO.

(b)(6)-4

ICU

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

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

SPECIMEN SOURCE: VEIN ☒ CAP ☐ OTHER (Specify) ☐

LAB. ID. NO.

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

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

REPORTED BY (b)(6)-2

MD DATE (b)(6)-2 TECH

REMARKS CBC

TEST(S)	SPECIMEN TAKEN DATE	TIME	WBC	HEMOGLOBIN	HEMATOCRIT	MCV	MCH	MCHC	RBC COUNT	PLT		
RESULTS	6Oct03	1453	15.6	8.8	26.7	92.2	30.6	33.2	2.87	328	9.4	1.5

IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC — WBC DIFF AND BLOOD CELL MORPH; SED. RATE; PLATELET COUNT; RETICULOCYTE COUNT; CLOTTING TIME; BLEEDING TIME; PTT CONTROL, PATIENT; PT CONTROL, PATIENT; % ACTIVITY; RATIO

HEMATOLOGY STANDARD FORM 549 (Rev. 7-78) PRESCRIBED BY GSA/ICMR FIRMR (41 CFR) 201-45-505 549-107

HOSPITAL OR MEDICAL FACILITY

SPONSOR'S NAME

PATIENT'S IDENTIFICATION

PATIENT'S MED. RECORD

MEDCOM - 2240

TEST(S)
SPECIMEN TAKEN
DATE 7 Oct 03 TIME 1430 A.M. P.M.
REQUESTED
ABG
RESULTS
Na - ~~145~~ 143
K - 3.4
iCa - 1.09
TCO2 - 36
HCO3 - 35
BEecf - 13
SO2 - 99
@ pt temp
pH - 7.520
PCO2 - 43.5
PO2 - 116

REMARKS
(b)(6)-2
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
(b)(6)-2
MD
TECH
DATE 7 Oct 03
LAB ID NO.
MISC
URGENCY ☒ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☒ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE (Specify) Blood
T 101 SO2 99% FO2 60%
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45.505
557-107

TEST(S)
SPECIMEN TAKEN
DATE 7 Oct 03 TIME 0505 A.M. P.M.
REQUESTED
RESULTS
Na 144
K 3.7
TCO2 39
iCa 1.11
Hct 20%
Hb 7 Cu.
pH 7.420
PCO2 57.5
PO2 179
HCO3 37
BEecf 13
SO2 100%
ICU
(b)(6)-4
REMARKS
(b)(6)-2
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
(b)(6)-2
(b)(6)-2
DATE 7 Oct 03
LAB ID NO.
MISC
URGENCY ☐ ROUTINE ☐ TODAY ☒ PRE-OP ☐ STAT
PATIENT STATUS ☒ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE (Specify) blood
SPECIMEN/LAB RPT. NO
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR
557-107
ICU

(b)(6)-4
MISC
URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT
PATIENT STATUS ☐ BED ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM
SPECIMEN SOURCE (Specify) A-line
PATIENT'S MED. RECORD
ICU

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY
MD (b)(6)-2
DATE 8 Oct 03
LAB ID NO.
REMARKS
ABG
TV-800 FIO2-60% T-100.8

TEST(S)
SPECIMEN TAKEN
DATE 8 Oct 03 TIME 1950 A.M. P.M.
REQUESTED
RESULTS
Na - 138
K - 4.1
TCO2 - 34
iCa - 1.07
pH - 7.520
PCO2 - 38.1
PO2 - 134
HCO3 - 33
BEecf - 10
SO2 - 99%
@ PT temp
PCO2 - 40.2
PO2 - 142
557-107
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-45.505
DATE

AUTHORIZED FOR LOCAL REPRODUCTION

TEST(S)
SPECIMEN TAKEN
DATE 5 Oct 03 TIME 1630 A.M. P.M.
REQUESTED
ABG
RESULTS
Na 139
K 3.3
TCO2 41
iCa 1.05
Hct 22
Hb 7
pH 7.509
PCO2 50.2
PO2 209
HCO3 40
BEecf 17
SO2 100

REMARKS
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
(b)(6)-2
TECH
MD
DATE 5 Oct 03 1645
SO2 100% FO2 50% T 99.4
MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED OUTPATIENT AMB NP DOM
SPECIMEN SOURCE (Specify) Blood
LAB ID NO.
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
557-107

(b)(6)-4
ICU

TEST(S)
SPECIMEN TAKEN
DATE 5 Oct 03 TIME 1200 A.M. P.M.
REQUESTED
ABG
RESULTS
Na 137
K 3.4
TCO2 42
iCa 1.00
Hct 24
Hb 8
pH 7.400
PCO2 64.9
PO2 165
HCO3 40
BEecf 15
SO2 99

REMARKS
(b)(6)-2
Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY
(b)(6)-2
TECH
MD
DATE 5 Oct 1205
MISC
URGENCY ROUTINE TODAY PRE-OP STAT
PATIENT STATUS BED OUTPATIENT AMB NP DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
SPECIMEN/LAB RPT. NO.
MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
557-107

(b)(6)-4
FiO2: 70% Temp: 99.5
ICU

(b)(6)-4

SPECIMEN/LAB. RPT. NO.
ECORD

CHEM I
URGENCY
ROUTINE
TODAY
PRE-OP
STAT
PATIENT STATUS
BED
AMB
OUTPATIENT
NP
DOM
SPECIMEN SOURCE
BLOOD
OTHER (Specify)
PATIENT'S MED. RECORD

Enter in above space
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
(b)(6)-2
REPORTED BY
(b)(6)-2
MD
TECH
DATE 5 Sep 0840
LAB. ID. NO.
REMARKS
RELATIONSHIP
'S ID NUMBER
Other)
DEPART./SERVI
I-STAT 6
PATIENT'S IDEN
ID NO.
Po

TEST(S)																																			
SPECIMEN TAKEN	TIME 0835	A.M.	P.M.	REQUESTED	GLUCOSE	UREA N.	CREATININE	URIC ACID	SODIUM	POTASSIUM	CHLORIDE	CO_2	PHOSPHATE	CALCIUM	TOTAL PROTEIN	ALBUMIN	GLOBULIN	ALKALINE PHOSPHATASE	ACID PHOSPHATASE	SGOT	LDH	CPK	BILIRUBIN (TOTAL)	BILIRUBIN (DIRECT)	CHOLESTEROL	TRIGLYCERIDES	AMYLASE	LIPASE	PROFILE (Specify)						
DATE 10/5/03	RESULTS				139	9			137	3.5	99																								

548-107
CHEMISTRY I
STANDARD FORM 548 (Rev. 8-77)
General Services Administration and Interagency Committee on Medical Records, FPMR (41 CFR) 201-45.505
1.203(b)(10)

STANDARD FORM 509 (REV. 5-99) BACK

FPI LEX Printed on Recycled Paper

TEST(S)

SPECIMEN TAKEN

DATE 5oct03 TIME 0500 A.M. P.M.

REQUESTED

RESULTS

Na 136
K 3.7
TCO2 43
iCa 1.01
Hct 24%
Hb 8 C.V.
HCO3 41
BEef 15
SO2 100%
patient Temp 98.8
FIO2 1.0.
PH - 7.345
PCO2 73.1
PO2 226

ABG

FIO2 1.0
T 98.8

REMARKS

(b)(6)-2

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

(b)(6)-2

MD DATE

ECH

0530 (b)(6)-2 5oct03

(b)(6)-4

FCU

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

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

SPECIMEN/LAB RPT. NO.

MISCELLANEOUS

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

557-107

PATIENT'S MED. RECORD

TEST(S)

SPECIMEN TAKEN

DATE 5oct03 TIME 0500 A.M. P.M.

RESULTS	REQUESTED	(X)
2.94	RBC COUNT	
9.4	HEMOGLOBIN	
26.5	HEMATOCRIT	
90.1	MCV	
31.9	MCH	
35.4	MCHC	
9.1	WBC COUNT	
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
	NEUTRO-BANDS	
	NEUTROSEGS	
	LYMPHS	
	EOSINOPHILS	
	BASOPHILS	
	MONOCYTES	
	PLATELETS	
	RBC	
	SED. RATE	
181	PLATELET COUNT	
	RETICULOCYTE COUNT	
	CLOTTING TIME	
	BLEEDING TIME	
	PTT CONTROL	
	PTT PATIENT	
	PT CONTROL	
	PT PATIENT	
	% ACTIVITY	
	RATIO	
	SICKLING TEST	
5.6	~~[illegible]~~ 4%	
0.5	4 #	

CBC

REMARKS

(b)(6)-2

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY

(b)(6)-2

MD DATE

CH

0535 (b)(6)-2 5oct03

(b)(6)-4

FCU

HEMATOLOGY URGENCY ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE ☐ VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB RPT. NO.

HEMATOLOGY

STANDARD FORM 549 (Rev 7-78) PRESCRIBED BY GSA/ICMR FIRMR (41-CFR) 201-45 505

549-107

PATIENT'S MED. RECORD

NOTES

DATE

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

CHEMISTRY I

TEST(S)

SPECIMEN TAKEN

DATE 10/4/03 TIME 0810 (A.M.) P.M.

RESULTS	REQUESTED	(X)
96	GLUCOSE	
8	UREA N.	
0.7	CREATININE	
	URIC ACID	
136	SODIUM	
3.5	POTASSIUM	
103	CHLORIDE	
26	tCO2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
787	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

REMARKS: PA-7 / METLYTES

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 / TECH DATE 4Oct03

(b)(6)-4

ICU

CHEM I — URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☒ STAT

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

SPECIMEN SOURCE: ☒ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

CHEMISTRY I 546-107
STANDARD FORM 548 (Rev 8-77)
PRESCRIBED BY GSA ICMR
FIRMR (4

MISCELLANEOUS

TEST(S)

SPECIMEN TAKEN

DATE 10/4/03 TIME 1218 A.M. (P.M.)

REQUESTED, ABG

RESULTS

Na 135
K 3.1
TCO_2 32
iCa 1.10
pH 7.297
PCO2 62.1
PO2 118
HCO3 30
BEecf 4
sO2 98%

REMARKS: Temp 101.3 O2 100%

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 / TECH DATE 4Oct03

(b)(6)-4

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

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

SPECIMEN SOURCE (Specify): ARTERIAL

LAB ID NO.

SPECIMEN/LAB RPT. NO.

MISCELLANEOUS 557-107
STANDARD FORM 557 (Rev. 3-77)

HEMATOLOGY

(b)(6)-4

ICU

SPECIMEN/LAB RPT. NO.

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

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

SPECIMEN SOURCE: ☒ VEIN ☐ CAP ☐ OTHER (Specify)

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 / TECH DATE 4Oct03

LAB. ID. NO.

REMARKS: ~~WBC~~ CBC

TEST(S) — SPECIMEN TAKEN: DATE 10/4/03 TIME 0810 A.M.

RESULTS	
REQUESTED (X)	
RBC COUNT	3.16
HEMOGLOBIN	10.0
HEMATOCRIT	28.5
MCV	90.1
MCH	31.6
MCHC	35.1
WBC COUNT	9.7
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	
CONTROL	
PATIENT	
% ACTIVITY	
RATIO	
~~SICKLING TEST~~ Plt	166
~~LE PREP~~	4.8
	8.0

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

PATIENT'S MED. RECORD

HOSPITAL OR

SPONSOR'S N

PATIENT'S ID

ED. RECORD

INTAINED AT

WARD NO.

DICAL CARE

7)

MEDCOM - 2244

TEST(S)
SPECIMEN TAKEN
DATE 40ct03 TIME 1802 A.M. P.M.
REQUESTED

RESULTS
Na - 135
K - 3.6
TCO2 - 36
iCa - 1.04
HCT - 29
HGB - 10
pH - 7.219
PCO2 - 85.4
PO2 - 170

ABG
T - 102.3
FIO2 - 100%
1814

REMARKS (b)(6)-2
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY
MD
TECH
DATE 40ct03
MISC
URGENCY ☐ ROUTINE ☐ TODAY ☐ ☐ PRE-OP STAT ☐
PATIENT STATUS ☐ BED ☐ AMB OUTPATIENT ☐ ☐ NP ☐ DOM
SPECIMEN SOURCE (Specify)
LAB ID NO.
(b)(6)-4

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

TEST(S)
SPECIMEN TAKEN
DATE 40ct03 TIME 1831 A.M. P.M.
REQUESTED

RESULTS
Na - 135
K - 3.3
tco2 - 33
ica - 1.06
@1+ kmf
pH - 7.255
PCO2 - 70.9
PO2 - 107
HCO3 - 31
BEecf - 4
SO2 - 96

ABG
FIO2 - 100%
T - 101.7
1CU

REMARKS (b)(6)-2
Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE
REPORTED BY (b)(6)-2
MD
TECH
DATE 40ct03
MISC
URGENCY ☐ ROUTINE ☐ TODAY ☐ ☐ PRE-OP STAT ☒
PATIENT STATUS ☐ BED ☐ AMB OUTPATIENT ☐ ☐ NP ☐ DOI
SPECIMEN SOURCE (Specify)
LAB ID NO.
SPECIMEN/LAB RPT. NO.
(b)(6)-4

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
557-107

(b)(6)-4
1CU

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

Male

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2
REPORTED BY (b)(6)-2
MD
TECH
DATE 40ct03 1341
LAB ID NO.

REMARKS
ABG
100% O2
T=101.5

TEST(S)
SPECIMEN TAKEN
DATE 04oct03 TIME 13:35 A.M. P.M.
REQUESTED

RESULTS
Na 135
K 3.2
TCO2 31
iCa 1.04
pH 7.376
PCO2 50.8
PO2 79
HCO3 29
B Ecf 4
SO2 94%

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
Prescribed by GSA/ICMR
FPMR 101-11.4 (CFR 201-45.505)
557-107

DATE

NSN 7540-00-634-4176

LABS

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | ~~CHRONOLOGICAL RECORD OF MEDICAL CARE~~

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

TEST(S) / SPECIMEN TAKEN

DATE	TIME A.M. P.M.	RESULTS	REQUESTED	(X)
30 Oct 03	0525	3.85	RBC COUNT	
		11.5	HEMOGLOBIN	
		34.9	HEMATOCRIT	
		90.6	MCV	
		29.8	MCH	
		32.9	MCHC	
		9.8 ~~8.5~~	WBC COUNT	
			WBC DIFF AND BLOOD CELL MORPH: IMMATURE	
			NEUTRO-BANDS	
			NEUTROSEGS	
			LYMPHS	
			EOSINOPHILS	
			BASOPHILS	
			MONOCYTES	
			PLATELETS	
			RBC	
			SED. RATE	
		185	PLATELET COUNT	
			RETICULOCYTE COUNT	
			CLOTTING TIME	
			BLEEDING TIME	
			PTT CONTROL	
			PTT PATIENT	
			PROTHROMBIN CONTROL	
			PROTHROMBIN PATIENT	
			% ACTIVITY	
			RATIO	
			SICKLING TEST	
		7.9	~~KEEP~~	
		0.8	LYT	

REMARKS (b)(6)-2

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

MD (b)(6)-2 DATE 30 Oct 03

CBC

ICU

(b)(6)-4

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

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

SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO.

HEMATOLOGY 549-107

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

PATIENT'S MED. RECORD

TEST(S) / SPECIMEN TAKEN

DATE	TIME A.M. P.M.	RESULTS	REQUESTED	(X)
30 Oct 03	0525	117	GLUCOSE	
		11	UREA N.	
		0.9	CREATININE	
			URIC ACID	
		122	SODIUM	
		3.7	POTASSIUM	
		104	CHLORIDE	
		23	CO_2	
			PHOSPHATE	
		917	~~CALCIUM~~ CK	
			TOTAL PROTEIN	
			ALBUMIN	
			GLOBULIN	
			ALKALINE PHOSPHATASE	
			ACID PHOSPHATASE	
			SGOT	
			LDH	
			CPK	
			BILIRUBIN (TOTAL)	
			BILIRUBIN (DIRECT)	
			CHOLESTEROL	
			TRIGLYCERIDES	
			AMYLASE	
			LIPASE	
			PROFILE (Specify)	

REMARKS (b)(6)-2

Enter in above space REQUESTING PHYSICIAN'S SIGNATURE

PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REPORTED BY (b)(6)-2

MD (b)(6)-2 DATE 03 Oct 03

PA-7 / Methyle 8

ICU

(b)(6)-4

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.

CHEMISTRY I 546-107

STANDARD 546 (Rev. 8-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

PATIENT'S MED. RECORD

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

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

FPI. LEX. Printed on Recycled Paper

STANDARD FORM 600 (REV. 6-97) BACK

TEST(S)
SPECIMEN TAKEN
DATE 4oct | TIME 2121 A.M. P.M.
REQUESTED
RESULTS

Na 134
K 3.7
TCO2 36
ica 1.03
Hct 25
Hg 9
HCO3 34
BEecf 7
SO2 95%
pH 7.252
pCO2 77
pO2 96
Temp 101.6
FiO2 100

100%
101.6
Time out 2135 HR

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD
REMARKS
REPORTED BY
(b)(6)-2
(b)(6)-2
DATE 4oct03 2121
LAB ID NO.
URGENCY: ROUTINE, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
SPECIMEN SOURCE (Specify)

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

PATIENT'S MED. RECOR

(b)(6)-4

TEST(S)
SPECIMEN TAKEN
DATE 4oct03 | TIME 0153 A.M. P.M.
REQUESTED
RESULTS

Na 135
K 3.2
TCO2 29
ica 1.15
Hct 20%
Hb 7
HCO3 28
BEecf 4
SO2 85%
pH 7.439
pCO2 41.2
pO2 52.
FiO2 100%
Temp 100.7°F

Call report to CPT Vandeberg

FCC

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD
REMARKS
REPORTED BY
(b)(6)-2
(b)(6)-2
DATE 4oct03 0220 HR
LAB ID NO.
URGENCY: ROUTINE, TODAY, PRE-OP, STAT
PATIENT STATUS: BED, AMB, OUTPATIENT, NP, DOM
SPECIMEN SOURCE (Specify)
MISC
SPECIMEN/LAB RPT. NO.

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

PATIENT'S MED. RECORD

(b)(6)-4

FCC

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

CHEMISTRY I

RESULTS	REQUESTED	(X)
128	GLUCOSE	
13	UREA N.	
0.7	CREATININE	
	URIC ACID	
138	SODIUM	
4.0	POTASSIUM	
107	CHLORIDE	
	CO_2	
	PHOSPHATE	
	CALCIUM	
	TOTAL PROTEIN	
	ALBUMIN	
	GLOBULIN	
	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
	CHOLESTEROL	
	TRIGLYCERIDES	
	AMYLASE	
	LIPASE	
	PROFILE (Specify)	

TEST(S)

SPECIMEN TAKEN: DATE 20ct TIME 1200 A.M./P.M.

REMARKS: 1 Stat 6/Cr

[redacted]

(b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD / TECH DATE 20oct03

CHEM I — URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

LAB. ID. NO.

PATIENT'S MED. RECORD

CHEMISTRY I 546-107
STANDARD 546 (Rev. 8-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

(b)(6)-4

HEMATOLOGY

TEST(S)

SPECIMEN TAKEN [redacted]: DATE 20oct03 TIME 1200 A.M./P.M.

RESULTS	REQUESTED	(X)
4.48	RBC COUNT	
14.0	HEMOGLOBIN	
39.9	HEMATOCRIT	
89.1	MCV	
31.2	MCH	
35.0	MCHC	
3.9	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	
	CONTROL	
	PATIENT	
	% ACTIVITY	
	RATIO	
239	~~SICKLING TEST~~ plt	
16.1	LE PREP LY%	
0.6	LY#	

REMARKS: CBC

(b)(6)-2

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

REQUESTING PHYSICIAN'S SIGNATURE

REPORTED BY (b)(6)-2

MD / TECH DATE 20ct03

HEMATOLOGY — URGENCY: ☐ ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

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

SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)

LAB. ID. NO.

SPECIMEN/LAB RPT NO

PATIENT'S MED. RECORD

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

(b)(6)-4

(b)(6)-4

HEMATOLOGY

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

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

SPECIMEN SOURCE: ☐ VEIN ☐ CAP ☐ OTHER (Specify)

PATIENT'S MED. RECORD

ICU

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 / TECH DATE 20oct03

LAB. ID. NO.

REMARKS: CBC

TEST(S)

SPECIMEN TAKEN: DATE 20oct03 TIME 2210

RESULTS	REQUESTED
3.89	RBC COUNT
12.5	HEMOGLOBIN
35.6	HEMATOCRIT
91.4	MCV
32.0	MCH
	MCHC
16.6	WBC COUNT
	WBC DIFF AND BLOOD CELL MORPH: IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES
209	PLATELETS
	RBC
	SED. RATE
	PLATELET COUNT
	RETICULOCYTE COUNT
	CLOTTING TIME
	BLEEDING TIME
	PTT CONTROL / PATIENT
	CONTROL / PATIENT / % ACTIVITY / RATIO
5.1	SICKLING TEST
12.9	~~LE PREP~~ LY%
6.9	LY#

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

~~PROGRESS NOTES~~

TEST(S)
SPECIMEN TAKEN
DATE 14Oct03 TIME 0650 A.M. P.M.
REQUESTED

RESULTS

WBC - 10.7
RBC - 3.38
Hgb - 10.7
Hct - 30.5
MCV - 90.3
MCH - 31.7
MCHC - 35.1
Plt - 353
RDW - 14.3
Lyt - 1.5

REMARKS (b)(6)-2

CPC

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY (b)(6)-2
MD DATE 14Oct03
TECH
LAB ID NO.

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

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

(b)(6)-4

TEST(S)
SPECIMEN TAKEN
DATE 14Oct TIME 0600 A.M. P.M.

RESULTS	REQUESTED	(X)
107	GLUCOSE	
9	UREA N.	
0.8	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
8.9	CALCIUM	
7.0	TOTAL PROTEIN	
3.6	ALBUMIN	
	GLOBULIN	
104	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
0.8	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
141	CHOLESTEROL	
	TRIGLYCERIDES	
118	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
91	ALT	
53	AST	

CHEMISTRY I
STANDARD 546 (Rev. 8-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
546-107

PATIENT'S MED. RECORD

REMARKS (b)(6)-2

chem 12

Enter in above space
REQUESTING PHYSICIAN'S SIGNATURE
PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE
REPORTED BY (b)(6)-2
MD DATE 14Oct03
TECH
LAB. ID. NO.

(b)(6)-4

ICU

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

PATIENT'S MED. RECORD

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

(b)(6)-2

Pr

(REV. 5/1999
11.203(b)(10
USAPA V1.00

(b)(6)-4

SPECIMEN/LAB RPT NO

URINALYSIS

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

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

SPECIMEN SOURCE: ☒ ROUTINE ☐ OTHER (Specify)

PATIENTS MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2 DK

REPORTED BY: (b)(6)-2 MD TECH

DATE: 12 Oct 03

LAB. ID NO.

REMARKS: VA

TEST(S) SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED (X)	RESULTS
10/12/03	0920		
ROUTINE			
COLOR			Yellow
SPECIFIC GRAVITY			1.019
UROBILINOGEN			2
OCCULT BLOOD			Moderate
BILE			Neg
KETONES			Neg
GLUCOSE			Neg
PROTEIN			Trace
pH			6.8
MICROSCOPIC			
WBC			0-5
RBC			5-10
EPITH CELLS			OCC
CASTS: WBC			
CASTS: RBC			
CASTS: HYALINE			
CASTS: GRANULAR			
BACTERIA			Light
CRYSTALS			
MUCUS			Trace
NITRITE			Neg
Leukocytes			Neg
Clarity			Clear
BENCE-JONES PROTEIN			
HEMOSIDERIN			
HCG			

560-107

URINALYSIS
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records FPMR (41 CFR) 201-45.505

ICU

(b)(6)-4

SPECIMEN/LAB RPT. NO

MISC

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

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

SPECIMEN SOURCE (Specify): Blood

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE: (b)(6)-2

REPORTED BY: (b)(6)-2 MD (b)(6)-2

DATE: 13 Oct 03

LAB ID NO.

REMARKS: CBC, Chem 12

TEST(S) SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
13 Oct 03	0400		
ALB			2.3*
ALP			97*
ALT			74*
AMY			140*
AST			61*
TBIL			0.7
BUN			7
Ca			8.9
Chol			159
CRE			0.6
Glu			104
TP			6.8
WBC			9.0
RBC			3.31
Hgb			10.7
Hct			30.8
MCV			93.3
MCH			32.1
MCHC			35.4
Plt			334

557-107

MISCELLANEOUS
STANDARD FORM 557 (Rev. 3-77)
General Services Administration
FPMR (41 CFR) 201-45.505

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
EX LAP	29/90	170 APPROX	
	PHYSICAL STATUS		
	1 (2) 3 4 5 6 7		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL	HGB ..... RBC ..... HCT	
ABNORMAL AND WHY?	OTHER	
Ø	HCT-39	K 3.1

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES) NKDA
Ø	Ø	Ø	Ø

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
Ø	Ø

PREOPERATIVE DIAGNOSIS	PREMEDICATION
GSW ABD	NONE
	SIGNATURE OF EVALUATING PHYSICIAN: (b)(6)-2 CRNA — DATE: 10/2/02

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

ONASYN 3gm Pre op.

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)													
FENTANYL	(cc)	2	1	1	1		1	.5	.5		1		1	
Propofol	(mg)	120												
ZOX	(mg)	50												
VEC	(mg)	1	5			1	1							
	( )													
VERSED	(mg)			3										
VOLAT AGENT	% del	1.0	~1.5	—	1.5	1.0	1.0	1.0	1.0	X				
	% e.t.													
AIR	L/Min													
N2O	L/Min													
O2	L/Min	8 -	2 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	8		

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

FLUIDS

LINE site													
18g (R) AC	☐ Warmed		#4	- 1000	—	#5	—	#7	—				
18g (L) AC	☐ Warmed	#3	1000	—	—	—	—	#6	—				
	☐ Warmed			5% Alb.	—	—	250	—					
	☐ Warmed												

LOSSES

EST BLOOD LOSS			200										
URINE -				400									

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: KG / LB

HEMATOCRIT:

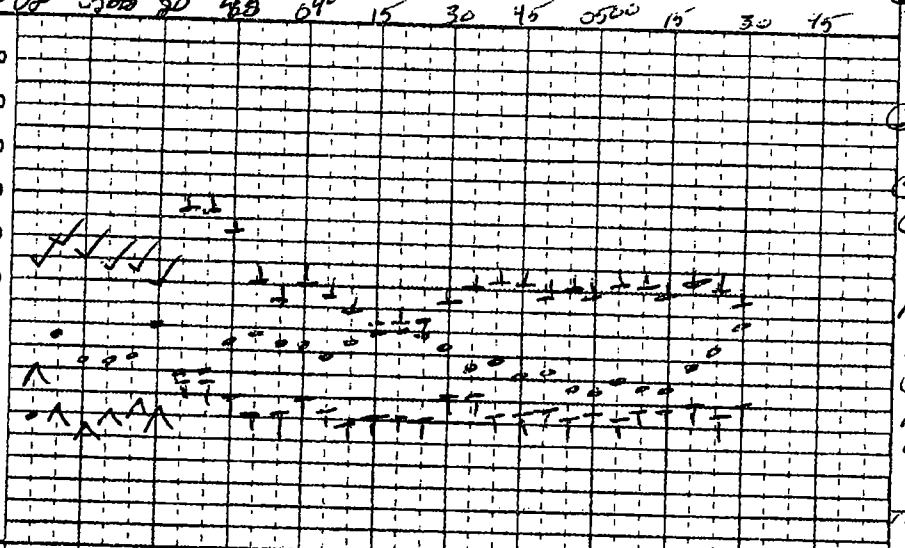
INITIAL DATA: BP- 128/80 HR- 62

EQUIP CHECK: OK? (Y) N

PATIENT RECHECK: OK for PROCEDURE? TIME- 0245

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

TIME: 0300, 0315, 30, 45, 0400, 15, 30, 45, 0500, 15, 30, 45



VENTIL.

