FREQ. VITAL SIGNS

TIME	0800	1200		2400	0100	0500									
BP	104/80	108/60		124/70		120/70									
HR	88	96		86		85									
RR	17	14		18		18									
TEMP	99.6	~~99~~/100.3		99.9	99.1	98.7									
SAO2				97		98									
				RA		RA									

NOTES

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PB																			200							

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
IOP		250																								
																				525		275				
BM																										

PREVIOUS 24 HOUR INPUT _____ PREVIOUS 24 HOUR OUTPUT _____ PREVIOUS WEIGHT _____

PRESENT 24 HOUR INPUT _____ PRESENT 24 HOUR OUTPUT _____ PRESENT WEIGHT _____

MEDCOM - 4573

Name: [redacted] (b)(6)

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: 24APR03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR										14														
TEMP										100.6														
SAO2										97%														
MAP																								
O2 Mode																								
Pulse										95														

MEDCOM - 4574

DRIP / DOSE

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

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]emp Form

Date: 23APR03

	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
MP																		18				16		
O2																		100.3				97.2		
AP																		99%						
de																								

DRIP/DOSE

MEDCOM - 4575

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

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: 23 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120	✓								V															
100																								
80	⊙								[illegible]															
60																								
40	∧																							
RR	16								16															
TEMP	99.7								98.9															
SAO2																								
MAP																								
O2 Mode																								
	116/64								120/20															
	96																							

DRIP DOSE

MEDCOM - 4576

FREQ. VITAL SIGNS

TIME			1500													
BP			126/20													
HR			80													
RR			16													
TEMP			98.9													
SAO_2																

Notes

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO																										
IVPB																										

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY				550																						
UOP										450		300														
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 4577

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

NURSING [redacted] SHEET
MEDTREFAC 65[redacted] Temp Form

Date: APR 27 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR							20			14								16				17		
TEMP							99.4			100.9		98.6						100.9	99.4			99.2		
SAO2										97												98%		
MAP																								
O2 Mode																		106/74				118/76		
							116/69 109																	

DRIP/DOSE

MEDCOM - 4578

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO																										
IVPB																										

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY							300																			
UOP														500												
																							650			
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 4579

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

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: [illegible]

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR	16																							
TEMP	99.0																							
SAO2	98%																							
MAP																								
O2 Mode																								

DRIP/DOSE

MEDCOM - 4580

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO																										
IVPB																										

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY																										
UOP				375																						
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 4581

~~[illegible]~~
~~PRE~~
0 RRE

118
60

101.2
96 %
101 HR
18 RESP

(b)(6)-4

2nd unit

PRBC
22APR03

0010	0015	0020	0035	0050	0105
122/68	120/66	122/64	122/66	118/68	118/62
18	16	16	16	14	16
100.9	100.6	100.8	100.7	100.7	100.7
107-HR	100	101	100	101	97
97	96	97	96	96	97

0205 - Finished
118/64 16
100.2 96
98%

FREQ. VITAL SIGNS

TIME	2145	2150	2155	2200	2205	2210	2215	2220	2225	2230	2235	2240	2245	2250	2255
BP	126/60	120/70	120/60	120/68	124/78	120/70	120/60	118/70	122/60	122/70	122/70	124/70	124/76	126/70	120/78
HR	104	102	104	103	102	101	101	104	104	101	102	101	103	101	106
RR	18	16	20	18	18	18	18	18	20	18	18	20	16	16	18
TEMP	101.3	100.8	101.2	101°	100.6	100.6	101	100.7	100.7	100.7	100.4	100.6	100.5	100.1	100.9
SAO2	97%	97%	96%	97%	96%	96%	95%	95%	95%	96%	97%	98%	96%	98%	98%

Notes:

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOT.
PO																										
IVPB																										

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TO
FOLEY																										
UOP					700									500		650			400				550			
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 4583

(b)(6)-4

NURSING [redacted] SHEET

MEDTREFAC-65[redacted]/Temp Form

Date: 21APR2003

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120			V												V									
100			•									•			•									
80																								
60			Λ																					
40												Λ			Λ									
RR		20	~~[illegible]~~												19									
TEMP		100.7	98.2							101.9		102.0			101.3									
SAO2			97%							96		99%			97%									
MAP															[illegible]									
O2																								
Mode																								

Pulse 104 bpm

DRIP DOSE

MEDCOM - 4584

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

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: 20 APR 03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR											18						18				18			
TEMP	98.4										99.1						103.2			102.8	102.2	101.6		
SAO2	97%										97%						98				98			
MAP																								
O2 Mode																								

DRIP/DOSE

MEDCOM - 4585

FREQ. VITAL SIGNS

TIME																
BP																
HR																
RR																
TEMP																
SAO_2																

Notes:

INPUT/OUTPUT

IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO										880																
IVPB														1000												

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY															900				700			525				
UOP																	420									
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 4586

Date: 19APR03

me: [redacted] (b)(6)-4

NURSING [redacted] SHEET
MEDTREFAC-65[redacted] Temp Form

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR	18																							
TEMP	98.9																							
SAO2	98%																							
MAP																								
O2																								
[illegible]																								

[redacted] (b)(6)-4

@ 1615

99.7
106
18 RESP.
400 URINE.

78
99.7
98%

20
98%
96%

DRIP/DOS

MEDCOM - 4587

FREQ. VITAL SIGNS

TIME																		
BP																		
HR																		
R																		
EMP																		
AO2																		

Notes: _____

INPUT/OUTPUT

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
B															200											

	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
EY																										
								500																		
															400			550			400					

OUS 24 HOUR INPUT _____ PREVIOUS 24 HOUR OUTPUT _____ PREVIOUS WEIGHT _____

NT 24 HOUR INPUT _____ PRESENT 24 HOUR OUTPUT _____ PRESENT WEIGHT _____

MEDCOM - 4588

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

NURSING [redacted] SHEET
MEDTREFAC-65[redacted]/Temp Form

Date: 18APR03

Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
200																								
180																								
160																								
140																								
120																								
100																								
80																								
60																								
40																								
RR																18	16							
TEMP																99.8	99.0							
SAO2																98%	95-97%							
MAP																								
O2 Mode																								
																136/78								

DRIP / DOSE

MEDCOM - 4589

FREQ. VITAL SIGNS

TIME															
BP															
HR															
RR															
TEMP															
SAO_2															

Notes:

