6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to: ✓ 1) Intraoperative Mobility ✓ 2) Positioning ✓ 3) Existing Disease ✓ 4) Safety Devices ✓ 5) Hypothermia	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse.	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. N/A o Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to: ✓ 1) Pain ✓ 2) Intraoperative Hazards N/A 3) Prosthesis ✓ 4) Positioning ✓ 5) Transfer pt. to/from OR table E.2. ✓ Potential discomfort due to: ✓ 1) Length of Surgery ✓ 2) Positioning ✓ 3) Arthritis	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1. ✓ Diminished visual perception due to being: ✓ 1) Pre-Medicated N/A 2) W/O Glasses F.2. ✓ Potential for decreased communication due to: N/A 1) Diminished Hearing ✓ 2) Language Barrier F.3. N/A Potential injury due to dentures: 1) Upper 4) Caps 2) Lower 5) Crowns 3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from the side. o Validate pt.'s understanding of verbal communication. o Verify removal of dentures.
G OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

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

(b)(6)-2

5 Jul 03 DATE

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

LEVEL OF CONSCIOUSNESS: ☐ A&O ☒ Drowsy ☐ Sleepy ☐ Intubated BREATHING EASY: (Y)(N)

LEVEL OF ACTIVITY: ☒ Moves All Extremities ☐ Moves Upper Extremities ☐ Transferred to litter with roller due to spinal

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 USN

DATE: 5 Jul 03 TIME: 1000

13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 USN

DATE: 5 Jul 03 TIME: 1190

MEDICAL RECORD

PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT

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

1. AGE:

HEIGHT:

WEIGHT:

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

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

4. PROPOSED SURGICAL PROCEDURE: Debridement Thigh wound

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition Dressing to RLE intact u
Tobacco____ppd X___yrs. Body Piercing_____ Diabetes (Y) (N) ROM_____ ASA/Motrin w/72 hrs (Y) (N) Jon
ETOH_____ Implants_____ Respiratory Disease (Asthma/COPD) (Y) (N) Anticoagulants (Y) (N) Jerome
Glasses/Contact (Y) (N) Dentures_____ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS: drain

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS note
A. PSYCHOSOCIAL X Potential for anxiety related to: X 1) Surgical Procedure & Operating Room Environment ___ 2) Separation Anxiety (Child) ___ 3) Surgical Outcomes	o Pt. verbalizes any specific anxiety (b)(6)-2 o Pt. Exhibits relaxed body posture. No interview, Unknown history.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. N/A o Offer comfort measures (e.g., warm blanket, touch (b)(6)-2 o Explain all nursing procedures before they are done. N/A o Remain with pt. whenever possibl (b)(6)-2 o Maintain family interface. Parents stay with pt. N/A
B. AERATION X Potential for respiratory dysfunction due to: ___ 1) Positioning X 2) Effects of Anesthesia ___ 3) Medical/Smoking History	o Pt. will be able to breathe without difficulty during immediate intraoperative phase. (b)(6)-2	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery (b)(6)-2 signs of distress. o Assist anesthesia during intubation and extubation.
C. INTEGUMENT X Potential impairment of skin integrity due to: X 1) Intraoperative Immobility X 2) ESU Pad Placement ___ 3) Positional Aids ___ 4) Prosthesis X 5) Pooling of Prep Solutions	o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened area (b)(6)-2	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment (b)(6)-2 o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

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

(b)(6)-4

VERIFICATIONS AT HOLDING AREA:
! ID/Allergy Band ! Dentures Removed N/A
! H & P ! Contacts Removed N/A
! NPO Since____ ! Jewelry Removed (b)(6)-2
! UHCG/LMP N/A ! Body Pierce Rem (b)(6)-2
! Consent/Blood Transfusion Signed/Witnessed Dated N/A
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact Precautions (Y) (N)
! Family/Friend. N/A

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION X Potential for inadequate tissue perfusion due to: X 1) Intraoperative Mobility ____ 2) Positioning ____ 3) Existing Disease ____ 4) Safety Devices X 5) Hypothermia	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pul (b)(6)-2	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied (b)(6)-2 o Offer pillow for under knees. N/A o Place and take down legs from stirrups with slow bilateral motion. N/A o Check that rings and all body piercing has been remove (b)(6)-2
E. NEUROMUSCULAR CONTROL E.1. ____ Potential impairment of mobility due to: ____ 1) Pain ____ 2) Intraoperative Hazards ____ 3) Prosthesis ____ 4) Positioning ____ 5) Transfer pt. to/from OR table E.2. ____ Potential discomfort due to: ____ 1) Length of Surgery ____ 2) Positioning ____ 3) Arthritis	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bath towels, etc.) for positioning.
F. SPECIAL SENSES F.1. ____ Diminished visual perception due to being: ____ 1) Pre-Medicated ____ 2) W/O Glasses F.2. X Potential for decreased communication due to: ____ 1) Diminished Hearing X 2) Language Barrier F.3. ____ Potential injury due to dentures: ____ 1) Upper ____ 4) Caps ____ 2) Lower ____ 5) Crowns ____ 3) Bridges	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. YES o Pt. will be able to understand instruction. N/A o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed where he/she is and what is happenin (b)(6)-2 o Inform pt. in which direction to move and assist if necessary. N/A o Speak clearly and slowly. N/A o Address pt. from ____ N/A o Validate pt.'s understanding of verbal communication. N/A o Verify removal of dentures. N/A
G OTHER PATIENT PROBLEMS/NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS Or continuation of above interventions

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

(b)(6)-2 MAJ, AN 8 JUL 03 DATE

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

LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☐ Sleepy ☐ Intubated BREATHING EASY

LEVEL OF ACTIVITY: X Moves All Extremities ☐ Moves Upper Extremities

☐ Transferred to litter with roller due to spinal

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) (b)(6)-2 CPT, AN

DATE: TIME:

13. POSTOPERATIVE EVALU BY (b)(6)-2 MAJ, AN

DATE: 8 JUL 03 TIME: 1710

REVERSE OF FORM 5179, JUN 91

MEDCOM - 6319 USAPA V1.0

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: litter BY OR Staff

2. PATIENT IDENTIFICATION AND PROCEDURE VERIFIED BY (b)(6)-2 CH/PW

3. DATE: 5 July 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 1033 NUMBER 2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC (b)(6)-2, 91D	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT (b)(6)-2, 66E lt (b)(6)-2, 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

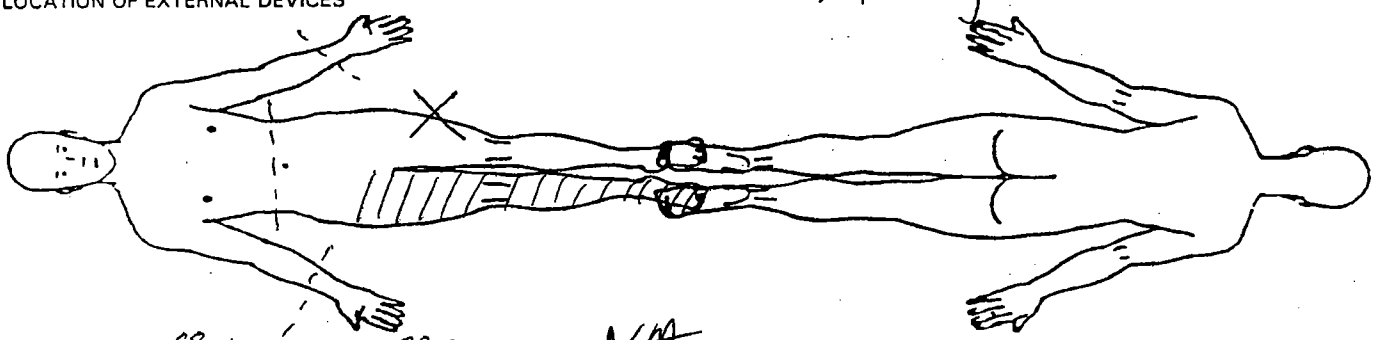
PREP SOLUTION (Specify) Betadine / Briant's Sol.

SITE: (R) leg - Foot to groin BY WHOM: (b)(6)-2 / (b)(6)-2

SITE: BY WHOM:

COMMENTS: ∅ pooling or irritation

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad (esc) -- Safety Strap (esc) = = = Tourniquet (N/A) /// = prep

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No	C	C	C	(b)(6)-2	(b)(6)-2
Needle Sharp	☒ Yes	☐ No	C	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;)

(b)(6)-4

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

☒ ESU NO: #1 cut/coag = 30/30

GROUND PAD: BRAND Valley lab

LOT NO: H9402 3

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS.SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
nss

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
fluffs 5x30
kerlex Splint
Ace/webril

19. ADDITIONAL INFORMATION
Dr (b)(6)-2

CPT (b)(6)-2 CRNA

20. OPERATION(S) PERFORMED
I+D RLE WO

21. PATIENT TRANSFERRED TO ICU TIME 1155 METHOD litter

22. REGISTERED NURSE (b)(6)-2 UM/RN

REVERSE OF DA FORM 51 USAPA V1.01

MEDICAL RECORD — **INTRAOPERATIVE DOCUMENT**

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: gurney BY anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2 (b)(6)-2

3. DATE 8JUL03 TIME PATIENT ARRIVED IN SUITE —

4. PATIENT IN ROOM TIME 1507 NUMBER 4

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: pt does not ~~open~~ speak english. no translator available. (b)(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC (b)(6)-2 91D	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAJ (b)(6)-2 66E	RELIEF CIRCULATOR	CPT (b)(6)-2 (b)(3)-1 CPT (b)(6)-2 (b)(3)-1 (b)(6)-2 1630- (b)(3)-1

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Bump under (R) hip.

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

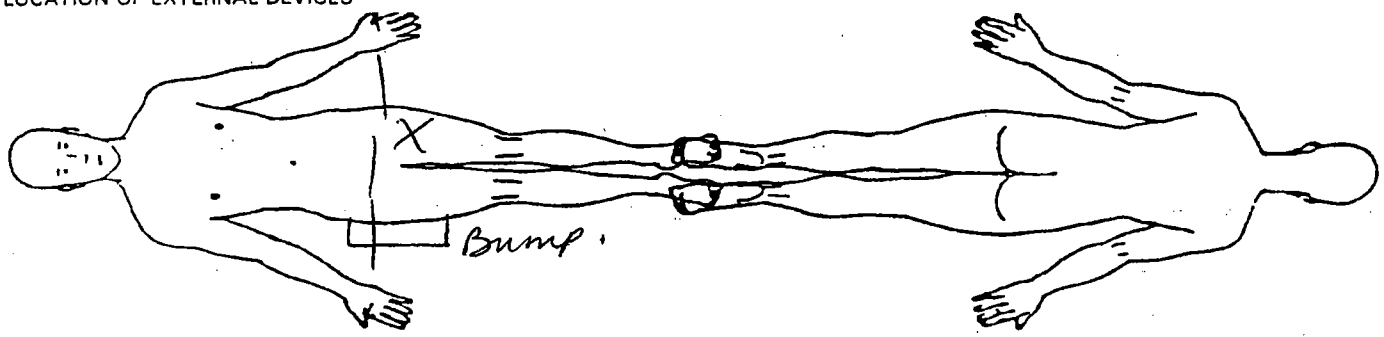
PREP SOLUTION (Specify) Betal/Beta

SITE: (R) leg BY WHOM: MAJ (b)(6)-2

SITE: BY WHOM:

COMMENTS: no pooling of prep 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	CIRCULATOR
Sponge	☒ Yes	☐ No	/	C	C	(b)(6)-2	(b)(6)-2
Needle Sharp	☒ Yes	☐ No					
Instrument	☐ Yes	☒ No		/	/		
Other	☐ Yes	☒ No					

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

(b)(3)-1

(b)(6)-4

(b)(3)-1

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

CUT 30 COAG 30

☒ ESU NO: Valleylab #1

GROUND PAD: BRAND 3M 9165

LOT NO: 2005-10 OT

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NACL

OTHER ORDERS	TIME	CARRIED OUT BY

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

15. X-RAY IN OPERATING IF YES, SITE

YES ☐ NO ☒

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. JP 10mm	2. Foley	3.
SITE	1. Rt thigh GSW	2. Bladder - placed prior to arrival	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

fluffs xeroform
kerlix
webril
ACE Casting Mat'l

19. ADDITIONAL INFORMATION

Surgeon:

Dr. (b)(6)-2

anesthesia:

CPT Keepler, CRNA

20. OPERATION(S) PERFORMED

I+D (R)LE GSW

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICK	1710	gurney

22. REGISTERED NURSE SIGNATURE

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

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

MEDCOM - 6323

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		1		2		3		4		5		6		7	
POST-	DAY														
MONTH-YEAR Jul	DAY	5 Jul			6	6		7th		8th		9th		10	
20 ~~18~~ 03	HOUR	0600	1400	2200	0600	1400	2200	0600	1400	0600	0600	1400	0600	2200	1400

PULSE (0)	TEMP. F (°)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

SEE BLOOD TRANSFUSION VITAL SIGNS

RESPIRATION RECORD

BLOOD PRESSURE	114/67	109/56 100.0	107/62	108/64		100/55	115/68	107/47	110/62		120/68	124/67 103/75	110/63 108/72	120/75 108/53
HEIGHT: WEIGHT →														
SAT	94	98	98%	96%			100	99	100	97%	97	100% 98%	99	99 98%

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

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

(b)(6)-4

MEDCOM - 6324

(b)(6)-4

51

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY		8													
POST-	DAY														
MONTH-YEAR	DAY	11		12		13									
19	HOUR	0600	1400	3200	0600	2200	2800	1400							
PULSE (O)	TEMP. F (°)														TEMP. C
	105°														40.6°
180	104°														40.0°
170	103°														39.4°
160	102°														38.9°
150	101°														38.3°
140	100°														37.8°
130	99°														37.2°
	98.6°														37.0°
120	98°														36.7°
110	97°														36.1°
100	96°														35.6°
90	95°														35.0°
80															
70															
60															
50															
40															
RESPIRATION RECORD		6	6 7			7	6	6							
BLOOD PRESSURE		94/60	98/44	100/56			103/66	114/62							
			103/59		94/49										
HEIGHT:	WEIGHT →	98	98%	100%	96 99		100%	98%							

(Centigrade Equivalents, for Reference only)

Record special data only when so ordered

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; ID No. (SSN or other); hospital or medical facility)*

REGISTER NO.

WARD NO.

VITAL SIGNS RECORDS

Medical Record

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

MEDCOM - 6325

115

~~Start~~ 1035 T - 100.2 P 69 R-24 BP 165 118/65

1050

1105 - BP 114/64, 67, 100.2

1120 - BP 108/61, 72 99.7

1135 - BP 109/61, 71 99.7

1205 - BP 106/63, 65 99.6

1235 96/58, 63, 99.0

1st unit

Initial

99.1, 64, 100/52 1252

99.1 67 99/49 1307

99.2 63 93/46 1322

99.4 64 98/52 1337

99.6 71 98/48 1407

99.6 72 102/54 1437

99.6 69 103/48 1507

100.5 79 108/54 ~~1537~~ 1528 Finished

2nd unit

Blood Transfusion V.S.