VT - ml		620	600	620	660	620	620	
f - breaths/min		[illegible]	- [illegible]	10	10	10	10	
Peak Inf pres / PEEP		22	24	24	26	24	26	
MODE - S(pon), A(ssist), C(on)		C	C	C	C	C	C - C	3✓

MONITORS/ACCESSORIES

X BP/Auto Cuff	X ET CO2 (torr)	34 -	31 -	31	30 -	30 -	31	32	
BP/oth	X FIO2 (Frac or %)	.80 -	.80	.81	.8	.8	.8	.8	
X ART line	X SpO2 (%)	100 -	100	100	100	100	100	100	
Steth- PC/ES	X ECG	3R -	3T -	5R	5R	5R	5R	5R	
X Gas analyzer	X TEMP-site SKIN		35(C) -	35 -	35 -	35	35	35	
	N-M Block (T/4)		4/4						
Warming blkt									
Conv warmer									

Mark with letters & symbols, explain under REMARKS — EVENTS Position (1) (2)

PROCEDURES and CPT Codes: EX Lap / EBR & Reanastomosis

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA SCCA & HME

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

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: RSI & CRICOID, DL x 1 C 2 mil, ATRAUMATIC BEBS @ETCO2, 24 LMP 4P.

SURGEONS: (b)(6)-2 (b)(6)-2

TOTALS: TOTAL EBL 300 cc; TOTAL URINE

FLUIDS SUMMARY: CRYSTALLOID- 5800; COLLOID- 250; BLOOD- 4

REMARKS: Code drugs with numbers, events with letters

(1) Pt EVAL IN ENT CHART REVIEW
(2) TO O.R. MONITORS & STRAPS PLACED & MOUTH IOT
(3) OG PLACED & PROBLEMS
(4) A-LINE
(5) RADIAL ART.
REVERSAL NEOSTIGMINE 4mg ROBINUL .4mg @ 0530
Pt OPENING EYES OXYGENATES & EXTUBATED
TO ICU REPORT TO (b)(6)-2 WILL RECOVER

RECOVERY AT: PACU ICU ____ (Specify) OTHER ____

CONDITION: RESP- 20 SpO2- 98 BP- 120/72 HR- 120

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0230	0305	
PROC	Ready	Begin	End
	0308	0320	

PROCEDURE LOCATION: T-1

DATE: 19/2/03

PAGE 1 OF

CRNA

DA FORM 7389, FEB 1998 — MEDCOM - 2252

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)*

____ ML

REMARKS:

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

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

DATE REQUESTED: 9 Oct 03

DATE AND HOUR REQUIRED: ASAP

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

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT/DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: S/P Ex lap Respiratory distress

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

SIGNATURE OF VERIFIER: (b)(6)-2

DATE VERIFIED: 09 Oct 03

TIME VERIFIED: 1439

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh Neg

RECIPIENT: ABO AB; Rh Neg

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

IN (b)(6)-2

AT *(Hour)* 2016 HRS ON *(Date)* 9 October

IDENTIFICATION:

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

1st VERIFIER *(Signature)*: (b)(6)-2 MAJ AN

2nd VERIFIER *(Signature)*: (b)(6)-2

PRE-TRANSFUSION

TEMP. 100.6 (A) PULSE 94 BP 117/56

DATE OF TRANSFUSION: 09 Oct 03

TIME STARTED: 2020

POST-TRANSFUSION DATA

AMOUNT GIVEN: 1 unit ML

TIME DATE COMPLETED: 2330 9 Oct 03

INTERRUPTED

REACTION: [X] NONE [ ] SUSPECTED

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

[ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 SPC, 91WM2

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

SEX: M

WARD: ICU

(b)(6)-4

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

MEDICAL RECORD COPY

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* ____ ML

REMARKS:

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

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

DATE REQUESTED: 9 Oct 03

DATE AND HOUR REQUIRED: ASAP

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

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: N/A

HEMOLYTIC DISEASE OF NEWBORN? ____

REQUESTING PHYSICIAN *(Print)*: (b)(6)-2

DIAGNOSIS OR OPERATIVE PROCEDURE: Sepsis Resp. distress

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

SIGNATURE OF VERIFIER: (b)(6)-2

DATE VERIFIED: 09 Oct 03

TIME VERIFIED: 1439

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO.: (b)(6)-4

TRANSFUSION NO.

PATIENT NO.

DONOR: ABO O; Rh Neg

RECIPIENT: ABO AB; Rh Neg

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/P	Comp

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

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS:

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1725 ON *(Date)* 9 Oct 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*: (b)(6)-2 MAJ, AN

2nd VERIFIER *(Signature)*: (b)(6)-2 MAJ, AN

PRE-TRANSFUSION

TEMP. 100.7 PULSE 111 BP 118/63

DATE OF TRANSFUSION: 9 Oct 03 TIME STARTED: 1730

POST-TRANSFUSION DATA

AMOUNT GIVEN: ~400 ML

TIME DATE COMPLETED INTERRUPTED: 2000 9 Oct 03

REACTION: [X] NONE [ ] SUSPECTED BP 121/64 P 95 R 12 T 99.7 (Ax)

If reaction is suspected – IMMEDIATELY:

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

DESCRIPTION

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

[ ] OTHER ____

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

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

SIGNATURE OF PERSON NOTING ABOVE: (b)(6)-2 MAJ AN

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

SEX: M WARD: ICU

(b)(6)-4

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

MEDICAL RECORD COPY

519-301

SN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE / SEX / SSN (Sponsor)	WARD/CLINIC: ICU
(P) CXR	FILM NO.	REGISTER NO.
	REQUESTED BY (Print)	PREGNANT ☐ YES ☐ NO
	SIGNATURE OF REQUESTOR	TELEPHONE/PAGE NO.
	[redacted] (b)(6)-2	DATE REQUESTED: 40403

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

"S/p Intubation"

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

RADIOLOGIC REPORT

1st post intubation film

- Large (R) pneumothorax
  mediastinal air / Neck subq emphysema

post chest tube placement

- Rt pleural tube c tip in apex
- RUL atelectasis

(−) pneumothorax

[redacted] (b)(6)-2

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

[redacted] (b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM 5
Prescribed by GSA/IC
FPMR (41 CFR) 101-

IC CONSULTATION REQUEST/REPORT

519-301

N 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

AGE / SEX / SSN *(Sponsor)*	WARD/CLINIC: ICU	REGISTER NO.
FILM NO.		PREGNANT ☐ YES ☐ NO
REQUESTED BY *(Print)*: for Dr (b)(6)-2		TELEPHONE/PAGE NO.: 570 2122
(b)(6)-2 F REQUESTOR: 1LT, A		DATE REQUESTED: 10/4/03

EXAMINATION(S) REQUESTED

P CXR

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

S/P EX LAP / SM Bowel repair / APPY / LRG Bowel Repair

↓ O2 SATS

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

RADIOLOGIC REPORT

- Hypoinflated lungs
- Atelectasis RUL
- Bilateral LL opacities / cent effusions and/or atelectasis
- also pt's tubular densities - c/w pulm edema
- need better inspiratory effort for better quality film.

(b)(6)-2

LOCATION OF MEDICAL RECORDS

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

(b)(6)-4

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM 51
Prescribed by GSA/ICMR
41 CFR 101-11

519-301

ISN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED: Portable AP CXR	AGE: 23 SEX: M SSN (Sponsor):	WARD/CLINIC:	REGISTER NO.:
	FILM NO.:		PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print): Dr. (b)(6)-2		TELEPHONE/PAGE NO.:
	SIGNATURE OF REQUESTOR: (b)(6)-2		DATE REQUESTED: 4 Oct 03

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

sp (R) pneumo

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

RADIOLOGIC REPORT

ET - tube 4cm above carina
NG tip in distal esophagus
Rt pleural tube tip in apex R chest
c clearing ? RUL atelectasis
since last film
Bilat lower lobe density
atelectasis / possibly small effusions
↓ rect sub-q emphysema

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

CONSULTATION REQUEST/REPORT

STANDARD FORM 519
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11

05

519-301

SN 7540-01-185-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED PCXR	AGE / SEX / SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
	FILM NO.		PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR C		DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*
s/p Bilat CT / intubation

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

RADIOLOGIC REPORT

New (L) pleural tube
ET tube & lns stable
persistent lower lobe opacities

(b)(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*
(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM
Prescribed by GSA/I
FPMR (41 CFR) 1

OGIC CONSULTATION
QUEST/REPORT

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

519-301

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
CXR		M		ICU	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTING [redacted]				TELEPHONE/PAGE NO.
SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)* [redacted]					DATE REQUESTED 6 Oct 03

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

RADIOLOGIC REPORT

ET tube.
L + R pleural tubes } stable position
distal tip of OG tube in esophagus
⊖ ptx
patchy densities both lungs L>R
⊖ effusion

PATIENT'S IDENTIFICATION *(For typed or written entries give: name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
[redacted]	[redacted]
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

MEDCOM - 2259

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE 64 / SEX M / SSN (Sponsor)	WARD/CLINIC ICU	REGISTER NO.
CXR	FILM NO.		PREGNANT ☐ YES ☐ NO
	REQUESTED BY (Print) (b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2	Capt AN	DATE REQUESTED 7 Oct 03

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

Vent/ETT placement

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

RADIOLOGIC REPORT

Tubes + lines stable

1 opacity R lower lobe there
Pts combination of RLL atelectasis
and a R effusion

L lung unchanged mostly clear

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM
Prescribed by GSA/I
FPMR (41 CFR) 10

OGIC CONSULTATION
QUEST/REPORT

519-301

SN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED: CXR	AGE: 23 / SEX: M	SSN (Sponsor)	WARD/CLINIC: ICU
	FILM NO.		REGISTER NO.
	REQUESTED BY (Print): (b)(6)-2		PREGNANT: ☐ YES ☒ NO
	SIGNATURE OF REQUESTOR: (b)(6)-2 SPC, 91WM6		TELEPHONE/PAGE NO.
			DATE REQUESTED: 7 OCT 03

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

s/p ex lap, Appy pt intubated

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

RADIOLOGIC REPORT

Diffuse patchy densities slightly ↑ since yesterday
tube/lines stable
⊖ ptx

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM 5
Prescribed by GSA/IC
FPMR (41 CFR) 101-

IC CONSULTATION
EST/REPORT

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE / SEX / SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(P) CXR	23 M —	ICU	
	FILM NO.		PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) (b)(6)-2		TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2	SPC, SWAN	DATE REQUESTED 10 OCT 03

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

S/p Intubation

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

RADIOLOGIC REPORT

ET tip 4cm above carina
⊖ PTX
R lung opacity resolved
lungs much clearer
pleural tubes & staple

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM 519-B
Prescribed by GSA/ICMR

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(P)CXR		M	N/A	ICU	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2 9/2006				DATE REQUESTED 11 OCT 03

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

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

RADIOLOGIC REPORT

(+) bilat pneumothoraces
lungs otherwise mostly
clear -
tubes lines stable.

(b)(6)-2

LOCATION OF MEDICAL RECORDS

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

(b)(6)-4

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED
PORTABLE CXR @ 1200hrs

AGE | SEX | SSN *(Sponsor)*

WARD/CLINIC
ICU

REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

R (b)(6)-2

TELEPHONE/PAGE NO.
(b)(3)-1

(b)(6)-2 F REQUESTOR
LTJN

DATE REQUESTED
10/11/03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*
(B) CT's (CHEST TUBES)
S/P SMALL & LARGE BOWEL REPAIR

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

RADIOLOGIC REPORT

Resolution of bilateral ptxs
lungs clear
pleural tube positions stable

(b)(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*
(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

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

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

STAT UPRIGHT CXR

AGE | SEX | SSN *(Sponsor)*

WARD/CLINIC: ICU

REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY *(Print)*: (b)(6)-2

TELEPHONE/PAGE NO.: (b)(3)-1

(b)(6)-2

REQUESTOR: ILT, AN

DATE REQUESTED: 10/11/03

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

(B) CHEST TUBES
S/P EXTUBATION

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

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

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

RADIOLOGIC REPORT

— ET tube removed

— (+) RT pneumo

— lungs much clearer

(+) motion artifact

pt tubs & lers unch

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(P)CXR		M	—	ICU	
	FILM NO.				PREGNANT ☐ YES ☒ NO
	REQUESTED BY (Print) (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)-2 , SPC, 8/20/26				DATE REQUESTED

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

S/p Intubation (L)+(R) CT

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

RADIOLOGIC REPORT

Tubes stable / hypo inflated lungs but clear
asymmetric elevation of (R) hemiD
(-) pht.

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

STANDARD FORM 519-B
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.9(

ONSULTATION
REQUEST/REPORT

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED
Portable STAT CXR

AGE | SEX | SSN *(Sponsor)*

WARD/CLINIC
ICU

REGISTER NO.

PREGNANT ☐ YES ☐ NO

FILM NO.

TELEPHONE/PAGE NO.
(b)(3)-1

REQUESTED BY *(Print)*
(b)(6)-2

(b)(6)-2 OF REQUESTOR
, ICU, A

DATE REQUESTED
10/12/05

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*
(B) CHEST TUBES
S/P EXP LAP

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

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

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

RADIOLOGIC REPORT

med hypo inflation
pleural tubes stable
(-) pneumothorax
lungs clear / heart f&z N

(b)(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*
(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION REPORT

STANDARD FORM 519-B
Prescribed by GSA/ICMR

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED
STAT Portable CXR

AGE | SEX | SSN (Sponsor)

WARD/CLINIC
ICU

REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY (Print)
(b)(6)-2

TELEPHONE/PAGE NO.
(b)(3)-1

(b)(6)-2
F REQUESTOR
ICU, M.

DATE REQUESTED
10/12/03

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)
S/P (B) CHEST TUBE REMOVAL

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

RADIOLOGIC REPORT

S/P Bilat chest tube removal

(−) PTX

lungs clear

(b)(6)-2

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)
(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

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

519-301

NSN 7540-01-185-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(P)CXR		M	—	—	—

FILM NO.

PREGNANT ☐ YES ☒ NO

REQUESTED BY (Print) (b)(6)-2

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR (b)(6)-2 SPC, [illegible]

DATE REQUESTED 140CT03

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

S/p CT (B) removal

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

RADIOLOGIC REPORT

Lordotic view
small amnt L base atelectasis
(−) pltx.

(b)(6)-2

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

(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION

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

519-301

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED
ACUTE ABD SERIES

AGE | SEX | SSN *(Sponsor)*

WARD/CLINIC
ICU

REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY *(Print)*
(b)(6)-2

TELEPHONE/PAGE NO.
(b)(3)-1

(b)(6)-2

OF REQUESTOR
1LT, A

DATE REQUESTED
10/15/03

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*
R/O OBSTRUCTION

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

RADIOLOGIC REPORT

Chest clear lungs

(−) obstructed

(−) ileus

(b)(6)-2

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*
(b)(6)-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

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: 020CT03 TIME OF ORDER: 0545 HOURS — LIST TIME ORDER NOTED AND SIGN

1. Admit to ICU
2. Service Gen Surg (b)(6)-2 (b)(6)-2
3. Diagnosis: s/p Ex lap / small bowel resection Appendectomy / large Bowel repair
4. Condition: stable
5. IVF 150 cc/hr of ~~NS or~~ LR (b)(6)-2
6. Diet: NPO

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: ↓↓ TIME OF ORDER: ↓↓ HOURS

7. NG tube low Intermitent suction
8. Foley to gravity
9. Vitals Q 1°
10. Morphine 2-4mg IV Q 1°hr PRN pain
11. Unasyn 3gram IV Q 6°hr
12. wet to dry (LLQ) open wound and (L) thigh BID starting this evening

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: ↓↓ TIME OF ORDER: ↓↓ HOURS

13. CBC ↓↓
14. CBC/chem 7 today @ 1200
15. I/O recording.
16. activity: Bed rest
17. Incentive Spirometer exercises

(b)(6)-2 Noted 20Oct03 0530 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: MAJ, MC USA HOURS

020CT03 0613

1. D/c Unasyn order
2. Levaquin 500mg IV QD
3. Flagyl 500mg IV Q12°

(b)(6)-2 MD

MAJ, MC USA

Chart 20Oct03 0830 (b)(6)-2 REPLAC

DA FORM 1 APR 79 4256 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

(b)(6)-4

(b)(6)-2

DATE OF ORDER: 2 Oct 03 TIME OF ORDER: 1235 HOURS

LIST TIME ORDER NOTED AND SIGN

NT 1 L below now

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

MAJ MC

PATIENT IDENTIFICATION

DATE OF ORDER: 2 Oct 03 TIME OF ORDER: 1242 HOURS

1. DC Levaquin
2. DC Flagyl
3. Vancomycin 1.0gm IV Q6°

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

MAJ MC

PATIENT IDENTIFICATION Chart ✓ 0030 30 Oct 03 (b)(6)-2 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: (b)(6)-4

DATE OF ORDER: 2 Oct 03 TIME OF ORDER: 1720 HOURS

LIST TIME ORDER NOTED AND SIGN

1. TL NS fluid bolus now

2 Oct 03 1720

VO: Dr. (b)(6)-2 / (b)(6)-2 MJ.AN (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 2 Oct 03 TIME OF ORDER: 2045 HOURS

1. Demerol 75 mg / Phenergan 12.5 mg IV Q4O PRN Breakthrough pain
2. CBC, PA-2 in AM

2 Oct 03 2045

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

Chart ✓ 03 Oct 03 0130 (b)(6)-2 Cpt AN

PATIENT IDENTIFICATION

DATE OF ORDER: 3 Oct 03 TIME OF ORDER: 0925 HOURS

1. D/C IV to D5 NS ~~c~~
✓ 20 meq KCl at 125 cc/hr

Noted P/M 0935

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

MAJ AN

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 30 Oct 03 TIME OF ORDER: 2007 HOURS

VO DR (b)(6)-2 / (b)(6)-2 RN/AN

1. Tylenol 650 mg PO Q4-6 PRN

(b)(6)-2

24° Chart ✓ 40 Oct 03 0100 (b)(6)-2 Cpt AN

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

(b)(6)-4

(b)(6)-2

DATE OF ORDER: 3 Oct. 03 TIME OF ORDER: 2111 HOURS

LIST TIME ORDER NOTED AND SIGN

Change unasyn to Zosyn 3.375 gm IV q6 o

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

(b)(6)-2

24 chart ✓ 30 Oct 03 0100 ... cpt AN

PATIENT IDENTIFICATION

DATE OF ORDER: 10/4/03 TIME OF ORDER: 0740 HOURS

STAT Portable CXR

STAT CBC

✓ IVF 75cc/hr D5 NSS c̄ 20 mEq KCl

V.O. ...

Noted

10/4/03 0800

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT | RO | BED NO.

(b)(6)-2

MAJ ...

PATIENT IDENTIFICATION

DATE OF ORDER: 4 Oct 03 TIME OF ORDER: 0906 HOURS

(1) Levix 20 mg IV X1 now

(2) 000 to ... TID

(3) IS q1o

(4) Chest PT QID

(b)(6)-2

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM | BED NO.

MAJ ...

PATIENT IDENTIFICATION

DATE OF ORDER: 10/4/03 TIME OF ORDER: 1050 HOURS

(1) Vasopressin drip @ 4 mg/hr

(2) Versed drip @ 2 mg/hr

(3) Fentanyl drip @ 100 mg/hr

(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 - 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 (b)(6)-2

DATE OF ORDER 10/4/03 TIME OF ORDER 1100 HOURS

LIST TIME ORDER NOTED AND SIGN

1) Vent
SIMV 12
TV 700 FIO2 100
Rate 12 PEEP 10

2) Portable CXR
S/p Intubation

(b)(6)-2 4Oct03 1105

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER TI

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER 4 Oct 03 TIME OF ORDER 1430 HOURS

1) Zantac 50mg IV QD 1445 Done
2) Heparin 10,000 u IV now 1448 Done
3) Heparin drip 1000u/hr
4) PT/PTT in 4 hrs

(b)(6)-2

NURSING UNIT | ROOM NO.

PATIENT IDENTIFICATION

DATE OF ORDER 4 Oct 03 TIME OF ORDER 1505 HOURS

1) Lasix 20mg IV now
2) ↑ vent rate to 16 &
↓ TV to 550
3) ABG
4) Titrate vasopressor
5) Vecuronium
as needed

(b)(6)-2 1570 4Oct03

NURSING UNIT | ROOM NO. | BED NO.

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

MEDCOM - 2275

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)-2

DATE OF ORDER: 4 Oct. 03 — TIME OF ORDER: 1543 HOURS — LIST TIME ORDER NOTED AND SIGN

1. ↑ Vec. to 5mg/hr
2. Vec. bolus ~~mg~~ 5mg x 1
3. ↑ fentanyl gtt to 150 u/hr
4. fentanyl ~~gtt~~ bolus 150 u x 1

noted 4 Oct 03 (b)(6)-2 1550

(b)(6)-2

NURSING UNIT: ICU — ROOM NO. — BED NO.

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 4 Oct. 03 — TIME OF ORDER: ~~1600~~ 1650 HOURS

1. ↑ vecuronium gtt to 5mg/hr
2. Vecuronium ~~5mg~~ 5mg IV x 1
3. Vec. bolus 5mg x 1
4. ~~↑ vec. gtt to~~ MPH
5. ↓ PEEP to 5 cm H2O
6. ↑ TV to 580
7. ↓ IR to 15

done 1700 4 Oct

(b)(6)-2 4 Oct 03 1700

(b)(6)-2

NURSING UNIT: ICU — ROOM NO. — BED NO.

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 4 oct. 03 — TIME OF ORDER: 1706 HOURS

1. Albuterol nebs Q4O
2. ↑ PEEP to 7 (VO ~~PH~~ (b)(6)-2)
3. ↓ PEEP to 5, ↑ TV to 750 (")

(b)(6)-2 1710 4 Oct 03

(b)(6)-2

NURSING UNIT: ICU — ROOM NO. — BED NO.

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-2

DATE OF ORDER: 4 Oct 03 — TIME OF ORDER: 1825 HOURS

1. ↓ rate to 17
2. ↓ TV to 550
3. PEEP to 10
4. Check ABG
5. CXR in AM

(b)(6)-2

(b)(6)-2 4 Oct 03 1825

(b)(6)-2

NURSING UNIT: ICU — 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

(b)(6)-4

NURSING UNIT | ROOM NO. | (b)(6)-2 | BED NO.

DATE OF ORDER: 4 Oct 03 TIME OF ORDER: 1800 HOURS

LIST TIME ORDER NOTED AND SIGN

1. D/C Zosyn
2. Imipenem 500 mg IVPB Q 6 hours
3. D/C IV Heparin @ this bag
4. 30 minutes prior to Heparin D/C 5 fat Lovenox

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: Ø TIME OF ORDER: Ø HOURS

80 kg SQ B1

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

FA... ...TICE

4 Oct 03 1935

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 4 Oct 03 TIME OF ORDER: 1930 HOURS

1930

(b)(6)-2

1. Port CXR now, please!

VO Dr. (b)(6)-2 (b)(6)-2

(b)(6)-2

4 Oct 03 2030

PATIENT IDENTIFICATION

(b)(6)-2

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 4 Oct 03 TIME OF ORDER: 2009 HOURS

VO Dr (b)(6)-2 (b)(6)-2 (b)(6)-2

1. Solu-Medrol 500 mg IVPB ASAP now

(b)(6)-2

(b)(6)-2

(b)(6)-2

4 Oct 03 2030

DA FORM 4256 REPLA... ...CH MAY BE USED.

MEDCOM - 2277

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

DATE OF ORDER: 4 Oct 03 TIME OF ORDER: 2058 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Lasix 80mg IV now

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

2/4 4 Oct 03

PATIENT IDENTIFICATION

(b)(6)-4 (b)(6)-2

DATE OF ORDER: 4 Oct. 03 TIME OF ORDER: 2109 HOURS

(1) versed 2-5mg IV Q 1° prn agitation

NURSING UNIT: 240 ✓ | ROOM NO. | BED NO.

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

PATIENT IDENTIFICATION

(b)(6)-4 (b)(6)-2

DATE OF ORDER: 5 Oct 03 TIME OF ORDER: 0730 HOURS

(1) Lasix 20mg IV 0740

(2) Warm FID to keep Sat > 95%

(3) Lwin profile clen-10

(4) CXR portable

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4 (b)(6)-2

DATE OF ORDER: 5 Oct 03 TIME OF ORDER: 1015 HOURS

(1) ↑ Tidal Volume to 600

(2) ABG @ 1200

NURSING UNIT: 240 Chart ✓ | ROOM NO. | BED NO.

FORM 4256 REPLACES MEDCOM - 2278 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

(b)(6)-4

DATE OF ORDER: 5 Oct 03 TIME OF ORDER: 1820 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) Kcl 100 meq in 1 L NS
Run over 10 hrs (100 ml/hr)
(2) Hold maintenance IV when
nursing problems

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 5 Oct 03 TIME OF ORDER: 2300 HOURS

(1) CBC Chem-12 in AM
(2) CXR in AM
(3) ABG in AM

noted 2315 5 Oct 03

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

24' Chart ✓ 6 Oct 03 0100 Capt AN

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 6 Oct. 03 TIME OF ORDER: 0805 HOURS

(1) ↓ vent. rate to 15
(2) D/c vecuronium gtt
(3) ↓ fio2 to 40%

noted 1 LTA 10/6/03 0955

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 6 Oct 03 TIME OF ORDER: 1050 HOURS

(1) PEEP to 8

noted LTA 10/6/03 1100

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

240 Chart ✓ 2315 6 Oct 03 Capt AN

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4			6 Oct 03	1400 HOURS	
			① Vecuronium @ 5mg/hr titrate for paralysis		
(b)(6)-2			② ABG @ 1500		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		

PATIENT IDENTIFICATION			DATE OF ORDER		
(b)(6)-4			6 Oct 03	1440 HOURS	
			① CBC & next blood draw		
			(b)(6)-2		
NURSING UNIT	ROOM NO.				
(b)(6)-2					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
(b)(6)-4			6 Oct 03	1819 HOURS	
			Vecuronium 2mg IV x1		
(b)(6)-2					
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)-2		
24: Chart ✓ 22			(b)(6)-2	(b)(6)-2	

PATIENT IDENTIFICATION				TIME OF ORDER	
(b)(6)-4				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: (b)(6)-4

DATE OF ORDER: 7 Oct 03 TIME OF ORDER: 0735 HOURS

LIST TIME ORDER NOTED AND SIGN: (b)(6)-2

1. ↑ vent. rate to 16
2. D/C Vecuronium
3. Albuterol MDI now
4. Fentanyl 150 u IV, ↑ inf. to 200 u/hr
5. ↓ maintenance IVF to 50 cc/hr

Noted (b)(6)-2 10/7/03 0810

NURSING UNIT: ICU ROOM NO. BED NO.