INPUT/OUTPUT

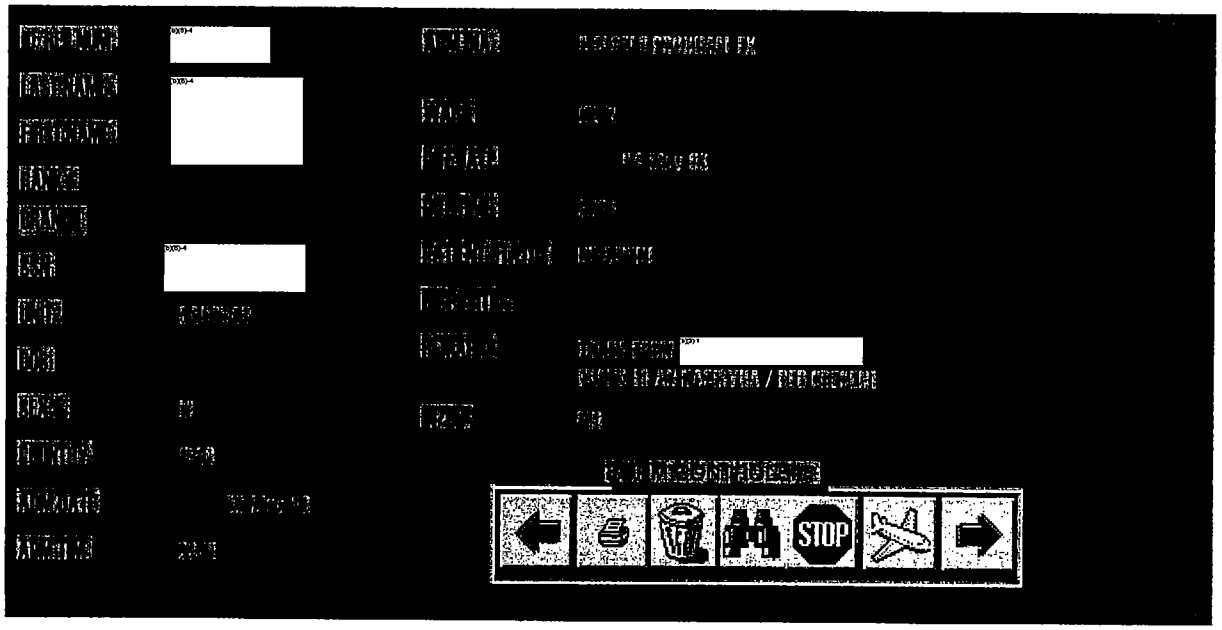
IN	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
PO																										
IVPB																216										

OUT	07	08	09	10	11	12	13	14	15	16	17	18	TOTAL	19	20	21	22	23	24	01	02	03	04	05	06	TOTAL
FOLEY																										
UOP																500	175							600	250	
BM																										

PREVIOUS 24 HOUR INPUT_____ PREVIOUS 24 HOUR OUTPUT_____ PREVIOUS WEIGHT_____

PRESENT 24 HOUR INPUT_____ PRESENT 24 HOUR OUTPUT_____ PRESENT WEIGHT_____

MEDCOM - 4590


STOP

2240

NNMC 6320/16 (05/91)
RECOVERY ROOM RECORD
NAVMED 6320/16 (REV. 11-77) S/N 0105-LF-206-3281

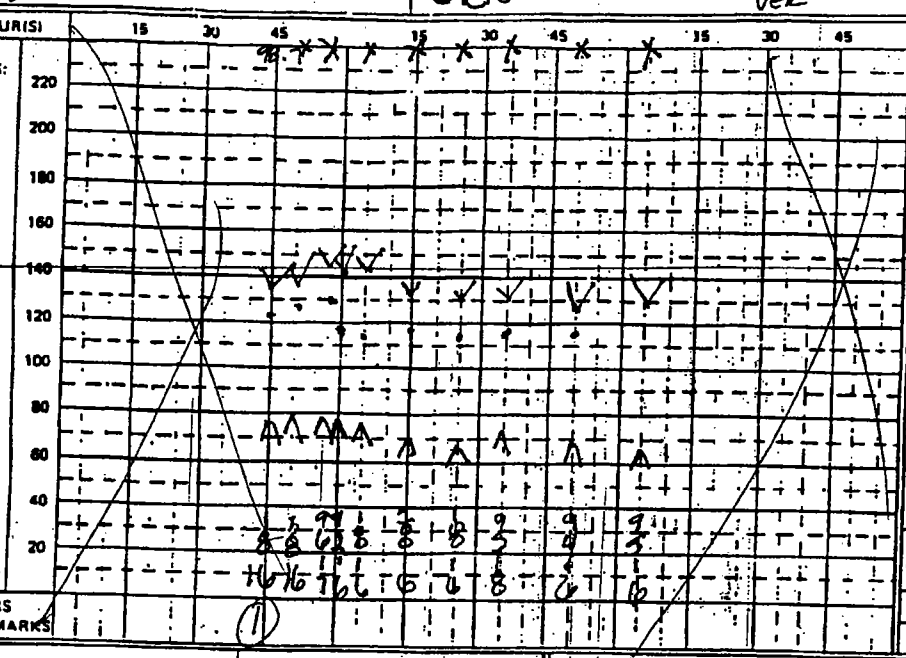
ANTIBIOTIC: ANCEF
TIME GIVEN: 0930
OTHER:

ALLERGIES NKDA

OPERATION PERFORMED: (L) ANTEGRADE FEMORAL IMNAIL ROD FEMER

AGENTS AND TECHNICS OF ANESTHESIA: GEN 60 MOR FCN VER

Spinal Level: N/A
EKG to monitor on ☐
Rhythm SR
BP ⊥ art
BP v ∧ cuff
Pulse = .
% Sat:



OXYGEN THERAPY				
ROUTE	L/M	%	ON	OFF
MASK		100		1455
T-BAR NC	2	100	1505	1525
VENTILAT.				