(b)(6)-2 CPT

~~113~~/~~56~~ ~~99.4~~ ~~102~~ (b)(6)-2

Ward/Section:	REQUESTING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
(b)(6)-4	DATE 5 Aug 03 TIME 1500	SSN/PSEUDO SSN:

Hematology/CBC

TEST	RESULT	REF. RANGE
WBC	23.5	4.8-10.8 x 10^3
RBC	3.44	4.7-6.1 x 10^9
Hgb	9.2	14-18 g/dl (M) 12-16 g/dl (F)
Hct	30.1	42-52% (M) 37-47% (F)
MCV	87.4	80-94 fl (M) 81-99 fl (F)
Plt	321	130-500 x 10^3 verified
Lymph %	8.2	20.5-51.1%

Hematology/Manual Differential

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

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yellow	N/A
App	Clear	N/A
Glu	NEG	Negative
Bili	NEG	Negative
Ket	NEG	Negative
SG	1.030	N/A
Bld	NEG	Negative
pH	5.0	N/A
Prot	NEG	Negative
Urob	0.2	0.2-1.0
Nit	NEG	Negative
Leuk	NEG	Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	B Pos

Coagulation Studies

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

Blood Bank Transfusion Reaction
MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: (b)(6)-2

DATE: 05 Jul 03

LAB ID NO.: (b)(6)-2

MEDCOM - 6327

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

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

TEST	RESULT	REF. RANGE
ALB	3.0	3.5-5.5 g/dl
ALP	54	26-84 u/l
ALT	22	10-47 u/l
AMY	85	14-97 u/l
AST	33	11-38 u/l
TBIL	0.8	0.2-1.6 mg/dl
BUN	17	7-22 mg/dl
CA^{++}	7.9	8.0-10.3mg/dl
CHOL	117	100-200 mg/dl
CRE	0.9	0.6-1.2 mg/dl
GLU	186	73-118 mg/dl
TP	6.0	6.4-8.1 g/dl

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

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

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

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICW	R[redacted]NG PHYSICIAN: (b)(6)-2	[redacted]BORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI.	(b)(6)-4	DATE 5Jul03	TIME 0731	SSN/PSEUDO SSN:

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	22.0*	4.8-10.8 x 10^3
RBC	3.1L	4.7-6.1 x 10^9
Hgb	8.2*	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.0*	42-52% (M) 37-47% (F)
MCV	88.7	80-94 fl (M) 81-99 fl (F)
Plt	253	130-500 x 10^3 verified
Lymph %	7.6*	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 05 Jul 03	LAB ID NO.:

Ward/Section: ICW	REQUESTING PHYSICIAN: (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. #	DATE	TIME	SSN/PSEUDO SSN:

[illegible]

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

[illegible]

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

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

[illegible]

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

MEDCOM - 6330

Ward/Section: 1CW

REQUESTING PHYSICIAN: (b)(6)-2

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

LAST, FIRST, MI: (b)(6)-4

DATE: 06 Jul

TIME: 0400

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

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

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

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

TEST	RESULT	REF. RANGE
GLU	109	73-118 mg/dl
BUN	9	7-22 mg/dl
CRE	1.0	0.6-1.2 mg/dl
CK	1648	39-380 u/l (M) 30-190 u/l (F)
NA+	138	128-145 mmol/l
K+	4.1	3.3-4.7 mmol/l
CL-	100	98-108 mmol/l
tCO2	28	18-33 mmol/l

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

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

TEST	RESULT	REF. RANGE
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

REMARKS:
Methyte 8

REPORTED BY: (b)(6)-2

DATE: 06 Jul 07

LAB ID NO.:

MEDCOM - 6331

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

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

(Hematology) CBC

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

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICU	L[illegible]TING PHYSICIAN: (b)(6)-2	[illegible]BORATORY RESULT FORM (Subject to the Privacy Act of 1974)	
LAST, FIRST, MI. (b)(6)-4	DATE 06 Jul	TIME 0400	SSN/PSEUDO SSN: (b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	9.1	4.8-10.8 x 10^3
RBC	2.45	4.7-6.1 x 10^9
Hgb	7.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	21.6	42-52% (M) 37-47% (F)
MCV	88.1	80-94 fl (M) 81-99 fl (F)
Plt	175	130-500 x 10^3 verified
Lymph %	17.5	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count			
Directigen		Negative	

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

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 06 Jul 03	LAB ID NO.:

Ward/Section: ICU

REQUESTING PHYSICIAN: (b)(6)-2

LAST FIRST MI: (b)(6)-4

DATE: 7 Feb

TIME: 0400

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

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

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

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

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

TEST	RESULT	REF. RANGE
GLU	101	73-118 mg/dl
BUN	8	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	1303 +	39-380 u/l (M) 30-190 u/l (F)
NA^+	132	128-145 mmol/l
K^+	4.2	3.3-4.7 mmol/l
CL^-	103	98-108 mmol/l
tCO_2	25	18-33 mmol/l

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

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

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

REMARKS:

Methyle 8, CBC

REPORTED BY: (b)(6)-2

DATE:

LAB ID NO.:

MEDCOM - 6334

LAST, FIRST, MI.	DATE	TIME	SSN/PSEUDO SSN:
(b)(6)-4	7 Jul	0400	(b)(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	10.7	4.8-10.8 x 10^3
RBC	3.23	4.7-6.1 x 10^9
Hgb	9.5	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.4	42-52% (M) 37-47% (F)
MCV	88.0	80-94 fl (M) 81-99 fl (F)
Plt	148	130-500 x 10^3 verified
Lymph %	16.6	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	(b)(6)-2	DATE: 07 JUL 03	LAB ID NO.:

Ward/Section:	REQU[illegible]ING PHYSICIAN:	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST FIRST MI	DATE	TIME	SSN/PSEUDO SSN:
(b)(6)-4	8 JUL	1555	(b)(6)-4

(Hematology) CBC

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

(Hematology) Manual Differential

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

Blood Bank [illegible]
MUST SUBMIT SF 518 [illegible] OF BLOOD REQUESTED

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)-4

OR

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct	25	38-51% PCV
Hgb	9	12-17 g/dl

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

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

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

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

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

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

REMARKS:

REPORTED BY: (b)(6)-2

DATE: 08 JUL 03

LAB ID NO.:

Ward/Section: ICW	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: (b)(6)-4	DATE 9 Jul 03 TIME 0615	SSN/PSEUDO SSN:

(USPAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Metabolic

TEST	RESULT	REF. RANGE
GLU	110	73-118 mg/dl
BUN	8	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK	1593	39-380 u/l (M) 30-190 u/l (F)
NA^{+}	131	128-145 mmol/l
K^{+}	5.3	3.3-4.7 mmol/l
CL^{-}	99	98-108 mmol/l
tCO_2	25	18-33 mmol/l

(Piccolo) Electrolyte

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

REMARKS:

BY: DATE: LAB ID NO.:

Ward/Section: PH

MEDCOM - 6338

LAST FIRST MI	DATE	TIME	SSN/PSEUDO SSN:
(b)(6)-4	9 Jul 03		

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	9.9	4.8-10.8 x 10^3
RBC	3.39	4.7-6.1 x 10^9
Hgb	10.0	14-18 g/dl (M) 12-16 g/dl (F)
Hct	30.0	42-52% (M) 37-47% (F)
MCV	88.4	80-94 fl (M) 81-99 fl (F)
Plt	286	130-500 x 10^3 verified
Lymph %	13.4	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	09 Jul 03	(b)(6)-4

Ward/Section: ICW	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST FIRST MI (b)(6)-4	DATE 10 Jul	TIME 0400	SSN/PSEUDO SSN:

(ISTAT)

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

MISC. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	100	73-118 mg/dl
BUN	8	7-22 mg/dl
CRE	0.8	0.6-1.2 mg/dl
CK	1964	39-380 u/l (M) 30-190 u/l (F)
NA^+	136	128-145 mmol/l
K^+	4.4	3.3-4.7 mmol/l
CL^-	100	98-108 mmol/l
tCO_2	25	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

CBC, Metlyte 8

REPORTED BY: (b)(6)-2

DATE:

LAB ID NO.:

MEDCOM - 6340

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

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC	9.7	4.8-10.8 x 10^3
RBC	3.27	4.7-6.1 x 10^9
Hgb	9.7	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.9	42-52% (M) 37-47% (F)
MCV	88.3	80-94 fl (M) 81-99 fl (F)
Plt	291	130-500 x 10^3 verified
Lymph %	12.5	20.5-51.1%

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 10 Jul 03	LAB ID NO.:

Ward/Section	REQUESTING PHYSICIAN	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
ICW	(b)(6)-2	

LAST FIRST MI	DATE	TIME	SSN/PSEUDO SSN
(b)(6)-4	11JUL03	0630	(b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

Hematology: CBC

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

Hematology: Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN:
(b)(6)-4	11 Jul 03	(b)(6)-4	

Hematology: CBC

TEST	RESULT	REF. RANGE
WBC	7.2	4.8-10.8 x 10^3
RBC	3.24	4.7-6.1 x 10^6
Hgb	9.5	14-18 g/dl (M) 12-16 g/dl (F)
Hct	28.7	42-52% (M) 37-47% (F)
MCV	88.7	80-94 fl (M) 81-99 fl (F)
Plt	371	130-500 x 10^3 verified
Lymph %	16.1	20.5-51.1%

Hematology: Manual Differential

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:
(b)(6)-2	11 Jul 03	

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

LAST, FIRST, MI (b)(6)-4	DATE 11 Jul 03	TIME 0926	SSN/PSEUDO SSN

(i-STAT)

TEST	RESULT	REF. RANGE
Na	133	138-146 mmol/L
K	4.3	3.5-4.9 mmol/L
Cl	96	98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2	32	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	12	8-26 mg/dl
GLU	106	70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte8

TEST	RESULT	REF. RANGE
GLU	106	73-118 mg/dl
BUN	12	7-22 mg/dl
CRE	0.7	0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA+	133	128-145 mmol/l
K+	4.3	3.3-4.7 mmol/l
CL-	96	98-108 mmol/l
tCO_2	32	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 11 Jul 03	LAB ID NO.:

LAST FIRST MI	DATE	TIME	SSN/PSEUDO SSN:
(b)(6)-4	12Jul03	L	

Hematology (CBC)

TEST	RESULT	REF. RANGE
WBC	6.8	4.8-10.8 x 10^3
RBC	3.41	4.7-6.1 x 10^9
Hgb	10.1	14-18 g/dl (M) 12-16 g/dl (F)
Hct	30.0	42-52% (M) 37-47% (F)
MCV	87.9	80-94 fl (M) 81-99 fl (F)
Plt	467	130-500 x 10^3 verified
Lymph %	23.6	20.5-51.1%

Hematology Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Blood Bank Unit Crossmatch

MUST SUBMIT SF 518 WITH EVERY UNIT OF BLOOD REQUESTED

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Ward/Section: ICW	REQUE (b)(6)-2		CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST FIRST MI (b)(6)-4	DATE 12Jul	TIME 0730	SSN/PSEUDO SSN

(i-STAT)			(Piccolo) Chemistry 12			(Piccolo) Metabolic Panel		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na	134	138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K	4.2	3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl	96	98-109 mmol/L	ALT		10-47 u/l	CA^{++}		8.0-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA^+		128-145 mmol/l
PO2		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K^+		3.3-4.7 mmol/l
TCO2	33	23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL^-		98-108 mmol/l
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA^{++}		8.0-10.3mg/dl	tCO_2		18-33 mmol/l
sO2		95-98%	CHOL		~~100-200 mg/dl~~	(Piccolo) Liver Panel Plus		
BEecf		(-2) – (+3) mmol/L	CRE		0.6-1.2 mg/dl	TEST	RESULT	REF. RANGE
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	ALB		3.3-5.5 g/dl
Ca		1.12-1.32 mmol/L	TP		6.4-8.1 g/dl	ALP		26-84 u/l
BUN		8-26 mg/dl	(Piccolo) Metlyte 8			ALT		10-47 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	AMY		14-97 u/l
Creat		0.7-1.5 mg/dl	GLU	100	73-118 mg/dl	AST		11-38 u/l
Hct		38-51% PCV	BUN	13	7-22 mg/dl	TBIL		0.2-1.6 mg/dl
Hgb		12-17 g/dl	CRE	0.8	0.6-1.2 mg/dl	GGT		5-65 u/l
Misc. Chemistry			CK		39-380 u/l (M) 30-190 u/l (F)	TP		6.4-8.1 g/dl
TEST	RESULT	REF. RANGE	NA^+		128-145 mmol/l	(Piccolo) Electrolyte		
Troponin-I			K^+		3.3-4.7 mmol/l	TEST	RESULT	REF. RANGE
Drug of Abuse			CL^-		98-108 mmol/l	NA^+		128-145 mmol/l
			tCO_2		18-33 mmol/l	K^+		3.3-4.7 mmol/l
						CL^-		98-108 mmol/l
						tCO_2		18-33 mmol/l

REMARKS: CHEM 7

REPORTED BY: (b)(6)-2	DATE: 12Jul03	LAB ID NO.:

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedation/Anesthesia)

Age 35 DAYS MOS (YRS) Sex (X) MALE ( ) FEMALE

ASA Physical State 1 (2) 3 4 5 E
WT: 50 KG/LB HT: 67 IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: debridement + DPC (R) femur
SURGICAL SERVICE: Ortho
NPO SINCE: 0 MN

HABITS:
TOBACCO: (+)
ETOH:
DRUGS:

CURRENT MEDICATIONS:
( ) = ordered as premed
( ) Genta
( ) Clinda
( ) MSO4
( ) Tenoc gtt pr: on to arrival
( )
( )

PREMEDICATIONS:
None Yes (@ _____ Hrs) /CC
_____ . _____ mg IV IM PO
_____ . _____ mg IV IM PO
_____ . _____ mg IV IM PO

LABORATORY STUDIES:
HB/HCT: 9.5 / 28.7
U/A:
OTHER:

133	103	8
4.2	25	0.8

101

PREOPERATIVE
PAST MEDICAL HISTORY/SYSTEMS REVIEW

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

?

ASSESSMENT
PAST SURGICAL/ANESTHETIC

?

PHYSICAL EXAMINATION
BP 115/57 HR 70 R ___ T ___
Pain Scale 0-10
HEENT - Teeth
Trachea midline
TMJ/Neck Trem
Oropharnyx MPI
Nares
CHEST: CTA
CARDIAC: S, S2
EXTREMITIES: (b)(6)-4
IV Access
Ulnar Filling:
BACK:
OTHER:

NPO Since

ANESTHETIC PLAN: { } LOCAL { } MAC { } Regional (Specify): ____ (X) General: Mask Intubation

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

The patient/legal guardian seems to understand and agrees. Questions answered.
Sig (b)(6)-2 Date: 7/8/03 Time: 1500 Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
{ } NO APPLICATIONS { } OTHER
(b)(6)-2 CPT, AN
(b)(6)-2
Date: 7/9/03 Time: 1030 Hrs

Patient Identification: (Ward)

(b)(6)-4

SEDATION KEY:

1. **MINIMAL** (Anxiolysis) Patient responds normally to verbal commands
2. **MODERATE** (conscious sedation) Patient responds purposefully to verbal commands alone or accompanied by light tactile stimulation. Airway assistance is not necessary.
3. **DEEP SEDATION/ANALGESIA.** Patient responds purposefully following repeated or painful stimulation. Airway assistance may be necessary.
4. **ANESTHESIA.** Patient does not respond to painful stimulation.

PRE-ANESTHESIA AND POST-ANESTHESIA EVALUATION

AGE: N 30 HRS DAYS MOS (YRS) SEX: (X) MALE ( ) FEMALE

PROPOSED PROCEDURE: (R) Thigh Wash-out / Debred SURGICAL SERVICE: ortho

ASA PHYSICAL STAUS 1 (2) 3 4 5 (E)
WEIGHT: N60 (KG/LB) HEIGHT: ____ IN.
ALLERGIES: ?

HABITS:

TOBACCO: ____
ETOH: ?
DRUGS: ____

CURRENT MEDICATIONS:

([ ] = ordered as premed)
[ ] Tetanus } in
[ ] Ancy } Em
[ ] ____
[ ] ____
[ ] ____
[ ] ____

PREMEDICATION:

None Yes (@ ____ Hrs) /OC
____ ____ mg IV IM PO
____ ____ mg IV IM PO
____ ____ mg IV IM PO

LABORATORY STUDIES:

HB/HCT: ____ / ____
U/A: ____
OTHER:

23.5 > 9.2 / 30.1 < 321

17 186
7.9

PREOPERATIVE ASSESSMENT

PAST MEDICAL HISTORY/SYSTEMS REVIEW

Cardiovascular:	Hypertension	N	Y	Ø Interpreter available
	Angina	N	Y	
	MI	N	Y	
	CVA	N	Y	
	Other	N	Y	
Pulmonary System:	Asthma	N	Y	
	Bronchitis/URI	N	Y	
	COPD	N	Y	
	Other	N	Y	
Renal System:	Acute/Chronic RF	N	Y	unknown
Gastrointestinal:	Hepatitis	N	Y	
	Hiatal Hernia	N	Y	
	PUD	N	Y	
Endocrine System:	Diabetes	N	Y	
	Steroids	N	Y	
	Thyroid	N	Y	
Neurological:	Seizures	N	Y	
	Neuropathy	N	Y	
	Other	N	Y	
Gynecological:	Pregnancy	N	Y	
Other Significant Hx:		N	Y	GSW to (R)
		N	Y	Thigh
Familial HX				

PAST SURGICAL/ANESTHETIC HISTORY

?