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

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 7 Oct 03 TIME OF ORDER: 0920 HOURS

1. CBC, Chem-12 now and QAM
2. CXR in AM and QD
3. ↓ PEEP to 6

(b)(6)-2 (b)(6)-2 10/7/03 0945

(b)(6)-2

NURSING UNIT: ICU ROOM NO. BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 7 Oct 03 TIME OF ORDER: 1325 HOURS

1. Ativan drip titrate to light sedation
2. ABG 1430
3. ↑ Rate to 28
4. Ativan 4 mg
5. Tylenol Supp 650 mg q 4 PRN T > 101

(b)(6)-2 May MD 7 Oct 03 1426 (b)(6)-2 1426 (b)(6)-2 (b)(6)-2

NURSING UNIT: ICU ROOM NO. BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 7 Oct 03 TIME OF ORDER: 1815

1. ABG @ 1800

(b)(6)-2 7 Oct 03 1515 (b)(6)-2 (b)(6)-2

NURSING UNIT: ICU ROOM NO. BED NO.

FORM 4256 REPLAC MEDCOM - 2281 H 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

(b)(6)-4

DATE OF ORDER: 7 oct. 03 TIME OF ORDER: 1814 HOURS

LIST TIME ORDER NOTED AND SIGN

7 Oct 03 1815 (b)(6)-2

1. ↓ vent. rate to 23
2. ↓ fio2 to 50%
3. ABG in 1 hr

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 MD

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 7 oct. 03 TIME OF ORDER: 2137 HOURS

7 Oct 03 2145 (b)(6)-2

When Ativan runs out:
pm agitation: propofol 100 u/kg/min — titrate to effect

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2 MD

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 7 Oct 03 TIME OF ORDER: 2300 HOURS

(2) Vecuronium drip - titrate for paralysis.

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER

HOURS

NURSING UNIT | ROOM NO. | BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER 10/7/03 TIME OF ORDER 2320 HOURS

LIST TIME ORDER NOTED AND SIGN

✓ (1) Vent - TV 600
✓ SIMV 16
✓ PEEP 8
✓ Wean FIO2 to keep Sat > 92
✓ (2) Vecuronium drip - start @ 4 mg/hr
titrate for paralysis

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

✓ (1) Vecuronium 10 mg IV bolus Done
(2) LR 1000 cc bolus Done
(3) D/C Propofol Done
✓ (4) Versed @ 4 mg/hr Done
✓ (5) Pentamidine @ 180 mg/hr Done
(6) ABG @ 2400

noted (b)(6)-2 0030 8 Oct 03

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER 10/8/03 TIME OF ORDER 1445 HOURS

✓ (1) Δ TV to 750

(b)(6)-2

noted (b)(6)-2 8 Oct 03 1545

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

NURSING UNIT | ROOM NO. | BED NO.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

(b)(6)-2

DATE OF ORDER 80203 TIME OF ORDER 14.00 HOURS

LIST TIME ORDER NOTED AND SIGN

√ (1) Vivonex @ 10cc/hr via NG tube
Dietary has Vivonex

√ (2) Vent
IMV 16 PEEP 10
Sighs on TV 600
FIO2 to maintain Sats >92%

√ (3) Fentanyl/Versed to maintain light sedation

√ (4) ↓ Lovenox to 30mg SQ BID

√ (5) Albuterol and mucomyst Neb q4°

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

√ (6) CXR Portable ASAP
s/p lunch/central line placement

√ (7) HOB @ 30 degrees all times

√ (8) check residual q4° (NG tube)
if >200cc stop Vivonex

(9) NS IV with 100meq Kcl
Run over 10hrs (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER HOURS

(10) Kcl 100meq in 250cc NS
run over 10hrs.

√ (11) ↑ Maintenance IV to
D5NS c 20Kcl/l @ 125cc/hr

√ (12) ABG QAM c labs

NURSING UNIT | ROOM NO. | BED NO.

240 chart √ 0115 90203 (b)(6)-2 (b)(6)-2

DA FORM 1 APR 79 4256 REPLACES MEDCOM - 2284 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

(b)(6)-4

DATE OF ORDER: 80403 TIME OF ORDER: 1810 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) ↑TV to 800, ↓Rate to 14

(2) ABG @ 2000

(b)(6)-2

1815 80403

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 80403 TIME OF ORDER: 2015 HOURS

√0 BR (b)(6)-2 (b)(6)-2

(1) ↓ FiO2 to 60%

(2) ↓ Rate to 12

(3) TV 850

80403 2015

(b)(6)-2

NURSING UNIT | ROOM (b)(6)-2 | BED NO.

240 C. Card V 90403 0115

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

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 0900 90403 TIME OF ORDER: HOURS

(1) ↑TV to 950

(2) FIO2 to 40%

(3) ↑ UVIVent to 20 cm/h

Noted

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 90403 TIME OF ORDER: 0930 HOURS

(1) ↑ TV to 1000

(2) ↓ TMV to 12

Noted

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES ED MEDCOM - 2285 (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

(b)(6)-4

DATE OF ORDER: 9 Oct 03 TIME OF ORDER: 1420 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) 2.5mg Neostigmine / 0.4mg Robinul SIV - done
(2) ↓ Versed to 4mg/hr
(3) ↓ Fentanyl to 100mg/hr
(4) Vent AC 15 TV 1000 FIO2 60 PEEP 10
(5) D/c Versed
(6) ABG @ 1445

NURSING UNIT | ROOM NO. | BED NO.

9 Oct 03 1450

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 9 Oct 03 TIME OF ORDER: 1430 HOURS

(1) CR 1 liter bolus - done
(2) Type & cross 2 units PRBC
(3) Transfuse 2 units PRBC each over 3 hrs.
(4) ↓ FIO2 to 50

NURSING UNIT | ROOM NO. | BED NO.

9 Oct 03 1445

(b)(6)-2

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 9 Oct 03 TIME OF ORDER: 1500 HOURS

(1) ↓ Vent Rate to 12
(2) ↓ FIO2 to 40

NURSING UNIT | ROOM NO. | BED NO. 9 Oct 03

(b)(6)-2

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDI MEDCOM - 2286 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

(b)(6)-4

(b)(6)-2

DATE OF ORDER: 90c803 TIME OF ORDER: 2200 HOURS

LIST TIME ORDER NOTED AND SIGN

(1) ↓ AC to 10

(2) ↓ PEEP to 8

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 90c803 TIME OF ORDER: 2200 HOURS

(1) ↓ PEEP to 6 @ 0200 10/10/03

(b)(6)-2

(2) May give Versed 2mg IV q1 prn

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

(b)(6)-2

DATE OF ORDER: 90c803 TIME OF: 2330

(1) ↓ Vent to SIMV done

(2) Propofol for sedation

(3) Versed 2mg IV - done

2330

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER | TIME OF ORDER

HOURS

PROPOFOL RATE 20-50 mcg/kg/min

INFUSION RATE @ 60-120 cc/hr

(10mg/ml 100 ml BOTTLE).

(b)(6)-2

2330

(80kg)

(b)(6)-2

CPM

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES ED MEDCOM - 2287 Y 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: (b)(6)-4

DATE OF ORDER: 10/10/03 TIME OF ORDER: 0830 HOURS

LIST TIME ORDER NOTED AND SIGN

Vent SIMV
Rate - 10
PEEP - 5
FIO2 40
TV 1000

(b)(6)-2

NURSING UNIT | ROOM NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/028/03 1430 HOURS

D/c Versed
D/c Fentanyl
D/c Propofol
D/c NTG tube
D/c Univasc
Change Chest tube drain PRN
Vent mode 40

NURSING UNIT | ROOM NO.

PATIENT IDENTIFICATION: (b)(6)-4

(b)(6)-2

DATE OF ORDER: ABG 1430

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/10/03 TIME OF ORDER: 1800 HOURS

ABG now
Morphine 2-4 q2 prn

notified
now 1825

(b)(6)-2

NURSING UNIT: 24° Chart | ROOM NO.: 0300 11 Oct 03 | BED NO.: (b)(6)-2 GPTAN

RM 79 4256 REPLACES: MEDCOM - 2288 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

(b)(6)-4

(b)(6)-2

DATE OF ORDER: 10/10/03 | TIME OF ORDER: 2250 HOURS | LIST TIME ORDER NOTED AND SIGN

1. Check tube function seal
2. Benadryl 25 IV QHS PRN

Done (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

240 Chart ✓ 11 Oct 03 0315 (b)(6)-2 ...ricot AN

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 10/11/03 | 0840 HOURS

1. Tracleer 30mg IV q 6° x 24 hrs
2. Upright CXR — now
3. Signs of water
4. CXR Portable
5. CT Scan Abdomen

Noted (b)(6)-2 10/11/03 0840

(b)(6)-2

NURSING UNIT | ROOM NO. | NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 10/11/03 | 1140 HOURS

1. Clear liquids
2. Morphine 2-8mg IV q 1° prn

Noted (b)(6)-2 10/11/03 1140

(b)(6)-2

NURSING UNIT | ROOM NO.

430 11 Oct 03 (b)(6)-2 1100

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER: 10/11/03 | 1850 HOURS

1. Up in chair 3 hrs
2. D/c Alaxin
3. D/c Ablox
4. CXR 500cc
5. V.S. q 4°
6. I/O q 1°

(b)(6)-2 10/11/03 1850

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

240 Chart ✓ 12 Oct 03 0430 (b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDI... MEDCOM - 2289 ...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: (b)(6)-4

DATE OF ORDER: 10/12/03 TIME OF ORDER: 0900 HOURS

LIST TIME ORDER NOTED AND SIGN

1. D/c Foley
2. CT to within 6 wk
3. Dulcolax supp 1 PR now

NURSING UNIT: ICU ROOM NO. BED NO.

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/13/03 TIME OF ORDER: 0900 HOURS

1. Ambulate q shift
2. Portable CXR s/p CT removal
3. Reg diet

NURSING UNIT: ICU ROOM NO. BED NO.

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: 10/14/03 TIME OF ORDER: 1028 HOURS

1. D/c Imipenem
2. D/c Central line
3. ~~Percocet~~ Percocet 1/2-1 tab po q6h prn
4. D/c Zantac
5. D/c Lasix
6. D/c Morphine

NURSING UNIT: ICU ROOM NO. BED NO.

(b)(6)-2

PATIENT IDENTIFICATION: (b)(6)-4

DATE OF ORDER: TIME OF ORDER:

7. D/c Xrays
8. D/c Stapler / steri strips
9. Ambulate q shift

HOURS

(b)(6)-2

NURSING UNIT: ICU 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

(b)(6)-4

DATE OF ORDER: 10/15/03 TIME OF ORDER: 0950 HOURS

LIST TIME ORDER NOTED AND SIGN

Acute Abdomen
R/O obstruction

(b)(6)-2

NOTED (b)(6) 10/15/03 0955

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/15/03 TIME OF ORDER: 1025 HOURS

D/C Dulcolax 10mg po now

(b)(6)-2

Noted (b)(6)-2 10/15/03 1030

NURSING UNIT | ROOM NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/15/03 TIME OF ORDER: 1310 HOURS

D/C NEBULIZER T

V.O. Dr (b)(6)-2

(b)(6)-2

Noted (b)(6)-2 10/15/03 1312

(b)(6)-2

10/02/03 0900

NURSING UNIT | ROOM | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 10/16/03 TIME OF ORDER: 0850 HOURS

(b)(6)-4

Discharge to MP's

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 REPLACES EDI MEDCOM - 2291 BE USED.

OOD TRANSFUSION FLO[illegible] ET (VITALS)

ICAL RECORD - SUPPLEMENTAL MED[illegible] DATA

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

REPORT TITLE

CONTINUED POST-ANESTHESIA CARE UNIT FLOW SHEET

OTSG APPROVED 17 Jan 80

	VITAL SIGNS						PAR SCORE							OTHER		
	Time	B/P	P	R	O_2Sat	T Axilla	Act	Resp	Circ	LOC	Skin	PARS	Other	Neuro-Vascular	COMMENTS
unit #1	PRE-OP	/												Extr: L R Upper Lower Pulse: DP PT RAD	
	1730	118/63	111	18		100.7	- Pre-transfusion							Blanche Pulse ___ Warm Moves Y N	
	1735	119/66	110	17		100.7								Blanche Pulse ___ Warm Moves Y N	
	1740	120/60	110	15		100.7								Blanche Pulse ___ Warm Moves Y N	
	1745	119/64	104	16		101.0								Blanche Pulse ___ Warm Moves Y N	
	1800	112/65	106	14		100.7								Blanche Pulse ___ Warm Moves Y N	
	1830	128/74	100	15		100.7								Blanche Pulse ___ Warm Moves Y N	
	1900	133/71	102	20		100.5								Blanche Pulse ___ Warm Moves Y N	
#1	1930	121/66	99	14		99.8								Blanche Pulse ___ Warm Moves Y N	
DOWN	2000	121/64	95	12		99.7								Blanche Pulse ___ Warm Moves Y N	
#2		/												Blanche Pulse ___ Warm Moves Y N	
	2020	114/58	93	12		100.6	- Pre-transfusion							Blanche Pulse ___ Warm Moves Y N	
	2025	118/60	97	14		100.7								Blanche Pulse ___ Warm Moves Y N	
	2030	/				mg								Blanche Pulse ___ Warm Moves Y N	
	2035	128/62	95	11		100.7								Blanche Pulse ___ Warm Moves Y N	
	2050	132/61	98	15		100.6								Blanche Pulse ___ Warm Moves Y N	
	2100	132/61	101	16		100.6								Blanche Pulse ___ Warm Moves Y N	
	2115	/	106	16		100.2								Blanche Pulse ___ Warm Moves Y N	
	2130	121/65	101	13		100.4								Blanche Pulse ___ Warm Moves Y N	
	2200	124/54	98	15		100.7								Blanche Pulse ___ Warm Moves Y N	
	2230	131/58	108	20		100.2								Blanche Pulse ___ Warm Moves Y N	
	2300	126/58	102	16		100.7								Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	
		/												Blanche Pulse ___ Warm Moves Y N	

PREPARED BY (Signature and Title) (b)(6)-2 MAJ AN

DEPARTMENT/SERVICE/CLINIC (b)(3)-1 CSH ICU

DATE 9 Oct 03

(Continue on reverse)

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

(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

MEDCOM - 2292 [illegible] OP[illegible] 1b (Revised)

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.

Oct 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 8	9	10	11	12
8 Oct 03	(b)(6)-2	HOB 30° at all	D	(b)(6)-2				
		times	E					
			N					
8 Oct 03		Check residual Q4°	D					
		(NGT) if >200cc stop	E					
		Vivonex	N					
8 Oct 03		ABG q AM & labs	05					
8 Oct 03		CBC, Chem 12 Q AM	05					
8 Oct 03		CXR QD	05					
10 Oct 03		Diet - NPO	B					
			L					
			D					
10/11/03		SIPS of WATER	D					
			E					
			N					
10/11/03		DIET: CLEAR LIQUIDS	D					
			E					
			N					
11 Oct 03		NIO: FLUSH TLC Q8hrs	D					
			E					
			N					

Signature (b)(6)-2 10/11/03

Signature (b)(6)-2

Signature (b)(6)-2 10/11/03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p Ex lap appy S/p Chest tubes x2 Resp Failure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(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 25 26 27 28 29 30 31

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
10 Oct	(b)(6)-2	D/C NGT	10 Oct	1330		done
10 Oct		ABG @ 1430	10 Oct	1430		
10 Oct		ABG now	10 OCT	NOW	1815	(b)(6)-2
OCT 11		UPRIGHT Portable CXR	10/11/ 10 OCT	NOW	0900	
OCT 11		UPRIGHT CXR @ 1200	10/11/	1200	1200	
11 Oct		D/C A-line	11 Oct	1900	1920	
12 OCT		D/C Foley	12 OCT	Now	0900	

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

Vent Settings

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. Oct Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 7	8	9	10
7Oct	(b)(6)-2	VENT SETTINGS: SIMV	D	(b)(6)-2			
		RR 16 TV 600	E				
		F_iO_2 40% PEEP 6	N				
7Oct	(b)(6)-2	VENT SETTINGS: SIMV	D				
		RR 16 V_T 600	E				
		F_iO_2 0.40 PEEP 8	N				
8Oct03	(b)(6)-2	Vent settings: SIMV 14	D				
8Oct03		Peep 10 TV 800	E				
		Sighs on F_IO_2 to	N				
		Maintain Sats > 92%					
8Oct	(b)(6)-2	Vent - SIMV 12	D				
		V_T 850 F_IO_2 50%	E				
		PEEP - 10. Sighs on F_IO_2 to	N				
		Maintain SaO_2 > 92%					
9Oct	(b)(6)-2	Vent: SIMV AC 10	D				
		TV - 1000 F_IO_2 .40	E				
		PEEP 8, Maintain	N				
		SaO_2 79%					
10/10	(b)(6)-2	VENT SIMV RR 10	D				
		FiO_2 40 TV 1000	E				
		PEEP 5	N				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P REX LAP, APN
S/P CHEST TUBES X2 RESP FAILURE

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION: (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 1 OCT 78 4677

EDITION OF 1 DEC 77 MAY ...

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				Mo Oct Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
7 Oct	(b)(6)-2	ABG @ 1430	7 Oct	1430	1430	(b)(6)-2
7 Oct		↑ rate (vent) to 25	7 Oct	1400	noted	
7 Oct		ATIVAN 4mg IV	7 Oct	now	1400	
7 Oct		ABG @ 1800	7 Oct	1800	1800	
7 Oct		↓ vent rate to 23, ↓ FiO_2 to 50%	7 Oct	now	1815	
7 Oct		ABG in 1 hour	7 Oct	1915	1915	
08 Oct		ABG @ 2400	08 Oct	2400	2400	
7 Oct		Vent TV 600, SIMV 16, Peep 8, FiO_2 to Keep Sat >92%	7 Oct	now	2320	
8 Oct		CXR portable - ASAP s/p central line placement	8 Oct	ASAP	Done	(b)(6)-2
8 Oct		ABG @ 2000	8 Oct	2000	2000	
9 Oct		Type and Cross 2 units PRBC	9 Oct	now	1445	
9 Oct		ABG @ 1445	9 Oct	1445	1450	
9 Oct		↓ FiO_2 to 50%	9 Oct	now	1450 done	
9 Oct		↓ Peep to 6 @ 0200 10/10/03	10 Oct 03	0200	0200	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED															
7 Oct	(b)(6)-2	Tylenol Supp 650mg	7 Oct 1445	8 Oct 0730	9 Oct 1615	10/10 1310												
		T PR 96° pm T>101	T	T PR	T PR	T PR												

(b)(6)-2

★ U.S. GPO:1997-418-290/55267

MAR RECOPIED 10/12/03

CLINICAL RECORD

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

Mo. 10 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 12	13	14	15	16
10/11/03	RECOPIED (b)(6)-2	DIET: CLEAR LIQUIDS	D	(b)(6)-2				
			E					
			N					
10/11/03	RECOPIED (b)(6)-2	VITALS Q 4°	D					
			E					
			N					
10/11/03	RECOPIED (b)(6)-2	UP IN CHAIR Q SHIFT	D					
			E					
			N					
10/8/03	RECOPIED (b)(6)-2	HOB 30° at all TIMES	D					
			E					
			N					
10/2/03	RECOPIED (b)(6)-2	I&O RECORDING Q1°	D					
			E					
			N					
10/2/03	RECOPIED (b)(6)-2	INFT TO DRY LLQ OPEN	04					
		WOUND AND (R) THIGH	16					
		BID						
10/12/03	RECOPIED (b)(6)-2	CHEST TUBES TO WATER	D					
		SEAL	E					
			N					
1 OCT 03	D.O. (b)(6)-2	N/O: FLUSH TLC Q SHIFT	D					
			E					
			N					
10/8/03	RECOPIED (b)(6)-2	CBC, CHEM 12 Q AM	05					
10/8/03	RECOPIED (b)(6)-	CXR QD	05					

DCID 10/12/03 (b)(6)-2

DCID 10/14/03 (b)(6)-2

DCID 10/14/03 (b)(6)-2

DCID 10/14/03 (b)(6)-2

DCID 10/12/03 (b)(6)-2

DCID 10/14/03 (b)(6)-2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P (R) CHEST TUBES D/T (R) PNEUMO / RESP FAILURE EX LAP SM BOWEL REPAIR. APPY. LAC BOWEL REPAIR

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(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 1 OCT 78 407

EDITION OF 1 DEC 77 IS OBSOLETE

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
10/12	(b)(6)-2	Portable CXR S/P Chest TUBE Removal	10/12	Now		
10/14		D/c Central Line	10/14	NOW	1040	(b)(6)-2
10/14		D/c staples / Steri strips	10/14	NOW	1050	
10/15		ACUTE ABD series	10/15	NOW	0945	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION / TIME/DATE COMPLETED													
10/10	Recorded (b)(6)-	Δ CT DRSG'S PRN														

★ U.S. GPO:1987-418-290/55267

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. 10 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10/11/12
10Oct	(b)(6)-2	Chest tube to water seal	D	(b)(6)-2
			E	Dc'd 10/11/03
			N	(b)(6)-2
10/11/03		CHEST TUBE TO SUCTION	D	
		20cm	E	Dc'd 10/12/03
			N	(b)(6)-2
10/12/03		CHEST TUBES TO WATER SEAL	D	
			E	
			N	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p Ex lap appy S/p Chest tube x2 Resp failure

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 2/2

PATIENT IDENTIFICATION:

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 73 — EDITION OF 1 DEC 72 MAY BE USED.

MEDCOM - 2299

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													

☆ U.S. GPO:1987-418-290/55267

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. 10 Yr. 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 12	13	14	15
10/12/03	(b)(6)-2	AMBULATE q. Shift	D	(b)(6)-2			
			E				
			N				
10/12/03	(b)(6)-2	REGULAR DIET	D				
			E				
			N				

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ALLERGIES: ☑ YES ☐ NO

PRIMARY DIAGNOSIS: S/P ⊕ CHEST TUBES Ex Lap Sm + LRG Bowel repair Apply

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

(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

A FORM 1 OCT 78 4677

EDITION OF ...

CLINICAL RECORD

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

Mo. 10 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 2	3	4	5	6	7	8	9	10	11	12
2oct	(b)(6)-2	Diet-NPO	B	(b)(6)-2										
			L											
			D											
2oct03		NG → Low intermittent	D											
		suction	E											
			N											
2oct		Foley to gravity	D											
			E											
			N											
2oct		Vitals q1° Q4°	D											
			E											
			N											
2oct		Wet to dry LLQ open	04											
		wound and Q thrice	16											
		BID												
2oct		Activity-bedrest	D											
		~~OOB +~~ OOB TC	E											
		Q8hrs	N											
2oct		I+O recording Q1°	D											
			E											
			N											
2oct		incentrespirometer	D											
		exercises	E											
			N											
4oct		Chest PT QD	D											
			E											
			N											

(b)(6)-2

(b)(6)-2

(b)(6)-2

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Ex Lap/Sm Bowel Repair Resection Appy Lg Bowel Repair

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: 1/2

PATIENT IDENTIFICATION:

(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 1 OCT 78 4677

EDITION OF 1 OCT 77 IS OBSOLETE.

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
2 Oct	(b)(6)-2	Admit to ICU - Gen Surg Choi/Brzuela	2 Oct 03	0545	0600	(b)(6)-2
2 Oct		Condition - stable	2 Oct	0545	0600	
		CBC, Chem 7 today @ 1200	2 Oct	1200	1200	
2 Oct		CBC PA-7 in AM	3 Oct	0500	0515	
4 Oct		(P) CXR "S/P intubation"	4 Oct	1100	1320	
4 Oct		PTT @ 1845	4 Oct	1845	1900	
4 Oct		ABG	4 Oct	1340	1341	
4 Oct		ABG	4 Oct	1925	1925	
4 Oct		CBC in AM	5 Oct	0500	0500	
4 Oct		(P) CXR x1 now	4 Oct	1935	1945	
4 Oct		PTT @ 0030	5 Oct	0030		
5 Oct		Liver Profile, Chem 10	5 Oct	now	0845	
5 Oct		CXR Portable	5 Oct		[redacted]	(b)(6)2
5 Oct		CBC, Chem 12 in AM, ABG in AM	6 Oct	AM	0510	
5 Oct		CXR in AM	6 Oct	AM	0520	
6 Oct		ABG @ 1500	6 Oct	1500	1455	
7 Oct		CBC, CHEM 12 now	7 Oct	now	0925	

Order/ Expir Date		PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED
10 Oct		ΔCT drsg prn	

★ U.S. GPO:1987-418-290/55257

MAR cont

CLINICAL RECORD

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

Mo. 10 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 2	3	4	5	6	7	8
2 Oct	(b)(6)-2	LR 150 cc/hr	D	(b)(6)-2						
			E							
			N							
2 Oct	(b)(6)-2	Levaquin 500 mg IV qd	08							
2 Oct		Flagyl 500 mg IV q 12°	/							
2 Oct		Unasyn 3.0 g IV q 6°	06							
			12							
			18							
			24							
10/3/03	(b)(6)-2	D5NS c 20 meq KCl @	D							
		125 cc/hr	E							
			N							
10/3/03	(b)(6)-2	Flush H/L to (R) AC	D							
		Q shift	E							
			N							
3 Oct	(b)(6)-2	Cosyn 3.375 gm IVPB	06							
		Q6°	12							
			18							
			24							
4 Oct	(b)(6)-2	Vecuronium gtt 4 mg/hr	D							
		titrate to effect	E							
		5 mg/hr	N							
4 Oct	(b)(6)-2	Versed gtt 2 mg/hr	D							
		titrate to effect	E							
		8 mg/hr	N							

(b)(6)-2 Dcd 10/3/03

(b)(6)-2 D/C 2 Oct 03

(b)(6)-2 D/C 2 Oct 03

(b)(6)-2 Dcd 10/4/03

(b)(6)-2 D/C'd 4 Oct 1930 hr

(b)(6)-2 Dcd 10/6/03

Neuromuscular Block 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Ex Lap/Sm Bowel Repair/Appy Resection. Lt Bowel Repair

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

(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 1 OCT 78 4677

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
2 Oct	(b)(6)-2	NS bolus 1 liter now	2 Oct	1230	1230	(b)(6)-2
2 Oct		NS 1 Liter Fluid bolus now	2 Oct	1720	1720	
4 Oct		Lasix 20mg IV X1 now	4 Oct	0904	0915	
4 Oct		Heparin 10,000 u IVP X 1 now	4 Oct	1445	1445	
4 Oct		lasix 20mg IVP X1 now	4 Oct	1445	1445	
4 Oct		Vec bolus 5mg x 1	4 Oct	1550	1550	
4 Oct		Fentanyl bolus 150µ x 1	4 Oct	1550	1550	
4 Oct		Vec 5mg IVP now	4 Oct	now	1650	
4 Oct		Versed 5mg IVP now	4 Oct	Now	1700	
4 Oct		Solu-Medrol 500mg IVPB X1 now	4 Oct	2030	2030	
4 Oct		Lasix 80mg IVPX1 now	4 Oct	2113	2115	
5 OCT		LASIX 20mg IV	5 OCT	NOW	0734	
5 OCT		ABG @ 1200	5 OCT	1200	1200	
5 OCT		KCl 100mEq in 1L NS - Run over 10hrs (100ml/hr)	5 OCT	1830	Started	
5 OCT		Hold Maintainence IV while running potassium				
7 OCT		ALBUTEROL MDI NOW	7 OCT	Now	0740	
7 OCT		Fentanyl 150mcg IV NOW	7 OCT	Now	0745	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
2 Oct	(b)(6)-2	Morphine 2-4mg IV	2 Oct 4mg IV 0955	2 Oct 4mg IV 1345	2 Oct 4mg 1515	2 Oct 4mg 1735	2 Oct 4mg 1910	2 Oct 4mg 2040	2 Oct 4mg 2150	2 Oct 4mg 0200	3 Oct 0625 4mg IV	3 Oct 0855 4mg IV	3 Oct 1130 4mg IV	3 Oct 1245 4mg IV	3 Oct 1732	3 Oct 2000 4mg
		q 1° prn pain	(b)(6)-2													
2 Oct		Benadryl 25mg and	2 Oct 2245	3 Oct 0243	3 Oct 1345	3 Oct 2140										
		Phenergan 12.5mg	(b)(6)-2													
		IV Q4° prn breakthrough pain														
3 Oct		Acetaminophen 650mg po Q4-6° prn	2 Oct 2240	4 Oct 2230												
2 Oct		MSO4 2-4mg Q1° prn	2 Oct 0030	4 Oct 0555	4 Oct 0645	4 Oct 0955										
		pain	4mg	2mg IV	4mg IV	2mg IV										
			(b)(6)-2													
4 Oct		Versed 2-5mg IV Q1°	4 Oct 2000	4 Oct 2115	4 Oct 2125											
		prn	5mg	5mg	5mg											
			(b)(6)-2													

Expired

Expired

Expired

Expired

Expiration Oct 8 (b)(6)-2

★ U.S. GPO:1997-418-230/55257

MAR CONT'D

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.