FLUID THERAPY				
TYPE	5% D/RL	BLOOD	SALINE	OTHER
OPERATING ROOM	4100			
RECOVERY ROOM				
TOTAL				

BLOOD LOSS IN OR: 350 CC
WARD PRE-OP BP 125 164 mmHg HR 75
TUBES: ☐ N/G ☑ FOLEY
IV IN RUE/LUE 50/700 cc
48 OF LR/LR AT ___ cc/hr AOW
IV IN ___ ℄ ___ cc
L OF ___ AT ___ cc/hr TOW
ART. LINE IN N/A
T-TUBES, HEMOVAC IN N/A

ADMISSION	DISCHARGE
FROM MOR/SPEC. STUDY	TO WARD
DATE 4/20/93 HRS 1445	DATE ___ HRS ___
DRESSINGS: LOCATIONS LLE	
STATUS: CD:)	STATUS: ØA
ENDOTRACHEAL TUBE – ORAL OR NASAL	
☐ YES ☑ NO	☐ YES ☑ NO
AIRWAY /BREATH SOUNDS	
☑ CLEAR (B) ☐ PLAST AIRWAY ☐ OBSTRUCTS EASILY	STATUS: ØA

	MOR	PACU	URINARY OUTPUT		DRAINAGE		
TIME	AOW						
CC	550	260					
TOTAL							
SP. GR							
S/A							

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES

1) AOW from MOR accompanied by
PMH: EXTERNAL FIXTURE
Neuro: A&OX3 OBEYS COMANDS
Pain (Yes)/No Action: MEDS WILL CONT. TO MONITOR
CV: S_1S_2 RRR IV: PATIENT
Other: BED RAILS ↑ X2 WARM BLANKET APPLIED

(CONT'D ON REVERSE)

NAUSEA AND VOMITING: ☑ NO ☐ YES – 1 2 3 4 5 6 TIMES

CAUDAL, SPINAL, OR EPIDURAL BLOCK
MOVEMENT PRESENT AT N/A HRS
SENSATION PRESENT AT ___ HRS

CONDITION ON TOW: ☐ GOOD ☐ FAIR ☐ POOR ☐ CRITICAL

POST-ANESTHESIA RECOVERY SCORE (ALDRETE SCORE)			A	D
Able to move 4 extremities voluntarily or on command	2	Activity	2	2
Able to move 2 extremities voluntarily or on command	1			
Able to move 0 extremities voluntarily or on command	0			
Able to deep breathe and cough freely	2	Respiration	2	2
Dyspnea or limited breathing	1			
Apneic	0			
BP±20% of preanesthetic level	2	Circulation	2	2
BP±20-50% of preanesthetic level	1			
BP±50% of preanesthetic level	0			
Fully awake	2	Consciousness	1	2
Arousable on calling	1			
Not responding	0			
Pink	2	Color	2	2
Pale, dusky, blotchy, jaundiced, other	1			
Cyanotic	0			
		TOTALS	9	10

RECOVERY:
☐ COMPLICATED
☑ UNEVENTFUL

PATIENT'S IDENTIFICATION: (b)(6)-4

SIGNATURE OF RECEIVING AND RELEASING OFFICERS (b)(3)-1

NAVMED 6320/16 (BACK)

HOUR(S) 15 30 45 15 30 45 15 30 45 15 30 45

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

Spinal Level:

EKG Rhythm

BP ⊥ art

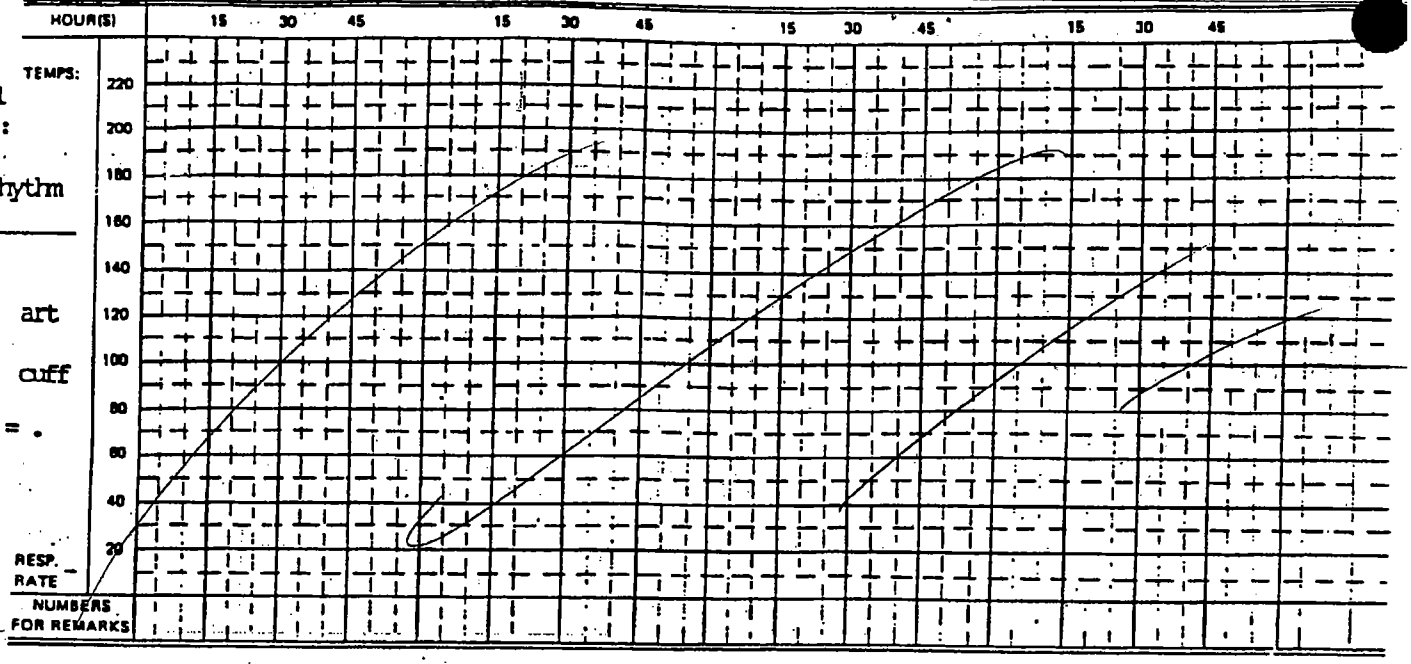
BP ∨ cuff

Pulse = .