PHYSICAL EXAMINATION

BP 131/72 HR 67 RESP 14
HEENT – Teeth ____
Trachea Midline
TMJ/Neck FROM
Oropharynx MPI
Nares ____
CHEST: CTA
CARDIAC: S.S2
EXTREMITIES: ____
IV Access: #18g (R) Hand
Ulnar Filling: ____
BACK: ____
OTHER: ____

ANESTHETIC PLAN: [ ] Local [ ] MAC – [ ] Regional (Specify): ____ [X] General: Mask Intubation

INFORMED CONSENT/COUNSELLING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed wih the patient/legal guardian. The patient/legal guardian [illegible] understand and agrees. Questions answered.

Signed: (b)(6)-2 CPT/CRNA (b)(6)-2 DATE: 5 July 03 TIME: 0830 Hrs

CONDITION UPON ARRIVAL TO P.A.R.R. ____
VITAL SIGNS: BP ____ HR ____ RESP ____ SuO_2 ____
RESP STATUS: [ ] Spontaneous [ ] Assisted [ ] Cont'd
MENTAL STATUS: [ ] Awake [ ] Alert [ ] Lethargic [ ] Asleep
[ ] Responsive [ ] Unresponsive Block Level ____
REPORT GIVEN: [ ] Yes [ ] No

See anesthesia record

POST-ANESTHESIA EVALUATION AND NOTE

[ ] NO APPARENT ANESTHETIC COMPLICATIONS [ ] OTHER

Signed: (b)(6)-2 DATE: 6 July 03 TIME 0830 Hrs

PATIENT IDENTIFICATION: (Ward: ____)

(b)(6)-4

WAMC Form 2300
1 Aug 92 (HSXC-SU)

PI

MEDCOM - 6349

☆ U.S. GPO: 1994-628-533/00102

gentamycin 900mg IV

MEDICAL RECORD — ANESTHESIA

DRUG	(Units)	
Versed	(mg)	1
Fentanyl	(ug)	50 50 <100> 50
Lidocaine/Propofol	(mg)	50/100
	(0)	
MSO4	(mg)	2 2.3 3
	(8)	
VOLAT AGENT	% del	
800	% e.t.	1.5 1.5 2.0 1.9 0.0 2.0 X
AIR	L/Min	
N2O	L/Min	
O2	L/Min	8 2 2 2 2 2 2 8

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

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

TOTALS	
1 / 250/0	TOTAL ATR: 50
10/.	TOTAL URINE: Ø

FLUIDS – SUMMARY
CRYSTALLOID– 700
COLLOID– Ø
BLOOD– Ø

FLUIDS		
LINE site	☐ Warmed	700 100
NS	☐ Warmed	
	☐ Warmed	
	☐ Warmed	

LOSSES	
EST BLOOD LOSS	50
URINE –	

PHYS STATUS: 1 2 3 4 5 E

BODY WEIGHT: 50 KG LB

HEMATOCRIT: 28.4

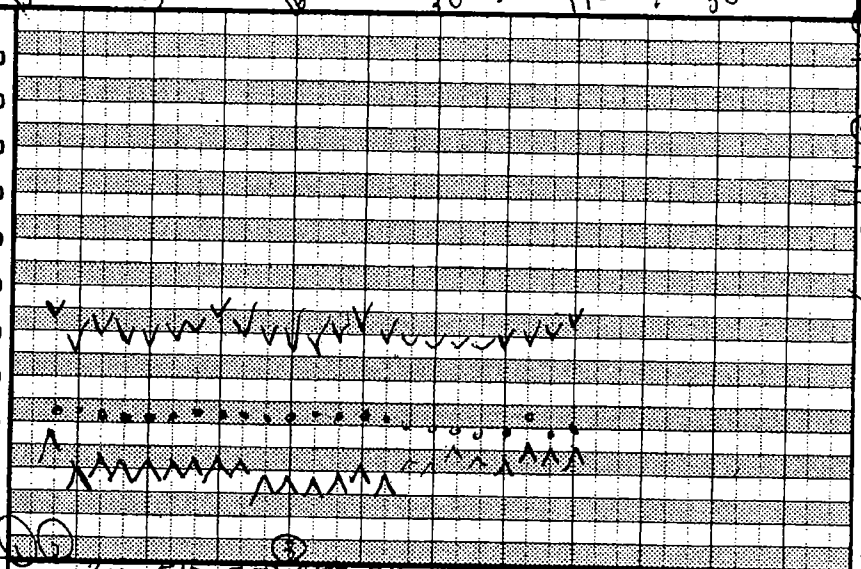
INITIAL DATA: BP – 115/57 HR– 76

EQUIP CHECK: OK?– Y N

PATIENT RECHECK: OK for PROCEDURE? Y TIME– 1507

TIME → 1500 30 1600 30 1700 30

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



	1500	30	1600	30	1700	30
VT – ml	310	510	500	490	240	750	550
f – breaths/min	20	12	16	12	10	16	9	10	12
Peak inf pres / PEEP									
MODE– S(pon), A(ssist), C(on)	S	A	A	A	A	S	A	S	S
BP/Auto Cuff / ET CO2 (torr)	47	52	53	51	56	50	47	51	45
BP / oth / FIO2 (Frac or %)	.83	.84	.85	.84	.84	.84	.83	.83	.86
ART line / SpO2 (%)	99	99	99	99	99	99	100	100	100
Steth- PC/ES / ECG	SR	SR	SR	SR	SR	SR	SR	SR	
Gas analyzer / TEMP- site									
N-M Block (T/4)									
Warming blkt									
Conv warmer									

Mark with letters & symbols, explain under REMARKS. EVENTS: pressure pts padded BUE <90° on taped UNA placement

Position → Ø

REMARKS – Code drugs with numbers, events with letters

1. from ICU → OR
2. Monitors / pre-O2 LMA placed.
3. H/A 25/9 #16 G IV started
4. TA.
5. LMA removed. → ICU via stretcher IV patent. Report given.

1025 – Relief CPT Schwabacher

RECOVERY AT 1704
PACU ICU (Specify)
OTHER
CONDITION: Sleepy
RESP– 20 SpO2– 100
BP– 118/54 HR– 83

ANESTHESIA / PROCEDURE TIMES	Start	Room	End
ANES	1500	1506	1711
PROC	Ready 1512	Begin 1530	End 1701

PROCEDURES and CPT Codes: debridement / DPC

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: LMA #4 inserted / attempt ⊕ETCO2 ⊕BBS and T 300cc @ neumatic

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

SURGEONS: (b)(6)-2

ANES: (b)(6)-2 CPT, AN CRNA

PROCEDURE LOCATION: OR 1-1

DATE: 08 July 03

PAGE 1 OF 1

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED 1 Jan 99

MEDCOM - 6350

*U.S. GPO: 2002-729-180/40137

MEDICAL RECORD — ANESTHESIA

DRUG	(Units)	
Versed	mg	2 1
Fentanyl	ucg	(100)(150) (100)
STP	mg	325
Sch Nec	mg	(100) 10
Cleocin	mg	↑ 600 XXX
Gentamicin	mg	(400 → 40 1 Cal)
VOLAT AGENT	% del	
Forane	% e.t.	1.3 1.5 1.2
AIR	L/Min	
N2O	L/Min	
O2	L/Min	8 2 2 2 8

CONTINUOUS / REPEATED DRUGS SPECIFY UNITS – MG / MCG / ML, "|" = CONSTANT INFUSION

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

FLUIDS: LINE site CR #18 (1) LC — ☐ Warmed 700 1000 — ☐ Warmed — ☐ Warmed — ☐ Warmed

LOSSES: EST BLOOD LOSS — URINE – 550

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

BODY WEIGHT: 60 KG LB

HEMATOCRIT: 30.1

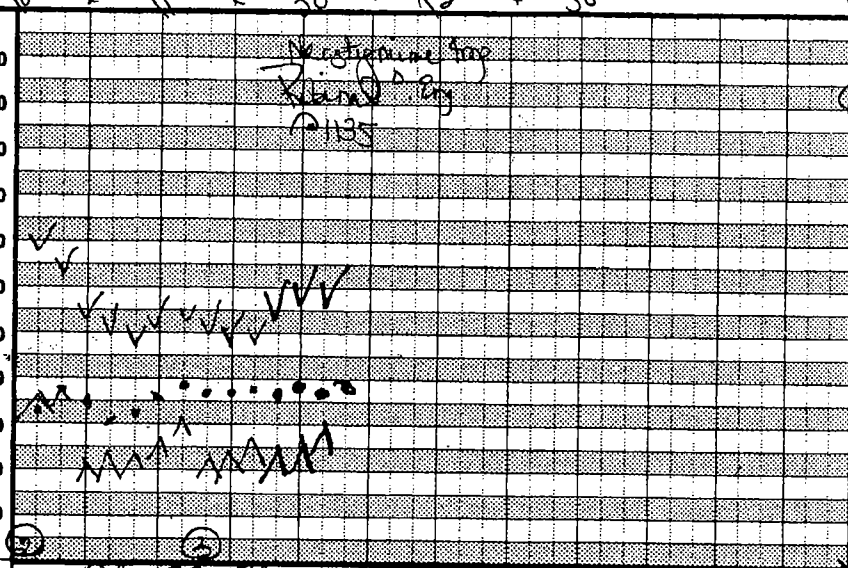
INITIAL DATA: BP – 134, 64 — HR – 66

EQUIP CHECK: OK? – (Y) N

PATIENT RECHECK: OK for PROCEDURE? (Y) — TIME – 1034

TIME → 1030 + 1100 + 30 + 1200 + 30

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



VENTILATION					
VT – ml	840	780	740		
f – breaths/min	10	10	9	12	
Peak inf pres / PEEP	17/2	18/2	17/2		
MODE – S(pon), A(ssist), C(on)	S	C	C	C	S
BP/Auto Cuff / ET CO2 (torr)	+	32	34	31	40
BP / oth / FIO2 (Frac or %)	.87	.87	.86	.87	.9
ART line / SpO2 (%)	100	100	100	100	100
Steth- PC/ES / ECG	SR	SR	SR	SR	SR
Gas analyzer / TEMP- site ESO		37.3	37.2	37.0	37.0
N-M Block (T/4)	0/4	4/4	1/4		4/4 c̄ tet.
Warming blkt					
Conv warmer					

Mark with letters & symbols, explain under REMARKS

EVENTS: pressure pts padded but <90° on taped ā intubation

Position →

TOTALS	
TOTAL SEL	100
TOTAL URINE	550

FLUIDS – SUMMARY: CRYSTALLOID – 1000 — COLLOID – Ø — BLOOD – Ø

REMARKS – Code drugs with numbers, events with letters

(1) Pre-op. from 1100 → OR via stretcher
(2) In OR monitors pre-op. RSI c̄ cricoid OGT placed.
(3) Reglan 10mg IV
(4) Sx'd / extubated p̄ SV TV >500 ml/kg SaO2 >95% → 1cu for recovery. IV patient. Report given

RECOVERY AT 1151

PACU / ICU (Specify) — OTHER T-97.8

CONDITION: Recovery

RESP – 22 — SpO2 – 100 — BP – 115/61 — HR – 77

ANESTHESIA PROCEDURE TIMES	Start	Room	End
ANES	1020	1033	1202
PROC	Ready	Begin	End
	1040	1102	1138

PROCEDURES and CPT Codes: Debridement (R) thigh wound

ANESTHETIC TECHNIQUES: Describe block technique under Remarks: GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments: UOV 1/1 attempt RSI c̄ cricoid MAC 3 #8.0 ETT @ 24cm (R) ↑ Lig (+) BBS (+) ETCO2 atraumatic

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

(b)(6)-4

SURGEONS: (b)(6)-2

ANESTHETISTS: (b)(6)-2 CPT CRNA

PROCEDURE LOCATION: OR 1-1

DATE: 05 July 03

PAGE 1 OF 1

(b)(6)-2

CPT, AN
CRNA

MEDICAL RECORD – ANESTHESIA

WAMC OP 376 REVISED
1 Jan 99

MEDCOM - 6351

*U.S. GPO: 2002-729-180/40137

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 6 Jul 03

DATE AND HOUR REQUIRED: ASAP

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

DIAGNOSIS OR OPERATIVE PROCEDURE: (R) Thigh D&I

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: SPC Pickins

DATE VERIFIED: 6/6

TIME VERIFIED

VOLUME REQUESTED *(If applicable)* _____ ML

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

REMARKS:

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

SECTION II – PRE-TRANSFUSION TESTING

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

TRANSFUSION NO.

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

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	Compat

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

DONOR: ABO B, Rh Pos

RECIPIENT: ABO B, Rh Pos

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS: EXP - 07 Jul 03

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 1024 ON *(Date)* 6 Jul 03

IDENTIFICATION

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

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

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

PRE-TRANSFUSION TEMP. 100.2 AX PULSE 71 BP 109/54

DATE OF TRANSFUSION: 7 Jul 03

TIME STARTED: 1035

(b)(6)-2 VE CPT AN

POST-TRANSFUSION DATA

AMOUNT GIVEN: 450 ML

TIME/DATE COMPLETED/INTERRUPTED: 1240 7 Jul 03

REACTION: [X] NONE [ ] SUSPECTED

TEMPERATURE: 99.0 PULSE: 63 BLOOD PRESSURE: 96/58

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

[ ] OTHER *(Specify)*

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

[ ] NO [ ] YES *(Specify)*

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

(b)(6)-4

SEX: M

WARD: ICU

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 6352

Return to Transfusion Service

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)-4

NURSING UNIT | ROOM NO. | BED NO.

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

8 JUL 03 1705 HOURS

ADMIT C/O (b)(6)-2

✓ Dx (R) QUADRICEPS GSW

✓ COND STABLE

✓ VS ROUTINE

✓ ACT-EPW STATUS - RESTRAINTS

✓ OOB ? TID

PT CRUTCH TRAIN WBAT (R)

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

✓ NKA HOURS

✓ REG DIET

JP TO BULB RECORD Q8°

✓ IR @ 75CC/HR, HEPLOCK WHEN PO ADEQUATE

MEDS

~~ANCEF ? C~~ CLEOCIN 600MG Q8° IV X 9 DOSES

noted July 3 1900 (b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER

✓ GENTAMICIN 320MG IV QD X3 DOSES HOURS

✓ ZANTAC 150MG PO BID

TYLOX ? ÷ PO Q6° PRN PAIN

✓ MS 2MG IV Q15' PRN UP TO 16mg IN 4 HR

✓ TYLENOL 650MG PO/PR Q4° PRN

IS Q1° W/A (b)(6)-2

✓ CBC METLYTE 8 Q AM X3D

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME

(b)(6)-2

LTC, MC ORTHOPEDIC SERVICE

8 JUL 03 1745 HOURS

MS 6MG IV NOW MAY REPEAT X 1 IN 15'

(b)(6)-2

(b)(6)-2

9 July 24° chart check (b)(6)-2

July 03 24° chart check

close

list as see recording sheet

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: 05 JUL 03 — TIME OF ORDER: 1600 HOURS — LIST TIME ORDER NOTED AND SIGN

Zantac 150 mg po bid
1st dose now. (b)(6)-2

(b)(6)-2

5 JUL 03 1608

NURSING UNIT | ROOM NO. | BED NO.

06 July 03 0900 (b)(6)-2 1LT/AN 24° Chart check

PATIENT IDENTIFICATION

DATE OF ORDER: 6 Jul 03 — TIME OF ORDER: _____ HOURS

TYPE CROSS & TRANSFUSE
$\bar{\text{II}}$ 4 PRBCS EACH OVER 2HR
PREMED $\bar{c}$ TYLENOL 650MG PO
& 50MG BENADRYL PO
CBC, METLYTES, TOMORROW AM (b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: (b)(6)-2 — TIME OF ORDER: (b)(6)-2

LTC, MC ORTHOPEDIC SERVICE

07 July 03 0900 (b)(6)-2 1LT/AN 24° Chart check

7 Jul 03 0800 (b)(6)-2

NPO P MN (b)(6)-2

(b)(6)-2

LTC, MC ORTHOPEDIC SERVICE

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER: 24° chart ✓ 8 July — TIME OF ORDER: (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.