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION — Mo. 10 Yr. 03

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 4 5 6 7 8 9 10 11 12
4Oct	(b)(6)-2	Fentanyl gtt @	D	(b)(6)-2
		100 mcg/hr titrate	E	
		to effect 25	N	
4Oct	(b)(6)-2	IVF D5 1/2 NS c̄ 20 meq KCl	D	
		@ 75 cc/hr	E	
			N	Dcd 10/7/03 (b)(6)-2
4Oct	(b)(6)-2	Zantac 50mg IVPB Q8°	07	
			15	
			23	
4Oct	(b)(6)-2	Heparin gtt 1000u/hr	D	
		* D/C p̄ bag empty *	E	(b)(6)-2 D/C 2400 4Oct
			N	
4Oct03	(b)(6)-2	Albuterol neb's std dose	01	
		Q4°	05	
			09	Dcd 8Oct03
			13	
			17	
			21	
4Oct03	(b)(6)-2	Midazolam 500mg	06	
		IVPB Q6°	12	
			18	
			24	
4Oct	(b)(6)-2	Lovenox 80mg SQ	01	
		BID (Hemoglobin complete)	13	Tmp D/C
4Oct	(b)(6)-2	Lovenox 80mg SQ	12	(b)(6)-2
		BID	24	Dcd 8Oct03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P Ex Lap, Appy

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

(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 1 OCT 78 4677

EDITION OF 1 DEC ...

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo _____ Yr _____

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
		~~may give Vers during IVP~~ DZ (b)(6)-2				
11 OCT	(b)(6)-2	TORADOL 30mg IV Q6° X 24 hr.	10/11/03	NOW	0900	(b)(6)-2
			10/11/03		1500	
			10/11/03		2100	
			10/12/03		0300	
10/12/03	(b)(6)-2	DULCOLAX SUPPOSITORY PR NOW	10/12/03	NOW	0930	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
10 OCT DZ	(b)(6)-2	Versed 2 mg IVP q														
		1 hrs prn														
10/10/03		MSO4 2-4 mg IV q 2° PRN	10 OCT 1815	10 OCT 2015	10 OCT 0250	10 OCT 0050	11 OCT 0250	11 OCT 0550	11 OCT 0850	11 OCT 1050	11 OCT 1050					
			4mg	4mg	8mg	4mg	4mg	4mg	IV	IV	4mg IV	Dcd 10/11/03				
			(b)(6)-2										(b)(6)-2			
10/10/03		Benadryl 25 IV QHS prn	10 OCT 2360	Dcd 10/12/03 (b)(6)-2												
		b(6)2	BOY													
		~~Toradol 30mg IV~~ Q6														
10/11/03		MSO4 2-8mg IV Q1°	10/11 1440	10/11 1930	11 OCT 1505	11 OCT 1630	11 OCT 1750	11 OCT 1930	11 OCT 2145	11 OCT 2360	12 OCT 0150	12 OCT 0430	12 OCT 0530	12 OCT 0740		
		PRN	8mg IV	8mg IV	5mg iv	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg IV		
			(b)(6)-2													

U.S. GPO:1997-418-230/55257

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. ___ Yr. ___

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 4	5	6	7	8	9
4Oct03	(b)(6)-2	Vent settings: SIMV 12	D	(b)(6)-2					
		TV-700, Rate 17	G						
		Peep 10 FiO2-100	N						
4Oct		Vent - SIMV	D						
		TV 580 Rate ~~16~~ 15	E						
		FiO2 - 100% Peep 5 7	N						
4Oct03		Vent settings SIMV	D						
		TV-550 PEEP-10	E						
		FiO2-100% Rate-17	N						
5Oct03		WEAN FiO2 TO Keep	D						
		Sats > 95%	E						
		0.60	N						
5OCT03		Vent Settings SIMV	D						
		RATE 17 TV 600 FiO2	E						
		Peep 10	N						
6OCT03		Vent: SIMV RATE 15 TV 600	D	✓	✓				
		FiO2 ~~40%~~ PEEP 10	E	✓	✓				
		~~45%~~ 40%	N	✓	✓				
6OCT03		Vent Peep TO 8	D	✓	✓				
			E	✓	✓				
			N	✓	✓				
7OCT03		VENT ↑ RR to 16	D	✓	✓				
			E	✓	✓				
			N	✓	✓				
7OCT03		CBC, CHEM 12 QAM	05	✓	✓				
7OCT03		CXR QD	05	✓	✓				

DCd (b)(6)-2 10/31/03

DCd 10/6/03 (b)(6)-2

DCd 10/9/03 (b)(6)-2

DCd 10/7/03 (b)(6)-2

DCd 10/7/03 (b)(6)-2

Rewritten 8OCT03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: SP EX lap, SM/Lg bowel repair Appy

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ___

PATIENT IDENTIFICATION:

(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 [illegible] 27 28 29 30 31 32 33

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														

(MAR CONT.)

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)

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

Mo. 10 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 6	7	8	9	10	11	12
10/6/03	(b)(6)-2	Vecuronium @ 5mg/hr	D	(b)(6)-2						
		TITRATE FOR PARALYSIS	E							
			N							
10/7/03	(b)(6)-2	D5 1/2 NS c̄ 20mEq KCl	D							
		@ 50cc/hr	E							
		D5NS c̄ 20mEq KCl	N							
7 Oct 03	(b)(6)-2	Ativan drip - titrate	D							
		to light sedation	E							
		2mg/hr	N							
7 Oct 03	(b)(6)-2	PRN agitation: PROPOFOL	D							
		100μ/Kg/min - titrate	E							
		to effect	N							
7 Oct 03	(b)(6)-2	Vecuronium drip start @	D							
		4mg/hr titrate for paralysis	E							
		7mg	N							
8 Oct 03	(b)(6)-2	Vicodin @ 10cc/hr via	D							
		NGT (dietary has vicodin)	E							
			N							
8 Oct 03	(b)(6)-2	Fentanyl/Versed to	D							
		maintain light sedation	E							
		200 mcg	N							
8 Oct 03	(b)(6)-2	Lovenox 30mg SQ	12							
		BID	24							
8 Oct 03	(b)(6)-2	↑ maintainence IV to	D							
		D5NS c̄ 20KCl/L @ 125cc/hr	E							
			N							

Did Dilaudid (b)(6)-2

Did 8 Oct 03

D/C 7 Oct 03

N/C'd 9 Oct 03 (b)(6)-2

D/C'd 10/1/03 (b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P EX LAP APPY

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION: (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 1 OCT 78 4677

EDITION OF 1 DEC 77 MAY BE USED

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo Oct Yr 03

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
8Oct03	(b)(6)-2	Kcl 100mEq in 250cc NS run over	8Oct03	Start 1500	[redacted]	(b)(6)-2
		10 hrs				
9Oct	(b)(6)-2	LR 1 liter bolus	9Oct	now	1430	
9Oct	(b)(6)-2	Transfuse 2 units PRBC each #1	9Oct	ASAP	1730	
		over 3 hrs #2	9Oct		2020	
9Oct	(b)(6)-2	2.5mg Neostigmine / 0.4mg Robinul IV	9Oct	now	anet 1415	
9Oct	(b)(6)-2	↓ versed to 4mg/hr.	9Oct	noted		
9Oct	(b)(6)-2	↓ Fentanyl to 100μ/hr	9Oct	noted		
11Oct	(b)(6)-2	[redacted] 30mg IV	11Oct	1900	1900	(b)(6)-2
11Oct	(b)(6)-2	500 cc LR Bolus X1 now				

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

U.S. GPO:1997-418-290/55257

MAR RECORED 10/12/03

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 12	13	14	15	16
10/8/03	RECORDED (b)(6)-2	↑ IV TO DSW & 20 MEQ	D	(b)(6)-2				
	-----	KCL @ 125cc/hr	E					
	-----		N					
10/4/03	RECORDED (b)(6)-2	ZANTAC 50mg IVPB	07					
	-----	Q8°	15					
	-----		23					
10/4/03	RECORDED (b)(6)-2	IMIPENEM 500mg	06					
	-----	IVPB Q 6°	12					
	-----		18					
	-----		24					
10/8/03	RECORDED (b)(6)-2	LOVENOX 30mg SQ	12					
	-----	BID	24					
10/5/03	RECORDED (b)(6)-2	ALBUTEROL 3cc NEBS STD.	01					
	-----	DOSE & MUCOMYST 3cc	05					
	-----	Q 4°	09					
	-----		13					
	-----		17					
	-----		21					

DCd 10/4/03 (b)(6)-2

DCd 10/15/03 (b)(6)-2

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: S/P (B) CHEST TUBES D/T (B) PNEUMO EX LAP SM BOWEL REPAIR, APPY LRG BOWEL REPAIR

ADDITIONAL PAGES IN USE: ☒ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION (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 1 OCT 78 1077 EDITION OF 1 DEC 77 MAY BE USED.

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo _____ Yr _____

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
10/10/07	(b)(6)-2	DULCOLAX 10mg PO Now	10/10	NOW	1035	(b)(6)-2

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
10 OCT	(b)(6)-2	BENADRYL 25mg IV QHS	10 Oct 2145													
		PRN	(b)(6)-2													
10/10/07		MS04 2-8mg IV Q1°	10/12 1000	10/12 1125	10/12 1335	12 Oct 1800	12 Oct 1900	12 Oct 2265	13 Oct 0930	13 Oct 0765	10/13 1830	13 Oct 1850	13 Oct 2400	13 Oct 0220	13 Oct 1000	14 Octo
		PRN	5mg IV (b)(6)-2	5mg IV	5mg	(b)(6)-2	5mg (b)(6)-2	3mg (b)(6)-2	3mg (b)(6)-2	4mg IV (b)(6)-2	5mg IV	5mg IV (b)(6)	5mg (b)(6)-2	3mg (b)(6)-2	3mg IV	(b)(6)-2
			E	E	E					E						
10/7		TYLENOL Supp 650mg PR														
		Q6° PRN T > 101														
10/14/07		PERCOCET 1-2 PO	10/14 1100	14 Oct 1700	14 Oct 3300	5/15 0620	16/15 1230	15 Oct 1800	16 Oct 0530	16 Oct 0215						
		Q6° PRN	1-2 PO (b)(6)-2	1-2	1-2	1-2 PO	1-2 PO	1-2 PO	1-2	1-2 (b)(6)-2						

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.	Mo/Yr 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 8	9	10	11	12
8 Oct 03	(b)(6)-2	Albuterol nebs std.	01	(b)(6)-2				
		dose and mucomyst	05					
		q4°	09					
			13	(b)(6)-2				
			17					
			21					
8 Oct 03	(b)(6)-2	Versed gtt 2mg/hr	D	(b)(6)-2				
		titrate to effect	E					
			N					
09 Oct 03	(b)(6)-2	propofol Rate 20-50mcg/	D					
		kg/min infusion	E					
		rate @ 60-120cc/hr	N					
		(10mg/mL 100mL Bottle)						
		pt 80kg						
09 Oct 03	(b)(6)-2	propofol for sedation	D					
			E					
			N					
09 Oct 03	(b)(6)-2	↑ Vivonex to 20cc/hr	D					
			E					
			N					
10 Oct	(b)(6)-2	O2 @ 40% via venti	D					
		Mask	E					
			N					

Bed 10/11/03 (b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/p exp lap SmBowel Repair Appy Chest tube x2 Resp Failure

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: (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 1 OCT 78 4677 — 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 Oct	(b)(6)-2	Acetaminophen 650mg Supp. PO Q4-6° prn, T>101	1500													
			1600 (b)(6)-2													

☆ U.S. GPO:1987-418-290/55267

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: S/P Ex Lap/Sm Bowel repair/Appy/Lt Bowel repair

PHYSICIAN: Br (b)(6)-2

ANESTHESIA BY: (b)(6)-2

Gen Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES: NKA

AIRWAYS: _____ Time DC'D _____

ETT Nasal Oral Trach

OXYGEN:

Mask Nasal Prongs Face Tent Blow-By

Liter/min. 12L Facemask %

ASA 2E History NO HISTORY

Cardiac Rhythm _____

IV#1 _____ Patent _____ Infiltrated _____
Site RAC Rate _____ Gauge _____

IV#2 _____ Patent _____ Infiltrated _____
Site R radial Rate _____ Gauge A-Line

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Exc: L R Upper Lower; Pulse DP PT RAD
PRE-OP	128/80												Blanche Warm Pulse Moves Y N
0555	170/72	144	26	97%	94.5	Ø	2	1	0	2	5	12L Facemask	Blanche Warm Pulse Moves Y N
0600	166/69	117	16	95%	94.5	Ø	2	1	0	2	5	12L Facemask	Blanche Warm Pulse Moves Y N
0605	171/69	130	19	96%		Ø	2	2	0	2	6	10L	Blanche Warm Pulse Moves Y N
0620	170/69	139	24	99%		Ø	2	2	0	2	6	10L	Blanche Warm Pulse Moves Y N
0635	173/80	110	22	100	97.2	Ø	2	2	0	2	6	10L.	Blanche Warm Pulse Moves Y N
0650	152/77	109	19	100		Ø	2	2	0	2	6		Blanche Warm Pulse Moves Y N
0705	149/77	115	24	100		Ø	2	2	0	2	6		Blanche Warm Pulse Moves Y N
	See ICU Flowsheet					Ø	2	2	0	2	6		Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE (PARS)

Activity - General Anesthesia
2—Maintain head lift and open eyes
1—Unable to maintain head lift and open eyes
0—Unable to lift head and open eyes

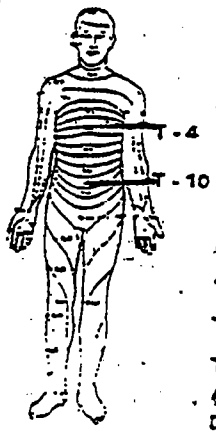
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

Respirations
2—Spontaneous respiration; needs no support
1—Limited effort; needs artificial airway or jaw support
0—Needs ventilator; no spontaneous respiration

Circulation
2—BP 20% preanesthetic level
1—BP ~~20~~ - 50% preanesthetic level
0—BP 50% or more preanesthetic level

Level of Consciousness
2—Awake and alert; seldom dozes
1—Awakens when gently stimulated
0—Awakens only when vigorously stimulated

Skin
2—Normal skin color & temperature greater than 96°
1—Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0—Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title): (b)(6)-2 CPT

DEPARTMENT/SERVICE/CLINIC: ICU-2

DATE: 02 Oct 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 ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTICS STUDIES
☐ TREATMENT

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev)

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	crystal	5800	OR	EBL	300
	colloid	250	OR	Urine	500
TOTAL			TOTAL		

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

0545: 24 y/o Asian male received via ~~to~~ litter from OR accompanied by anesthesia providers. Explapsg @ thigh dsg dry, intact. Independent
0700: Pt ↑ from PACU → SWC dsg d/c — independent
0730 - see ICU flowsheet for vitals d/c recovery status independent

(b)(6)-2

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse Signature:_____

1. DATE AND TIME OF CAPTURE	2. SERIAL NO.	
2003 1231 / 2305 hrs	(b)(6)-4	A
3. NAME		4. DATE OF BIRTH
(b)(6)-4		Jelah
5. RANK	6. SERVICE NO.	
Civ		
7. UNIT OF EPW		8. CAPTURING UNIT
N/A		(b)(3)-1
9. LOCATION OF CAPTURE *(Grid coordinates)*		
10. CIRCUMSTANCES OF CAPTURE	11. PHYSICAL CONDITION OF EPW	12. WEAPONS, EQUIPMENT, DOCUMENTS
attacking US Forces	Severely wounded	

DD FORM 2745, MAY 96

REPLACES DA FORM 5976, JAN 91, USABLE UNTIL EXHAUSTED.

ADMISSION AND CODING INFORMATION

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

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

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

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		9 9	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
CIV		2230	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	F 7 6	

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
O	ICU	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 CSH FWD

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
0 5	Transfer to Civilian Hospital	2 0 0 3 1 0 1 6

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYYYMMDD)
A B A A	A 1 4 A 1	2 0 0 3 0 0 0 2

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYYYMMDD)
	A 1 4 A 1	

FOR LOCAL USE

Dx: 86354 86330 5128 5185 569 E9912

Rx: 4502 4533 4561 4561 4675 3893 (x2) 5794 PADGA

Trauma 9

Injury

SIGNATURE OF ADMITTING CLERK

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

MAJ, MC USA

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

MEDCOM - 2319

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.

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

Iraqi # (b)(6)-4

(b)(6)-4

(b)(6)-4

(b)(3)-1

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

(b)(6)-4

(b)(6)-2

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION: MC to cage

26. DATE OF DISPOSITION: 30 Oct 03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

GSW to (R) leg; c̄ Femur Fracture

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Supracondylar femur fx - open c̄ GSW to leg. E922.9

ICD9.02

- External fixation device

- Fasciotomy and drainage VH5.2

☐ CHECK IF CONTINUED ON REVERSE

35. TOTAL DAYS THIS FA

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

36. TOTAL DAYS ALL

a. ABSENT SICK DAYS	b.	c. CONV LV/COOP	d. SUPPLEM CARE		f. TOTAL SICK DAYS

(b)(6)-2

SIGNATURE OF ATTEN EDICAL OFFICER

BY DIRECTION OF

DA FORM 1 MAY 79 3647-1 EDITION

(b)(6)-2

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

25y/o Iraqi Male c̄ GSW to (R) leg. WAS Attempting to FIRE RPG at 1st ~~Bat~~ HQ in Talifar. Return fire injured man.

NKA
meds ø

PHYSICAL EXAMINATION

HEART - NEAT, Abd - soft,
NVI to (R) Foot DP 1/4.
Entrance wound lat thigh; Exit Anterior lat knee ~ 8 mm
(L) leg, ARMS INTACT.
XRAYS: (R) comminuted supracondylar fx.

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

- Admitted for FAD, Application Ex Fixator (R) leg.
- D

(b)(6)-2

SIG	DATE	IDENTIFICATION NO.	ORGANIZATION
	20 Oct 03		

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.

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

-834-4176

CHRONOLOGICAL RECORD OF MEDICAL CARE

CAL RECORD

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1324/88	(3) Vomit, GSW (R) Knee poss fx dist femur
88	- Splint / Dress IL
16	- involved in GSW incident 1-187 region
97.4	- Notes some discomfort @ (R) Knee
	- Periodic nausea / vomiting
	(C) VITALS → noted
	GEN: (A+O)x4. MM Moist. Capcfill instant
	HEENT: Head NC c̄ laceration noted @ (R) Eyebrow ~ 3-4 mm length
	NECK: Full ROM. ∅ Spinous TTP
	LUNGS: CTAB OL
	CV: HRR S @ L-Lg. ∅ S3, S4
	(R) LE: Knee c̄ Jently @ suprapatellar to patella region c̄ 3+ Effusion.
	+2 pulses @ (R) LE c̄ capcfill 1-2 sec
	XRAYS → Distal 3rd Femur fracture noted, comminuted
	(A/P) 1. GSW to (R) Knee — c̄ (R) Distal 3rd of Femur (R) — IVFS 2l
	— Splint in place
	— Morphine (dose)
	— Phenergan 12.5 mg IV
	— To Erac to 2Est CVFF
	2. (R) Eyebrow laceration
	— Cleaned c̄ H_2O_2 + Irrigated
	— For suture @ 2Est
	3. (L) foot abrasion
	— Cleaned + reduced

PMH/Hx ∅

PSx/Hx ∅

Allergies NKDA (?)

Meds Received @ 2400 hr
A. Morphine 10 mg IM
B. 1g Ancef
C. 1l IVF

(b)(6)-2

(b)(6)-2 MAJ, MC,

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

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

Bed #2

CHRONOLOGICAL RECORD OF MEDICAL CAR
Medical Record

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

USP

PRINTED ON RECYCLED PAPER

CHRONOLOGICAL RECORD OF MEDICAL CARE

RECORD	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
03	Prehospital - Wound 25 yo Iraqi ♂ c GSW to (R)
20	Anterior leg. RV infiltrated. NAB e 15 lpm.
21	Airway - Monitors placed. GCS-15. Airway patent.
	Lgs CMB. ABD Soft. Pelvis stable. (+) tenderness to
	Posterior (R) femur. (+) FAST. (+) Pedal Pulses.
	Bleeding controlled.
2224	RV 18g (R) AC placed. Labs sent. Type / X-match x IV
0228	Analgesia & IVFs. Tetanus .5 cc IM. V.S.S.
0235	X-rays e bedside. Given Morphine 5 mg IVP
0300	Ortho c bedside. X-rays complete. V.S.S.
0330	V.S.S. Awaiting for OR.
0530	V.S.S. Awaiting for OR

Vitals

0220 101/64 - 77 - 20 - 98.3 - 100%
0300 112/92 - 80 - 20 - 100%
0330 107/85 - 77 - 20 - 100%
0400 104/62 - 74 - 24 - 99%
0525 115/70 - 70 - 22 - 99%

Meds

0235 Analgesia Given IVFs
0235 Tetanus .5 cc IM

IVF's - 2100 cc

UA - Ø

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

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

USP LVN

Potus # (b)(6)-4
Civ ♂ Iraqi
Trauma -

PRINTED ON RECYCLED PAPER

NSN 7540-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
20Oct03 1615	Reinforced Drsg to Ex fix site – RLE – Moderate amt Serosanguinous fluid noted. Pt assisted in turning / rotating leg. — [(b)(6)-2]
1830	Pt tolerated dinner well. ~50% — [(b)(6)-2]
2130	Noted Bright red blood saturated thru RLE drsg. Notified Dr [(b)(6)-2] of ↑ in drainage. VSS. Afebrile. VOP – OS, Reinforced drsg ± ABD pad & Kerlex. Pt tolerated c̄ minimal pain. Will continue to monitor — [(b)(6)-2]
2230 Oct 02, 03	Doing well NAD % RLE pain received M30 15mg for pain 7/10 will re-✓ effect in 10-15 min. A/O x 3 Sex. DA Form 4700 for assessment — [(b)(6)-2]
2245 Oct 02, 03	Sleeping rises and fall of chest noted. — [(b)(6)-2]

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

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

REGISTER NO.

WARD NO. ICU

POTUS # [(b)(6)-4]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

ASA Note

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
10/2/03	Prehospital - Pleural 25 gm Incisi of c GSW to (R)
0220	Anterior Lg. Rx infiltrated. NAB e RT Lg.
0221	Arrival - Monitors Placed. GCS-15. Airway Patent.
	Lgs CTAB. ABD Soft. Pelvis Stable. (+) extreme to
	Posterior (R) Femur. (+) FFT. (+) Pedal Pulses.
	Bleeding Controlled.
0224	RIV 18g (R) AC Placed. LABS Sent. Type/X-match x IV
0228	Analg + gm IVPS. Tetanus .5 cc IM. V.S.S.
0235	X-ray e Bedside. Given MSO4 5 mg IVP
0300	Ortho e Bedside. X-rays Complete. VSS.
0330	V.S.S. Awaiting for OR.
0530	V.S.S. Awaiting for OR

Vitals

0220	101/64 - 74 - 20 - 98.3 - 100%
0300	112/72 - 80 - 20 - 100%
0330	107/85 - 77 - 20 - 100%
0400	104/62 - 74 - 24 - 99%
0525	115/70 - 74 - 22 - 99%

Meds

0235	Analg + Gm IVPS
0235	Tetanus .5cc IM

IVF's - 2100 cc

UA - Ø

[redacted]

HOSPITAL OR MEDICAL FACILITY	[redacted]	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.

Potus # [redacted]

Civ of Iraq

Trauma -

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

USP LVN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
30 Oct 03	OP Note
	Pre Op Dx - GSW to (R) DISTAL Femur
	Post Op Dx - same
	Procedure 1. I+D GSW
	2. Application of Ex Fix
	(b)(6)-2
	GET
	TF - 1,500 cc EBL - 70 cc
	DRAINS: T penrose
	Complications - Ø
	FINDINGS: Comminuted supracondylar fx.
	Ex-fix placed. Sent to ICU in stable condition.
	(b)(6)-2
	MAJ (b)(6)-2
02 Oct 03	Nursing Notes: Pt admission & AM assessment performed. See Critical Care Flowsheet. —
	(b)(6)-2
30 Oct 03	Ortho Attend
	USS Albrice
	wound clean. Reinforced 2 times.
	(D) DF/PF. Had breakthrough pain. H/H 13/39.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	(b)(6)-2
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	(b)(6)-2

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

1 (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

USP LVN

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL — DATE: DAY 01 MONTH 10 YR. 03 — TIME 0220

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data): Ø

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: NKA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): GSW (R) Femur

SEX: M AGE: 25

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

VITAL SIGNS			
TIME	0245	0323	
BP	01/64	107/85	
PULSE	77	77	
RESP.	20	21	
TEMP.	100.1	98.3	
WT. (Child)	100%	100%	

CATEGORY (See reverse)
- EMERGENT
- URGENT
- ✓ NON-URGENT 6162

ORDERS	INITS.	TIME
Ancef 1g IV	[redacted]	0300
dT 0.5cc IM	[redacted]	0300
MSO4 5mg IV	[redacted]	✓

ASSESSMENT/DIAGNOSIS: (R) Knee distal femur fx.

DISPOSITION (Check all that apply): HOME ☐ FULL DUTY ☐ QUARTERS ☐ 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.

MODIFIED DUTY UNTIL: DAY ___ MONTH ___ YEAR ___

REFERRED TO (Indicate clinic)

☐ EMERGENCY ☐ TODAY ☐ 72 HOURS ☐ ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE: OR

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

TIME OF RELEASE: 0345

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

TIME SEEN BY PROVIDER: 0220

25 yo Iraqi civilian s/p GSW to (R) knee in Taliban. Seen there by Dr. Ruins. Transfer here for care.

P - Ø
S - Ø

C-\ NDWN.

HEENT
C-V
Lungs
abd
neuro - AOx4. MME. Nonfocal.
ext - (R) knee GSW EW ant superior knee.
Ø EW (+) crepitus
DP 2+ moves toes
Sensation intact
Ø other injuries

23.6 / 39.3 210

140	10.1	12	42
3.1		1.2	

CXR
abd XR

XR
comminuted distal femur fx (R) leg. Ø frags.

Ancef → OR - CRITIC (bump to) for ex-fix + Gen Surgery (Eastman / Choi)

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

Potus # (b)(6)-4

SIGN (b)(6)-2 MAST MC

INST ... ons ordered, any limitations and follow-up plans)

→ OR for CRIF.