% Sat:

RESP. RATE

NUMBERS FOR REMARKS



MEDICATIONS

TIME	DRUG	DOSE	ROUTE	(b)(6)-2 SE
1505	MORPHINE SULFATE	3 mg	IV	

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES (CONT'D FROM FRONT)

① Pt received from OR, VS being taken, Pt stable at this time. ② Pt meet all D/C PACU criteria

TOW Note: Neuro: a/OX3

Pain: Yes/No Action:

Pulmonary: Clear RA

CV: NSR

EKG Rhythm: Ø Ectopy

IV: RFA/HLFAG

Skin/Wound: LLE/LDI

Drainage Yes/No Color:

Edema Yes/No

GI: Clear

GU: Foley Yes/No

Color of urine: Yellow

Due to void:

Instructions/Interventions in PACU: Ask for pain meds

Report called to: LCDR

By: (b)(6)-2

TOWed to: Y Fowd Stadium

By:

(b)(3)-1 CASUALT IVING

LINICAL RECORD

ABBREVIATED MEDICAL R RD
(Sign all notes)

: 18APR03 Time: 1630 arrived on board USNS Comfort

TRIAGE CATEGORY (Circle one)
Immediate
Delayed
Minimal
Expectant

sported by: (Circle one) Helo Boat Pier Other _____

(Circle one) LITTER AMBULATORY

: 22 HEIGHT (ft' in"): _____ Weight (lbs): _____

TORY: Pt. was travelling at 70 mph on Motorcycle and had an accident. Fell down.

ERGIES: NKDA
RRENT MEDS: None
ST ILLNESSES: None
ST MEAL: (Date) Today (Time) Morning
nts Preceding injury: Motorcycle accident.

AL SIGNS	TIME	TEMP	PULSE	B/P	RESP RATE	GCS	CAP REFILL (pres/abs)
MISSION	1649	99.9	101	112/79	18	15	SPO2=96%
CHARGE	1940	99.5	90	140/79	18		

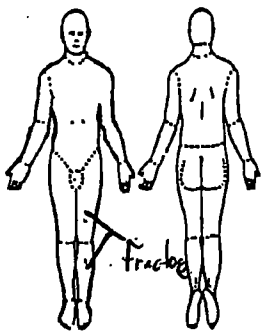
pils: (Circle one) = OR ≠

L reactive / sluggish / fixed (Circle one) L • • • • •

R reactive / sluggish / fixed (Circle one) R • • • • •

URIES
Airway Obstruction ☐ Yes ☐ No
Breath Sounds (+ ↓ -)
Hemorrhage
Laceration
Puncture
Wound
Trauma, Amputation
Concussion
Fracture
Dislocation
Burn

BURN
1° ___ %
2° ___ %
3° ___ %



LAB
Hb/Hct
Lytes/BUN/Glue
ABG
UA
T&C _____ units
Blood Cultures

XRAY
C-spine
CXR
Abdominal
IVP
Extremity
L Femur including knee + Hip

Glasgow Coma Score (GCS)

	Points
A. Eye Opening	
Spontaneous	4
To voice	3
To pain	4
None	1
4	(Total "A")
B. Verbal Responses	
Oriented	5
Confused	4
Inappropriate words	3
Incomprehensible words	2
None	1
5	Total "B"
C. Motor Responses	
Obeys command	6
Localize pain	5
Withdraw (pain)	4
Flexion (pain)	3
Extension (pain)	2
None	1
6	Total "C"

AGNOSIS: L Femur fracture.

IV Site Δ Removed IV from L Hand Restart L anticubital. (b)(6)-2 HN

Dressing Δ at site of X-FIX. Dressings removed had min drainage c̄ yellowish color (b)(6)-2 HN

Level of Consciousness (LOC) (Circle one)
A - Alert
V - Responds to Vocal Stimuli
P - Responds to Painful Stimuli
U - Unresponsiveness

Continue on reverse side

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.

ABBREVIATED MEDICAL REC
STANDARD FORM 539

MEDCOM - 4594

Prescribed by GSA/ICMR

Pre / Post-anesthetic Summary

NNMC 6320/279 (Dec-10)

Proposed Operation	Age	Weight (kg)	Height (in)	ASA Status	Allergies
(L) femur rodding	22	70	180 cm	(1) 2 3 4 5 E	Ø

Chemistries

Hematology
H / H -
Platelets -
WBCs -

Coags
PT -
INR -
PTT -

Urinalysis / HCG

NPO –
Teeth –
Airway – MP I / II / III / IV
FROM, ____ FB O, ____ FB HM

Respiratory
Cough:
Sputum:
Asthma:
COPD:
Recent URI:
TB:
Lung Exam:
CXR:
Ø

CV
HTN:
CAD:
MI:
CHF:
VHD:
Arrythmias:
Exercise Tolerance: good
Cardiac Exam:
ECG:
Ø

CNS / Skeletal
Seizure:
CVA:
LOC:
Neuro:
Muscle:
Skeletal:
Ø

Misc

Other
Hepatic:
Renal:
GI:
Endo:
Heme:
EtOH:
Tobacco:
Ø

Previous Anesthetics:
Chest tube + excision of sling from back 1997
Ex Fix (L) femur 2d ago

Family Hx: Ø

Current Medications:
Abx
Pain meds
SQ heparin

Premedication:
Midazolam 2mg
fentanyl 100 mcg
Ancef 1gm

Preoperative Diagnoses
S/P MVA w/ fx (L) femur

Vitals	Pre-op	DOS
BP: 125/64		
HR: 75		
Resp: 20		
Temp: ✓		
FHR:		

Evaluator Signature Date

Day of Surgery
- ☑ Chart Reviewed / patient examined
- ☑ Risks / benefits / options discussed with patient
- ☑ Patient questions answered
- ☑ Patient / parent / guardian understands and accepts risks
- ☑ NPO after MN liq., _____ clears, _____ solids

Plan: GA/ETT

Staff MD / CRNA signature: (b)(6)-2 MD (b)(6)-2 CCDR

Date & Time: 4/20/03

Patient identification
(b)(6)-2

Post-operative note

☐ No apparent anesthetic complications

Signature Date

ANESTHESIA RECOR

NMC 279(12/00)

Wt (kg) - Ht (in) - gies -

Procedure: (L) femur rodding

Date: 4/20/03

Anes. Start | Anesthesiologist/CRNA: (b)(6)-2 | Signature: LCDR (b)(6)-2 | MD | Surgeon: (b)(6)-2