MEDCOM - 6354

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	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
5 Jul 03	0615 HOURS	
1	Admit to ICW preop.	
2	Dx frag wounds to (R) thigh.	
3	Cond Stable.	
4	NPO preop.	
5	IV NS @150 cc/hr	
6	Foley.	
7	I/O's.	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
8	MSO4 5mg IV q 2-4 hr prn HOURS	
9	CBC on arrival ~~+ q~~	

(b)(6)-2

5 JUL 03 1140
ADMIT ICW c/o GRANVILLE
DX (R) ANT THIGH GSW
COND STABLE

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
VS ROUTINE HOURS		
ACT EPW STATUS - OOB ≥ TID		
c̄ APPROPRIATE GUARDING		
NKDA		
REG DIET		
CBC METLYTE 8 IN AM		
D/C FOLEY, STR CATH Q6° PRN UNABLE TO VOID		

(b)(6)-2

5 JUL 03 1618

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	
LR @75cc/hr, HEP LOCK WHEN PO ADEQUATE HOURS		
CLEOCIN 600MG IV Q8°		
GENTAMICIN 320 MG IV QD		
MS 2 MG IV Q15' PRN UP TO 16 mg IN 4°		
PERCOCET 7 ½ PO Q 4° PRN		
TYLENOL 650MG PO Q 4°		
IS Q1° W/A		

(b)(6)-4

(b)(6)-2

(b)(6)-2

LIC, MC
ORTHOPEDIC SERVICE

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY B

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*

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

Mo. 07 Yr. 2003

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 5	6	7	8	9	10	11	12	13	14	15	16	17	18
5 Jul	(b)(6)-2	VS Routine	6	(b)(6)-2													
			14														
			22														
5 Jul	(b)(6)-2	Act. EPW status (restraints	6	(b)(6)-2													
		OOB ≥ tid c	14														
		appropriate guardings	22														
5 Jul	(b)(6)-2	Reg diet	6	/	(b)(6)-2												
			12	/													
			17	(b)(6)-2													
5 Jul	(b)(6)-2	IS Q1° WA	5	(b)(6)-2													
			17														
8 July	(b)(6)-2	JP to bulb, record	06	/	/	/		(b)(6)-2									
		output Q8h	14	/	/	/											
			22	/	/	/											
8 July	(b)(6)-2	CBC + methyl B	06					(b)(6)-2									
		QAm	X														

ALLERGIES: ☐ YES ☐ NO

Unknown

PRIMARY DIAGNOSIS: (R) ant. thigh GSW

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

EDITION OF 1 DEC 77 MAY BE USED.

USAPA V1.00

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo 07 Yr 2003

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
5Jul03	(b)(6)-2	Admit ICW % Cronsville	05Jul	NOW	1505	(b)(6)-2
5Jul03		Cond. Stable	5Jul	NOW	noted	
5Jul03		CBC Mettyte 8	6Jul	0300	0400	
5Jul03		DC Foley	5Jul	NOW	1520	
6Jul03		CBC, Mettyte 8	6Jul	0300	0400	
5Jul		NPO PMN	8July	0001	Done	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
5Jul	PN	Straight cath q6°														
		PRN if unable to void														

USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 07 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 5	6	7	8	9	10	11	12	13	14	15	16	17	18
5 Jul	(b)(6)-2	LR @ 75cc/hr, heplock	05	(b)(6)-2													
		when po adequate	17														
5 Jul	(b)(6)-2	Cleocin 600mg IV Q8	8	(b)(6)-2													
			16														
			24														
5 Jul	(b)(6)-2	Gentamycin 320	[illegible]														
		Q12 x 3 days (start 8 am)	15	(b)(6)-2													
5 Jul	(b)(6)-2	TS Q1° w/A	5	(b)(6)-2													
			17														
5 Jul	(b)(6)-2	Zantac 150mg po bid	5	(b)(6)-2													
		1st dose now	17	(b)(6)-2													
8 Jul	(b)(6)-2	NIO Flush HL Q8	06	(b)(6)-2													
			14														
			22	(b)(6)-2													
8 Jul	(b)(6)-2	LR @ 75cc/hr	06														
		heplock when PO	14														
		adequate	22														
10 Jul	(b)(6)-2	HL	06														
			14														
			22														

ALLERGIES: ☐ YES ☐ NO
unknown

PRIMARY DIAGNOSIS:
(R) ant & high GSW

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

PATIENT IDENTIFICATION:
(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 07 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
6 Jul 03	(b)(6)-2	Premed ō tylenol 650mg po 450mg	6 Jul 03	Now	1030	(b)(6)-2
		bendadryl po				
6 Jul 03	(b)(6)-2	type + crossmatch 2u units PRBC each	6 Jul 03	ASAP	1235 1035	(b)(6)-2
		Over 7 hrs			1252 1507	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
5 Jul	(b)(6)-2	MS 2mg IV Q15 prn	5 Jul 0400 2mg (b)(6)-2	5 Jul 0415 2mg	5 Jul 0430 2mg (b)(6)-2	5 Jul 0445 2mg (b)(6)-2	7 Jul 1325 2mg (b)(6)-2	7 Jul 1620 2mg (b)(6)-2	7 Jul 1635 2mg (b)(6)-2	9 Jul 0945 2mg (b)(6)-2						
		up to 16 mg in 4°														
5 Jul	(b)(6)-2	Percocet 1/1 - 11/11 tabs po	6 Jul 1645 11/11 (b)(6)-2	7 Jul 1230 11/10	7 Jul 1520 11/10	12 Jul 1530 11/10										
		Q 4° PRN Pain														
5 Jul	(b)(6)-2	tylenol 650mg po	1605 9 Jul 1 tab po (b)(6)-2													
		Q 4° ~~fever~~ PRN														
8 Jul	(b)(6)-2	Tylox 1-2 tabs														
		PO Q6 PRN pain														

USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED *(Date)*

Date: 5 JUL 03
Time In: 1325
Allergies: 125/64 88 18 OR Intake: Crystalloid 900 Colloid
Pre-op V/S: OR Output: UOP EBL
Procedures: Debridment (R) leg Meds/Times: 250 mg Fent 2 mg Ver 5 mg JMS04 30 mg Toradol

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

Drains	Airway
Hemovac	Nasal
NG	Oral
JP	ETT
T-tube	Trach
Foley	Other
TLS	

Pre Op Meds History

Time	1325	1330	1335	1340	1345	1400	1415	1430	1445	1500	1530	1600
SaO2	100	100	100	100	100	100	99	100	100	96		
FiO2	15	15	15	15	15	15	10	10	0	—		
Methods	M	M	M	M	M	M	M	M	RA	RA		
240												
220												
200												
180												
160												
140												
120												
	116	114	118	115	116	114	124	114	124	123		
100	106	90										
			85	84	83	81	81	75	98	106		
80												
60												
	56											
40		39	44	47	48	48	47	46	50	49		
20												
RR	14	20	20	19	18	19	18	18	19	20		
T	98.6	98	98.8	98.0	98.8	98.7	99.0	99.0	99.0	99.3		

Time	1325								
Pain (0-10)	0								
LOS									

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1530	CR		IV	b)(6)-2	900
1400	Ancef		IV		50

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	0	0	
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	—	—	
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	8	

Codes

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

V/S
X = A-line BP
^ = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

(Continue on reverse)

PREPARED BY *(Signature & Title)* b)(6)-2 [redacted] CM

DEPARTMENT/SERVICE/CLINIC ICU

DATE 5 JUL 03

PATIE[redacted]ten entries give: *first, middle; grade; date; hospital or medical facility)*

Name — last,

b)(6)-4 [redacted]

Aq 18

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

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	Unable to Assess			+	B	C	PK
15'	Sedated			+	B	C	PK
30'	↓			+	B	C	PK
45'	↓			+	B	C	PK
60'	(R)	+	+	+	B	C	RK
90'	(R)	+	+	+	B	C	PK
D/C	(R)	+	+	+	B	C	PK

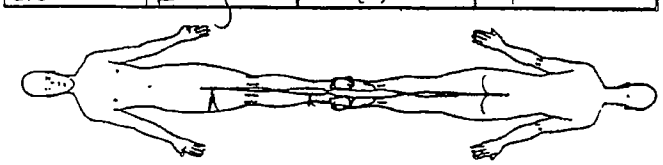
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	(R) leg	Occlusive	Ø
30'	(R) leg	Occlusive	Ø
60'	(R) leg	Occlusive	Ø
D/C	(R) leg	Occlusive	Ø



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

1325 Transferred from OR to ICU for recovery. Fiyo EPW male c̄ dx of S/P (R) leg debridement. Cond: stable, VSS. Sedated & not alert to verbal or tactile stimuli. (b)(6)-2 (R) leg wrapped c̄ gauze c̄ Ø drng. (b)(6)-2
1355 Pt remains sedated c̄ Ø response to tactile & verbal stimuli (b)(6)-2
1420 BS cont to be hypoactive (b)(6)-2
1435 Pt beginning to become Alert to verbal & tactile stimuli — (b)(6)-2
1500 BS @ bot sluggish (b)(6)-2
1515 Report given to ICW — (b)(6)-2

Discharge Criteria:
Date: 5JUL **Time:** 1520 **PARS:**
BP: 127/92 **T:** 99° **HR:** 100 **RR:** 93 **Sa02:** 100
Pain Level at D/C (0-10):
Intake: 250 **Output:** Ø
Additional Data:
Transferred To: ICW
Report Given To: CPT (b)(6)-2
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: (b)(6)-2
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature:

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED *(Date)*

Date: 5 Jul 03 Anesthesia Type (Circle)): General Spinal Epidural
Time In: ~~[illegible]~~ IV Sedation Nerve Block
Allergies: unK OR Intake: Crystalloid 1000 Colloid
Pre-op V/S: OR Output: UOP 550 EBL 100
Procedures: Meds/Times: Cleo 600mg, Ancef, Reglan

Drains	Airway
Hemovac	Nasal
NG	Oral
JP	ETT
T-tube	Trach
Foley	Other
TLS	

Pre Op Meds History unK

Time	1155	1200	1215	1230	1245	1300	1315	1345	1345	1445
SaO2										
FiO2										
Methods										
240										
220										
200										
180										
160										
140										
120										
100										
80										
60										
40										
20										
RR	21	21	18	16	12	14	21	13	14	
T	99		98	99		99	98	99	99	
Time										
Pain (0-10)										
LOS										

Pacu Intake

Time	Solution	Amount	Site	By	Infused
	LR	300cc	(L)PIV		

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	0	0	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2M	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	1	1
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	2	2	2
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	9	9	11

Codes

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

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

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

(Continue on reverse)

PREPARED BY (b)(6)-2 SGT/LAN DEPARTMENT/SERVICE/CLINIC ICU DATE 5 Jul 03

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

(b)(6)-4 age 35

(b)(6)-4

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

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P.	Cap Refill	T	Color
Adm	AE	PROM	WTA	(+)	B<2sec	warm	pink
15'	AE	PROM	WTA	+	B<2sec	warm	pink
30'	AE	PROM	WTA	+	B<2sec	warm	pink
45'	AE	+	—	P	B	W	Pk
60'	AE	+	—	P	B	W	Pk
90'	AE	+	—	P	B	W	Pk
D/C							

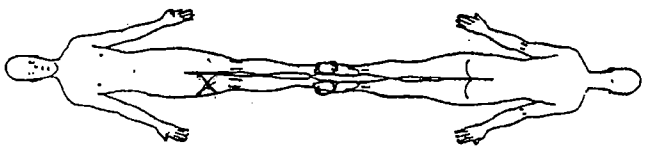
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	(R) thigh	ACE wrap	CDI
30'	(R) thigh	ACE wrap	CDI
60'	(R) thigh	ACE wrap	CDI
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount
1245	Foley	clear, yellow	100cc
1445	Foley	clear yellow	125cc

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1245	NSR		

WAMC OP 173-E

NURSING NOTES

Pt arrived from OR @ 1135 on venti mask at 15lpm - LR to (R) PIV c̄ Gentamycin 400mg IVPB. VSS, pt began to have very noisy respirations - gurgling & straining - nasal airway placed & pt suctioned. Small amt of tenacious mucous c̄ blood suctioned. Pt still sats 100% c̄ O2. [redacted] LPN

1315 - Pt on RA still sats >97%. [redacted] LPN

1420 - Pt opens eyes to painful stimulus - responds to questions. [redacted] LPN

1446 - Pt aroused to verbal stimulus, spoke c̄ translator. Meets all Dic criteria. Report given to CRT [redacted] LPN

Discharge Criteria:
Date: 5 Jul 03 **Time:** 1445 **PARS:** 11
BP: 105/50 **T:** 99° (+) **HR:** 58 **RR:** 13 **SaO2:** 98% RA
Pain Level at D/C (0-10):
Intake: Ø **Output:** 225 cc
Additional Data:
Transferred To: ICW
Report Given To: CPT [redacted]
Transferred Via: W/C (Litter) Gurney Ambulance
Transferred By:
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature:

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED *(Date)*

Date: 8 July 03 Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block

Time In: 1710

Allergies: NKDA OR Intake: Crystalloid 400 Colloid

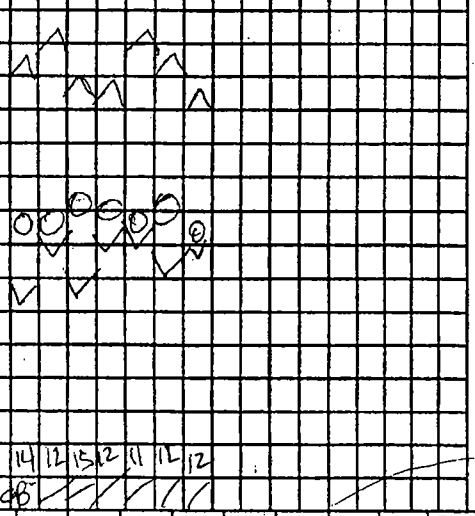
Pre-op V/S: 115/87 76 OR Output: UOP Ø EBL minimal

Procedures: D/C (R) Femur Meds/Times: Clindamycin 1645

Drains	Airway
Hemovac	Nasal
NG	Oral
JP	ETT
T-tube	Trach
Foley	Other
TLS	

Pre Op Meds History

Time	1710	1715	1720	1725	1730	1745	1800
SaO2	100%	100%	100%	100%	100%	96%	98%
FiO2	50%	RA	RA	RA	RA	RA	RA
Methods	VM	Ø	RA	RA			
240							
220							
200							
180							
160							
140							
120							
100							
80							
60							
40							
20							
RR	14	12	15	12	11	12	12
T	98						



Time	
Pain (0-10)	
LOS	

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1710	NS	300+ml	(L) FA	S. [illegible]	250 ml

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	2	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	2	2	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse			
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	10	10	10

Codes

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

V/S
X = A-line BP
* = Cuff BP
= Pulse

TEMP
S = Skin
O = Oral
A = Axillary
T = Tympanic
R = Rectal

LOS
C = Cervical
T = Thoracic
L = Lumbar
S = Sacral

Patient teaching done; Wound Care, Pain Management, T, C, & DB,. Incentive Spirometer, Comfort Measures

Safety: SR up X 2, Falls Precautions. Privacy Maintained

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted] ILTAN

DEPARTMENT/SERVICE/CLINIC ICU

DATE 8 July 03

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

[redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
1715	8	MSO4 2mg	IV	8	I	[redacted]
1730	8	MSO4 2mg	IV	8	I	[redacted]
1740		MSO4 6mg	IV		I	[redacted]
1755		MSO4 6mg	IV		E	[redacted]

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	(R) foot	+	+	1	B	W	PK
15'							
30'							
45'							
60'							
90'							
D/C							

Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

	Adm	15'	30'	45'	60'	90'	D/C
Fund. Height							
Lochia							
Peripad#							
Fund. Cond.							