EMERGENCY CARE AND TREATMENT — STANDARD FORM 558 (Rev. 6-82)

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	02 Oct 03
DOS	02 Oct 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

	Department/Service/Clinic	DATE
PN	ICU	02 Oct 03

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

POTUS #

(b)(6)-2

☐ 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		
	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										Ø					Ø										
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)										✓					✓								✓		
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)										NSR					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													S		
	LEFT									E													E		
	SUPINE		—							C													C		
	HOB 30 DEGREES									✓					✓								F		
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE																								
	PAIN SCALE (1-10)									5/10					6/10								✓	7/10	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN	(2) Soft & Flat (1) Distended														2									2	
BOWEL SOUNDS (active all quads)															✓									WNL	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT										✓					✓									✓	
VOIDING CLEAR, YELLOW URINE q.s.										✓					✓									✓	
SKIN INTEGRITY	No Breakdown																								
(R) LE Ext Fix (R) Ant Foot	Surgical Wounds (R) Right Groin sutures									✓					✓									✓	
	Rashes, Lac's, etc									✓					✓									✓	
DRESSING (Dry & Intact: specify site below)																									
#1 R LE Ext Fix (Cohan Gauze)										✓					✓									✓	
#2																									
#3																									
										(b)(6)-2															

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18g IV	(R) AC	02 Oct 03	Opsite, tape, CDI

SIZE	PUPILS
mm	= Equal
mm	R Reactive
mm	NR NonReactive
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

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

DATE: 02 Oct 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
BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) To Pain (1) Does Not Open									4					4								4		
BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Garbled (2) Inappropriate Verbal Response (1) No Response									5					5								5		
BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Flexion to Pain (3) Withdraw to Pain (2) Extension to Pain (1) No Response									6					6								6		
GLASCOW COMA SCALE (A+B+C)									15					15								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								5					5								5		
	LUE								5					5								5		
	RLE								3					3								3		
	LLE								5					5								5		
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				5/2								5	
	LUL										5				5/2								5	
	RLL										5				4								4	
	LLL										5				4								4	
	BOTH BASES										5				4								4	
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

(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																	
0900	100°	68	17	127/78	100%												(b)(6)-2
1000																	
1100																	
1200																	
1300																	
1400	100.5	79	14	122/73	98%												(b)(6)-2
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200	99.5	88	16	126/69	99%												
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: 22 Oct 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		
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response										5					5								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		
GLASGOW COMA SCALE (A+B+C)										15					15								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									5					5								5		
	LUE									5					5								5		
	RLE									3					3								3		
	LLE									5					5								5		
GRIP (S) Strong (W) Weak (-) absent	R									S					S								S		
	L									S					S								S		
RESPIRATIONS	REGULAR									✓					✓								✓		
	IRREGULAR																								
	UNLABORED									✓					✓								✓		
	LABORED																								
	SHALLOW																								
	RETRACTIONS																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Wheeze (1) Diminished	RUL									5					5/2								5		
	LUL									5					5/2								5		
	RLL									5					4								4		
	LLL									5					4								4		
	BOTH BASES									5					4								4		
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 Maint	PO	IVPB						Total	urine					Total	COMMENTS
0100																
0200																
0300																
0400																
0500																
0600																
0700																
0800																
8 HR									8 HR.						8 HR	
0900	100/100															
1000	100/200	80/80								625/625						
1100	100/300															
1200	100/400	140/220								375/1000						
1300	100/500															
1400	100/600		50/50							400/1400						
1500	100/700															
1600	100/800															
8 HR	100/800	220	50						16 HR. 1070	1400 900/800					16 HR.	
1700																
1800																
1900																
2000																
2100																
2200		100/420	50/100							100/900						
2300																
2400																
8 HR		420	100						24 HR. 1590						24 HR	2900

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
02Oct03	0900		Pt OR recovery complete. Admitted to ICU, pt A&OX3, speaks and understands English well. Pt has 2.5cm long suture line above (R) eyebrow. PERRLA 2mm c̄ slow accommodation to light. Lungs CTA (B), pulse ox 99% on Room Air, pt understands cough, deep breath, teaching. 18g IV cath patent infusing D5NS c̄ 20mEq KCL @ 100cc per dial-a-flo ≡ difficulty. (R) ext fixator intact c̄ gauze dressings & Coban wrap c̄ sm amt of bright red drainage from proximal pins, dressing reinforced. (D) anterior foot circular wound 2.5cm in diameter clean & dry c̄ ⊕ dressings. Foley catheter patent & draining clear yellow urine into closed drainage system ≡ difficulty, cath holder applied to upper (R) thigh. Pt denies need for medication, pt grimaces when moving (R) leg on own. Pt denies pain or discomfort. Will continue to monitor pt. (b)(6)-2 [redacted] KN
02Oct03	11:30		Pt offered water. Pt drank 80cc ≡ N&V, while continue to monitor. (b)(6)-2 [redacted] KN
02Oct03		12:15	Pt ate <25% of lunch ≡ N or V. Will continue to monitor. (b)(6)-2 [redacted] PN
02Oct03		1400	Assumed care. Pt resting in bed, HOB @ 30°. D5NS c̄ 20K infusing @ 100cc/h. IV to (R) AC CDI ∅ s/s infection/infiltration. A&OX3. c/o "Aleve" pointing to RLE. Administered Percocet ii per prn order. Will monitor effectiveness. VSS — although slightly febrile @ 100.5 ≡ / cough / deep breaths encouraged. RLE N/V intact. cap refill <3sec. + 2 pulses. Slight drng noted @ pin sites — bright red blood. Dsg undern — will continue to monitor. (b)(6)-2 [redacted]

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	02 Oct 03
DOS	03 Oct 03
POD	1

24 HOUR DATA	
24 Hour Balance	
24 Hour Intake	1590
24 Hour Output	2900
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)
(b)(6)-2

Department/Service/Clinic: ICU

DATE: Oct 3, 03

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

PO TOS (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																	
	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	S						S																	
	CHAIR	E						E																	
POSITIONED	RIGHT	L						L																	
	LEFT	F						F																	
	SUPINE																								
	HOB 30 DEGREES							✓																	
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)																									
PAIN	PAIN FREE																								
	PAIN SCALE (1-10)	7/10						7/10																	
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									
ABDOMEN (2) Soft & Flat (1) Distended		2						2																	
BOWEL SOUNDS (active all quads)		↓						hyp																	
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT		✓						✓																	
VOIDING CLEAR, YELLOW URINE q.s.		✓						✓																	
SKIN INTEGRITY	No Breakdown																								
(R) LE Ext Fix	Surgical Wounds	✓						✓																	
Eyebrow Suture	Rashes, Lac's, etc	✓						✓																	
DRESSING (Dry & Intact: specify site below)																									
#1 (R) LE Ext Fix		✓						✓																	
#2 (L) Ant Foot		✓						✓																	
#3																									
								(b)(6)-2																	

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
Kg	(R) AC	020403	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

CHART CODES

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

DATE: 03OCT03

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																	
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		5						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																	
GLASGOW COMA SCALE (A+B+C)		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																	
	LUE	3						3																	
	RLE	5						5																	
	LLE	3						3																	
GRIP (S) Strong (W) Weak (-) absent	R	5						5																	
	L	5						5																	
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	4						1																	
	LLL	4						1																	
	BOTH BASES	4						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)							8																	
	FM (l/min)							8																	
ETT #_____	NRBM (l/min)							8																	
	ETT _____cm gums							8																	
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																	
0400																	
0500																	
0600																	
0700																	
*0800	99.1	98	17	122/68	99%	—	88	—									(b)(6)-2
0900																	
1000																	
1100																	
1200																	
1300	99.2																
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

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
30Oct03	0100		Received pro med (Percocet II) for pain LRE 8-10 [redacted] will re-v in 35-40 min. [redacted]
	0420		Labs done tolerated well [redacted]
030CT03	0605		Assumed pt care. Pt c/o (R) LE pain 7/10 on pain scale. (R) AC HL 18g IV Cath patent & flushes easily. Suture line above right eyebrow ∓ S/S of infection. (R) LE EXT FIX intact c̄ gauze & Coban dressings reinforced. (R) anterior foot circular wound CDI. Tmax 99.1. Will continue to monitor pt. [redacted]
03OCT03	11:27		Pt c/o (R) LE pain, 9/10 on pain scale. Medicated pt c̄ Percocet II po prn per pain order. Will continue to monitor. [redacted]
03OCT03		13:15	Pt has Tmax of 99.7; will inform oncoming shift. [redacted]
03OCT03		13:20	Pt attempted urination per urinal c̄ Ø output. Pt stated through translator that he will attempt later. Foley DC'd @ 0950 and pt teaching reinforced of urinating on own c̄ in 6-8 hrs after urinary cath removal. Pt verbalized understanding. [redacted]

	INTAKE									OUTPUT						
	PO	IVPB							Total	Urine					Total	COMMENTS
0100																
0200	100															
0300																
0400	50 / 150															
0500	100 / 250									550						
0600	120 / 370	50 / 50														
0700																
0800																
8 HR									8 HR.						8 HR	
0900	30 / 30									450 / 450						(b)(6)-2
1000																
1100	160 / 190															
1200	60 / 250															
1300	100 / 350															
1400																
1500																
1600																
8 HR									16 HR.						16 HR.	
1700																
1800																
1900																
2000																
2100																
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

MEDIC. .CORD - PATIENT RELEASE / DISCH. 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 Oct 03
2. ADMITTING/DIAGNOSIS: Right Femoral Supracondylar Fx
3. PERTINENT LAB, X-RAY, FINDINGS:
   open Comminuted (R) Femur Fx.
4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
   I+D (R) Femur; App Ex Fix (R) Knee.
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
   Same Good.
6. ACTIVITY: Up to chair BID as tolerated
7. DIET: Reg
8. MEDICATIONS:
   ☐ Medications have been prescribed for home use. See separate list and special instructions or see below.
   1. TYLOX [redacted] b6-2
   ~~1. Percocet 1-II p.o. q 4-6 PRN pain~~
   ~~2. MOI 1 p.o. q DAY~~ [redacted] b6-2
   3. Keflex 500 mg 1 p.o. q 8° x 7 DAYS. (0600, 1400, 2200)
9. INSTRUCTIONS *(To Home Health Providers, Patient, etc)*:
   1. DAILY Pin cleaning with Hydrogen Peroxide / Sterile WATER (50-50 mix)
   2. Dressing change (R) leg.
   3. Flu Sunday at 1000 if still here.
10. DISCHARGING PROVIDER: (b)(6)-2

(Signature) *(Printed or Stamped Name)*

PATIENT IDENTIFICATION

POTUS # (b)(6)-4

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☐ OTHER _____
   ☐ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☐ OTHER _____
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:
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:
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE:
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE:
11. COMPLETED BY: (b)(6)-2 1545

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

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

(b)(6)-1 CPL MP

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

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA letter BY May (b)(6)-2

2. PATIENT IDENTIFIED AND PROCEDURE VERIFIED BY (b)(6)-2 [illegible]

3. DATE 02 Oct TIME PATIENT ARRIVED IN SUITE 0600

4. PATIENT IN ROOM TIME 0600 NUMBER 3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Alert; No pain

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	May (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify) Arms on bilateral armboards - 10° Safety

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

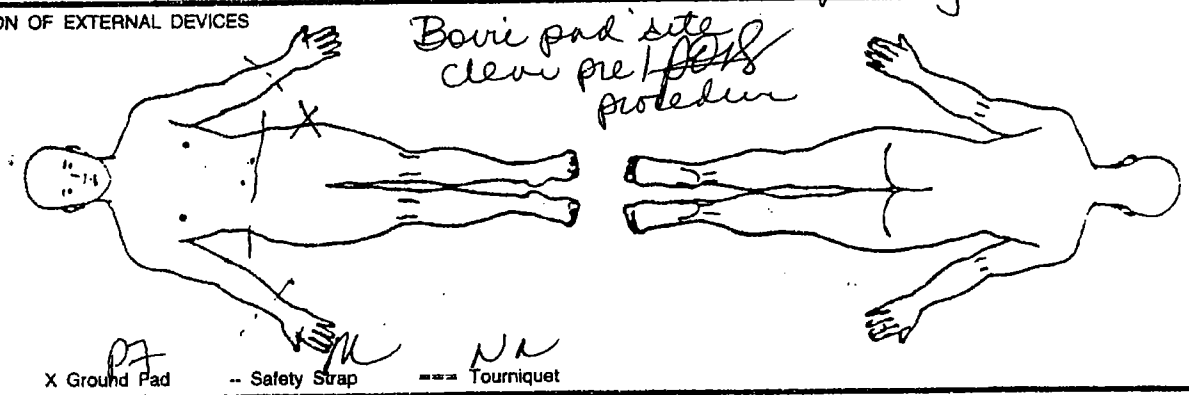
COMMENTS: Strap over Chest.

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO per Surgeon
DONE BY: ☑ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS: no nicks noted

PREP SOLUTION (Specify) Betadine scrub/sol
SITE: [illegible] BY WHOM: May
SITE: leg BY WHOM: Fortner
COMMENTS: no pooling noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap ▬▬ Tourniquet

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB (b)(6)-2	CIRCULATOR (b)(6)-2
Sponge	☑ Yes ☐ No		C	C	Spc	May
Needle Sharp	☑ Yes ☐ No		C	C		
Instrument	☐ Yes ☐ No					
Other	☐ Yes ☐ No					

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

Fragi (b)(6)-4

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

☑ ESU NO: VALLEYLAB 00432
GROUND PAD: BRAND Valleylab
LOT NO: 696710, exp 2005-04

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

MEDCOM - 2342

AR NO:

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☑ YES ☐ NO, TYPE(S):
O9NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☑ NO ☐

TYPE/SIZE	1. 1" penrose anterior thigh	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
Zeroform
fluffs
kerlix
ace

19. ADDITIONAL INFORMATION
unknown allergy status

Surgeons - (b)(6)-2

20. OPERATION(S) PERFORMED
I & D (R) thigh, Ex-fix (R) femur

21. PATIENT TRANSFERRED TO Tan TIME 0840 METHOD litter

22. REGISTER (b)(6)-2 My OR

REVERSE OF DA FORM 5179 [illegible]

*U.S. GPO: 1996-404-613/40449

ICU

POTUS (b)(6)-4

SPECIMEN/LAB. RPT. NO.

CHEM I

URGENCY: ☑ ROUTINE; TODAY ☐; PRE-OP ☐; STAT ☐

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

SPECIMEN SOURCE: ☑ BLOOD; ☐ OTHER (Specify)

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 MD (b)(6)-2 DATE 3 Oct 03 LAB. ID. NO.

(b)(6)-2

REMARKS

Chem-7 or Metabolic profile

546-107

CHEMISTRY I
STANDARD FORM 546 (Rev. 8-77)
PRESCRIBED BY GSA (GMR)
FIRMR (41 CFR) 201-45.505

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED (X)	RESULTS
GLUCOSE				103
UREA N.				7
CREATININE				1.0
URIC ACID				
SODIUM				135
POTASSIUM				4.1
CHLORIDE				99
CO_2				23
PHOSPHATE				
CALCIUM				8.6
TOTAL PROTEIN				
ALBUMIN				
GLOBULIN				
ALKALINE PHOSPHATASE				
ACID PHOSPHATASE				
SGOT				
LDH				
CPK				
BILIRUBIN (TOTAL)				
BILIRUBIN (DIRECT)				
CHOLESTEROL				
TRIGLYCERIDES				
AMYLASE				
LIPASE				
PROFILE (Specify)				

POTUS (b)(6)-4 ICU

SPECIMEN/LAB RPT. NO

MISC

URGENCY: ☑ ROUTINE; TODAY ☐; PRE-OP ☐; STAT ☐

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

SPECIMEN SOURCE (Specify): Blood

PATIENT'S MED. RECORD

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

REQUESTING PHYSICIAN'S SIGNATURE (b)(6)-2 MD (b)(6)-2 DATE 03 Oct 03 LAB ID NO.

(b)(6)-2

REMARKS

CBC w diff

557-107

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

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
WBC				11.6
RBC				3.80
Hgb				12.7
Hct				34.7
MCV				91.3
MCH				33.3
MCHC				36.5
Plt				163
Neut				15.2
Lymph				1.8

(b)(6)-4

Bonus #

O.R.

PATIENT'S MED. RECORD

SPECIMEN/LAB RPT NO.

MISC

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

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

SPECIMEN SOURCE (Specify)

LAB ID NO.

DATE 06 Oct 03 MD TECH

(b)(6)-2

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

REPORTED BY

REMARKS (b)(6)-2 SIGNATURE

557-107

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

TEST(S)	SPECIMEN TAKEN DATE	TIME A.M. P.M.	REQUESTED	RESULTS
		03 635		

Pt 92.8

5 12.6

4.5

Critical value on "K" reported to Maj Kilder

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.	UNIT	RANK	SSN
Iraqi # (b)(6)-4			98/000000286

Physician: (b)(6)-2	Ward: EMT	X STAT / Routine	Date and Time: 20Oct03 0230	(b)(6)-2	Date and Time: 20Oct03 0245

Chemistry (I-STAT) 6

X	TEST	RESULT	REF. RANGE
	Na	140	128-145 mmol/L
	K	3.1	3.3-4.7 mmol/L
	Cl	104	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	12	7-22 mg/dL
	Glu	124	73-118 mg/dL
X	Creat	1.2	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

X	ABO/Rh	B positive	
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	23.6	4.8-10.8 x10(3)/uL
	RBC	4.32	4.2-6.1 x10(6)/uL
	Hgb	14.7	12.0-18.0 g/dL
	Hct	39.3	35.0-60.0%
	MCV	91.1	80.0-99.0 fl
	MCH	34.1	27.0-31.0 pg
	MCHC	37.4	33.0-37.0 g/dL
	Plt	210	130-400 x10(3)/uL
	LY%	6.5	15.0-55.0%
	LY#	2.0	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:

I Stat 6 r c

MEDCOM - 2345

Trauma

ANCEF 1gm @ 0630

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)											
FENT.	(cc)	2	1		1			1				
VERSED	(MG)	2.5										
PROPOFOL	(MG)	150										
SUX/VEC	(MG)	60/	5	4				2				
	( )											
	( )											
VOLAT AGENT ~~for~~	% del	1.5	1.5	1.5	1.0	1.0	1.0	1.0	X			
	% e.t.											
AIR	L/Min											
N2O	L/Min											
O2	L/Min	8 -	2 -	1 -	1 -	1 -	1 -	1 -	1 -	1 -	8	

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

FLUIDS

LINE site												
	☐ Warmed											
	☐ Warmed											
18g (R) AC	☐ Warmed	#3		1000	#4							
	☐ Warmed											

LOSSES

EST BLOOD LOSS												
URINE -				300		200				200/700		

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

BODY WEIGHT: 150 KG (LB)

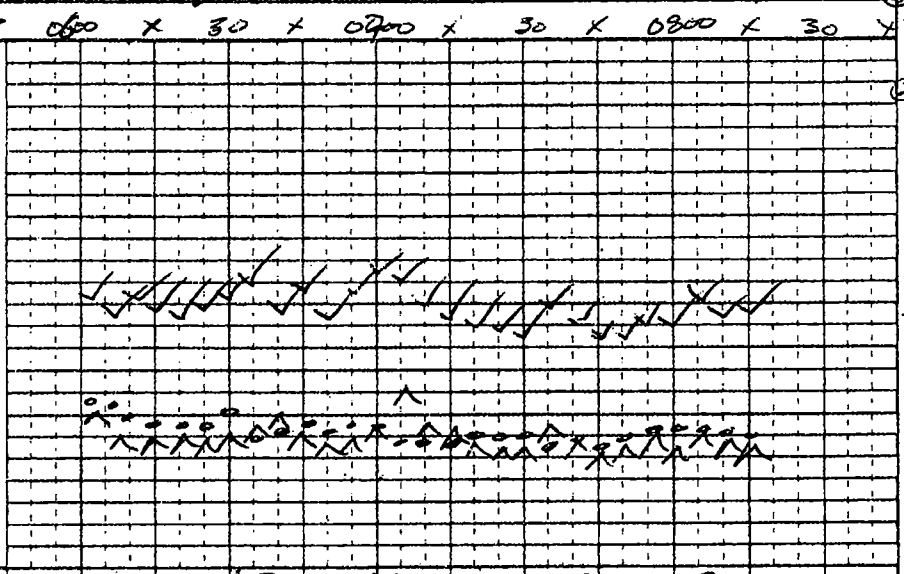
HEMATOCRIT:

INITIAL DATA: BP- 118 166 HR- 62

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? (Y) TIME- 0600

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



VENTIL.

VT - ml		660	-	650	-	660		620	-	700	-	900
f - breaths/min		10	-	10	-	10	-	10	-	10	-	10
Peak Inf pres / PEEP		22	-	22	-	22	-	21	-	22		22
MODE - S(pon), A(assist), C(on)		C	-	C		C		C	-	C	-	AV

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	32	-	34	-	33	-	34	-	34	-	32
BP/oth	FIO2 (Frac or %)	.80	-	.84	-	.80	-	.81	-	.81	-	.84
ART line	SpO2 (%)	100		100	-	100	-	100	-	100	-	100
Steth- PC/ES	ECG	SR	-	SR	-	SR	-	SR	-	SR	-	SR
Gas analyzer	TEMP-site SKIN	37	-	37	-	37	-	37	-	37	-	
	N-M Block (T/4)					0/4				4/4		2/4		4/4
Warming blkt												
Conv warmer												

Mark with letters & symbols, explain under REMARKS EVENTS *Position* → ① ②

TOTALS

TOTAL EBL	TOTAL URINE
600cc	700cc

FLUIDS - SUMMARY

CRYSTALLOID- V 600 V- (4000) (2500-KMT)

COLLOID- Ø

BLOOD- Ø

REMARKS

Code drugs with numbers, events with letters

1. PT + CHART REVIEW IN ENT
2. TO O.R. STABLE @ 0600
3. SMOOTH IC + I & RSI + CRICOID
4. PT RESPONSIVE OXYGENATED EXTUBATED & PROBLEM FREE

TO ICU. REPORT - TO RN

RECOVERY AT 0830

PACU ICU ____ (Specify)

OTHER T-98

CONDITION: STABLE

RESP- 20 SpO2- 99

BP- 135/81 HR- 68

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0600	0605	0845
	Ready	**Begin**	**End**
PROC	0762	0630	0830

PROCEDURES and CPT Codes:

EX FIX (R) FEMUR

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA

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

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* DL x 1 & RSI + CRICOID, ATTEMPTS, ATRAUMATIC BEBS (+) ETCO2

O - , H (b)(6)-4

MEDCOM - 2346

PROCEDURE LOCATION: T-1

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
GSW (R) Femur			
	PHYSICAL STATUS 1 2 3 4 5 6 7		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER 39 I	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES) NKDA
Ø	Ø	Ø	Ø

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN / DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

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: POTUS (b)(6)-4

NURSING UNIT: ICU | ROOM NO. | BED NO.

DATE OF ORDER: 2 Oct 03 | TIME OF ORDER: _____ HOURS | LIST TIME ORDER NOTED AND SIGN

- ADMIT to ICU
- Dx - GSW to (R) Femur
- VS q shift
- Reg DIET
- D5 NS c̄ 20 mEq KCl / ULTRA 100 cc/°
- Heplock when PO good.

PATIENT IDENTIFICATION: (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

- MAX RIE NFORCE Dressing as needed
- NV V (R) LE q 2° X4, then q shift
- BATH As needed
- M SOY 2-6 mg IV q 1-2° PRN Pain
- Phenergan 25 mg IV q 6° PRN N/V.
- Percocet T-II PO q 4-6° PRN Pain

Motrin 2 Oct 03 1900

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

- Ancef 1 gm IV q 8°.
- CBC c̄ diff in AM 3 Oct 03
- Chem-7 or metabolic panel in AM

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

24° Chart ✓ 0100 3 Oct 03 (b)(6)-2 Capt AN

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

(1) O/C Foley
(2) out of Bed in chair
(3) Dress D - q DAY
(4) Clean Ring BID with 50/50 Hydrogen Peroxide + H2O.
(5) ok to Discharge to (b)(6)-2

ULTRA 10/3/03 0950 (b)(6)-2

(b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				3 Oct 03	HOURS	
			①	MAY Discharge to EPW CAMP.		
			②	F/U Sunday - if still here.		
NURSING UNIT	ROOM NO.	BED NO.				

(b)(6)-2

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

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

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 2	3	4
2 oct	[illegible]	Vital signs q shift	D	(b)(6)-2		
			E	(b)(6)-2		
			N			
2 oct	[illegible]	Reg Diet	B	(b)(6)-2		
			L			
			D	(b)(6)-2		
2 oct	[illegible]	May reinforce dsg	D			
		as needed	E	(b)(6)-2		
			N			
2 oct	[illegible]	N/V ✓ (R) LE q 2° x 4, then	D			
		q shift	E	(b)(6)-2		
			N			
2 oct	[illegible]	Baths as needed	D	(b)(6)-2		
			E			
			N	(b)(6)-2		
3 OCT 03	[illegible]	OOB IN CHAIR	10	✓	(b)(6)-2	
			20	✓		
3 OCT 03	[illegible]	DRSG Δ Q DAY	10	✓	(b)(6)-2	
3 OCT 03	[illegible]	CLEAN PINS BID	10	✓		
		c̄ 50/50 Hydrogen	21	✓		
		PEROXIDE + H_2O				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (R) Femur

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: POTUS (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 [illegible]

MEDCOM - 2350

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
2 oct	(b)(6)-2	Admit to ICU	2oct	0900		(b)(6)-2
2 oct	(b)(6)-2	CBC&diff, Chem 7 or metabolic profile AM	3oct	0500	0500	(b)(6)-2
3 OCT	(b)(6)-2	D/C (b)(6)-2	3OCT	NOW	0950	(b)(6)-2
3 OCT	(b)(6)-2	OK TO DISCHARGE TODAY	3OCT	TODAY		

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

☆ U.S. GPO:1987-418-290/55267

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 10 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 2	3	4
2 oct	(b)(6)-2	D5NS c̄ 20KCl/L TRA	D	(b)(6)-2		
		100cc/hr. Heplock when	E	(b)(6)-2		
		po good	N			
2 oct	(b)(6)-2	Ancef ī̄ pm IV q 8°	06	(b)(6)-2		
			14			
			22	(b)(6)-2		

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: GSW (R) Femur

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: Potus (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 4075

MEDCOM - 2352

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													
2oct	(b)(6)-2	MSO4 2-6 mg IV q 1-2	2oct 1830	2oct 2300	3oct 0110	3oct 0800										
		prn	4mg	5mg	5mg	5mg										
2oct	(b)(6)-2	Phenergan 25mg IV														
		q 6° prn N/V														
2oct	(b)(6)-2	Percocet 1-2 po	1425 2oct	1945 2oct	0015 3oct	0430 3oct	1120 03oct									
		q 4-6° prn	1	1	1	1	1									

(b)(6)-2

(b)(6)-2

(b)(6)-2

☆ U.S. GPO:1997-418-290/55267

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: ⓡ Femur fx
ex fix

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

Gen Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES: NKDA
AIRWAYS: _____ Time DC'D _____
ETT Nasal Oral Trach
OXYGEN:
Mask Nasal Prongs Face Tent Blow-By
Liter/min. _____ %

ASA 2 History _____
Cardiac Rhythm _____
IV#1 _____ Patent Infiltrated
Site _____ Rate _____ Gauge _____
IV#2 _____ Patent Infiltrated
Site _____ Rate _____ Gauge _____

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower; Pulse DP PT RAD
PRE-OP	118/64	62											Blanche Warm Pulse Moves Y N
0840	139/81	89	22	99%	97.8 (R)	1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
0845	123/74	81	24	99%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
0850	137/73	71	22	98%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
0855	128/72	66	22	99%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
0910	124/73	67	21	99%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
0925	123/71	65	21	100%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
0940	127/78	68	17	100%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

2mg Versed 5cc
2 Ancef 0630

POST ANESTHESIA RECOVERY SCORE (PARS)

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

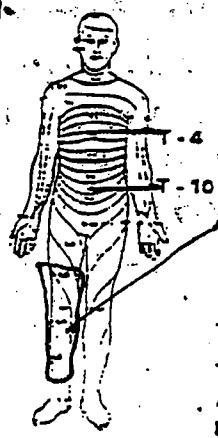
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban	(R) CDI	(R) CE
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Chest Foley Jackson-Pratt NGT

(Continue on reverse)

(b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 02 OCT 03

(Printed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

DOTUS H (b)(6)-4 EPW

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

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	OR	1500	OR	EBL	60cc
	EMT	2500	OR	Urine	700cc
TOTAL		4000cc	TOTAL		760cc

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

Pt received from OR 18g IV in (R) AC patent & infusing LR @ TKO. (R) suture approx 2.5 cm in length over eyebrow. Foley urinary catheter patent & draining clear yellow urine in closed drainage system. (R) ext fix from mid-thigh to mid calf c̄ min serosanguinous drainage on dressing surrounding upper leg pins. Coban dressing covering (R) dressings. (R) foot anterior proximal of large toe c̄ a 2cm in diameter [b)(6)-2] abrasions.