In Room | Surg. Start | Surg. End | Anes. End | Resident/SRNA

OR # 10

Page 2 of 2

See Page One

Time	1230		1300		1330		1400		1430		1500
O_2 L/M											
N_2O / Air L/M											
Evaporator Halo / Iso / Sevo / Des											
STP / Prop. / Etomidate											
Sux / Cisracurium											
Ro / Rapa / Ve curonium											
Lidocaine											
Neostigmine / Glyco											
Ephedrine / Neo											
Midazolam											
MSO_4 / Remi / Su / fentanyl	10				5	5	10		5	5	
Epid. Lido / Bupiv / Ropiv											
1400	1500		1600		1905	2000	2200	2500	3000	3300	
700 NS / LR	750				800						
400 U/O	400								550		
100 EBL	200	250	300			350					

● = Pulse
○ = Spont. Resp.
Ø = Asst. Resp.
Ⓥ = Ventilator
X = MAP
Λ / V = NIBP
⊥ / T = A-Line
I = Intubate
E = Extubate

PACU / ICU

Pulse -
BP -
Temp -
RR -
SaO_2 -
Comps - + / -

	1230	1300	1330	1400	1430	1500
ECG	SR	SR	SR	SR	SR	SR
s / Np / Or / Sk / Ax Temp	36.6	36.6	36.6	36.7	36.7	37.1	37.2	—
% FiO_2	45	45	45	45	45	45	45	100	100
% SaO_2	100	100	100	100	100	100	100	100
$EtCO_2$	35	35	35	35	35	36	
TV	785	790	795	805	805	805	805	SV
PIP (cmH_2O)	23	23	23	24	24	25	25	
Resp. Rate	8	8	8	8	8	8	8	15

Checklist -
☐ O_2 ☐ Suction ☐ Machine ☐ Consent ☐ NPO

Monitors -
☐ SaO_2 ☐ ECG ☐ FiO_2 ☐ NIBP L / R arm
☐ $EtCO_2$ ☐ PCS / ES ☐ PNS ☐ PIP ☐ Temp
☐ Mass Spec ☐ Verbal ☐ TEE ☐ Fluid warmer
☐ Air Warm ☐ Foley ☐ FHT ☐ Pulm Art cath
☐ CVP IJ / SC / Fem L / R ☐ OG / NG L / R
☐ A-Line Rad / Fem L / R

Position - ☐ Pressure points padded ☐ Arms < 90°
Supine Prone Lithotomy Sitting Lateral L / R

Drawn ____ Used ____ Wasted ____ Witns ____
Drawn 60 Used 60 Wasted 0 Witns
IV - ____ Ga L / R Hand Wrist FA AC EJ
☐ Tourniquet ____ mmHg Times I ____ I ____
60 / 90 / 120 / 130 / 140 / 150 min - Surgeons informed

Antibiotics
4100 Total
Total
550 Total
350 Total

Agent -
mg -
over minutes
@

Induction - Monitors On | Preoxygenated | Smooth | Inhalation / IV | Cricoid Pressure | Rapid Sequence | Mask ventilation easy Y / N
Intubation - Mac / Mil ____ | Grade ____ view | Tube Size ____ | Attempts ____ | Oral / Nasal L / R w/o w/ Cuff | Stylet Y / N | Bil BS / $EtCO_2$ x 3 / CIN
Tube taped @ ____ cm @ lips / teeth / nares | Trauma Y / N | FOB / LW / Blind LMA # ____ | DLT ____ Fr L / R
Maintenance - Smooth | Cuff checked | Eyes taped / lubed
Extubation - Smooth | Reversed | SV VSS | Full T4 / Head lift / Sustained tetanus | Suctioned ____ | Awake / Deep
Disposition - PACU / ICU | SV VSS | Awake / sleepy | Extubated / intubated

Patient Identification
(b)(6)-4

Prep
☐ Sterile Technique
☐ Disposable kit
☐ Betadine prep x 3
☐ Local infiltration
☐ Site ____ L / R
☐ Attempts ____

Blocks
☐ Nerve Stim ____ mA
☐ Trans-arterial
☐ Dual cuff

Regional
☐ Spinal / Epidural
☐ Touhy / Whitacre / Quincke
☐ Needle guage ____
☐ Sitting
☐ Lateral R / L
☐ LOR to Air / NS
☐ Paresthesia + / -
☐ Heme + / -
☐ CSF + / -
☐ Test dose ⊖
☐ CSF ⊕ swirl

Regional
☐ Catheter out - tip intact
☐ Level ____

Lines
☐ Seldinger Technique
☐ CVP manually transduced
☐ Cordis 9.5 / 8.5 Fr
☐ SLIC
☐ 2 / 3 - lumen

Comments / Drugs:

ANESTHESIA RECOR

NMC 22 (279(12/00)) | Wt (kg) - 170 | Ht (in) - 180 cm | Allergies - Ø

Procedure: (L) femur rod

Date: 4/2/03 | Anes. Start: 0940 | In Room: 0955 | Surg. Start: 1105 | Surg. End: 1435 | Anes. End: 1450

Anesthesiologist: LCDR (b)(6)-2 | Surgeon (b)(6)-2 | Resident/SRNA

OR # 10 | Page 1 of 2 | See Page One

Time	1000	1030	1100	1130	1200	1230
O_2 L/M	5	1	1	1	1	1
N_2O / Air L/M		1	1	1	1	1
Halo / Iso / Seva / Des	2	1	1	1	1	1
STP / Prop / Etomidate	200					
Sux / Cisracurium						
Ro / Rapa / Ve curonium	10				10	
Lidocaine						
Neostigmine / Glyco						
Ephedrine / Neo						
Midazolam	1 2					
MSO_4 / Remi / Su / Fentanyl	100					
Epid. Lido / Bupiv / Ropiv						
~~[illegible]~~ MSO_4 (mg)			10	4	6	
NS			1000 IV	1300	1400	
NS / LR			500	700	700	
U/O					400	
EBL			25	75/50	75/75	75/100

Checklist - ☑ O_2 ☑ Suction ☑ Machine ☐ Consent ☑ NPO

Monitors - ☑ SaO_2 ☑ ECG ☑ FiO_2 ☑ NIBP L / (R) arm ☑ $EtCO_2$ ☐ PCS / ES ☐ PNS ☐ PIP ☑ Temp ☑ Mass Spec ☐ Verbal ☐ TEE ☑ Fluid warmer ☑ Air Warm ☑ Foley ☐ FHT ☐ Pulm Art cath ☐ CVP IJ / SC / Fem L / R ☐ OG / NG L / R ☐ A-Line Rad / Fem L / R