DRESSINGS

Time	Location	Type	Drainage
Adm	(R) leg	Acewrap	CD&I
30'	(R) leg	Acewrap	CD&I
60'			
D/C			

PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

1710 - recieved client from OR via litter c̄ anesth & RN - client placed on monitor NS infusing into (R) FA AN, site patent ∅ s/sx of infiltration/infx - Dsg to (R) leg CD&I JP drain x1, ∅ output Peripheral IV to (R) FA patent ∅ fluids site HL'd - client c̄ complaints of pain (R) foot pulses palpable cap refill brisk <2 sec

1715 - medicated c̄ 2mg MSO4 for pain

1730 - remedicated for pain 2mg MSO4

1740 - 6mg IV MSO4 for pain client states he is in pain notified Dr [redacted] 6 more mg of MSO4 given

1800 - Pain level decreased client relaxed, resting c̄ eyes closed

1805 - Report given to CPT [redacted] in ICW.

1810 client transported on litter to ICW c̄ two assists

[redacted]

Discharge Criteria:
Date: 8JUN03 **Time:** **PARS:** 10
BP: 158/69 **T:** 98.7 **HR:** 69 **RR:** 12 **Sa02:** 95%
Pain Level at D/C (0-10): 1/10
Intake: 250 ml NS **Output:** ∅
Additional Data:
Transferred To: ICW
Report Given To: CPT [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: [redacted]

ADMISSION AND CODING INFORMATION

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

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

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26: 1 9 6 8 0 1 0 1	27 28 29: 3 5 Y	30: X	31: 9	UNKNOWN

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34	N/A	35 36	37 38 39 40 41 42 43 44 45: (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
N/A	46: U Z	0615 ~~0535~~	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49: N O	50 51 52: K 7 8	53 54 55 56 57 58 59 60 61: 0 9 3 2 3 0 0 0 0

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63: L Z	64 65 66 67 68 69 70:	71: 9	YEAR: [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: 0	ICW	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
(b)(3)-1	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
73 74: 2 6	75 76 77 78 79 80:	81 82 83 84 85 86 87 88: 2 0 0 3 0 7 1 3

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYYYMMDD)
89 90 91 92: A E A A	93 94 95 96 97 98:	99 100 101 102 103 104 105 106: 2 0 0 3 0 7 0 5

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYYYMMDD)
107 108: L Z	109 110 111 112 113 114:	115 116 117 118 119 120 121 122:

FOR LOCAL USE

DX: ~~MUTIPLE SHRAPNEL WOUNDS TO RIGHT THIGH~~

GSW DISTAL THIGH WITH TRANSECTION QUADRICEPS

DX 8901 Trauma 9

2851 Inj 450

E9412

PROC 8365

8628

Blank 1903

(b)(6)-2

ADMITTING OFFICER (Signature, as required) (b)(6)-2 (b)(6)-2

(b)(6)-2 LTC, MC (b)(6)-2 SSG, 91G

(b)(3)-1

PATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER (b)(6)-4			2. NAME (Last, First, MI) (b)(6)-4			3. GRADE NO	ADMISSION REMARKS
4. SEX M	5. AGE	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC NO	9. ETS NO	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN		13. ORGANIZATION NO		14. WARD OR/ICU	
15. FLYING STATUS NO	16. RATING/ OSG	17. DEPT./ BEN K78		18. BRANCH/CORPS NO	19. UIC/ZIP	20. TYPE CASE BI	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION DIRECT FROM ER				22. HOURS OF ADMISSION 0035	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE NO				25. TYPE DISPOSITION EVAC	26. DATE OF DISPOSITION 08 JUL 03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) NO				27b. TELEPHONE NO. NO	28. DATE OF THIS ADMISSION 08 JUL 03	ADMITTING OFFICER DR. (b)(6)-2	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1					30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY
GUN SHOT WOUNDS

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES
DX: GSW TO RIGHT MANDIBLE AND RIGHT THIGH

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
(b)(6)-2	0	0	(b)(6)-2	1	1

SIGNAT (b)(6)-2 CAL, LTC, MC

(b)(6)-2 SSG, NCOIC PAD

DA FORM 3647, MAY 79

EDITION OF 1 AUG 78 IS OBSOLETE

USAPPC V1.10

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

20y08 s/p GSW Face, (R)LEx. Seen at 240 FST → tracheotomy.
wound exploration in Face + (R)LEx and packed.
Pt in 28 CM ED HD stable c̄ copious oozing from facial wounds.

unknown pmhx.

PHYSICAL EXAMINATION

130/60 P60
Moving LUEx, Bilat LEx c̄ stimulation.
Paralyzed, No pupillary response.
Ident: Large (R) open open wound packed. Oropharynx c̄ copious bleeding
Crest and CV rhythm Abd benign.
Ext: RLEx wound dressed

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

A/ GSW Face; RLEx s/p trach, debridement at (b)(3)-1

P/ OR exploration

(b)(6)-2

SIG	DATE	IDENTIFICATION NO.	ORGANIZATION
	7/8		

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

REGISTER NO.	WARD NO.

(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
539-106

(b)(6)-4

MEDICAL RECORD	PROGRESS NOTES

DATE

7/8/03 Discharge Summary

≈ 30 yo Iraqi ♂ s/p GSW to face and Right LEx. Taken initially to (b)(3)-1 where facial wound debrided, packed tracheostomy placed and leg wound debrided. Tx soon thereafter to (b)(3)-1 where, upon evaluation in ED pt noted to have massive oropharyngeal bleeding. Taken to OR emergently and bleeding stopped by approximating tongue c̄ 2-0 chromic running sutures. Mandible noted to be unstable with displaced open fracture of angle of mandible as well as displaced fracture on contralateral anterior mandible. In addition palate noted to have trauma. Due to limited experience with this, I packed the oropharynx, carefully placed an OG tube and stabilized patient in ICU and discussed case with Dr. (b)(6)-2 who will evaluate patient at (b)(3)-1

Current meds are: LR @ 150 cc/hr; Zantac 50 mg iv q8; Propofol sedation; Ampicillin 1g iv q 96°; Clindamycin 600 mg iv q8°

Patient received 4 u PRBC in 28 CSY OR, 2 u FFP postop.

Post op Hct stable @ 33%. Dressing changed this AM c̄ minimal bleeding.

(b)(6)-2

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

(b)(6)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
7 Jul 03	(b)(3)-1 OPERATIVE NOTE
TIME: 2332	~~[illegible]~~ :
T:	PRE-OP Dx : ① GSW to Ⓛ upper lip → Ⓡ mandible Fx/exit
R:	② GSW Ⓡ post thigh (No Fx NVI distally, Pulses (DP PTA) in
B/P:	③ GSW Ⓡ lower leg (superficial)
P:	POST-OP Dx : Same
MED:	PROCEDURE : ① ZONE 3 neck exploration, Resection of Ⓡ Submandibular gland, Ⓡ Carotid intact
ALLER:	② TRACHEOSTOMY GSW thru-thru hp, upper accessory, ③ 1+D Ⓡ leg GSW x 2 Ⓡ mandible shattered Carotid Sheath intact.
LMP:	SURGEONS : (b)(6)-2 (b)(6)-2 (b)(6)-2
	ANESTH : GET (b)(6)-2
TOB:	EBL : 500 cc
	FLUID : 2900 cc LR, 2 u PRBC
ETOH:	FOLEY to gravity
	TRACHEOSTOMY
PMHx:	COMPLICATIONS Ø
PSH:	Disp → CSH tracheal, Chronically Paralyzed (b)(6)-2 MD
	(b)(6)-2 MD
FMHx:	Patient received instructions regarding diagnosis, plan of care, medications, follow-up, and verbalizes understanding. Initials: _____ MAJ MC ORTHO — (b)(3)-1

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
(b)(3)-1		ARMY	D.A.S.
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
			CIVEP

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. (b)(6)-2

NAME AND RANK: MALE IRAQI EPW

SSN:

UNIT AND UNIT PHONE:

DOB:

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

USAPA V2.00

Arrived → (b)(3)-1 ♂ GSW to face + leg
+ imminent loss of airway. Endotracheal
intubation successful. → OR for Neck exploration
+ leg wound debridement.
No reliable history known.

(b)(6)-2 MD

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
7 JUL 03	047) 119/67 P-77 R-34 O2-100 T-
	052) 132/66 68 30 100
	0100) 152/74 73 22 100
	0105) 151/71 85 17 100
	0110) 151/77 78 20 100
	0115) 149/82 101 14 100
	0120)
	MEDS ~~ORDERED~~
	Ancef 1 gr
	Tetanus. Scc IM
	S(1Lt) TR

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
(b)(3)-1			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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

(b)(6)-4

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

MEDICAL RECORD	PROGRESS NOTES

DATE

8 July 03 0230 Received client from OR on litter transported by MD and anesthesia and an RN. client placed on ~~st~~ cardiac monitor. and placed on ICU bed c̄ five assists [redacted] ctd.

0300 Assessment done, PERRL, sedated on 25 mcg/kg/min of propofol infusing @ 10.5 ml/hr based on approximate weight of 70 Kg. lungs clear bilat, vent settings VT 700 ml, rate 8, peep 5, FiO_2 50%. client tracked c̄ moderate amt of bloody drainage on track dressing. #8.0 shiley track in place ~~st~~ c̄ sutures and track ties, even bilat chest rise. HR sinus rhythm → sinus tach, regular. pulses weak but palpable. Abdomen semifirm, slightly distended. ⊕ BS x 4 quads. OUT to LIS. placement checked, no gurgling heard over stomach, placement also checked by another RN (MAJ [redacted] sonable to verify placement, Dr [redacted] notified stated "I heard it when we put it in so leave it to [redacted] suction." foley patent and draining yellow urine c̄ some sediment noted. right radialant line placed by Dr [redacted], zeroed, good waveform on monitor, good blood return, connected to pressure 300 mmHg bag. Drsg applied via sterile technique. Right and left AC PIVS c̄ LR @ 150 cc/hr via left AC. Both sites flushed and patent ⊕ blood return, no sts of infection or infiltration. Drsg to face with large amt of [redacted] bloody drainage, reinforced by Dr [redacted] large bandage dressing →

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

REGISTER NO.

WARD NO. ICU

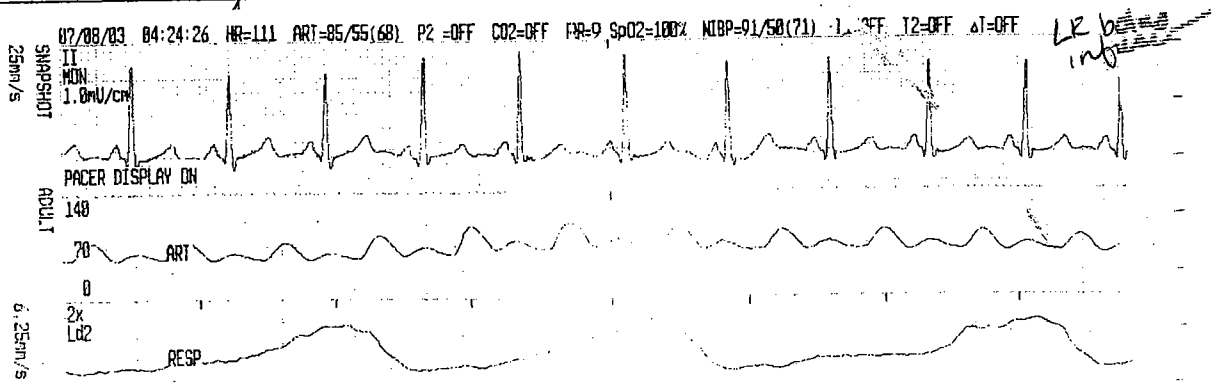
[redacted]

PROGRESS NOTES
Medical Record

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

PROGRESS NOTES

DATE	
	to night leg c̄ moderate amt of bloody drainage. (b)(6)-2 1LT Ar
0335	HR ↑ 130's, medicated c̄ 4mg MS for pain (b)(6)-2
0400	BP ↓ in 70s/50's, Dr (b)(6)-2 [redacted] notified 1L LR bolus started at this time. Drsg to face with increased drainage, will monitor closely (b)(6)-2 1LT Ar
0445	Abg results to Dr (b)(6)-2 [redacted], 2 amps Na bicarb given IVP for acidosis (b)(6)-2 1LT Ar



LR bolus inf

0500	Late note: @0230 report received from CPT (b)(6)-2 CRNA procedure done was oral and facial exploration c̄ glossotraphy under general anesthesia. Client received 3mg versed, 10mg vecuronium and 100mg fentanyl given ~~dur~~ in OR. Also 1gm Ancef, 2L NS, 2L LR and 4 units PRBC in OR. EBL 500cc + 1500cc urine out in OR. (b)(6)-2 1LT Ar
0500	Report given to CPT (b)(6)-2 (b)(6)-2 1LT Ar

STANDARD FORM 509 (REV. 7-91) BACK
USAPPC V1.00

MEDICAL RECORD	PROGRESS NOTES
DATE	
7/8/03 0530	NN: Assumed care of patient at 0500. Labs sent H/H; 33.7/11.0, WBC 18.6, PH 86. FFP ordered. ABG done; PH 7.26, CO_2 44.8, O_2 131, HCO_3 20 rate increased from 8 to 10. Assessment done. (b)(6)-2 CPT/AN
7/8/03 0630	At 0600 patient became hypotensive 68/35, propofol stopped, pt put in trendelenberg, bolused c̄ 1 Liter NS. B/P improved p̄ bolus. Patient awake s̄ propofol, moving arms and legs, Propofol restarted at 1/2 rate, 12.5 mcg/kg/min. will monitor closely, FFP given. (b)(6)-2 CPT/AN
7/8/03 0730	ABG rechecked PH 7.315, CO_2 39.5, PO_2 127, HCO_3 20. Trach care done, moderate amount bloody gr drainage suctioned from trach (b)(6)-2 CPT/AN
7/8/03 0830	Pulses to (B) LE noted to be weaker than to UE. Feet cool to touch. Pulse not palpable on LLE, doppler only, barely palpable on (R) LE good on doppler. Ortho MD aware, will monitor. (b)(6)-2 CPT/AN
7/8/03 1000	Facial dog D'ed by MD's. Bolused c̄ 10mg Propofol. A/E paper work complete (b)(6)-2 CPT/AN

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

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

(b)(6)-4

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: NA

ARRIVAL — DATE: DAY 07 MONTH JUL YR. 03 — TIME: 032

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

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

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES: NA

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

HOME TELE. NO. (Inc. area code): NA

CHIEF COMPLAINT(S) (Include symptom(s), duration): Gunshot wounds lower R thigh FACIAL EXTR

SEX: M AGE: NA

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER: 032

VITAL SIGNS			
TIME	032	037	042
BP	69/45	62/28	100/28
PULSE	147	70	57
RESP.	16	26	23
TEMP.	98.4		
WT. (Child)	99	98	100

CATEGORY (See reverse)
- ☒ EMERGENT
- ☐ URGENT
- ☐ NON-URGENT

ORDERS	INITS.	TIME
Central Line		040
X-rays		042
Labs ABG, CBC, Chem, T&C x4		043
Tet Toxoid 1 gm IV		
Cent TV 700, R14, 1-9 Peeps		

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)

042 X-rays ordered (AP Lat Skull (R) Femur (R) Leg & Chest TOI ~2130 PM42?

043 Labs - CBC (A) & Chem 12

S: Pt is a ~30yo Iraqi EPW who was shot x3 by US forces as he was firing a weapon while riding a motorcycle. Taken to FST & had Trach done

O: was moving all 4's spont. massive trauma to (R) Jaw/face. Maxillofacial Trach in place. Tm's white PERRL EOMI 4mm. Neck FROM ⊖ crep. Lungs: (D) CTA. Cor RR ⊖ (S) Abd: ⊖ Br.s.N NA. Ext: Lg (R) lat thigh tissue defect ⊖ pulses. mult lower (R) leg abrasions & lacerations

EDC: hypotension to 50's/20's improved p̄ Level I via (L) Subclav. Cent line.

XRay: Comminuted Jaw (R) sinus opacification NLC (R). ⊖ PTX, Ext: mult frags ⊖ Pt.

11 > 7/23 < 170

7.32/32/415/-7/100%

T&C x2.

ASSESSMENT/DIAGNOSIS: GSW (R) Jaw/face; GSW (R) Thigh, mult Abrasions

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: 0115

(b)(6)-2

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).