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse Signature:_____

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: Femur Fx

PHYSICIAN: (b)(6)-2

ANESTHESIA BY:

Gen Spinal MAC Axillary

Local Bier Epidural Other

ALLERGIES: NKDA

AIRWAYS: Time DC'D

ETT Nasal Oral Trach

OXYGEN:

Mask Nasal Prongs Face Tent Blow-By

Liter/min. %

ASA 2 History

Cardiac Rhythm

IV#1 Patent Infiltrated

Site Rate Gauge

IV#2 Patent Infiltrated

Site Rate Gauge

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower; Pulse DP PT RAC
PRE-OP	118/64	62											Blanche Pulse Warm Moves Y N
0840	139/81	89	22	99%	97.8 (A)	1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0845	123/74	81	24	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0850	137/73	71	22	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0855	128/72	66	22	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0910	124/73	67	21	99%		1	2	2	1	2	8		Blanche Pulse Warm Moves Y N
0925	123/71	65	21	100%		2	2	2	1	2	9		Blanche Pulse Warm Moves Y N
0940	127/78	68	17	100%		2	2	2	1	2	9		Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N

2mg Versed 5cc 2 Percocet 0830

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP 20 - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Temperature less than 95°

DRESSING:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban	(R) CDI	(R) LE
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

(b)(6)-2

DEPARTMENT/SERVICE/CLINIC: 86th LSW ICU

DATE: 02 OCT 03

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

POTUS # (b)(6)-4 EPW

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

FH MDA OP 132-11a (Rev) 1 Sep 99

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 2	(b)(6)-4	Iraqi (b)(6)-4 EPW		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
	25 Y	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
CW		0230	CW

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K 7 6	

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
2	ICU	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NA (b)(3)-1 OF MEDICAL TREATMENT FACILITY (b)(3)-1 (b)(3)-1		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)
0 1		2003 1 0 03

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y Y Y M M D D)
B1 AA		2003 1 0 2

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y Y Y M M D D)
	A 1 4 A 1	2003 1 0 2

FOR LOCAL USE

82133
87712.
Hr. 7965
7815

ADMITT (b)(6)-2 MD (b)(6)-2

DA FORM 2801, MAR 2000 MEDCOM - 2357 USAPA V1.00

(b)(3)-1

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.

PATIENT DATA ITEMS 1 - 30 (E... # 25 & 26)

EPW - (b)(6)-4

(b)(6)-4

(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

25. TYPE DISPOSITION: DIC

26. DATE OF DISPOSITION: 070403

ADMITTING ... (b)(6)-2

31. SELECTED ADMINISTRATIVE DATA

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

33. CAUSE OF INJURY

☐ CHECK IF CONTINUED ON REVERSE

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW (L) Neck & Shoulder 880.00 ICD9FY02

S/P I&D 874.8 ICD9.FY02

86.09 ICD9FY02

...AL DAYS THIS FACILITY

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

☐ CHECK IF CONTINUED ON REVERSE

...L DAYS ALL FACILITIES

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

(b)(6)-2

SIG

EDITION OF 1 ... RECORDS

MEDCOM - 2358

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

Iraqi National Shot in (L) Shoulder while failed attack on U.S. Soldiers.

All: NKA
PMH: 0
Tobacco: 0

233 / 13.4 / 37.7 / 10.2

143 / 112 / 10 / 3.6 / 1.2 / 162

VS BP 130/79 P-95 R-22 T 97.8

PHYSICAL EXAMINATION

Gen'l - WDWN ♂; mildly distressed
HEENT - 1cm x 2cm wound base of neck, posterior + left.
(L) Shoulder + Clavicular region c̄ large hematoma; NO exit wound.
Radial Pulse 2/4; Moves arm + hand normally
CV - RRR c̄ ⊖
Lungs - CTA B/L
Abd - Soft, NT/ND Back - ⊖ Injury C-Spine Non-tender

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

X-Ray: (L) Shoulder c̄ metallic fragments posterior + lateral to joint. Fx'd distal clavicle
C-Spine Neg! Chest - Neg.
A/P GSW (L) Shoulder c̄ large hematoma, NVID. No chest involvement apparent. Poss. vessel injury. Plan I+D to wound in OR

(b)(6)-2	DATE 20Oct03	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*		REGISTER NO.	WARD NO.

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

509-113

MEDICAL RECORD

PROGRESS NOTES

NSN 7540-00-634-

DATE	
02 Oct 03 2225	37 y/o male presents to EMT ambulatory to Trauma bed # 2 (two). A+O. Resp even & nonlabored. Drsgs intact. IV 18g in (R) AC 1000cc NR infusing well. Attempt to start IV in both feet x 3 w/o success. Blood drawn from (R) foot by Dr [redacted] (b)(6)-2 Sample clotted. Redrawn from (R) hand, IV shut off before draw. X-ray here. Ortho here. Pt stable @ this time. Foley 16fr placed c 900cc clear urine returned. Ut to lab. Ready for OR. — [redacted] (b)(6)-2 CHM

V/S	2225	2315	2330	
T	97.8	97.8	/	IV 3000cc
P	93	95	89	Urine 1000cc
R	16	22	15	Meds - Clindy 900mg @ 2300
BP	149/91 (R) arm	130/79 (R)	128/79 (R)	
O2	97% RA	97% RA	95%	

IDENTIFICATION (For typed or write

(b)(6)-4

(Continue on reverse side)

Name—last, first, middle; grade; rank; rate;

REGISTER NO.

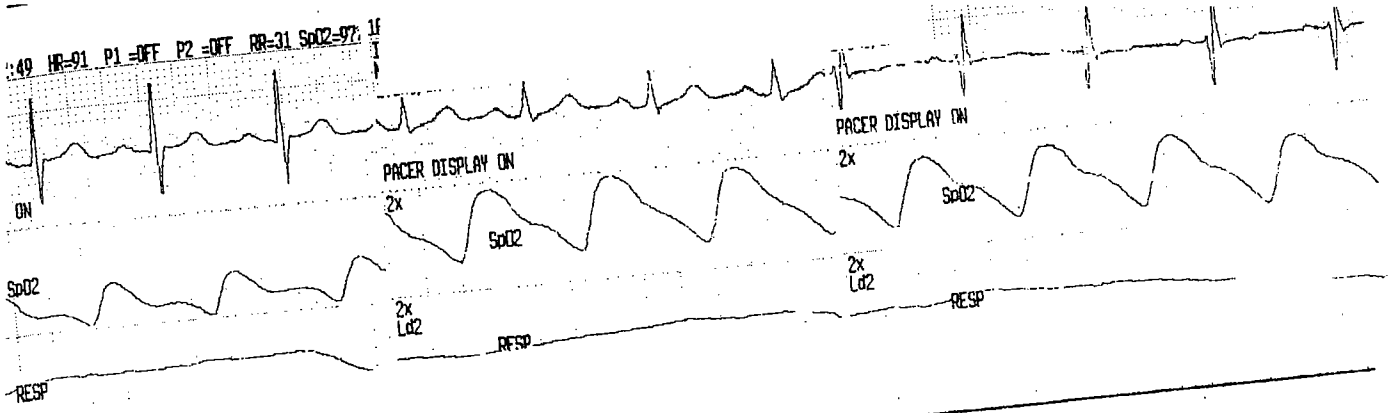
(b)(6)-4

WARD NO.

(b)(6)-4

MEDCOM - 2360

PROGRESS NOTES



23:20	89	96	121 /	71	90	16
23:10	95	96	128 /	79	98	21
23:06	93	97	130 /	79	99	21
23:00	92	95	128 /	75	95	28
22:50	95	95	139 /	83	103	26
22:40	99	98	141 /	78	104	20
22:30	00	00	[illegible]	[illegible]	[illegible]	
22						
22						

STANDARD FORM 509 (REV. 7-91) BACK

*U.S. Government Printing Office: 1996 - 404-763/20101

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
2 OCT 2003	Surgery
2319	37 yo ♂ GSW vs shrapnel (L) posterior inferior
	neck. c/o (L) shoulder pain only. & reported
& Pmit	LOC or other injuries. stable during
& Psit	transport.
& Meds	Assessment - Airway - clear
All: PCN	Breathing - CTA (B)
	BP 145/90 (B) palpable pulses (B) & (D)
	HEENT - AT/NC PERRLA EOMI
	NP/OP clear TMs clear -
	Neck - NT midline + ROM
CXR - &	pfx white cleared by exam. Further
Shoulder -	(L) 1st (L) posterior wound c̄ mild
	clavicle	wound bleeding easily controlled
	Large hematoma 1st clavicle
	Chest - CTA (B) S,S, reg NT
	Abd - S/NT/ND/ABS
	GU - & injuries noted
	Ext - Strength 5/5 RUE + RLE
	LUE c̄ painful ROM 2t shoulder
	Pulses 2+ rad (B) / fem (B) / DP/PT (B)
	Comm) (b)(6)-2 (b)(6)-2

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

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

POTUS # (b)(6)-4

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

USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
20 Oct 2003	(Cont'd)
2315	Neuro GCS 15
	Sens/motor intact globally
	specifically (L) biceps 4+/5 limited
	s/p pain
	triceps 4+/5 as above
	WF/WE 5/5 Grip 5/5
	Imp - (L) clavicle injury by GSW vs shrapnel
	& chest injury
	& ant neck injury
	& Major arterial injury suspected
	Suspect venous injury
	Plan - Washout wound
	Will cautiously explore wound/
	not hematoma + irrigate.
	& extension debridement planned
	at thoracotomy time.
	(b)(6)-2
30 Oct 03	OR Note MAJ M
0100	Dx: GSW (L) Shoulder + Posterior Neck
	Proc: (L) (L) Shoulder Wound
	Surg: Shiont / Sanborn
	Anesth: General
	Fluids: 900cc LRM ; 1000cc U.O.R. ; 150cc RBC
	Findings: Minimal muscle debridement of trapezius
	GSW R'd distal clavicle; Removed several bone pieces
	~~Opened major vessel injury~~
	Comp's: ∅
	(b)(6)-2

STANDARD FORM 600 (REV. 6-97) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

Ortho

30 Oct 03 0836

POD #1 S/P D&D GSW (L) Shoulder + Neck
Medicated & ASOV advice through night
Dressing Δ'd at 0545 for suture pain.
Tm-100.3 P-84 - R-15 BP- 138/78
Sat.- 96% on R.A. H/H 11.9/34.8
Dressing - clean, dry, + intact
NP Stable.
Cont. current regimen.
Back to OR tomorrow. (b)(6)-2

LTC, MC

40 Oct 03 0935

Ortho
POD #2 S/P D&D GSW (L) Shoulder
Comfortable.
Tm-100, VSS
Dressing - C/D/I
Stable.
Repeat D&D & DPC over drain today.
Discussed procedure c̄ pt. through (b)(6)-2
translator

LTC, MC

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME LAST	FIRST	MI	SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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.

Iraqi # (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

FPI 1EX Printed on Recycled Paper

4 Oct 03 OP Note

- GSW to (L) shoulder
- SAME

I+D (L) GSW

Shrat / Gupta

EBL 30 150 TF 350 COMP

DRAINS - T penrose drain

Findings - clean wound c̄ minimal necrotic tissue.

Bone covered c̄ muscle

(b)(6)-2

MAJ (b)(6)-2

6 Oct 03 Extra Attends

WWS Afebrile

DTRT good

(P) sensation to all fingers

- started out of bed yesterday

DC to authorities today

Keflex - 30 DAYS

Tylox = #30

Toradol - #60

F/U Ort in 12 for ~~suture~~ staple removal.

If patient sent elsewhere staples can be removed by medic in 10-14 DAYS

(b)(6)-2

MAJ (b)(6)-2

NOTES | DATE

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)
30Oct03	0145		received pt this AM; pt. finished w/recovery from ~~post-op~~ [redacted] b6-2 I-D of (L) shoulder; dressing is CDI; pt. does not complain of any pain; resting w/eyes closed; VSS; NAD; will cont. to monitor — (b)(6)-2
	0545		6mg MSO_4 given for dressing Δ; dressing was saturated with blood on the left shoulder; dressing reinforced; pt resting in bed; will cont to monitor — (b)(6)-2
	1005		6mg MSO_4 given for pain; will cont. to monitor (b)(6)-2
	1100		pt offered Δ lunch tray but declined vertigo with minimal C/O pain V/S HR 80 BP 12P/68 O_2 99% on RA Temp. 99.2 Will cont. to monitor for SSB (b)(6)-2 QWOD —
		1500	Doing well NAD will cont to monitor per orders See DA Form 4700 for assessment — (b)(6)-2
		1700	Ate 10% of dinner will cont to monitor per order — (b)(6)-2
30Oct03	2200		received report on pt from previous shift pt resting supine c̄ HOB elevated NAD Ø c/o pain, wedness to (D) UE fluids C 125cc/hr to 18G (R) AC PIV, MPC BS — (b)(6)-2
4Oct03	0000		Assessment complete V/S stable, refer to DA form 4700 for full assessment, PIV patent CDI, dressing to (D) neck & shoulder saturated c̄ blood, pt Ø S/S of lightheadedness N/V, breathing deep unlabored Ø SOB Ø dyspnea — (b)(6)-2
4Oct03	0000		reinforced dressing pt awares NPO & solid foods p MN, PO 1000cc H_2O tolerated well — (b)(6)-2
4Oct03	0420		MPC BS Ø Δ's from previous assessment (b)(6)-2

	INTAKE										OUTPUT						
	IVF	IVPB	PO							Total	Urine	BBL				Total	COMMENTS
0100	1100 / 1000										1250 / 1250	150 / 150					
0200	125 / 125																
0300	125 / 250																
0400	125 / 375																
0500	125 / 500																
0600	125 / 625										700 / 1950						
0700	125 / 750	50 / 50															
0800	125 / 875	50 / 50	66.7								100 / 2050						
8 HR	875	50								8 HR. 925	2050					8 HR 2050	
0900	125 / 125										100 / 100						
1000	125 / 250										200 / 300						
1100	125 / 375										200 / 500						
1200	125 / 500										100 / 600						
1300	125 / 625										200 / 800						
1400	125 / 750										200 / 1000						
1500	125 / 875	50									90 / 1090						
1600	125 / 1000										100 / 1190						
8 HR	1000	50							1050	16 HR. 1975	1190					16 HR. 3240	
1700	125 / 125		200								80						
1800	125 / 250										100 / 180						
1900	125 / 375		75 / 275								100 / 280						
2000	125 / 400										100 / 380						
2100	125 / 525										250 / 630						
2200	125 / 650																
2300	125 / 775	50 / 50															
2400	125 / 900		100 / 375								250 / 880						
8 HR	900	50	375							24 HR.	880					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
04OCT03	0610		Assumed pt care. Pt A&O K3 per translator & pt speaks a small amt of English. (L) neck & shoulder drsg CDI, pt c/o pain only c̄ movement of (L) UE. 18g IV cath in (R) AC patent & infusing LR @ 125cc/hr s̄ difficulty, site s̄ redness, edema, or pain. Foley patent & draining into closed drainage system. Pt performed AM ADL's ~~pt~~ even c̄ minimal assistance. Pt still denies need for medication. Will continue to monitor. — (b)(6)-2
04OCT03	0430		Pt c/o slight pain in (L) shoulder & neck area. Pt medicated c̄ MSO4 5mg per prn pain order. Will continue to monitor & reassess pain management. (b)(6)-2
04OCT03	10:45		Pt to OR via litter carrier c̄ OR staff. (b)(6)-2
04OCT03		12:25	Pt returned from OR via litter carrier via litter accompanied by OR staff. (L) neck & shoulder new dressings. (R) hand 18g IV patent & infusing D5NS c̄ 20mEq KCL @ 100cc/h per dial-a-flow set. — (b)(6)-2
		1500	In bed rest. Have ∅ % discomfort at this time. That's what he say. But can tell he's some discomfort. Will cont to monitor per order and discomfort. See DA Form 4700 for assessment. (b)(6)-2
		1700	Sleeping well NAD ~~to~~ rises and fall of chest noted. Will cont to monitor. (b)(6)-2
04Oct03		2300	Received report from previous shift, pt resting supine D5~~½~~ NS infusing c̄ 100cc/hr to (R) hand RIV, foley patent, urine yellow s̄ sediment, c/o (L) pain NAD, (L) shoulder bandage CDI — (b)(6)-2 (b)(6)-2
04Oct03		2320	Assessment complete consult DA 4700 and PCBS — (b)(6)-2

	INTAKE									OUTPUT						
	PO	+VPB	IV						Total	URINE	BM				Total	COMMENTS
0100			125 / 125													
0200			75 / 200													
0300			125 / 325													
0400			125 / 450							350 / 350						
0500			125 / 575							125 / 475						
0600			125 / 700													
0700	60 / 60	50 / 50	125 / 825													
0800			125 / 950							550 / 1025						
8 HR	66.2								8 HR 1060						8 HR 1025	
0900	60 / 60		125 / 125						1150 / 2210							
1000			125 / 250							525 / 525					525	
1100															1650	
1200															1225 / 2925	
1300			100 / 700							350 / 875						
1400			100 / 800							200 / 975						
1500	100	50	100 / 900							100 / 1075						
1600			100 / 100							200 / 1275						
8 HR	100	50	100						16 HR. 2210	125					16 HR. 2925	
1700	100 / 100		100 / 100							225						
1800	100 / 200		100 / 200													
1900	100 / 300		100 / 300							500 / 775						
2000	200 / 500		100 / 400													
2100	500		100 / 500							425 / 1200						
2200	150 / 650		100 / 600													
2300	100 / 650	50 / 50	100 / 700													
2400	650		100 / 800							475 / 1675						
8 HR	650	50	800						24 HR. 1500	1675					24 HR 1675	4200

OR 350

NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES (Sign all notes)

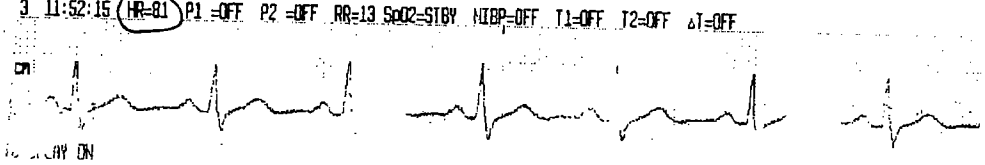
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS (Include medication and treatment when indicated)
4Oct03		2230	D/C foley pt tolerated well, conducted pt teaching on use of urinal, pt verbalized understanding — [redacted]
4Oct03		2255	I/S conducted pt. Ø dyspnea Ø SOB — [redacted]
5Oct03	0030		pt c/o pain administered pain med — [redacted]
5Oct03	0100		Ø A's from previous assessment, small amount of drainage from back of (L) neck/shoulder dressing will continue to monitor — [redacted]
05Oct03	0605		Assumed pt care. Previous shift reported removing pt's urinary catheter @ 2230. At this time, pt has not voided; has been approx 8 hrs since foley urinary catheter removed. Charge nurse notified and ↑ fluids for pt bradly has begun. Pt attempted to urinate once this AM w/pt not successful. 18IV cath in (R) hand patent & infusing D5NS c̄ 20 mEq KCl @ 100cc/° c̄ difficulty, site c̄ pain, edema, or redness. Pt up in chair @ own request following voiding attempt & ADL's completed. Will continue to monitor pt. — [redacted]
05Oct03	0710		Neurovascular checks completed; pt has full sensation, able to wiggle (R) hand & fingers, all pulses present, cap refill < 2 seconds. Pt grimaces when moving (L) arm, but denies need for medication. Will continue to monitor. — [redacted]
05Oct03	0815		Pt successfully voided 425cc/urinal c̄ slight difficulty. Pt teaching given that pain during urination would eventually subside. Will continue to monitor. — [redacted]
05Oct03	0830		Pt ambulated on ward after sitting in chair for 20 minutes. — [redacted]

	INTAKE									OUTPUT						
	D5½NS2KCl	PO	IVPB						Total	Urine	BM				Total	COMMENTS
0100	100/100															
0200	100/200	150/150														
0300	100/300															
0400	100/400															
0500	100/500															
0600	100/600	400/550														
0700	100/700	60/610	50/50													
0800	100/800									425/425						
8 HR	800	610	50						8 HR. 1460						8 HR 425 / 1250 / 1675	
0900	100/100															
1000	100/200									600/600						
1100	100/300									*650/1250						
1200	100/400															
1300	100/500															
1400																
1500			50/50													
1600									~~2010~~							
8 HR									16 HR. 2010						16 HR. 1675	
1700		330								500/500						
1800																
1900		100/430														
2000										500/1000						
2100		50/480														
2200																
2300																
2400																
8 HR									24 HR.						24 HR	

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
05 OCT 03	Nursing Notes: (10:00) Pt c/o neck & shoulder pain, 7/10 on pain scale. Medicated pt c̄ percocet ii po per pain order. Will continue to monitor. [redacted]
05 OCT 03	12:05 - Pt c/o "fluttering in heart & dizziness" per translator, after staff informed pt he would be discharged soon to the EPW Camp. Rhythm strip taken, Ø s/s of acute distress noted, pt LOC in-tact, Ø speech dysfunction or N.V.D. Pt denied any



	dizziness after moving from chair to bed. Will continue to monitor. [redacted]
05 OCT 03	1345 - Nursing Notes - Assisted physician in D'ing pt neck & shoulder dressing; pt tolerated well. Will continue to monitor. [redacted]
05 OCT 03 1500	Recieved Pt Resting well hob 30° VSS Ø complaints at this time See flow chart for assessment will continue to monitor [redacted] CT RN WM6 [redacted]
06 OCT 03 0001	MPC BS VS stable Ø c/o pain @ head N2 patent, HOB elevated pt moves ext x4 5 difficulty [redacted]

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

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

DATE	NOTES
06 Oct 03	VS PSO2=97% HR=78 R=18bpm T=98.8 B/P=116/66 (83)
0300	Ø c/o pain (L) shoulder/neck bandage CDI, HOB elevated
	Ø other complaints @ this time, will continue to monitor [(b)(6)-2]
6 Oct 03 0850	T 99°, BP 117/65, HR 84, RR 17, SpO2 96% on RA, pt. ambulated this AM; sat up in chair + ate breakfast; voiding clear, yellow urine; No lock to (R) hand CDI - patent; NAD, lung sounds clear (B); BE active x 4 quad.; dressing to (L) shoulder CDI; pt c/o pain II percocet given PO; pt. now resting in bed; pulses normal + palpable (B) radial, will cont to monitor [(b)(6)-2]
6 OCT 03 1500	Recieved pt Resting well, VSS, Ø complaints @ this time, Pt meds and Dressing changes[78] materials Ready for pt evac to MP custody well Continue to monitor [(b)(6)-2] at 91WMC [(b)(6)-2]
6 Oct 03 1740	D/C to MP's Instruction given "states understanding of the D/C orders" Supplies given for the next 5-6 days. Instructed to come back or call with any concern or care [(b)(6)-2]

FPI LEX Printed on Recycled Paper

STANDARD FORM 509 (REV. 5-99) BACK

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp): (b)(3)-1

LOG NUMBER

ARRIVAL			
DATE			TIME
DAY	MONTH	YR.	
2	10	03	2225

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☒ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data): Ø

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: PCN

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code):

HOME TELE. NO. (Inc. area code):

CHIEF COMPLAINT(S) (Include symptom(s), duration): GSW neck

SEX: M AGE: 37

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER: 2252.

VITAL SIGNS			
TIME	2225	2315	2330
BP	149/91	130/79	128/79
PULSE	93	95	89
RESP.	16	18 22	15
TEMP.	97.8	97.8	—
SpO2 (Unaf. (Cold))	97	97% RA	95%

CATEGORY (See reverse)
- EMERGENT
- URGENT
- ✓ NON-URGENT

ORDERS	INITS.	TIME
CBC, lytes, BUN, Cr	[redacted]	2235
UA	[redacted]	2305
CXR, c-spine,	[redacted]	2300
L humerus.	[redacted]	2300
T+C x4 c	[redacted]	2235
Clindamycin 900mg IV		2300

b6-2

ASSESSMENT/DIAGNOSIS: GSW L neck

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

S: 37 y/o ♂ GSW to neck and shoulder.

37 yo EPW s/p GSW c̄ M-4 to L lat neck. Stable en route. Speaking ī airway involvement.

PSH - Ø
PMH - 15 years ago
Tob - Ø
Last Oral Int 24hr

C - A - nl voice
1° B - B=/symmetric BS 1xLB IV
C - CR<2S, DP 2+
D - GCS 15, MAE

2° HEENT - lat post zone 2 neck GSW c̄ no significant venous oozing.
Chest - L shoulder/ant pack ecchymotic hematoma.
L Shoulder - GSW c̄ FB palp post, small EW
CV - Reg & rr
lungs - CTA B
abd - S/NT/ND
pelvis stable
back - ↓ inj
neuro - symmetric MM 5/5 ULE, Reflex 2+

EDC - SOD (Sanborn) eval'd pt. ↓ airway involvement. ↓ htx/ptx.
Abx given.