Position - ☑ Pressure points padded ☑ Arms < 90° (Supine) Prone Lithotomy Sitting Lateral L / R

Drawn 5 Used 5 Wasted Ø Witns

Drawn 750 Used 700 Wasted 50 (spilled on fl) Witns

IV - 18 Ga (L) / (R) Hand Wrist (FA) (AC) EJ

☐ Tourniquet ____ mmHg Times I ____ I ____

60 / 90 / 120 / 130 / 140 / 150 min - Surgeons informed

Antibiotics: Agent - Ancef in HA; Dosing - ; over minutes @

● = Pulse; ○ = Spont. Resp.; Ø = Asst. Resp.; (V) = Ventilator; X = MAP; Λ / V = NIBP; ⊥ / T = A-Line; I = Intubate; E = Extubate

PACU / ICU: Pulse - 119; BP - 142/76; Temp - 98.7; RR - 16; SaO_2 - 100%; Comps - + / -

ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
s / Np / Ou / Sk / Ax Temp	—	—	36.1	36.1	36.1	36.2	36.1	36.0	36.3	36.6
% FiO_2	100	50	50	50	50	50	49	49	48	45
% SaO_2	100	100	100	100	100	100	100	100	100	100
$EtCO_2$	40	36	33	35	38	38	37	36	35	35
Resp							(V)	(V)	(V)	
TV	bagged	750	675	675	775	800	782	798	810	785
PIP (cmH_2O)		20	19	20	21	21	22	24	26	22
Resp. Rate		8	8	8	6	7	7	7	9	8

1134 LCDR McMinds in
1210 for lunch relief

Has (D) AC IV
(D) FA IV started p induction

Intubation by Dr. (b)(6)-2

Induction - Monitors On; Preoxygenated; Smooth; Inhalation (IV); Cricoid Pressure; Rapid Sequence; Mask ventilation easy (Y) / N

Intubation - (Mac) / Mil 3; Grade 1 view; Tube Size 8.0; Attempts 2; (Oral) / Nasal L / R; w/o / (w/) Cuff; Stylet (Y) / N; Bil BS / $EtCO_2$ x 3 / CTN

Tube taped @ 22 cm @ lips / (teeth) / nares; Trauma Y (N); FOB / LW / Blind; LMA # ____; DLT ____ Fr L / R

Maintenance - (Smooth); Cuff checked; Eyes taped / lubed

Extubation - (Smooth); Reversed; SV VSS; Full T4 / Head lift / Sustained tetanus; (Suctioned); (Awake) / Deep

Disposition - (PACU) / ICU; SV (VSS); (Awake) / sleepy; (Extubated) / intubated

Patient Identification (b)(6)-4

Prep	Regional	Regional	Comments / Drugs:
☐ Sterile Technique	☐ Spinal / Epidural	☐ Catheter out - tip intact	
☐ Disposable kit	☐ Touhy / Whitacre / Quincke	☐ Level ____	
☐ Betadine prep x 3	☐ Needle guage ____		
☐ Local infiltration	☐ Sitting	Lines	
☐ Site ____ L / R	☐ Lateral R / L	☐ Seldinger Technique	
☐ Attempts ____	☐ LOR to Air / NS	☐ CVP manually transduced	
	☐ Paresthesia + / -	☐ Cordis 9.5 / 8.5 Fr	
Blocks	☐ Heme + / -	☐ SLIC	
☐ Nerve Stim ____ mA	☐ CSF + / -	☐ 2 / 3 - lumen	
☐ Trans-arterial	☐ Test dose ⊖		
☐ Dual cuff	☐ CSF ⊕ swirl		

ANESTHESIA RECOR

NMC 279(12/00)

Wt (kg) - N70 Ht (in) - gies - NICDA

Procedure	Anesthesiologist	Surgeon	OR #
IOD LLE	(b)(6)-2 CRNA	(b)(6)-2	8

Date	Anes. Start	In Room		Surg. End	Anes. End	Resident/SRNA	
23Apr03	1205	1226	1300	1340	1352	—	Page 1 of 4

See Page One

Time	30	0	13	30	14	30	15
O_2 L/M	6 .7	.7	.7	.7-6	6		
N_2O / Air L/M	1	1	1	1			
Halo / Iso / Sevo / Des	.6	.6	.7	.3			
STP / Prop. / Etomidate	130						
Sux / Cistracurium	100						
Ro / Rapa / Ve curonium							
Lidocaine							
Neostigmine / Glyco							
Ephedrine / Neo							
MSD4 ~~Midazolam~~				22222			
MSO_4 / Remi / Su / Fentanyl	250						
Epid. Lido / Bupiv / Ropiv							
NS / LR		300			400		
U/O	Ø						
EBL							

Checklist - ☐ O_2 ☑ Suction ☐ Machine ☐ Consent ☑ NPO

Monitors - ☑ SaO_2 ☑ ECG ☐ FiO_2 ☑ NIBP L / R arm ☑ $EtCO_2$ ☐ PCS / ES ☐ PNS ☑ PIP ☑ Temp ☑ Mass Spec ☑ Verbal ☐ TEE ☐ Fluid warmer ☐ Air Warm ☐ Foley ☐ FHT ☐ Pulm Art cath ☐ CVP IJ / SC / Fem L / R ☐ OG / NG L / R ☐ A-Line Rad / Fem L / R

Position - ☑ Pressure points padded ☑ Arms < 90° Supine Prone Lithotomy Sitting Lateral L / R