(b)(6)-4

SI ... ID STAMP ... 03 (b)(6)-2

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

To OR.

EMERGENCY CARE AND TREATMEN

MEDCOM - 6376

STANDARD FORM 558 (Rev. 6-82) Prescribed by GSA and ICMR

510-112 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
7/8/03	Operation		Note
	Procedure:		Facial wound Debridement
			Glossorphany
	Surgeon:		Matsumoto Dean
	PRM 4LR		4U PRBC WR 500
	EBL = 700 cc		
	To Tech,		critical
	Findings:		① Comminuted mandibular fracture c̄ displacement at angle.
			② Trauma to tongue approximated c̄ 2-0 chromic
			③ NG placement

(b)(6)-2

MATSUMOTO.NG

(Continue on reverse side)

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

REGISTER NO.

WARD NO.

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 6377

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA: Anesthesia Stretcher BY [redacted] (b)(6)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT (b)(6)-2

3. DATE 20030708 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0116 NUMBER 1-1

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Paralyzed

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC (b)(6)-2	RELIEF SCRUB	
	SST (b)(6)-2		
ASSIGNED CIRCULATOR	CPT (b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: arms (bilat) tucked & padded. Strap across waist

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

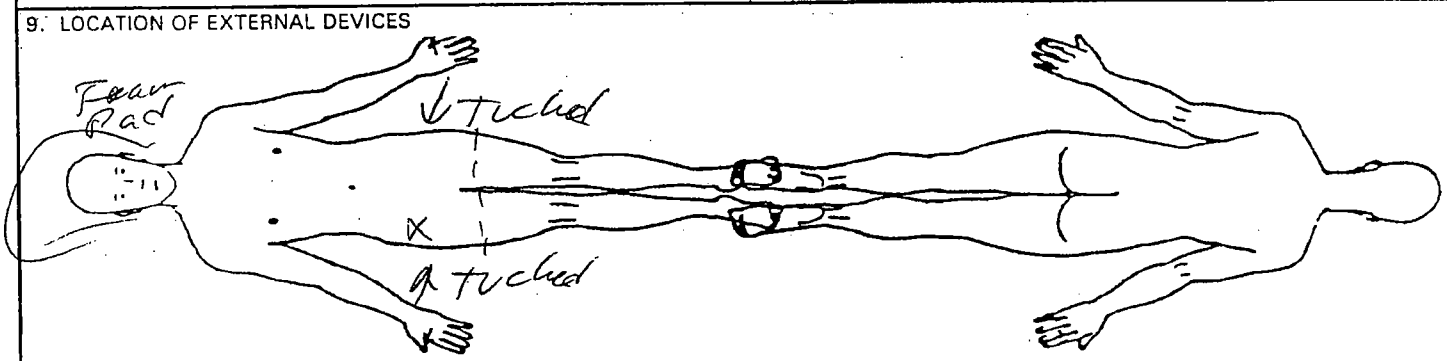
PREP SOLUTION *(Specify)* N/A

SITE: BY WHOM:

SITE: BY WHOM:

COMMENTS:

9. LOCATION OF EXTERNAL DEVICES



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

C = Correct I = Incorrect

10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes ☐ No		C	C	SPC (b)(6)-2	CPT (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;)*

(b)(6)-4

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

☒ ESU NO: Valleylab 00042

GROUND PAD: BRAND

LOT NO: 10527

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES ... WHICH IS OBSOLETE. USAPA V1.01

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): NS

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. 16 Fr foley in place preop	2. Trached	3.
SITE	1. Urethra Bladder	2. Trach	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
4X8 gauze ray tec X2
Fluff
Vertix

19. ADDITIONAL INFORMATION

2 Raytecs used as packing
MSI (b)(6)-2 CRNA, CPT (b)(6)-2 : Anesthesia (CRNA)
Dr. (b)(6)-2 Dr. (b)(6)-2 Surgeons

20. OPERATION(S) PERFORMED Facial & oral exploration
Glossorraphy

21. PATIENT TRANSFERRED TO	TIME	METHOD
ICU	0221	Litter

22. REGISTERED NURSE SIGNATURE
CPT (b)(6)-2 AW

REVERSE OF DA FORM 5179-1, OCT 87 USAPA V1.01

MEDCOM - 6379

Ward/Section: EMT

REQUESTING PHYSICIAN: (b)(6)-2

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

LAST, FIRST, MI (b)(6)-4

DATE: 07 July

TIME: 0400

SSN/PSEUDO SSN:

Hematology

TEST	RESULT	REF. RANGE
WBC	11.4	4.8-10.8 x 10^3
RBC	2.40	4.7-6.1 x 10^9
Hgb	7.4	14-18 g/dl (M) 12-16 g/dl (F)
Hct	22.8	42-52% (M) 37-47% (F)
MCV	95.0	80-94 fl (M) 81-99 fl (F)
Plt	170	130-500 x 10^3 verified
Lymph %	17.4	20.5-51.1%

Hematology Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

TEST	RESULT	REF. RANGE
Color	Yellow	N/A
App	Sl Cloudy	N/A
Glu	NEG	Negative
Bili	NEG	Negative
Ket	NEG	Negative
SG	1.020	N/A
Bld	TR	Negative
pH	6.0	N/A
Prot	Tr	Negative
Urob	0.2	0.2-1.0
Nit	NEG	Negative
Leuk	NEG	Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Micro Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Micro Microbiology

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

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Screen

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

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:

DATE:

LAB ID NO.:

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

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

TEST	RESULT	REF. RANGE
ALB	1.6	3.5-5.5 g/dl
ALP	26	26-84 u/l
ALT	10	10-47 u/l
AMY	102	14-97 u/l
AST	26	11-38 u/l
TBIL	2.2 *	0.2-1.6 mg/dl
BUN	8	7-22 mg/dl
CA^{++}	6.0	8.0-10.3mg/dl
CHOL	29 *	100-200 mg/dl
CRE	0.9	0.6-1.2 mg/dl
GLU	201	73-118 mg/dl
TP	2.7 *	6.4-8.1 g/dl

TEST	RESULT Met 8	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA^+		128-145 mmol/l
K^+		3.3-4.7 mmol/l
CL^-		98-108 mmol/l
tCO_2		18-33 mmol/l

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

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

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

REMARKS:

REPORTED BY: (b)(6)-2

DATE: 07 Jul 03

LAB ID NO.:

Ward/Section ICU	REQU	PHY (b)(6)-2	CH STRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/L
K		3.5-4.9 mmol/L
Cl		98-109 mmol/L
pH	7.189	7.31-7.45
PCO2	46.0	35-45 mmHg (art) 41-51 mmHg (ven)
PO2	142	80-105 mmHg (art) N/A (ven)
TCO2	19	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3	18	22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2	99	95-98%
BEecf	-11	(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	163	73-118 mg/dl
BUN	7	7-22 mg/dl
CRE	1.1	0.6-1.2 mg/dl
CK	688	39-380 u/l (M) 30-190 u/l (F)
NA+	137	128-145 mmol/l
K+	4.3	3.3-4.7 mmol/l
CL-	115	98-108 mmol/l
tCO_2	18	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY: (b)(6)-2	DATE: 08 Jul 03	LAB ID NO.:

[illegible]	(b)(6)-2		(Subject to the Privacy Act of 1974)
LAST FIRST MI (b)(6)-4	DATE 7/8	TIME 0530	SSN/PSEUDO SSN (b)(6)-4

Hematology (CBC)			Urinalysis			Misc. Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC	18.6	4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC	3.70	4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb	11.0	14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct	33.7	42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV	90.9	80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt	86	130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %	10.2	20.5-51.1%	Bld		Negative	H. pylori		Negative
Hematology Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Microscopic Urinalysis		
RBC Morph			HCG		Negative			
Spun Hematocrit		42-52% (M) 37-47% (F)	CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED		
Other			Directigen		Negative	ABO/Rh		

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

(b)(6)-4 7/8 0530 (b)(6)-4

[illegible] DSON

Ward/Section	REQUESTING PHYSICIAN:	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
ICU	(b)(6)-2	

LAST, FIRST, MI	DATE	TIME	SSN/PSEUDO SSN
(b)(6)-4	7/8	0530	(b)(6)-4

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

TEST	RESULT	REF. RANGE
GLU	139	73-118 mg/dl
BUN	8	7-22 mg/dl
CRE	0.9	0.6-1.2 mg/dl
CK	817	39-380 u/l (M) 30-190 u/l (F)
NA+	133	128-145 mmol/l
K+	4.5	3.3-4.7 mmol/l
CL-	114	98-108 mmol/l
tCO_2	22	18-33 mmol/l

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

7/8 0530

MEDCOM - 6384

1Chem 12

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

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of abuse		

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
ALP		26-84 u/l
ALT		10-47 u/l
AMY		14-97 u/l
AST		11-38 u/l
TBIL		0.2-1.6 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.5mg/dl
CHOL		100-200 mg/dl
CRE		0.6-1.2 mg/dl
GLU		73-118 mg/dl
TP		6.4-8.1 g/dl

TEST	RESULT Met 8	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CRE		0.6-1.2 mg/dl
CK		39-380 u/l (M) 30-190 u/l (F)
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

TEST	RESULT Met Panel	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

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

TEST	RESULT	REF. RANGE
NA+		128-145 mmol/l
K+		3.3-4.7 mmol/l
CL-		98-108 mmol/l
tCO2		18-33 mmol/l

REMARKS:

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

(b)(6)-4

(b)(3)-1

(b)(6)-4

OK

Ward/Section: OR	REQUESTING PHYSICIAN: (b)(6)-2	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, M (b)(6)-4	DATE 8 July / TIME 0145	SSN/PSEUDO SSN:

Hematology/Coagulation

TEST	RESULT	REF. RANGE
WBC	15.2	4.8-10.8 x 10^3
RBC	2.26	4.7-6.1 x 10^9
Hgb	6.8	14-18 g/dl (M) 12-16 g/dl (F)
Hct	21.1	42-52% (M) 37-47% (F)
MCV	93.2	80-94 fl (M) 81-99 fl (F)
Plt	79	~~130-500 x 10^3~~ verified
Lymph %	9.2	20.5-51.1%

Hematology/Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Miscellaneous Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh		

Coagulation Screen

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

Standard Form 517 (OVERPRINT

CLINICAL RECORD — ANESTHESIA

ANESTHETIC(S)	2200	15	30	45	2300	15	HOUR	45	0000	15	30	45	0100
Etomidate 20 mg													
Sux 200 mg													
Vec 10 mg				10 mg									
Scopolamine 0.4 mg													
Fentanyl (mg)			50 50	100 50									
%													
5 L/M													
OXYGEN	5	5	5	5	5								
CO_2 ABSORP.													
EKG	5R	5R	5T	5R	5T								
LEVEL OF PCS													
ANAL-ANESTEMP													
FI02	52	52	52	52	52								
CODE 02Sat	98	100	100	100	100								
ETCO2	25	25	23	20	22								
● PULSE													
○ RESP.													
∨ B.P.													
X ANES.													
@ OPER.													
T TOURN.													
FLUIDS B BLOOD													
N SALINE													
G 5% B/W													
DX EXPAND													
RR	12	10	10	10	10								
NUMBERS FOR REMARKS													
IV FLUIDS PS		1000	2000	2000	2000								
LR				900	950								
Hespan				300	500								
POSITION Supine													
EBL				250									

Scale: 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

INDUCTION

SATIS ✓

UNSATIS AND WHY

REMARKS

✓ Patient ID
✓ Chart Rev
✓ Equip & D checked
✓ Patient an anesthesi reassesse

X 2130 | 2145
O 2150 | 2205

2130 Pt c̄ GSW to (R) face & (R) leg emergently intubated.

2145 TO OR

2205 L Throat Pack in.

2305 TO PACU

AGENTS AND TECHNICS

LETA

ENDOTRACHEAL: SIZE ____ BLADE M2 ORO 24 cc NASO ____ CUFF 8 cc PACK ____ C IV view

REMARKS: DL X3 (+) BBS (+) ETCO2

RECOVERY

REFLEX IN O.R. (−)
EMESIS (−)
ASPIR. (−)
EXCITEMENT (−)
HYPOTENSION (−)
OTHERS ____

OPERATION PERFORMED

I+D GSW to Face + (R) thigh

TOTAL FLUIDS

LR 950 ml

NS 2000
Hespan 500

EBL 250 ml

NAME(S) OF SURGEON(S)

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

b)(6)-2

CCT/GW

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

b)(6)-4

REGISTER NO.	WARD NO.	DATE
	b)(3)-1	07 Julos

ANESTHESIA

Standard Form 517
Prescribed by GSA/ICMR
FIRMR (41CFR) 201-45.505
OCTOBER 1975

517-111

MEDCOM - 6387

MEDICAL RECORD — ANESTHESIA

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

DRUG	(Units)					
Midazolam	(mg)	3				
Vec	(mg)	5	5			
Fentanyl	(mcg)		50		50	50
	( )					
	( )					
	( )					
VOLAT AGENT ISO	% del	.8	1.4	1.0	0.8	Y
	% e.t.					
AIR	L/Min					
N2O	L/Min					
O2	L/Min	2	2	2	2	15

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

FLUIDS

LINE site	☐ Warmed	
NS	☒ Warmed	700 — 2000
LR	☐ Warmed	2000
PRBC	☐ Warmed	1-2 3 4

LOSSES — EST BLOOD LOSS / URINE –

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

BODY WEIGHT N70 KG LB

HEMATOCRIT 23

INITIAL DATA
BP – 115/61
HR – 107

EQUIP CHECK OK? – (Y) N

PATIENT RECHECK OK for PROCEDURE? Y/O
TIME – 0120

SYMBOLS: Cuff BP by cuff V (R) ∧ arm; Heart rate ●; Resp rate; BP (transduced); TOURNIQUET T – T; ANES – X-X; PROC – ⊙ – Ø

TIME → 0115 30 45 0200 15 30 45 0300 15 30 45

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

VENTILATION 1:E:1:2

VT – ml	890	670	730	660	750
f – breaths/min	8	8	8	8	8
Peak inf pres / PEEP	28	26	25	23	
MODE – S(pon), A(ssist), C(on)	C	C	C	C	

MONITORS / ACCESSORIES

✓ BP/Auto Cuff	✓ ET CO2 (torr)	28	31	28	30	32
BP / oth	✓ FIO2 (Frac or %)	.86	.86	.86	.54	
ART line	✓ SpO2 (%)	100	100	100	100	
Steth- PC/ES	✓ ECG	ST	ST	ST	ST	ST
✓ Gas analyzer	✓ TEMP- site Aux					
	✓ N-M Block (T/4)	0/4		0/4		
Warming blkt		✓				
Conv warmer						

Mark with letters & symbols, explain under REMARKS

EVENTS Arms padded / tuck
Position → D ← → →

TOTALS
3
10
150 mg
Y

TOTAL SEL 500cc

TOTAL URINE 1500cc

FLUIDS – SUMMARY
CRYSTALLOID – 2000 NS 2000 LR
COLLOID –
BLOOD – 4U PRBC

REMARKS –
Code drugs with numbers, events with letters
0122 → In OR (emergent) Monitors on. Transport via litter c̄ O2 via AMB via trach.
#1 (b)(6)-4 @ 0[illegible]
#2 (b)(6)-4 @ 0[illegible]
#3 (b)(6)-4 @ 0157
#4 (b)(6)-4 @ 021
0215 Anes 1g IVPB ord 15 min
0221 To ICU via litter. VSS. Report to RN. O2 on transport via AMB

STMV TV 700 R8 PEEP 5 FO2 1007.