CXR ↓ptx ↓htx
C-spine
humerus

DISPOSITION (Check all that apply)
- HOME ☐ FULL DUTY
- QUARTERS: 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs. ☐
- MODIFIED DUTY UNTIL: DAY ___ MONTH ___ YEAR ___
- REFERRED TO (Indicate clinic):
- EMERGENCY ☐ TODAY ☐
- 72 HOURS ☐ ROUTINE ☐
- ADMIT. TO HOSP. UNIT/SERVICE:

CONDITION UPON RELEASE
- IMPROVED ☐ UNCHANGED ☐
- DETERIORATED ☐

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

Iraqi # (b)(6)-4

(b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP: (b)(6)-2 MAJ, MC

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

To OR

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	30 Oct 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			
Call Light Within Reach			
Side Rails Up			
Bed in Low Position			

PREPARED BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 UTAW	ICU	30 Oct 03

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 - 2375

0

VITAL SIGNS

TIME	T	P	R	B/P	SAT	A-line	MAP	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	COMMENTS
0100																	
0200	97.7 Ax	80	12	128/21	94%												
0300																	
0400																	
0500																	
0600	100.3	84	15	138/78	96%		99										
0700																	
0800																	
0900																	
1000	99.9	78	18	123/62	96%		85										
1100																	
1200																	
1300																	
X1400																	
1500	100	88	15	130/68	96		90										
1600																	
1700																	
1800																	
1900		86	16	130-68	96												
2000																	
2100																	
2200																	
2300																	
2400	99.6	96	10	133/74	96		97										(b)(6)-2

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 Oct 03
DOS	4 Oct 03
POD	

24 HOUR DATA	
24 Hour Balance	890
24 Hour Intake	3710
24 Hour Output	4600
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	SIWMZ	ICU	4 Oct 03

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

Pons (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		
	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 0			1 3 8								1 3 8							1 3 8		
EDEMA					✓			✓								✓							✓		
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					NSR			ST								SR							SR		
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															S									
	CHAIR															E									
POSITIONED	RIGHT															L									
	LEFT															F									
	SUPINE				✓			✓															✓		
	HOB 30 DEGREES				✓			✓								✓									
FALLS PROTOCOL INITIATED																									
PROTECTIVE DEVICES (Refer to FHMDA OP132-26)					—																		X		
PAIN	PAIN FREE				✓			✓								✓							RF		
	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			+4								✓							x4		
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT					✓			✓								✓							✓		
VOIDING CLEAR, YELLOW URINE q.s.					✓			✓								✓							✓		
SKIN INTEGRITY	No Breakdown				✓			✓								✓							✓		
(L) neck/shoulder	Surgical Wounds				✓			✓								✓							✓		
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)																									
#1 (L) neck/shoulder/back					✓			✓								✓							✓		
#2																									
#3																									
					✓			[redacted]								✓							✓		

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG)
~~X86 PIV~~	~~(R) AC~~	~~30 OCT 03~~	~~CDI @ 0400~~
18G IV cath	(R) HAND	04OCT03	CDI @ 10:30

(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: 04 Oct 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			+2								+2							+2		
	L				+2			+2								+2							+2		
MOVEMENT (See Motor Function Scale at Top of Page)	RUE				4			4								4							4		
	LUE				3			3								3							3		
	RLE				5			5								5							5		
	LLE				5			5								5							5		
GRIP (S) Strong (W) Weak (-) absent	R				S			S								S							S		
	L				W			W								W							W		
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				✓			✓								✓							✓		
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			RA								R							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)(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	99.2	94	13	122/73	98		94										RA % no pain
0500																	
0600																	
0700																	
*0800	99.3	94	16	131/76	96%		95										RA
0900																	
1000																	
1100																	
1200																	
1300																	
1400																	
1500	99.9	97	14	124-73	97		91										RA
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2220	99.2	86	15	129/68	97		91										RA, NAC
2300																	
2400																	

CRITICAL CARE FLOW SHEET

(b)(3)-1

LOS DATA	
DOA	3 Oct 03
DOS	5 Oct 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 BY (Signature and Title)	Department/Service/Clinic	DATE
(b)(6)-2 9/WM2	ICU	5 Oct 03

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

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

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

		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
	RADIAL L		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			3					3								3									3
			8					8								8									0
EDEMA			✓					✓								✓									✓
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)			✓																						SR
HEART RHYTHM (Normal Sinus Rhythm, no ectopy)			SR													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)			—						✓								✓								RF
PAIN	PAIN FREE		RF																						
	PAIN SCALE (1-10)																								
PCA/PCEA IN USE (Refer to FHMDA OP132-7)																									2
ABDOMEN (2) Soft & Flat (1) Distended			2						2								2								
																									✓
BOWEL SOUNDS (active all quads)									✓																
NG / DOBHOFF PLACEMENT VERIFIED																									
RESIDUAL ASSESSED																									
Ph																									
FOLEY CATHETER PATENT			P/C							✓	[redacted]						✓								✓
VOIDING CLEAR, YELLOW URINE q.s.									✓																✓
SKIN INTEGRITY	No Breakdown		—														✓								✓
(L) neck/Shoulder	Surgical Wounds		✓						✓																
	Rashes, Lac's, etc																								
DRESSING (Dry & Intact: specify site below)									✓								✓								✓
#1 (L) neck/Shoulder			✓																						
#2																									
#3																									

b(6)2

b(6)-2

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION (SITE, DSG.)
18G	(R) hand	4 Oct 03	CDI
18G	R HAND	4 Oct 03	Ø S/S of IA

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: 5 Oct 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								5									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								15									15
PUPIL RESPONSE Size (mm), React to Light (+) No Response (-)	R		2+					2+								2+									2+
	L		2+					2+								2+									2+
MOVEMENT (See Motor Function Scale at Top of Page)	RUE		4					4								4									4
	LUE		3					3								3									4
	RLE		5					5								5									5
	LLE		5					5								5									5
GRIP (S) Strong (W) Weak (-) absent	R		S					S								S									S
	L		W					W								W									W
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		✓					✓								✓									✓
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					RA								RA									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)(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	99.1	86	17	128/70	99%	—	91	—	—	—	—	—	—	—	—	—	RA
0900																	
1000																	
1100																	
1200																	
1300	99.3	74	16	136/69	99%	96% RA											
1400																	
1500																	
1600																	
1700																	
1800																	
1900																	
2000																	
2100																	
2200																	
2300																	
2400																	

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA litter BY LTC (b)(6)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2 May

3. DATE 2 Oct 03 TIME PATIENT ARRIVED IN SUITE 2333

4. PATIENT IN ROOM TIME 2335 NUMBER (b)(6)-4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: PCN

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
	Spc (b)(6)-2 (b)(3)-1		
ASSIGNED CIRCULATOR	May (b)(6)-2	RELIEF CIRCULATOR	
	May (b)(6)-2 (b)(3)-1		

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

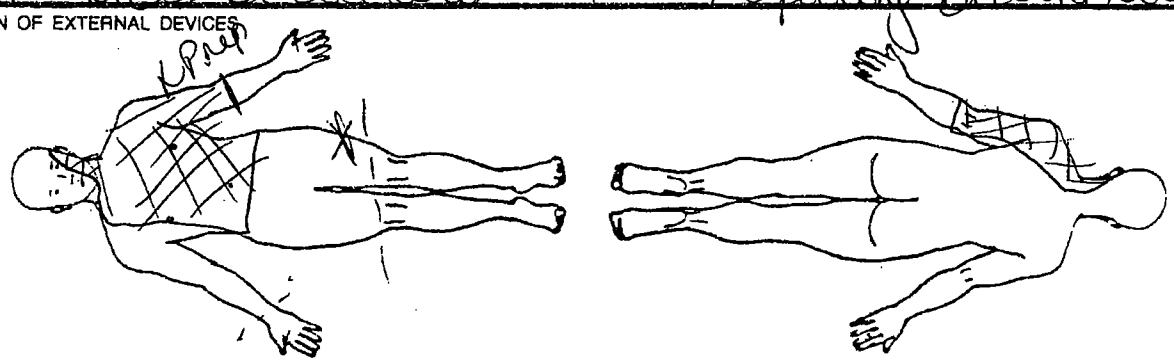
COMMENTS: beam bag used @ tilt position

8. SKIN PREPARATION

HAIR REMOVAL ☑ YES ☐ NO
DONE BY: ☑ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☑ RAZOR ☐ CLIP
COMMENTS: No bicks or irritation

PREP SOLUTION *(Specify)* Betadine/Betadine
SITE: Neck, Chest BY WHOM: May (b)(6)-2
SITE: arm to elbow BY WHOM:
COMMENTS: No pooling or irritation

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

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

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

IRAQI # (b)(6)-4

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

☐ ESU NO: Valleylab 000434
GROUND PAD: BRAND ~~Bom~~ Valleylab E7507
LOT NO: 696710

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

MEDCOM - 2385 AR NO:

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY
Foley cath in place on arrival draining clear yellow urine		

PHYSICIAN'S SIGNATURE (b)(6)-2 [redacted] (b)(6)-2 [redacted], MD LTC, MC

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

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	1. 1 1/2" penrose	2.	3.
SITE	(L) Shoulder	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

NS dressing

19. ADDITIONAL INFORMATION

(b)(6)-2 [redacted]

(b)(6)-2 [redacted]

(b)(3)-1 [redacted]

20. OPERATION(S) PERFORMED

I&D (L) neck

21. PATIENT TRANSFERRED TO ICU TIME See DA7389 METHOD litter c safety straps

22. REGISTE (b)(6)-2 [redacted] maj/n

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1996-404-613/40449

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

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA letter BY (b)(6)-2

2. PATIENT IDENTIFIED, RECORDS REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2

3. DATE 04Oct03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Alert.

6. NURSING PERSONNEL

ASSIGNED SCRUB	Spc (b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	Mrz (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)* on blanket, rolled 100% R. Safety strap over thighs. ⓒ

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

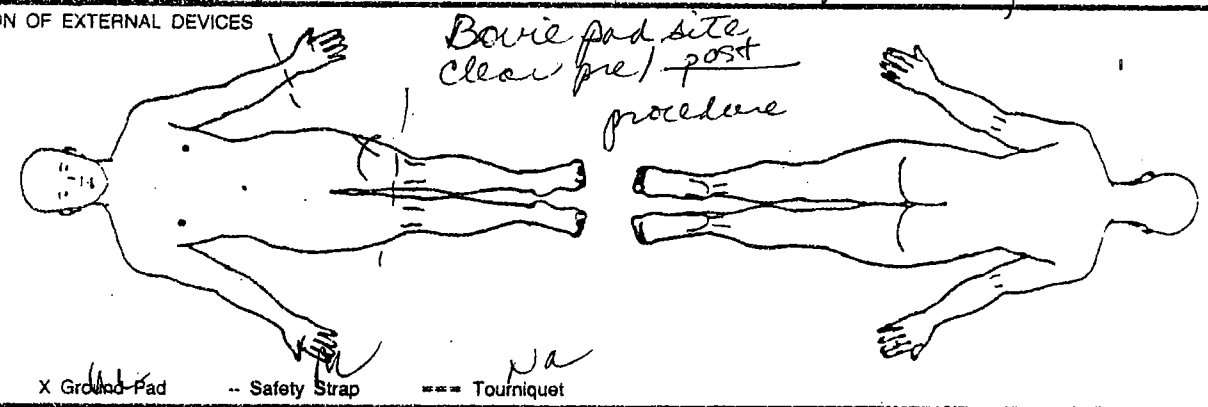
COMMENTS: arm free

8. SKIN PREPARATION

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

PREP SOLUTION *(Specify)* Betadine scrub/sol
SITE: ⓒ neck BY WHOM: Maj
SITE: arm BY WHOM: Fortier
COMMENTS: ∅ pooling water

9. LOCATION OF EXTERNAL DEVICES



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

10. COUNTS		C = Correct I = Incorrect				
		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR (b)(6)-2
Sponge	☑ Yes ☐ No			C		
Needle Sharp	☑ Yes ☐ No			C	Spc (b)(6)-2	Mrz
Instrument	☐ Yes ☑ No					
Other	☐ Yes ☑ No					

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

Angi (b)(6)-4

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

☑ ESU NO: Valleylab 00432
GROUND PAD: BRAND Valleylab 69671
LOT NO: 4p 2005-09

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

LAR NO:

14. MEDICATIONS/ORDERS					
IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA)				YES ☐	NO ☐
MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☐ YES ☐ NO, TYPE(S):
OGNS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM
YES ☐ NO ☑

IF YES, SITE

16. LABORATORY SPECIMENS		
SPECIMEN (S) YES ☐ NO ☑	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☑	NAME	NAME
CULTURE (C) YES ☐ NO ☑	NAME	NAME
NAME	NAME	NAME
NAME	NAME	

17. TUBES, DRAINS/PACKING	YES ☐	NO ☐	
TYPE/SIZE	1. 1" penrose	2. (L) shoulder	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
fluffs
4x4's
foam tape

19. ADDITIONAL INFORMATION
unknown allergy plates

Surgeons - Stroud / Gupta

20. OPERATION(S) PERFORMED
I & D (L) shoulder - neck wds

21. PATIENT TRANSFERRED TO SICU	TIME	METHOD litter
22. REGISTERED NURSE (b)(6)-2	May RN	

REVERSE OF DA FORM 5179-1, OCT 87

*U.S. GPO: 1996-404-613/40449

MEDI[illegible] RE[illegible]D - PATIENT RELEASE / DISCH[illegible] INSTRUCTIONS

r 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: 20 Oct 03
2. ADMITTING/DIAGNOSIS: GSW to ⓡ shoulder
3. PERTINENT LAB, X-RAY, FINDINGS: clavicle fracture c̄ No MAJOR vessel involvement
4. PROCEDURES, TREATMENT, HOSPITAL COURSE: I&D, ⓡ GSW c̄ Exploration Axilla I&D, closure
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE: GSW to ⓡ shoulder
6. ACTIVITY: As tolerated. Should do Range of Motion in 5-7 days
7. DIET - as tolerated
8. MEDICATIONS:
   ☒ Medications have been prescribed for home use. See separate list and special instructions or see below.
   1. Percocet 1-2 po q 4-6 PRN pain #30
   2. Motrin 800mg 1 po q 4-6 PRN pain #60
   3. Keflex 1 po q 6 x 3 days #12
9. INSTRUCTIONS (To Home Health Providers, Patient, etc): Sling as needed. DAILY dressing change. F/U in ~10 days (Oct 12) for staple removal. May be done by medic if everything OK
10. DISCHARGING PROVIDER: [redacted] (Signature) MAJ [redacted] (Printed or Stamped Name)

PATIENT IDENTIFICATION

POTUS # [redacted]

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DISPOSITIONED TO: ☐ HOME ☐ DUTY ☑ OTHER detainee camp
   ☑ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER
2. ACCOMPANIED BY: ☐ FAMILY ☐ FRIEND ☐ OTHER
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: Reg diet
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: yes, 4x4's + tape for dry sterile dressing.
9. FOLLOW-UP APPOINTMENTS, POINT OF CONTACT & PHONE: 18 Oct 03 f/u @ Specialty Clinic.
10. FOR PROBLEMS OR EMERGENCY, CONTACT & PHONE: 570-2112 - EMT
11. COMPLETED BY: [redacted] (Signature and Title) 20 Oct 03 (Date and Time)

I HAVE RECEIVED A COPY OF AND UNDERSTAND THESE INSTRUCTIONS.

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

21st COMBAT SUPPORT HOSPITAL

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI	UNIT	RANK	SSN
Iraqi #[redacted] (b)(6)-4			

Physician:	Ward:	X STAT / Routine	Date and Time:	R[redacted] (b)(6)-2	Date and Time:
Maj (b)(6)-2	ER		20Oct03 22:40		20oct 2300hr

Chemistry (I-STAT)

X	TEST	RESULT	REF. RANGE
	Na	143	128-145 mmol/L
	K	3.6	3.3-4.7 mmol/L
	Cl	112	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	~~160~~ 10	7-22 mg/dL
	Glu	162	73-118 mg/dL
	Creat	1.2	0.6-1.2 mg/dL
	Hct		35.0-60.0%
	Hgb		12.0-18.0 g/dL

Urinalysis

	Color	Straw	Straw/Yellow
	Clarity	Clear	Clear
	Glucose	Neg	Negative
	Bilirubin	Neg	Negative
	Ketone	Mod	Negative
	SG	1.025	1.010-1.025
	Blood	Large	Negative
	pH	5.0	5.0-8.0
	Protein	Trace	Negative-Trace
	Urobili	0.2	Negative
	Nitrite	Neg	Negative
	Leuko	Neg	Negative

Urine Microscopic

	WBC	0-5	Epi Rare squamous
	RBC	0-5	Mucus Mod
	Bacteria	Light	Yeast
	Casts:	or Hyaline	0-2 broad
	Crystals:	none	
	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	AB Positive	
	T&C		
	T&S		

HCG

	Urine		Negative
	Serum		Negative

Hematology

X	TEST	RESULT	REF. RANGE
	WBC	10.2	4.8-10.8 x10(3)/uL
	RBC	4.19	4.2-6.1 x10(6)/uL
	Hgb	13.4	12.0-18.0 g/dL
	Hct	37.7	35.0-60.0%
	MCV	90.0	80.0-99.0 fl
	MCH	32.1	27.0-31.0 pg
	MCHC	35.6	33.0-37.0 g/dL
	Plt	233	130-400 x10(3)/uL
	LY%	11.4	15.0-55.0%
	LY#	1.2	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: ISTAT 6 CREAT+ 1 ID Crossmatch ~~Multiples 8 (no cross)~~

MEDCOM - 2390

BJ Y.O. ALL PCN

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)	2310	2330	2400	0030	0100	30	0200
FENT	(MCG)	100	150					
ANCEF	(mg)	20	10					
SUX	(mg)	100						
	( )							
MRSD4	(mg)			2	2			
	( )							
VOLAT AGENT	ISO	3	2.5	2	2.6	X		
AIR	L/Min							
N2O	L/Min							
O2	L/Min	8	1	1	1	2	8	X

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

FLUIDS

LINE site		2310	2330	2400	0030	0100	30	0200
	☐ Warmed							
	☐ Warmed							
	☐ Warmed							
LR 1000	☐ Warmed		500		700		900	

LOSSES — EST BLOOD LOSS / URINE -

TOTALS	TOTAL EBL
250	150
	TOTAL URINE
4	1000

FLUIDS - SUMMARY

CRYSTALLOID- 900

COLLOID- 0

BLOOD- 0

REMARKS

Code drugs with numbers, events with letters

2335 In Room
STD MONITORS
RSI

0055 - MOUTH SX FOLLOWED CALLED ETTUBATION ESU

0109 - TO JCU/ICU C5V

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 285 KG LB

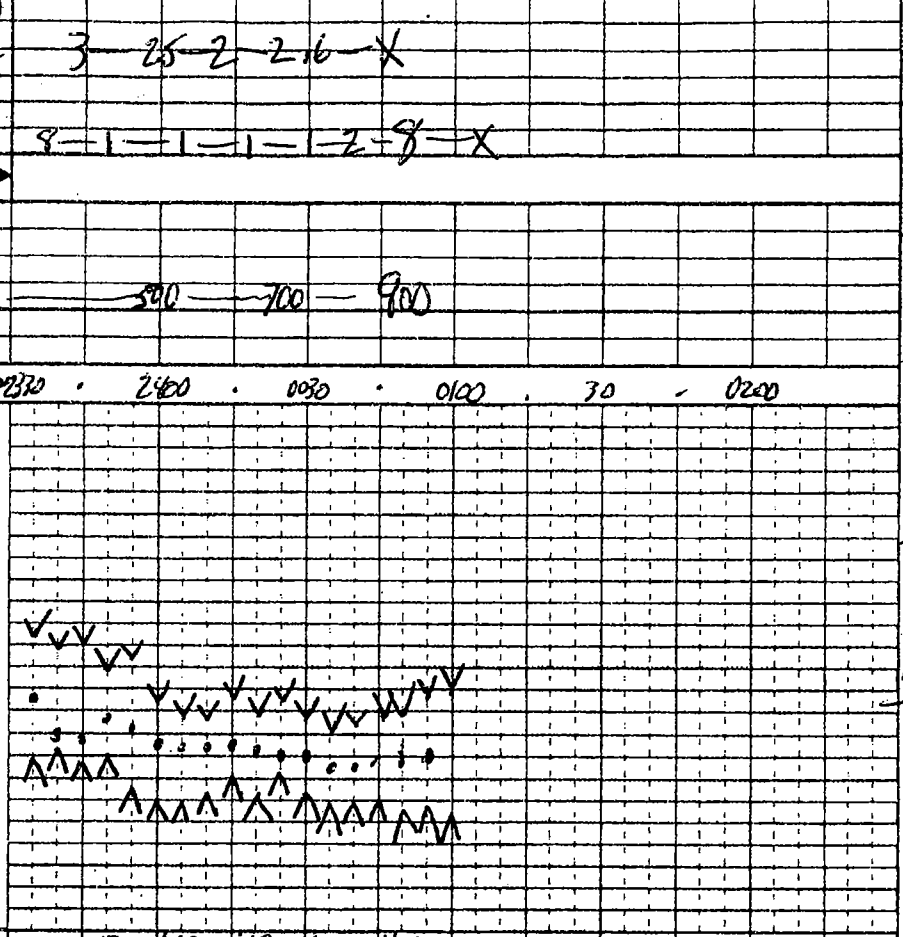
HEMATOCRIT: 13/37

INITIAL DATA: BP- 135/60 HR- 104

EQUIP CHECK: OK? Y N

PATIENT RECHECK: OK for PROCEDURE? TIME-

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



VENTIL

	2310	2330	2400	0030	0100	30	0200
VT - ml		630	660	660	770	410	
f - breaths/min		10	10	10	6	9	
Peak inf pres / PEEP		20	20	21			
MODE - S(pon), A(assist), C(on)	S	C	C	C	S	S	S

MONITORS/ACCESSORIES

		2310	2330	2400	0030	0100	30	0200
✓ BP/Auto Cuff	✓ ET CO2 (torr)	+	33	32	30	38	47	
BP/oth	✓ FIO2 (Frac or %)	1.0						
ART line	✓ SpO2 (%)	97	97	97	97	97	99	99
Steth- PC/ES	✓ ECG	SR	SR	SR	SR	SR	SR	
Gas analyzer	TEMP-site SKIN		37.0					
	N-M Block (T/4)							
	FOLEY			1000				
Warming blkt								
Conv warmer								

RECOVERY AT 0115

PACU ICU #2 (Specify)

OTHER

CONDITION: T 94.4

RESP. 22 SpO2 98

BP 152/88 HR 100

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	2310	2335	0120
	Ready	Begin	End
PROC	2345	0015	0055

Mark with letters & symbols, explain under REMARKS

EVENTS Position → ① ② ③ Arm secured to board support L90°

PROCEDURES and CPT Codes:

① NECK D & I

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA - RSI

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

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

DL x1, MAC 3, GR II, 7.5 ETT x1 24cm@LIP ⊙BBS=(+) EtCO2 x6 ETT TAPED, ORAL AIRWAY

SURGEON:

PROCEDURE LOCATION:

DATE:

(b)(6)-4

(b)(6)-2

POTUS # (b)(6)-4

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
D&I (L) NECK/Shoulder	37		
	PHYSICAL STATUS 1 2 3 4 5 6 7		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ..... ABNORMAL AND WHY?	HGB ..... RBC ..... HCT ..... OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP ..... PULSE ..... ECG (IF PERTINENT) 128/79 90 97%	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES) PCN ALLERGY

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION CLINDAMYCIN - 900 mg IV ONLY
	SIGNATURE OF EVALUATING PHYSICIAN / DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

*U.S. Government Printing Office: 1994 — 300-892/10029

MEDICAL RECORD - ANESTHESIA

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

1100

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

DRUG	(Units)	1500	1510	1520	1530	1540	1550	1600	1610	1620	1630	1640	1650	1700	1710
Fentanyl	(u)	(200)	50												
propofol	(mg)	120													
Succ	(mg)	80													
	( )														
	( )														
	( )														
VOLAT AGENT Iso	% del	1.5	2.0	1.5	1.5	X									
	% e.t.														
AIR	L/Min														
N2O	L/Min														
O2	L/Min	8	1	1	1	8 →									

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

FLUIDS

LINE site	☐ Warmed														
#18 IV LA	☐ Warmed	→	—	300	→	→	350								
	☐ Warmed														
	☐ Warmed														

LOSSES

EST BLOOD LOSS															
URINE -															

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 87 kg LB

HEMATOCRIT: 39.9

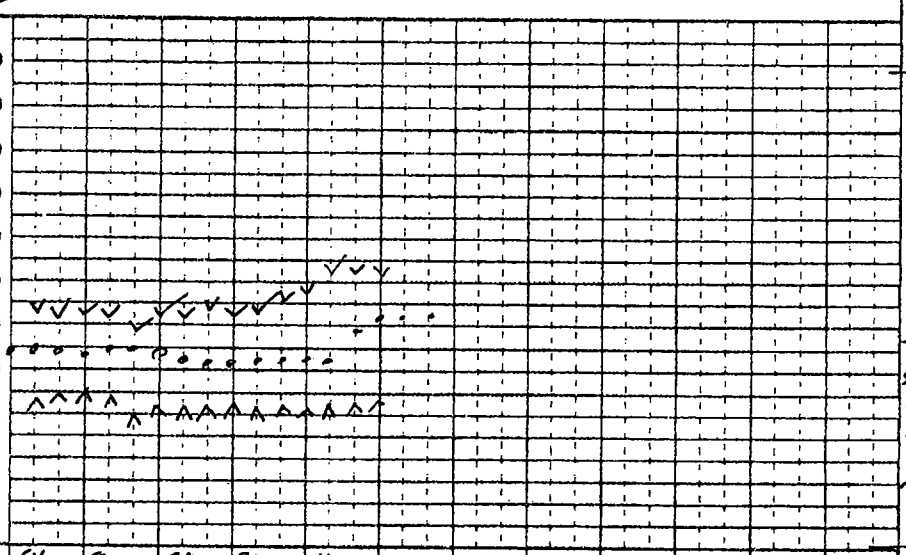
INITIAL DATA: BP- 130 / 68 HR- 86

EQUIP CHECK: OK? Y N

PATIENT RECHECK: OK for PROCEDURE? ✓ TIME- 1100

TIME →

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



VENTIL

VT - ml	50	590	280	380	410
f - breaths/min	↓	7	9	8	7
Peak inf pres / PEEP		20	–	–	–
MODE - S(pon), A(assist), C(on)		c	S	S	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	+	40	57	57	59
BP/oth	FIO2 (Frac or %)	1.0	1.0	1.0	1.0	1.0
ART line	SpO2 (%)	99 100	98	98	98	98
Steth- PC/ES	ECG	SR	SR	SR	SR	SR
Gas analyzer	TEMP-site	Avail	→	→		
	N-M Block (T/4)					
Warming blkt						
Conv warmer						

Mark with letters & symbols, explain under REMARKS — EVENTS / Position → Supine / (L) Shoulder bump ↑ →

PROCEDURES and CPT Codes: (L) Shoulder I&D.

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

Iraqi # (b)(6)-4

ANESTHETIC TECHNIQUES: Describe block technique under Remarks GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments IV induction, easy mask vent; easy DL c̄ MAC 2; Grade II view; 7.5 ETT; ⊕ etco2, EBBS; sec. @ 22 cm, tape

SURGEONS: (b)(6)-2

TOTALS	TOTAL EBL
	30
	TOTAL URINE
	~~0~~ 50

FLUIDS - SUMMARY

CRYSTALLOID- 350

COLLOID- ∅

BLOOD- ∅

REMARKS

Code drugs with numbers, events with letters

-pt. safely to OR, Art monitors, Pre-ox; see below for induction

case conducted →
Smooth emergence/extubation →
Patent airway →
Safely to ICU →
Report given.

RECOVERY AT

PACU (Gen) _____ (Specify)

OTHER _____

CONDITION: good

RESP- 17 SpO2- 90%

BP- 122/77 HR- 101

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1100	1100	1225
	Ready	Begin	End
PROC	1110	1130	1203

PROCEDURE LOCATION: OR

DATE:

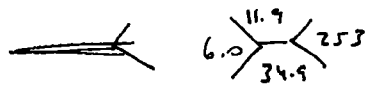
PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
I & D, (B) Shoulder	37	87	airway favorable - easy intubation

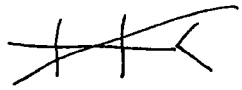
PHYSICAL STATUS: (1) 2 3 4 5 6 7

URINALYSIS
NORMAL .....
ABNORMAL AND WHY?