Drawn 10 Used 10 Wasted Ø Witns 2

Drawn 250 Used 250 Wasted Ø Witns 2

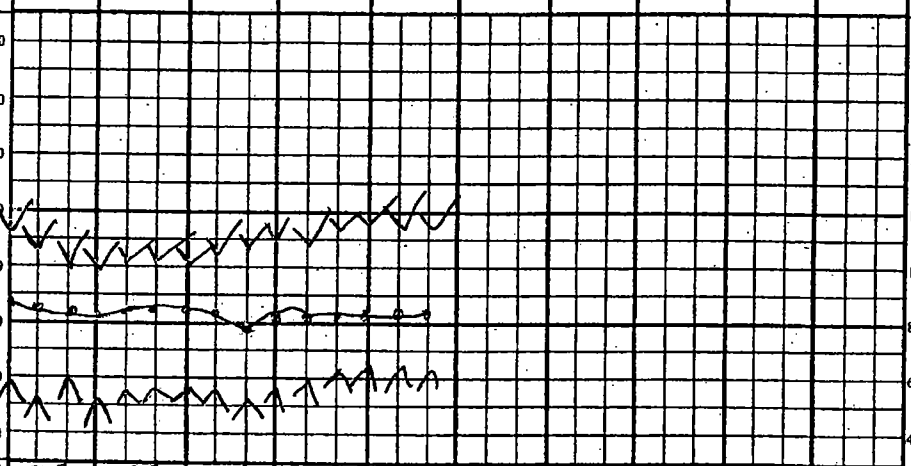
IV - ____ Ga L / R Hand Wrist FA* AC EJ

☐ Tourniquet ____ mmHg Times ____ ____

60 / 90 / 120 / 130 / 140 / 150 min - Surgeons informed

		Antibiotics
	Total	Agent - Ø
450cc	Total	mg -
—	Total	over minutes
<50cc	Total	@

● = Pulse
○ = Spont. Resp.
Ø = Asst. Resp.
Ⓥ = Ventilator
X = MAP
Λ / V = NIBP
⊥ / T = A-Line
I = Intubate
E = Extubate



PACU / ICU
Pulse - 94
BP - 124/71
Temp - 98.4
RR - 14
SaO_2 - 99%
Comps - + / -

ECG	SR	SR	SR	SR	SR
Es / Np / Or / Sk / Ax Temp	36.8	36.8	36.7	36.8	
% FiO_2	1.0 .45	.45	.36	.50	1.0
% SaO_2	106	100	100	100	100
$EtCO_2$	40	36	34	46	46
TV		912	925		
PIP (cmH_2O)	Ø	20	22	0 0	0
Resp. Rate		9	9	16	14

Induction - Monitors On Preoxygenated Smooth Inhalation / IV Cricoid Pressure Rapid Sequence Mask ventilation easy Y N

Intubation - Mac / Mil 2 Grade 1 view Tube Size 8.0 Attempts 1 Oral / Nasal L / R w/o w/ Cuff Stylet Y / N Bil BS / $EtCO_2$ x 3 / CIN

Tube taped @ 23 cm @ lips / teeth / nares Trauma Y N FOB / LW / Blind LMA # ____ DLT ____ Fr L / R

Maintenance - Smooth Cuff checked Eyes taped / lubed

Extubation - Smooth Reversed SV VSS Full T4 / Head lift / Sustained tetanus Suctioned Awake / Deep

Disposition PACU / ICU SV VSS Awake / sleepy Extubated / intubated

Patient Identification

(b)(6)-4

Prep
☐ Sterile Technique
☐ Disposable kit
☐ Betadine prep x 3
☐ Local infiltration
☐ Site ____ L / R
☐ Attempts ____

Blocks
☐ Nerve Stim ____ mA
☐ Trans-arterial
☐ Dual cuff

Regional
☐ Spinal / Epidural
☐ Tuohy / Whitacre / Quincke
☐ Needle guage ____
☐ Sitting
☐ Lateral R / L
☐ LOR to Air / NS
☐ Paresthesia + / -
☐ Heme + / -
☐ CSF + / -
☐ Test dose ⊖
☐ CSF ⊕ swirl

Regional
☐ Catheter out - tip intact
☐ Level ____

Lines
☐ Seldinger Technique
☐ CVP manually transduced
☐ Cordis 9.5 / 8.5 Fr
☐ SLIC
☐ 2 / 3 - lumen

Comments / Drugs:

Pre / Post-anesthetic Summ

NNMC 6320/279 (Dec-00)

Proposed Operation	Age	Weight (kg)	Height (in)	ASA Status	Allergies
I&D LLE	22	70		1 (2) 3 4 5 E	unk

Chemistries

Hematology
H/H - 8.6 / 25.5
Platelets - 520
WBCs - 13.5
4/22

Coags
PT -
INR -
PTT -

Urinalysis / HCG

NPO – pmn
Teeth – wheat
Airway – MP (I) / II / III / IV
FROM, ✓ FB O, 3 FB HM

Respiratory
Cough:
Sputum:
Asthma:
COPD:
Recent URI:
TB:
Lung Exam:
CXR:
9

CV
HTN:
CAD:
MI:
CHF:
VHD:
Arrythmias:
Exercise Tolerance:
Cardiac Exam:
ECG:
Ø

CNS / Skeletal
Seizure:
CVA:
LOC:
Neuro:
Muscle:
Skeletal:
Ø

Misc

Other
Hepatic:
Renal:
GI:
Endo:
Heme:
EtOH:
Tobacco:
Ø

Previous Anesthetics: Prev GA Ø prob

Family Hx:

Current Medications: Timentin, Lovenox, FeSO4, Colace, Folate, MVI

Premedication:

Preoperative Diagnoses
Prev Motorcycle Accident

Vitals	Pre-op	DOS
BP: 118/64		
HR: 86		
Resp:		
Temp:		
FHR:		

Evaluator Signature | Date

Day of Surgery
☐ Chart Reviewed / patient examined
☐ Risks / benefits / options discussed with patient
☐ Patient questions answered
☐ Patient / parent / guardian understands and accepts risks
☐ NPO after _____ liq., _____ clears, _____ solids
Plan:

Staff MD / CRNA signature: (b)(6)-2 LCDR NC USN (b)(6)-2 LCDR CRNA

Date & Time: 23 APR 03

Patient identification

(b)(6)-4

Post-operative note

☐ No apparent anesthetic complications

Signature | Date

22 4/0
70 kg

NNMC 6320/16 (05/91)
RECOVERY ROOM RECORD
NAVMED 6320/16 (REV. 11-77) S/N 0105-LF-206-3281

ANTIBIOTIC: N/A
TIME GIVIEN:
OTHER:

ALLERGIES NKDA

OPERATION PERFORMED: I & D (L) LE

AGENTS AND TECHNICS OF ANESTHESIA: GA 10 mg MSO4

OXYGEN THERAPY				
ROUTE	L/M	%	ON	OFF
MASK	10		Aow	1355
T-BAR				
VENTILAT.				