RECOVERY AT 0221
PACU (ICU) (Specify)
OTHER T = 96.3
CONDITION: Stable
RESP – 8 SpO2 – 100
BP – 125/78 HR – 90

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0118	0125	0230
PROC	Ready	Begin	End
	0127	0128	0220

PROCEDURES and CPT Codes
Facial + oral exploration c̄ glossoroplasty

ANESTHETIC TECHNIQUES: Describe block technique under Remarks
GETA

AIRWAY MANAGEMENT: Intubation route, blade, technique, comments
Trach → ⊕ BBS2 ⊕ ETCO2 sustained

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

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

ANESTHETISTS: (b)(6)-2 / (b)(6)-2 CRNA
V CPT/CRNA

PROCEDURE LOCATION OR 1-1
DATE 8 Jul 03
PAGE 1 OF

MEDICAL RECORD – ANESTHESIA

WAMC OP 37 REVISED 1 Jan [illegible]

MEDCOM - 6388

*U.S. GPO: 2002-729-180/40137

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT(LBS.)	SPECIAL INFORMATION
		WT: 70 kg	GSW to face + (R) thigh.
		PHYSICAL STATUS: (1) 2 3 4 5 6 7 (E)	

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)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL)	(ALLERGIES)
ASTHMA:	CVS:	NEURO:	RENAL:
SMOKING HX:	MI:		HEPATIC:
URI:	ANGINA:	SEIZURE:	GI:
PNEUM:	MURMUR:		DM:
BRONCHITIS:	RHEUM FEVER:	DENTITION:	THYROID:
TB:	HTN:	AIRWAY:	STEROIDS:
EXERCISE TOL:	EKG:		

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY: E.G., STEROIDS, TRANQUILIZERS
FAMILY HX OF ANESTH COMPLICATIONS	

PREOPERATIVE DIAGNOSIS	PREMEDICATION
PATIENT COUNSELLED REGARDING ANESTH OPTIONS. RISKS AND POSSIBLE COMPLICATIONS DISCUSSED. PATIENT VERBALIZES UNDERSTANDING & ACCEPTANCE OF PLAN.	EF
ANESTH PLAN: GETA	(b)(6)-2 [redacted] DATE 07 Jul 03

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

PACU ARRIVAL NOTE:

DATE: 07 Jul 03 TIME: 2305

PT TO: PACA

MENTAL STATUS: sedated

VS: B/P: 101/54 P: 99 R: 10 TEMP: 02SAT: 96

02 GIVEN AT: 5 L/M VIA: Univent

SPINAL LEVEL: NA

ANES COMPLICATIONS: NA

ANESTHETIST: (b)(6)-2 CPT/AN

SURGEON: (b)(6)-2

RECOVERY NURSE: (b)(6)-2 / (b)(6)-2

REPORT GIVEN TO: (b)(6)-2

PACU DISCHARGE NOTE:

DATE: TIME:

PT TO:

MENTAL STATUS:

VS: B/P: P: R: TEMP: 02SAT:

02 GIVEN AT: L/M VIA:

DC'd at: HRS.

SPINAL LEVEL:

COMPLICATIONS:

SURGEON:

RECOVERY NURSE:

REPORT GIVEN TO:

PRE-ANESTHESIA AND POST-ANESTHESIA EVALUATION

AGE: N 30 HRS DAYS MOS (YRS) SEX: (X) MALE ( ) FEMALE

PROPOSED PROCEDURE: _____ SURGICAL SERVICE: GS

ASA PHYSICAL STAUS 1 (2) 3 4 5 (E)
WEIGHT: N 70 (KG) LB HEIGHT: _____ IN.
ALLERGIES: ? unknown

HABITS:
TOBACCO: ?
ETOH: ?
DRUGS: _____

CURRENT MEDICATIONS:
([ ] = ordered as premed)
[ ] Ancef 1g
[ ] Tetanus
[ ] _____
[ ] _____
[ ] _____
[ ] _____

PREMEDICATION:
None Yes (@ _____ Hrs) /OC
_____ mg IV IM PO
_____ mg IV IM PO
_____ mg IV IM PO

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

PREOPERATIVE ASSESSMENT

PAST MEDICAL HISTORY/SYSTEMS REVIEW

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

Unknown

PAST SURGICAL/ANESTHETIC HISTORY
?

PHYSICAL EXAMINATION
BP 148/63 HR 102 100% RESP 14
HEENT – Teeth _____
Trachea Trached.
TMJ/Neck _____
Oropharynx _____
Nares _____
CHEST: CTA
CARDIAC: S1 S2 RRR
EXTREMITIES: _____
IV Access: LSC cordis
Ulnar Filling: _____
BACK: _____
OTHER: _____

ANESTHETIC PLAN: [ ] Local [ ] MAC – [ ] Regional (Specify): _____ [X] General: Mask (Intubation)

INFORMED CONSENT/COUNSELLING STATEMENT: Plans, alternatives and risks of anesthesia including death have been explained to and discussed wih the patient/legal guardian.
The patient [redacted] agrees. Questions answered.
Signed: [redacted] CRNA DATE: 8 JUL 03 TIME: 0148 Hrs

CONDITION UPON ARRIVAL TO P.A.R.R. _____
VITAL SIGNS: BP _____ HR _____ RESP _____ SuO_2 _____
RESP STATUS: [ ] Spontaneous [ ] Assisted [ ] Cont'd
MENTAL STATUS: [ ] Awake [ ] Alert [ ] Lethargic [ ] Asleep
[ ] Responsive [ ] Unresponsive Block Level _____
REPORT GIVEN: [ ] Yes [ ] No

See chart record

POST-ANESTHESIA EVALUATION AND NOTE
[ ] NO APPARENT ANESTHETIC COMPLICATIONS [ ] OTHER
Signed: _____ DATE: _____ TIME _____ Hrs

PATIENT IDENTIFICATION: (Ward: _____)

[redacted]

518-124 NSN 7540-00-634-4159

MEDICAL RECORD	BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

DATE REQUESTED 8 Jul 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE

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

(b)(6)-2

DATE VERIFIED

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR		RECIPIENT	
ABO	O	ABO	O
Rh	Pos	Rh	Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	Compat

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED | DATE

REMARKS: EXP 08 Jul 2003

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0122 ON *(Date)* 08 Jul 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2 CPT Cen

2nd VERIFIER *(Signature)* (b)(6)-2 MAJ/CRNA

PRE-TR

TEMP. | PULSE 89 | BP 137/9

DATE OF TRANSFUSION 8 July 03 | TIME STARTED 0135

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 0140 8 July 03

REACTION [X] NONE [ ] SUSPECTED

TEMPERATURE | PULSE 89 | BLOOD PRESSURE 137/24

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

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

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

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MAJ/CRNA

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

(b)(6)-4

SEX | WARD

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDCOM - 6391

Medical Record Copy

518-124 NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 8 Jul 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY O[redacted] VERIFIED

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE

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

(b)(6)-2

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR	RECIPIENT
ABO O	ABO O
Rh Pos	Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	Compat

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

DATE

REMARKS: EXP 08 Jul 2003

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0123 ON *(Date)* 08 Jul 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2 CPT/CRNA

2nd VERIFIER *(Signature)*

PRE-TRANSFUSION

TEMP. PULSE 76 BP 138/78

DATE OF TRANSFUSION 7/8/03 TIME STARTED 0130

POST-TRANSFUSION DATA

AMOUNT GIVEN 350 ML

TIME/DATE COMPLETED/INTERRUPTED 0155 ~~1355~~/8 Jul 03

REACTION [x] NONE [ ] SUSPECTED

TEMPERATURE	PULSE	BLOOD PRESSURE
	76	138/78

If reaction is suspected—IMMEDIATELY:

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

DESCRIPTION OF REACTION

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

[ ] OTHER *(Specify)*

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

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

SIGNATURE OF PERSON NOTING ABOVE (b)(6)-2 MAT/CRNA

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

(b)(6)-4

WARD

BLOOD OR BLOOD COMPONENT TRANSFUSION

Medical Record

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

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [X] CROSSMATCH

DATE REQUESTED: 8 July 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: Mult Trauma

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

SIGNATURE OF VERIFIER: SEE Prev

DATE VERIFIED: SF 518

TIME VERIFIED

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

RECIPIENT

ABO O — ABO O

Rh Pos — Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	Compat

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED — DATE

REMARKS: EXP 08 Jul 03

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0152 ON *(Date)* 08 Jul 03

IDENTIFICATION

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

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

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

PRE-TRANSFUSION

TEMP. PULSE 90 BP 120/70

DATE OF TRANSFUSION: 8 JUL 03

TIME STARTED: 0212

POST-TRANSFUSION DATA

AMOUNT GIVEN	TIME	DATE	COMPLETED	INTERRUPTED
ALL ML	0218	7/8/03		

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: (b)(6)-2 CRNA

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

(b)(6)-4

SEX

WARD

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

MEDCOM - 6393

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
- [ ] CROSSMATCH

DATE REQUESTED: 8 Jul 03

DATE AND HOUR REQUIRED: ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? ____

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

DIAGNOSIS OR OPERATIVE PROCEDURE: Mult Trauma

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

SIGNATURE OF VERIFIER: SEE prior

DATE VERIFIED

TIME VERIFIED: SF 518

SECTION II – PRE-TRANSFUSION TESTING

(b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

RECIPIENT

ABO O Rh Pos

ABO O Rh Pos

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
	Compat

[ ] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED

REMARKS: EXP 08 Jul 03

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

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

DATE

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0151 ON *(Date)* 08 Jul 03

IDENTIFICATION

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

1st VERIFIER *(Signature)*: (b)(6)-2 CPT/CRNA

2nd VERIFIER *(Signature)*: (b)(6)-2 MAJ/CRNA

PRE-TRANSFUSION

TEMP. PULSE 106 BP 103/52

DATE OF TRANSFUSION: 8 JUL 03

TIME STARTED: 0158

POST-TRANSFUSION DATA

AMOUNT GIVEN: ALL ML

TIME DATE COMPLETED: 0210 7/8/03 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 CPT/CRNA

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

(b)(6)-4

WARD

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

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I – REQUISITION

COMPONENT REQUESTED *(Check one)*

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

VOLUME REQUESTED *(If applicable)* _____ ML

REMARKS:

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

- [ ] TYPE AND SCREEN
- [x] CROSSMATCH

DATE REQUESTED 8 July 03

DATE AND HOUR REQUIRED ASAP

KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION *(Specify)*

IF PATIENT IS FEMALE, IS THERE HISTORY OF:

RhIG TREATMENT? DATE GIVEN: _____

HEMOLYTIC DISEASE OF NEWBORN? _____

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

DIAGNOSIS OR OPERATIVE PROCEDURE Mult trauma

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

SIGNATURE OF VERIFIER

DATE VERIFIED SF E Prior

TIME VERIFIED SF 318

SECTION II – PRE-TRANSFUSION TESTING

UNIT NO. (b)(6)-4

TRANSFUSION NO.

PATIENT NO. (b)(6)-4

DONOR

ABO A

Rh POS

RECIPIENT

ABO O

Rh POS

TEST INTERPRETATION

ANTIBODY SCREEN	CROSSMATCH
N/A	N/A

PREVIOUS RECORD CHECK: [ ] RECORD [ ] NO RECORD

SIGNATURE OF PERSON PERFORMING TEST

[x] CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED DATE 8 JUL 03

REMARKS: 23 Feb 04 272 cc

SECTION III – RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA

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

AT *(Hour)* 0620 ON *(Date)* 8 JUL 03

IDENTIFICATION

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

1st VERIFIER *(Signature)* (b)(6)-2 CPT/AN

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

PRE-TRANSFUSION

TEMP. 96 PULSE 84 BP 131/66

DATE OF TRANSFUSION 8 Jul 03

TIME STARTED 0625

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

(b)(6)-4

POST-TRANSFUSION DATA

AMOUNT GIVEN 270 ML

TIME DATE COMPLETED 0647 7/8/03 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)* _____

(b)(6)-2

NOTING ABOVE CPT/AN

X

WARD

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

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	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
8 Jul 03	0230 HOURS	
(1) Admit to ICU		X
(2) Dx - GSW to face and (R) leg s/p facial exploration		X
(3) Cond: stable		X
(4) VS - monitor		X
(5) Activity - BR		X
(6) allergy - ?		X

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	
(7) Diet - NPO		X
(8) ~~NE~~ OG to LIS		X
(9) foley to gravity		X
(10) Vent: SIMV 700cc TV, Rate 8 PEEP 5		✓
(11) Strict 1's and 0's		X
(12) ~~IV~~ IV: LR @ 150 cc/hr		X

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	
(13) Meds: Propofol tritate for effect ~~fentanyl~~ MSO4 2-4mg IV q 1° prn pain Zantac 50mg IV TID	Start 25mcg/kg/m	
(14) CXR in AM		X
(15) CBC, Medlyte 8, ABG in AM		X
(16) ABG now		X
(17) OG flush c̄ 30cc of H_2O q 4 hours		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	HOURS	
(18) Ampicillin 1gm IV q 6°		
(19) Clindamycin 600mg (six) IV (over 30min) q 8		X
(20) Trach care q shift		X
(21) A-line to monitor		X

NURSING UNIT | ROOM NO. | BED NO.

Chart ✓ done

(b)(6)-2

0330 08 Jul 03

(b)(6)-2

LTC, m

FORM 1 APR 79 4256

PLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 6396

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 (b)(6)-2 COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION (b)(6)-4

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	0400 HOURS	
(1)	LR 1 l talus X1 now	done 0400 (b)(6)-2
(2)	Give 2 amps Na Bicarbonate now	done 0445 (b)(6)-2
	V.O. Dr. (b)(6)-2	
	(b)(6)-2	MHJ AW

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE 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.

MEDCOM - 6397

☆ ...4-363-710

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. July Yr. 2003

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 07	08	09	10	11	12	13
8 July 03	(b)(6)-2	VS q 1°	05	/	(b)(6)-2					
			17	(b)(6)-2						
8 July 03		ACTIVITY: BR	05	/	(b)(6)-2					
			17	(b)(6)-2						
8 July 03		DIET, NPO	06	/	(b)(6)-2					
			11	/						
			17	/						
8 July 03		Foley to gravity	05	/	(b)(6)-2					
			17	(b)(6)-2						
8 July 03		OG, flush c̄ 30cc H_2O	02	/	/					
		q 4°	06	/	(b)(6)-2					
	------		10	/						
	------		14	/						
	------		18	/						
	------		22	/						
8 July 03	(b)(6)-2	Trach care q shift	05	/	(b)(6)-2					
			17	(b)(6)-2						
8 July 03		A-line to monitor	05	/	(b)(6)-2					
			17	(b)(6)-2						
8 July 03		STRICT I/O's	05	/	(b)(6)-2					
			17	(b)(6)-2						
8 July 03		OG to LIS	05	/	(b)(6)-2					
			17	(b)(6)-2						

ALLERGIES: ☐ YES ☐ NO
Unknown

PRIMARY DIAGNOSIS: GSW to face & (R) Leg s/p facial exploration

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo July Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
8 July	(b)(6)-2	Admit to ICU; Dx: GSW to face & (R) Leg	8 July	0230	0230	(b)(6)-2
		S/P facial exploration; condition stable				
8 July	(b)(6)-2	CXR in AM	8 July	0400	0400	(b)(6)-2
8 July		CBC Medlyte 8, ABG in AM	8 July	0400	done	
8 July		ABG x1 now	8 July	0300	done	

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

USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 07	08	09	10	11
8 July	(b)(6)-2	VENT: SIMV: 700 cc TV	05	/	(b)(6)-2			
		Rate 8 Peep 5	17	Sn				
8 July	(b)(6)-2	LR 150 cc/hr	05	/	(b)(6)-2			
			17	Sn				
8 July	(b)(6)-2	Propofol: START 25 mg/kg/hr	05	/	(b)(6)-2			
		titrate for effect.	17	(b)(6)-2				
8 July	(b)(6)-2	Zantac 50 mg IV TID	06	/	(b)(6)-2			
			14	/				
			22	/				
8 July	(b)(6)-2	Ampicillin 1 gm IV q 6°	4	/	(b)(6)-2			
			10	/				
			16	/				
			22	/				
8 July	(b)(6)-2	Clindamycin 600 mg IV	06	/	(b)(6)-2			
		(over 30 min) q 8°	14	/				
			22	/				

ALLERGIES: ☐ YES ☐ NO — Unknown

PRIMARY DIAGNOSIS: GSW to face i/(R) leg s/p facial exploration

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

MEDCOM - 6400

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 7 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
8 July 03	[b)(6)-2]	1L LR bolus XT now	8 July 03	✓	0400	[b)(6)-2]
8 July 03	[b)(6)-2]	2 amps ~~bicarb~~ sodium bicarbonate IVP now	8 July 03	✓	0445	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
8 July	[b)(6)-2]	MSO4 2-4mg IV	8 July 03													
		q 1° PRN pain	0335 4mg IV													
			[b)(6)-2]													

USAPA V1.00

MEDICAL RECORD - SUPPLEMENTAL MEDICAL RECORD

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

REPORT TITLE **POST ANESTHESIA FLOW SHEET** | OTSG APPROVED (Date)

OPERATION GSW to (R) thigh & face SURGEON Dr. [redacted]

ANESTHESIA General ANESTHETIST LCDR. [redacted] ALLERGIES Unknown.