HEMATOLOGY
HGB ..... RBC ..... HCT .....
OTHER



BLOOD CHEMISTRY



RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY)	BP 130/68 PULSE 86 ECG (IF PERTINENT) 96% RA	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)
ROS: ⊖	ROS:	ROS: ⊖	PCN
∅ tobacco	Exam:		
exam:	NR S1, S2, ∅ murmurs		
CTA (B).	- vague h/o dysrhythmia - apparently transient did not interfere duties as military officer		

PREVIOUS ANESTHETICS AND COMPLICATIONS

PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
1. Clindamycin 600 IV q 8 0
2. Morphine

PREOPERATIVE DIAGNOSIS

PREMEDICATION

SIGNATURE OF EVALUATING PHYSICIAN (b)(6)-2

DATE Oct. 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

Iraqi # (b)(6)-4

*U.S. Government Printing Office: 1994 — 300-892/10029

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Irrigation + Debridement (L) Shoulder

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____
(Description of operation or procedure in layman's language)

Extend wound at base of neck + wash-out wound

which is to be performed by or under the direction of Dr. Shoux / Sanborn

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None
(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES (Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above

(b)(6)-2

(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) | (Signature of Patient) | (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) | (Signature of Sponsor/Legal Guardian) | (Date and Time)

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

(b)(6)-4

Drug!

REGISTER NO.	WARD NO

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-45.505
522-110

*U.S. Government Printing Office: 1991 — 312-071/40193

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Irrigation + Debridement of Left Shoulder

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be _____ (Description of operation or procedure in layman's language)

Open Wound on left Shoulder, remove any dead or devitalized tissue, + wash wound out

which is to be performed by or under the direction of Dr. Shorr

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None. (If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES (Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(b)(6)-2

LTC, MC

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) _____ (Signature of Patient) _____ (Date and Time) _____

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) _____ (Signature of Sponsor/Legal Guardian) _____ (Date and Time) _____

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

Bragi #, (b)(6)-4

REGISTER NO.	WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-45.505
522-110

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
30 OCT 2003	0037 HOURS	
To ICU - shock		
Dx - GSW (L) neck (shoulder		
Cond - Guarded		
Allergies - PCN		
Vitals per ICU routine		
I's/O's; foley to gravity		
LR @ 125 cc/hr		

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
Activity - EPW/out of bed to chair in AM	HOURS
Diet - NPO	
MSO4 (Morphine) 1-6 mg IV q 1° prn pain	
Clinda 600 mg IV q 8°	
CBC in AM	
May reinforce dressing.	

30 OCT 03 0030 [illegible]

NURSING UNIT | ROOM NO. | BED NO.

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
If this is repeated, notify MD	HOURS
30 OCT 03 0022	
(1) Demerol 12.5 mg IV NOW FOR POST-OP SHIVERING - MAY REPEAT DOSE IN 10 MIN IF NECESSARY X 1	
(2) MSO4 1-5 mg IV Q 5 MIN MAX 10 mg PRN POST-OP PAIN	
(b)(6)-2 CRNA	

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4

DATE OF ORDER	TIME OF ORDER
30 Oct 03	1000 HOURS
Reinforce dressing as needed	
[redacted] NPO p MN; Regular diet [illegible]	
On Call for OR tomorrow	

b6-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

240 Chart ✓ 4 Oct 03 267

MEDCOM - 2397

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: 30 Oct 03 TIME OF ORDER: 2028 HOURS

1. pt. may have clear liquids until 0800
2. no solids after MN

LIST TIME ORDER NOTED AND SIGN: [illegible] 30 Oct 03 0800 (b)(6)-2

NURSING UNIT: 24° Chart ✓ ROOM NO.: 0100 BED NO.: 30 Oct 03 (b)(6)-2 Cpt AN (b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 40ct03 TIME OF ORDER: HOURS

1. S/P I+D GSW to left neck
2. Dr (b)(6)-2 / (b)(6)-2
3. D5NS ē 20 mEq KCL/L. TRA 100cc/°
   Heplock when flo good.
4. I/O's, foley to gravity
5. Up in chair 15 Am
6. ML-PCN

NURSING UNIT: ROOM NO.: BED NO.:

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

7. Clindamycin 600g IV q 8°
8. MAX Lientorce Dressing
9. MSO4 1-6 mg IV q 1° PRN Pain
10. Percocet 1-2 p.o. q 4-6° PRN Pain
11. IS q 1° WA
12. VS q shift
13. MAX WMK as tolerated

NURSING UNIT: ROOM NO.: BED NO.:

PATIENT IDENTIFICATION

DATE OF ORDER: TIME OF ORDER: HOURS

14. DIET Regular
15. To ICU
16. Sling to (L) Arm when upright
17. NV ✓ (L) UE ē VS X24°

(b)(6)-2

NURSING UNIT: ROOM NO.: BED NO.:

MAJ (b)(6)-2

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

CLINICAL RECORD - DOCTOR'S ORDERS

For 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

POMS #(b)(6)-4

DATE OF ORDER	TIME OF ORDER	HOURS	LIST TIME ORDER NOTED AND SIGN
4 Oct 03	2230 hrs		
-10 Dr (b)(6)-2	(b)(6)-2		MATC
D/C Foley			

5 Oct 03 1100 (b)(6)-2

NURSING UNIT	ROOM NO.	BED NO.
5 OCT 03	0210	

(b)(6)-2 SPC, 91WM2

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	HOURS	
6 Oct 03			
① D/C Heplock			
② Discharge today			
③ please copy History / physical + Op Notes for patient (the requested it)			
④ Sling for L Arm			

Noted 6 OCT 03 1500 JCP

NURSING UNIT	ROOM NO.	BED NO.

MAJ (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

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.

Date 10 Oct 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR.	DATE COMPLETED 1	2	3	4	5	6
30 Oct 03	(b)(6)-2	Ut abdomen routine (q shift)	D						
			E						
			N						
30 Oct 03	(b)(6)-2	I's + O's, foley to gravity	D						
			E						
			N						
30 Oct 03	(b)(6)-2	EPW/OOB to chair in AM	D						
			E						
			N						
30 Oct 03	(b)(6)-2	Diet NPO DC'd Regular Diet	D						
			E						
			N						
30 Oct 03	(b)(6)-2	May reinforce dressing if this is repeated call MD) DC'd error	D						
			E						
			N						
04 Oct 03	(b)(6)-2	IS q 1° W/A (while awake)	D						
			E						
			N						
04 Oct 03	(b)(6)-2	May walk as tolerated	D						
			E						
			N						
04 Oct 03	(b)(6)-2	Sling to (L) arm when upright	D						
			E						
			N						
04 Oct 03	(b)(6)-2	(L) UE ē VS X 24°	D						
			E						
			N						

ALLERGIES: ☑ YES ☐ NO — PCN

PRIMARY DIAGNOSIS: GSW (L) neck/shoulder

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

EPW (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

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Mo 10 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
30ct	(b)(6)-2	To ICU - SHROUD, Condition Guarded	30ct	ADMIT	0010	(b)(6)-2
30ct	(b)(6)-2	CBC in AM	30ct	AM	0515	
30ct	(b)(6)-2	NPO after midnight; on call for OR	30ct	0001	0001	
30ct	(b)(6)-2	May have Clear liquids until 0000	40ct			
		no solids p MN	40ct	0001	0001	
04Oct	(b)(6)-2	S/P I&D GSW to left neck	04OCT	12:25	12:25	
04 Oct	(b)(6)-2	Dr (b)(6)-2 / (b)(6)-2	04Oct	12:25	12:25	
04Oct	(b)(6)-2	To ICU	04Oct	12:25	12:25	
6Oct	(b)(6)-2	D/C Heplock	6Oct	1500	1500	

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

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
30Oct03	(b)(6)-2	Demerol 12.5 mg IV now for post op shivering. May repeat dose in 10min if necessary x1.	30Oct03	0015 (b)(6)-2
30Oct03	(b)(6)-2	MSO4 1-5mg IV Q 5min, Max 10mg for post op pain		

PATIENT IDENTIFICATION

Potus Epw (b)(6)-1

DIAGNOSIS: GSW (S) neck/shoulder

ALLERGIES: PCN

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

A[illegible]AL RECORD - MEDICATION ADMIN[illegible]ATION RECORD

ORDER DATE	TRANSCRIBER/ REVIEWER INITIALS	SECTION II (Cont) RECURRING MEDICATIONS, DOSE, FREQUENCY	HR ↓	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION — DATE ADMINISTERED: 02	03	04	05	06
30 Oct 03	(b)(6)-2	Clindamycin 600mg IV Q8°	07	/	(b)(6)-2			
			15	/				
	(b)(6)-2		23	(b)(6)-2				
30 Oct 03	(b)(6)-2	LR 125cc/hr	D	/	(b)(6)-2			
			E	/	(b)(6)-2			
			N	PK				
04 Oct 03	(b)(6)-2	D5NS c 20 mEq KCL/L	D	/	/	(b)(6)-2		
		TRA 100cc/° Heplock	E	/	/			
		when po good.	N	/	/			

DC'd 04 Oct 03 (b)(6)-2 2155

PATIENT IDENTIFICATION

Potus (EPW) (b)(6)-4

DIAGNOSIS: GSW (L) Neck/Shoulder

ALLERGIES: PCN

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													
3Oct03	(b)(6)-2	MSO4 1-6 mg IV Q10 prn pain	3Oct 0140 1 mg	3Oct 0140 6 mg	10/3 1005 6 mg IV	3Oct 2300 4 mg	4Oct 0030 5 mg	4Oct 2020 5 mg								
04Oct03	(b)(6)-2	Percocet I-II po q 4-6° prn pain	4Oct 2020	5Oct 0140	05Oct 10:00 I-II po	5Oct 2000 II x0	6Oct 0845									

(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

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

900mg Ondansetron in OR

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: (L) neck I+D
wkshop

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

(Gen) Spinal MAC Axillary
Local Bier Epidural Other

50Pul
1 MSO4
24230

ALLERGIES: PCN

AIRWAYS: 0 Time DC'D

ETT Nasal Oral Trach

OXYGEN:

Mask Nasal Prongs Face Tent Blow-By

Liter/min. %

ASA History

Cardiac Rhythm

IV#1 LR Patent Infiltrated

Site (Rac) Rate Gauge 18

IV#2 Patent Infiltrated

Site Rate Gauge

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	135/80	104											Extr: L R Upper Lower; Pulse DP PT RAC
PRE-OP	/												Blanche Pulse Warm Moves Y N
0100	152/85	90	18	98	94%	1	2	2	0	1	6		Blanche Pulse Warm Moves Y N
0105	129/73	91	21	94		1	2	2	0	1	6		Blanche Pulse Warm Moves Y N
0110	134/79	89	17	93%		1	2	2	0	1	6		Blanche Pulse Warm Moves Y N
0115	133/75	85	17	94%		1	2	2	0	1	6		Blanche Pulse Warm Moves Y N
0130	123/69	82	13	93%									Blanche Pulse Warm Moves Y N
0145	145/69	99	14	94%									Blanche Pulse Warm Moves Y N
0200	128/71	80	12	94									Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N
	/												Blanche Pulse Warm Moves Y N

POST ANESTHESIA RECOVERY SCORE (PARS)

Activity - General Anesthesia
2—Maintain head lift and open eyes
1—Unable to maintain head lift and open eyes
0—Unable to lift head and open eyes

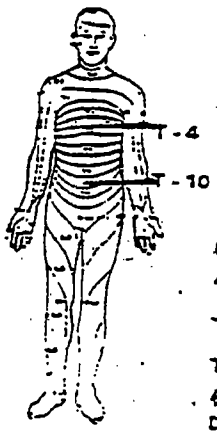
Activity - SAB or Subarachnoid Block
2—Moves all four extremities with control
1—Moves both upper extremities

Respirations
2—Spontaneous respiration; needs no support
1—Limited effort; needs artificial airway or jaw support
0—Needs ventilator; no spontaneous respiration

Circulation
2—BP 20% preanesthetic level
1—BP ~~20~~ - 50% preanesthetic level
0—BP 50% or more preanesthetic level

Level of Consciousness
2—Awake and alert; seldom dozes
1—Awakens when gently stimulated
0—Awakens only when vigorously stimulated

Skin
2—Normal skin color & temperature greater than 96°
1—Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0—Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze		
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest Jackson-Pratt

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 30 Jan 03

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

Pates (b)(6)-4 (EPW)

3740

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR	LR	900	OR	EBL	150
			OR	Urine	1000
			RR	urine	250
					1400
TOTAL		900	TOTAL		~~1150~~

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

0130- Pt assessment complete. Sleeping soundly snoring. Lungs CTA(B) Heart RRR S1S2 ∅ ectopy. NSR. BS active x4. Dressing to (R) shoulder intact clean and dry. neurovasc ✓ to RUE intact radial pulses + 2 (B) dorsalis pedis +2 (B). Wound to (L) side of neck c̄ mild edema and dried blood. ∅ drainage from wound site. Pt covered c̄ 2 blankets to ↑ temp Foley to gravity - clear yellow urine [redacted] CTAN

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS
[redacted] TAN	Demerol	12.5mg	IV	0115	for shivering	✓

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____ Resolved; No.'s_____ Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse's Signature:_____

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: POST ANESTHESIA CARE UNIT FLOWSHEET

OTSG APPROVED (Date): 17 Jan 80

PROCEDURE: I&D (L) Shoulder & neck wounds

PHYSICIAN: (b)(6)-2

ANESTHESIA BY: (b)(6)-2

Gen Spinal MAC Axillary
Local Bier Epidural Other

ALLERGIES:

AIRWAYS: Time DC'D

ETT Nasal Oral Trach

OXYGEN:

Mask Nasal Prongs Face Tent Blow-By

Liter/min. %

ASA History

Cardiac Rhythm

IV#1 Patent Infiltrated
Site (R) hand Rate Gauge 18g

IV#2 Patent Infiltrated
Site Rate Gauge

Time	B/P	P	R	O2SA	Temp	Act	Resp	Circ	LOC	Skin	PARS	COMMENTS	Neuro-Vascular
PRE-OP	/												Extr: L R Upper Lower; Pulse DP PT RAD
PRE-OP	/												Blanche Warm Pulse Moves Y N
12:25	133/77	100	18	98%	96.7	1	2	2	1	2	8	BL SFM	Blanche Warm Pulse Moves Y N
12:30	128/76	86	15	95%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
12:35	131/77	86	15	96%		1	2	2	1	2	8		Blanche Warm Pulse Moves Y N
12:40	127/75	87	23	96%		1	2	2	1	2	8	Δ'd to 4L NC	Blanche Warm Pulse Moves Y N
12:55	124/76	83	13	97%		2	2	2	1	2	9		Blanche Warm Pulse Moves Y N
13:10	130/75	82	14	99%		2	2	2	1	2	9	Δ'd to 2L NC	Blanche Warm Pulse Moves Y N
13:25	134/77	83	16	98%		2	2	2	1	2	9	DC'd NC	Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N
	/												Blanche Warm Pulse Moves Y N

POST ANESTHESIA RECOVERY SCORE "PARS"

Activity - General Anesthesia
2--Maintain head lift and open eyes
1--Unable to maintain head lift and open eyes
0--Unable to lift head and open eyes

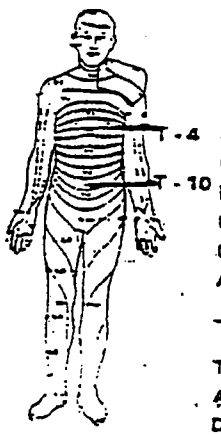
Activity - SAB or Subarachnoid Block
2--Moves all four extremities with control
1--Moves both upper extremities

Respirations
2--Spontaneous respiration; needs no support
1--Limited effort; needs artificial airway or jaw support
0--Needs ventilator; no spontaneous respiration

Circulation
2--BP 20% preanesthetic level
1--BP ~~20~~ - 50% preanesthetic level
0--BP 50% or more preanesthetic level

Level of Consciousness
2--Awake and alert; seldom dozes
1--Awakens when gently stimulated
0--Awakens only when vigorously stimulated

Skin
2--Normal skin color & temperature greater than 96°
1--Skin is pale, blotchy, dusky &/or temperature 95 - 96°
0--Cyanotic &/or temperature less than 95°



DRESSING:	Status	Location
Gauze	(R) I to tape	(L) Neck & Shoulder
Opsite		
Bandaid		
Steri-strips		
Collodian		
Peri-pad		
Coban		
Cotton Balls		
Ace Wrap		

TUBES AND DRAINS: Hemovac Foley NGT Chest ~~Jackson-Pratt~~

(Continue on reverse)

(b)(6)-2

DEPARTMENT/SERVICE/CLINIC: ICU

DATE: 04 Oct 23

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 ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTICS STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

FH HDA OP 132-11a (Rev)

MEDCOM - 2407

INTAKE			OUTPUT		
TIME	TYPE	AMT	TIME	TYPE	AMT
OR		350	OR	EBL	150
			OR	Urine	
TOTAL			TOTAL		

PACU NURSING NOTES: NURSING CARE PROBLEM NO.'S IDENTIFIED. Refer to FH MDA OP 39

NURSING CARE PROBLEMS: 1. RESP; 2. CIRC; 3. ACT; 4. LOC; 5. TEMP; 6. PAIN; 7. SAFETY; 8. ANXIETY; 9. EDUC; 10. OTHER

MEDICATION RECEIVED IN PACU/ICU

MEDICATION GIVEN BY:	DRUG	DOSE	ROUTE	TIME	PAIN LEVEL	EFFECTIVENESS

DISPOSITION SUMMARY: Nursing Care Problems No.'s_____Resolved; No.'s_____Continue.
Patient was transferred from PACU/ICU recovery room via litter/crib with siderails raised, or held by parent in wheelchair.
Dressing status:_____ PAR Score_____ Safety Straps_____
Report given to_____. Patient released by Anesthesia_____
Time out_____. Nurse's Signature:_____

(b)(6)-4

RANK / GRADE

MALE / HOMME

FEMALE / FEMME

Y CODE / GPM

RELIGION / RELIGION OTHER

2. UNIT / UNITÉ Special Forces.

FORCE / ÉLÉMENT

NATIONALITY / NATIONALITÉ

A/T | AF/A | N/M | MC/M

BC / BC | NBI / BNC | DISEASE / MALADIE | PSYCH / PSYCH

3. INJURY / BLESSURE

FRONT / DEVANT

BACK / ARRIÈRE

AIRWAY / TRACHÉE

HEAD / TÊTE

WOUND / BLESSURE

NECK/BACK INJURY / BLESSURE AU COU/AU DOS

BURN / BRÛLURE

AMPUTATION / AMPUTATION

STRESS / TENSION

OTHER (Specify) / AUTRE (Spécifier)

GSW Posterior

Poss GSW Distal Neck

4. LEVEL OF CONSCIOUSNESS / NIVEAU DE CONSCIENCE

ALERT / ALERTE

VERBAL RESPONSE / RÉPONSE VERBALE

PAIN RESPONSE / RÉPONSE À LA DOULEUR

UNRESPONSIVE / SANS RÉPONSE

5. PULSE / POULS | TIME / HEURE

6. TOURNIQUET / GARROT | NO / NON | YES / OUI | TIME / HEURE

7. MORPHINE / MORPHINE | NO / NON | X YES / OUI | DOSE / DOSE 10mg | TIME / HEURE 3:1[illegible]

8. IV / IV | TIME / HEURE

9. TREATMENT / OBSERVATIONS / CURRENT MEDICATION / ALLERGIES / NBC (ANTIDOTE)
TRAITEMENT / OBSERVATIONS / PRESENTE MEDICATION / ALLERGIES / ANTIDOTES

Adm

Large Auto Show Idx

Hematoma

Dx applied - Slow venous bleeding [illegible]

3L - started 2 IV (#3)

10. DISPOSITION / DISPOSITION EVAC

RETURNED TO DUTY / RETOUR À L'UNITÉ

EVACUATED / EVACUÉ

DECEASED / DÉCÉDÉ

TIME / HEURE 20[illegible]

11. PROVIDER (b)(6)-2

(b)(6)-2

DATE/DATE (YYMMDD) 030902

DD Form 13[illegible]
DEC 91

[illegible] of DD Form 1380 and DD Form 1380 (TEST), which are obsolete.

FI[illegible] MEDICAL CARD
[illegible] AVANT ÉTATS-UNIS

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. MTF LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
A 1 4 A 1	J 2	0 0 2 3 8 2 3	EPW # (b)(6)-4	C 1 V	M

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

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		9 8	0 0 0 0 0 0 2 9 0

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1037	

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

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
D	JCW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(6)-2 21st CSH

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
0 5		2 0 0 3 1 0 0 7

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYYYMMDD)
A B A A		2 0 0 3 1 0 0 2

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYYYMMDD)
	A 1 4 A 1	

FOR LOCAL USE

Dx: 88010
8749
E9912

Trauma
9

Px: 8622 (X4)
8659 (X2)

Injury
Yes

ADMITTING (b)(6)-2

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

(b)(3)-1

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.

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

Potus # (b)(6)-4 Detainee

(b)(6)-4

K78 M
K78 CIV
FMP20

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)-2

32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED

25. TYPE DISPOSITION: D/C

26. DATE OF DISPOSITION: 27 Oct 03

31. SELECTED ADMINISTRATIVE DATA

☐ CHECK IF CONTINUED ON REVERSE

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

- Multiple Fragment Wounds (new) 19 Oct 03 879.8 ICD9 FY02
- (L) Shoulder - Shrapnel wound
- Penis - abrasion 033.0 ICD9.FY02
- (L) Hand - tissue laceration
- Closed Head Injury / Altered Mental Status 000.9 ICD9 FY02
- [redacted] 66.2
- Leukocytosis 288.8 ICD9.FY02 Microhematuria 599.7 ICD9.FY02

880.0 ICD9.FY02 - multiple scalp fragments
- Shrapnel @ iliac crest

☐ 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

SIGNATURE (b)(6)-2 (b)(6)-2 (b)(6)-2 (b)(6)-2 ORDS OFFICER

EDITION OF AUG 76 IS OBSOLETE.

DA FORM 1 MAY 79 3647-1

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

See 558 for details

S/p Convoy Attack w/ multiple small fragment wounds

Now 9 hrs after event. Still to some altered mental status → given diazepam/phenergan

PHYSICAL EXAMINATION

Plan admit for observation

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

(b)(6)-2

DATE	IDENTIFICATION NO.	ORGANIZATION
10/19/03		

REGISTER NO.	WARD NO.

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

(b)(6)-2

[redacted]

LCE MCHSN

Potus

(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

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
190ct03	(S) cc/HPI: s/p Grenade Throwing Attack/Event (1-187 AB) — Meds ?
0110	— Iraqi patient involved in grenade incident (per reports, was attempting to throw grenade)
3/P 136/72	— Pt initially seen @ 1-187 BAS, then transferred
	— Currently verbalizing ≅ difficulty
Pul: 128	— Pt does not speak ENGLISH and does not respond to translator.
	Allergies ?
VITALS @ 0150	(O) VITALS — noted * no translator present
BP 140/90	GEN: Iraqi Male in mild to moderate distress. MMMoist.
P 130s	Capnefill instant
O_2 Sat @ 99-100%	HEENT: Abrasion/laceration @ (R) Temporal Area
Meds ordered	NECK: ? Abrasion/puncture @ (R) neck
1) Demerol 50mg IV x 1 (done)	LUNGS: CTA (L), (R) ≅ some ↓ breath sound
	HEART: Tachy ≅ @ v/g. ∅ S3, S4
	ABDOM: Active BS. Mild guarding, rigidity. @ LLQ/Pelvic region ≅ possib entry/puncture ≅ bilat @ (R) upper pelvis. (R) UQ ≅ puncture
2) Phenergan 25mg IV x 1	EXTREMS:
	(L) shoulder — puncture noted ~ 2-3 mm
3) IVF Bolus 2l (done)	(R) PENIS — @ (R) Glans, abrasion noted ≅ abrasion also @ dorsum (@ coronal region)
	(L) HAND — bb-2 @ middle finger/distal phalanx — pad, soft tissue laceration
Vitals @ 0317	Thumb also seen ≅ puncture injury.
BP 138/85	
P 124	(A/P) 1. Multiple shrapnel injuries — concerning involvement to abdomen, (L) Hand
SpO2 98	— Analgesia ≅ Demerol/Phenergan (see (L) margin)
	— IVFs x 2l Bolus, Alen KVO
	— Clean and re-dress areas of involvement
	— To (b)(3)-1 for GEN. SX. (Abdomen) and continued wound care
	(b)(6)-2 (b)(6)-2 MAJ, MC, FS (b)(6)-2 Surgeon
	— OVER —

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.

Local (b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

USP LVN

PRINTED ON RECYCLED PAPER

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
19 OCT 03 (Cont')	Addendum — XRAYS 1) Head/(R) Temporal Region — ? shrapnel retained 2) (R) Neck — ϕ involvement (on AP) 3) CXR — ϕ Evid of Pneumothorax 4) KUB — (Flat) Retained shrapnel seen @ LLQ, ϕ Free Air 5) (L) HAND — ϕ Evid of Fx, ? shrapnel retained @ 2nd Finger (b)(6)-2 [redacted] T.O.
19 OCT 03 0340 hrs	Addendum (S) Air Ambulance had to return to FOB 2° To Weather (Fog) Once (L) middle finger cleaned + prepped, digital block applied c̄ 1% Lidocaine, 4 Ethilon Sutures applied loosely to site after debridement done. Dressing applied Pressure dressings applied to 1st + 2nd Fingers of (L) Hand. Additional 25 mg Demerol IV x 1 given to patient @ 0300 hrs To place in pt hold until able to evac. (b)(6)-2 [redacted] T.O.

#308

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
19 OCT 03 @0245	HOLDING ORDERS
	1) Dx: Multiple Shrapnel c̄ possible intraabdominal involvement
	2) VITALS: Every 4 hours with Pulse Ox
	3) IVFs: LR @ Maintenance
	4) Nothing by mouth!!!
	5) Meds: a) Demerol 50mg / Phenergan 25mg IV q6 ~~8 hrs~~ 6 hrs b6-2 [redacted] as needed for pain (last dose @ ~ 0100 hrs)
	b) Ancef 1g IV q6° : next dose @ 0700 hrs
	6) Continue O_2
	7) To head out / evac to (b)(3)-1 @ soonest possible time (c̄ weather clearing or convoy) (b)(6)-2
	MAJ, MC, FS
19 OCT 03 @0430	Progress Note / Addendum
	(S) Reduced areas involved c̄ shrapnel and pain. Pt still uncooperative and not responding to interpreter.
	(O) V — BP 135/78 P 110s-120s R 16-20 T 99° (Axillary)
	O_2 Sat 100% (6l mask)
	~ ~~89-90%~~ 98 (Room Air)
	· Pt received 3l IVF ~~1l~~ (LR). On 1l currently of IVF (b)(6)-2 O.O.
	→ over →

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.

IRAQI (b)(6)-4

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

USP LVN

PRINTED ON RECYCLED PAPER

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
19OCT03 (CONT')	(O) GEN: Mildly combative LUNGS: Good air movement BL. CTABL. HEART: Tachy S (M)/r/g. ↑S3,S4 ABDOM: ↓ BS. Some guarding appreciated PENIS: Abrasions appreciated (E) (R) Glans and dorsal shaft. Direct pressure dressing applied
	(A)/(P) 1. Multiple shrapnel injuries E ? abdominal involvement — must also consider mild compensatory shock vs. intraabdom involvement — Cont E IVF and ANCEF IV — Analgesia as previously ordered — Cont routine checks; if no urine output in one hour, place Foley.

(b)(6)-2