TIME	TEMP	PULSE	RESP	O2 SAT	BLOOD PRESSURE PRE-OP	SPINAL LEVEL	C-SECT: FUNDUS LOCHIA PAD COUNT
pm 11		125	11	95	86 146		
2315	98.8	88	12	100	114 140		
					/		
					/		
					/		
					/		
					/		
					/		
					/		
					/		
					/		
					/		

AIRWAY: SELF ORAL NASAL ENDOTRACHEAL

OXYGEN: LITERS / MIN NC % BLOW-BY

DC'd at _____ hrs

ASA LEVEL 1 2 3 4 5 E

MEDICATION HISTORY: Unknown.

OTHER:

PRE-OP MEDICATIONS: Ancef 1gm.

ANESTHESIA MEDICATIONS: General

FLUIDS	TYPE	AMOUNT	OUTPUT	TYPE	AMOUNT
LR	LR	900		Foley	100
	NS	2000			
O.R.		2900	O.R.	EBL	200
	LR				
	Blood	650			
PACU			PACU		
	TOTAL	3550		TOTAL	350

POST ANESTHESIA RECOVERY SCORE		A	15	30	45	1	30	2	30	3	D
ACTIVITY	2 - Maintains head lift and open eyes; full motor activity 1 - Unable to maintain head lift/open eyes; partial motor activity 0 - Unable to lift head and open eyes; no motor activity	0									
RESPIRATORY	2 - Spontaneous respiration, coughs and deep breathes 1 - Limited effort; needs artificial airway or jaw support 0 - No spontaneous respiration; needs ventilator	0									
CIRCULATION	2 - BP ±20% preanesthetic level 1 - BP ±20-30% preanesthetic level 0 - BP ±50% preanesthetic level	2									
LEVEL OF CONSCIOUSNESS	2 - Awake and alert 1 - Arousable on calling 0 - Non-responsive	0									
COLOR	2 - Normal skin color 1 - Skin is pale, blotchy, dusky 0 - Cyanotic	2									
TOTAL		4									

LEGEND
F.F. = Fundus Firm
L.R. = Lochia Rubra
L.S. = Lochia Serosa
L.A. = Lochia Alba
U = Umbilicus
P.P. = Peri Pad

(Continue on reverse)

PREPARED BY (Signature & Title) SPC [redacted] LPN / [redacted] LTC/AN. | DEPARTMENT/SERVICE/CLINIC PACU/ICU | DATE 7 July 2003

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

Iraqi Male POW

[redacted] [redacted]

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

INITIAL ASSESSMENT

ADMISSION TIME: 1105	LUNGS: vent.
IV: CATHETER SIZE (B) (L) AC	
LOCATION 18g	ABDOMEN: BS x 4 quad
CONDITION Patent	
CARDIAC RHYTHM SR	SKIN: normal color
DRAINS / TUBES: endotrach	DRSG: (R) thigh, calf, & foot
NEUROVASCULAR STATUS:	

Cough & deep breathe?	YES___	NO X
Affected extremity elevated?	YES X	NO___
Ice applied to operative site?	YES___	NO X
Head of bed elevated?	YES___	NO X
Heat lamps used?	YES___	NO X
TIME ON _____ OFF _____		
Warming blanket?	YES___	NO X
TIME ON _____ OFF _____		
Pediatric Patient?	YES___	NO X
Parent at bedside?	YES___	NO X
Safety instructions given?	YES___	NO X
Parent verbalizes understanding?	YES___	NO X

RECEIVING NOTE:

Patient received from: OR X L&D____ via:
Gurney____ Crib____ L&D bed____

Accompanied by: MD X CRNA X Other_____

Safety: Side rails up X 2? YES____ NO X
Safety belt in place? YES X NO____

DISCHARGE NOTE:

Complications? NO X YES____, describe:

Pt to ward via: Gurney X Crib____ L&D bed____

Accompanied by PACU/ICU staff.

Safety: Side rails up X 2? YES____ NO X
Safety belt in place? YES X NO____

ADDITIONAL NURSING NOTES:

Pt recieved with vent. at 9 brm. Vitals normal. Pt given O+ blood at 2315 with NS 300 cc. Pt has deformity to face due to GSW Pt given O+ blood at 2327 with NS 332 cc, Endotrach in place, 18g to (R) (L) ac. Foley to gravity dressings dry & intact to (R) thigh, calf & foot. Oral cavity stuff with kerlix suction to nares and side of mouth for gross blood loss. minimal blood loss but BP dropped. Responded well to crystaloid infusion of 500 cc (systolic 80-110 decision to give blood made prior transport

(b)(6)-2 [redacted] 241W-176

MEDICATIONS GIVEN IN PACU:

(b)(6)-4 [redacted] 1115 PM Blood started
volume 304

(b)(6)-4 [redacted] 2327 Blood started
volume 332

vectironium 10 mg

DISCHARGED AT: 2340	TO WARD: (b)(3)-1 [redacted]	DISCHARGED BY DR / CRNA

DRESSING (R) Leg

DRAINS / TUBES endotrac

I.V. (B) (L) ac LEFT TO COUNT: ~~[illegible]~~ 700
500

NEUROVASCULAR \ STATUS: nonresponsive SPINAL LEVEL

REPORT CALLED TO: (b)(3)-1 [redacted] CALLED BY: LTC (b)(6)-2 [redacted]

R.N. SIGNATURE: (b)(6)-2 [redacted] LTC/AN

Reverse of FST MEDDAC FORM 229 (REC RM), Nov 99 Reverse

(b)(6)-4

7-8 July 1

MEDICAL RECORD—SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE

INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date) QA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0230	INITIALS (b)(6)-2		INITIALS		INITIALS
NEURO	PUPILS	PERRL					
	SENSORIUM	Sedated from OR					
		by anesthesia					
RESPIRATORY	RESPIRATORY PATTERN	rate 8 c̄ vent					
	BREATH SOUNDS	clear bilat					
	SECRETIONS	none					
		Vent 700VT, RR8, peep5					
		50% FiO_2. #8 trach					
SKIN	COLOR	pale pink					
	INTEGRITY	see notes					
IV SITE	LOCATION						
	CONDITION	see notes					
GASTRO	ABDOMEN						
	BOWEL SOUNDS	see notes.					
GU	URINE:	foley → gravity					
	COLOR/CLARITY	yellow / small amt					
		sediment noted.					
CARDIOVASCULAR	CARDIAC RHYTHM	sinus tach → sinus					
		rhythm. Pulses					
		palpable bilat radial					
		+ pedals weak.					
		cap refill 3 secs.					

LEGEND: Cr - Creatinine; F_IO_2 - Fraction of Inspired O_2; HCO_3 - Bicarbonate; ICP - Intracranial Pressure; PCO_2 - Pressure of Arterial CO_2; PEEP - Positive End Expiratory Pressure; S/A - Fractional; SAT - Saturation; TRACH - Tracheostomy

(Continue on reverse)

(b)(6)-2 | 1LT AN | DEPARTMENT/SERVICE/CLINIC: ICU 2 east | DATE: (b)(6)-2 7 July 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)
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

(b)(6)-4

8 July 0..

DATE	DX	HOSPITAL DAY

VITAL SIGNS	TIME	24	01	02	03	04	05	06	07	/	08	09	10	11	12	13	14	15	/
	BP Arterial Line																		
	BP Cuff																		
	Temperature																		
	Pulse																		
	Respiratory Rate																		
	Oxygen																		
	Method																		
	O_2 Sat																		
	pain																		
	intervention																		

INTAKE	TIME	24	01	02	03	04	05	06	07	8°T	08	09	10	11	12	13	14	15	8°T
	LR																		
	IVPB																		
	OR fluids																		
	PRBC from OR																		
	TOTALS																		

OUTPUT																			
	Foley URINE	HOUR / TOTAL	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	/
		sp gr																	
		S/A																	
	NG	OUTPUT																	
		pH																	
		GUIAC																	
	EMESIS																		
	STOOL																		
	DRAINS	EBL	from OR																
	TOTALS																		

(b)(6)-4

POST-OP DAY

VITAL SIGNS	21	22	23	24	01	02 (0230)	03	04	
						125/78	117/58	95/44	
						96 3		95 8	
						100	76	121	
						8	12	17	
						50%	50%	50%	
						vent	vent	vent	
						100%	100%	100%	

INTAKE	21	22	23	24	01	02	03	04	8° T
						150	150	1000	1300
								50	50
						4000			4000
						4 units			4 units

OUTPUT									
						1500	1000	100	2600
							2500	2400	1100
						500			500
									3100

ACUITY LEVEL CLASSIFICATION

RESPIRATORY DATA										
	TIME	0230								
	MODE	SIMV								
	F_IO_2	50%								
	TV	700								
	RATE	8								
	PEEP	5								
ABG	pH									
	PCO_2									
	pO_2									
	HCO_3									
	SAT									
	BASE									

LABORATORY DATA										
	TIME									
	GLUCOSE									
	Na/K									
	Cl/CO_2									
	BUN/Cr									
	WBC/PLATELET									
	Hct/Hgb									

ACTIVITIES OF DAILY LIVING									
	TIME				TURN	TIME			
	MOUTH CARE								
	BATH								
	SKIN CARE								
	FOLEY CARE				SUCTION				
	TRACH CARE								
	ROM EXERCISES								

24° I&O TOTALS		NURSE'S SIGNATURE	INITIALS
wt Yesterday	wt Today	(b)(6)-2	(b)(6)-2
INTAKE	OUTPUT		
IV	Urine:		
po			
TOTAL	TOTAL		
BALANCE			

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. [illegible] LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
1 2 3 4 5 6	7 8	9 10 11 12 13 14 15		16 17	18
(b)(3)-1	I Z	(b)(6)-4	(b)(6)-4	N O	M

6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
		X	9	UNKNOWN

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34	NO	35 36	37 38 39 40 41 42 43 44 45
		9 9	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
N/A	46	0035	NO
	U		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
N O	K 7 8	0 9 3 2 3 0 0 0 0

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR
N Z	N O		X NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	OR/ICU	
0		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
73 74	75 76 77 78 79 80	81 82 83 84 85 86 87 88
2 1		2 0 0 3 0 7 0 8

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYYYMMDD)
89 90 91 92	93 94 95 96 97 98	99 100 101 102 103 104 105 106
A B A A		2 0 0 3 0 7 0 8

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (YYYYMMDD)
107 108	109 110 111 112 113 114	115 116 117 118 119 120 121 122
1 2		

FOR LOCAL USE

DX: GSW TO RIGHT MANDIBLE ANDRIGHT THIGH

DX 87354 PR 311 2630
8901 4040
E9912 8622

Trauma Inj 450

(b)(6)-2

(b)(6)-2 LTC, MC

(b)(6)-2

(b)(6)-2 SPC, 91G

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

MEDCOM - 6407

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

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
OA Appr 8 Mar 89

INITIAL SHIFT ASSESSMENT

	TIME	0600	INITIALS (b)(6)-2		INITIALS		INITIALS
NEURO	PUPILS	Pupils 2mm, minimal					
	SENSORIUM	reaction to light, sedated					
		on propofol 20mcg/kg/min					
		off sedation, moves extremities					
		appropriately, wake up done.					
RESPIRATORY	RESPIRATORY PATTERN	Vent SIMV rate 10, TV 700					
	BREATH SOUNDS	FIO_2 40%, peep 5, #8 shiley					
	SECRETIONS	trach (cuffed), Sats 100%					
		moderate amount bloody					
		drainage suctioned from trach					
		lungs clear bilat, breathing overvent					
SKIN	COLOR	Pale, cool to touch, bulky					
	INTEGRITY	dsg to head, moderate bloody					
		drainage noted, Kerlex/ace to					
IV SITE	LOCATION	LLE, small → mod bloody dsg					
	[redacted]	Cordis (L) TJ, clamped					
		(L) AC 18g LR@150, propofol					
		(R) AC 14g HL					
	meds:	Zantac TID, ampicillin Q6°					
		clindamycin Q8°					
GASTRO	ABDOMEN	Firm to touch, BS absent					
	BOWEL SOUNDS	no apparent tenderness. Ob					
		to US, minimal to Ø output					
		flushed Q4°					
GU	URINE:	Amber > 1cc/kg/hr					
	COLOR/CLARITY	foley, no bladder distention					
		noted					
CARDIOVASCULAR	CARDIAC RHYTHM	NSR, mild tachycardia 90's					
		BP stable in 90/100/					
		Pulse to BUE present /50-60's					
		to LLE doppler only, RLE					
		faint pulse, good doppler.					

LEGEND
Cr - Creatinine
F_IO_2 - Fraction of Inspired O_2
HCO_3 - Bicarbonate
ICP - Intracranial Pressure
PCO_2 - Pressure of Arterial CO_2
PEEP - Positive End Expiratory Pressure
S/A - Fractional
SAT - Saturation
TRACH - Tracheostomy

(Continue on reverse)

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

DEPARTMENT/SERVICE/CLINIC ICU 2 east

DATE 8 July 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)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

DATE | DX | HOSPITAL DAY

VITAL SIGNS	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
	BP Arterial Line	108/80	87/42	124/70	105/60	105/55	114/60	111/59	116/63								
	BP Cuff	100/49	75/35	122/60	101/50	106/59	114/53	114/57	115/69								
	Temperature	95.9	96.0	96.9	97.7	99.4	99.3	99.2	99.3								
	Pulse	85	75	93	98	101	96	106	100								
	Respiratory Rate	16	10	13	17	18	12	12	10								
	Sats	100	100	100	100	100	100	100	100								
	FIO2	40%	40%	40%	40%	40%	40%	40%	40%								
	pain intervention																

INTAKE	TIME	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	8° T
	LR	150	150	150	150	150	150	150	150									
	IVPB		150				50											
	Bolus		1000															
	Blood prod		270															
	propofol	104	off	63	84	84	84	84	104									
	NG flush		30				30											
	TOTALS	160	1600	156	158	158	238	158	160									

OUTPUT		HOUR / TOTAL	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
	URINE		150 / 150	150 / 300	170 / 470	240 / 710	200 / 910	220 / 1030	280 / 1310	200 / 1510								
		sp gr																
		S/A																
	NG	OUTPUT	Ø				Ø											
		pH																
		GUIAC																
	EMESIS																	
	STOOL																	
	DRAINS																	
	TOTALS																	

POST-OP DAY

ACUITY LEVEL CLASSIFICATION

VITAL SIGNS	21	22	23	24	01	02	03	04

INTAKE	21	22	23	24	01	02	03	04	°T

OUTPUT								

RESPIRATORY DATA		TIME	0530	0730
		MODE	SIMV	SIMV
		F_IO_2	40	40
		TV	700	700
		RATE	10	10
		PEEP	5	5
	A	pH	7.26	7.315
	A	PCO_2	44.8	39.5
	A	pO_2	131	127
	B	HCO_3	20	20
	B	SAT	98	99
	G	BASE	-7	-6

LABORATORY DATA	TIME	0530
	GLUCOSE	139
	Na/K	133/4.5
	Cl/CO_2	114/22
	BUN/Cr	8/0.9
	WBC/PLATELET	18.6/86
	Hct/Hgb	33.7/11.0

ACTIVITIES OF DAILY LIVING	TIME			
	MOUTH CARE			
	BATH			
	SKIN CARE			
	FOLEY CARE			
	TRACH CARE			
	ROM EXERCISES			

TURN	TIME				

SUCTION					

24 HR I&O TOTALS

wt Yesterday _____ wt Today _____

	INTAKE		OUTPUT
IV	_____	Urine:	_____
po	_____		_____
	_____		_____
TOTAL	_____	TOTAL	_____

BALANCE _____

NURSE'S SIGNATURE	INITIALS

(b)(6)-2