FLUID THERAPY				
TYPE	5% D/RL	BLOOD	SALINE	OTHER
OPERATING ROOM	450			
RECOVERY ROOM	100			
TOTAL	550			

BLOOD LOSS IN OR: 250 CC
WARD PRE-OP BP 18 / 60 mmHg 86
TUBES: ☐ N/G ☐ FOLEY
IV IN (L) wrist c̄ 550 cc
20g OF LR AT KVO cc/hr AOW
IV IN (L) wrist c̄ 1000 cc
20g OF LR AT KVO cc/hr TOW
ART. LINE IN
T-TUBES, HEMOVAC IN

HOUR(S): 15 30 45 14 15 30 45 15 15 30 45

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

Spinal Level:

EKG to monitor on ☒ Rhythm SR

BP ⊥ art

BP ∨ ∧ cuff

Pulse = .

% Sat:

RESP. RATE

NUMBERS FOR REMARKS: 1 2

ADMISSION	DISCHARGE
FROM MOR/SPEC. STUDY	TO WARD 4F P
DATE 4-23-03 HRS 1345	DATE 4-23-03 HRS 1430

DRESSINGS: LOCATIONS Ace w cap (L) Leg

STATUS: CDI | STATUS: CDI

ENDOTRACHEAL TUBE – ORAL OR NASAL
☐ YES ☒ NO | ☐ YES ☒ NO

AIRWAY /BREATH SOUNDS
☒ CLEAR ☐ PLAST AIRWAY ☐ OBSTRUCTS EASILY
STATUS: CTA

	MOR	PACU	URINARY OUTPUT		DRAINAGE		
TIME	Aow	N/A					
CC							
TOTAL	N/A						
SP. GR							
S/A							

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES

1) AOW from MOR accompanied by Nadolny
PMH: ASA II
Neuro: Sleepy arousable to verbal Stimuli
Pain Yes (No) Action: No Action taken
CV: (+) s's² brisk cap refill 22 IV: Patent
Other: Pt Aow via gurney siderails up
x2 bed locked in low position (CONT'D ON REVERSE)

NAUSEA AND VOMITING: ☒ NO ☐ YES → 1 2 3 4 5 6 TIMES

CAUDAL, SPINAL, OR EPIDURAL BLOCK
MOVEMENT PRESENT AT N/A HRS
SENSATION PRESENT AT HRS

CONDITION ON TOW: ☒ GOOD ☐ FAIR ☐ POOR ☐ CRITICAL

POST-ANESTHESIA RECOVERY SCORE (ALDRETE SCORE)			A	D
Able to move 4 extremities voluntarily or on command	2	Activity	2	2
Able to move 2 extremities voluntarily or on command	1			
Able to move 0 extremities voluntarily or on command	0			
Able to deep breathe and cough freely	2	Respiration	2	2
Dyspnea or limited breathing	1			
Apneic	0			
BP±20% of preanesthetic level	2	Circulation	2	2
BP±20-50% of preanesthetic level	1			
BP±50% of preanesthetic level	0			
Fully awake	2	Consciousness	1	1
Arousable on calling	1			
Not responding	0			
Pink	2	Color	2	2
Pale, dusky, blotchy, jaundiced, other	1			
Cyanotic	0			
		TOTALS	9	9

RECOVERY:
☐ COMPLICATED
☒ UNEVENTFUL

PATIENT'S IDENTIFICATION: (b)(6)-4

SIGNATURE OF RECEIVING AND RELEASING OFFICERS
AO (b)(6)-2 HN/UTN
TO (b)(6)-2 HN/UTN
(b)(6)-2 4.00/PC

MEDCOM - 4600

NAVMED 6320/16 (BACK)

HOUR(S)	15	30	45	15	30	45	15	30	45	15	30	45

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

Spinal Level:

EKG Rhythm

BP ⊥ art

BP ∨ ∧ cuff

Pulse = .

% Sat:

RESP. RATE

NUMBERS FOR REMARKS

MEDICATIONS

TIME	DRUG	DOSE	ROUTE	NURSE
1400	Timentin	3.1 gm	IVPB	(b)(6)-2

REMARKS (AS NUMBERED) AND PERTINENT PATIENT PROGRESS NOTES (CONT'D FROM FRONT)

(2) A+OX3. VSS. Denies any pain @ this time. PACC discharge criteria met (b)(6)-2

TOW Note: Neuro: Sleepy easily arousable to verbal stimuli

Pain: Yes/No Action: No Action taken

Pulmonary: Lung CTA O^2 Sats > 95% on RA

CV: (+) S^1S^2 brisk caprefill < 2sec EKG Rhythm: HR: 80's IV: Patent

Skin/Wound: Warm, Pink, Dry Drainage Yes/No Color: — Edema Yes/No —

GI: NPO No c/o Nausea/Vomiting at this time

GU: Foley Yes/No — Color of urine: — Due to void: 1945

Instructions/Interventions in PACU: Ring call bell for staff assistance first time OOB, Pain, Nausea/Vomiting

Report called to: CDR (b)(6)-2 By: LCDR (b)(6)-2

TOWed to: 4 Forward Port By: MN (b)(6)-2 / MM3 (b)(6)-2

RECOPIED 4/07

NAVMED 6550/8 (REV. 4-74) S/N 01(...-216-5581

MEDICAL RECORD | **MEDICATION ADMINISTRATION RECORD**

SCHEDULED DRUGS — MONTH April 19 2003 — DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	20	21	22	23	24	25	26
4/20	Ancef 1gm IV q8h	0200	X	(b)(6)-2		X	X	X	X
	x48 hs	1000	X			X	X	X	X
		1800	(b)(6)-2		X	X	X	X	X
4/20	Lovenox 30mg SQ q12h	0900	X	(b)(6)-2					
		2100	(b)(6)-2						
4/20	FeSO4 325mg po TID	0700	(b)(6)-2						
		1100							
		1700							
4/20	Colace 100mg po BID	0900	X	(b)(6)-2					
		2100	(b)(6)-2						
4/20	Folate 1mg po qd	0700	X	(b)(6)-2					
4/20	MVI 1 po qd	0700	X						
4/22	Timentin 3.1gm IV q8h	0600	X	X	(b)(6)-2				
		1400	X	X					
		2200	X	X					

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2	HM3 RN EU	(b)(6)-2		(b)(6)-2	LCDR (b)(6)-2

WARD NO.

ADDRESSOGRAPH PLATE (b)(6)-4

(b)(6)-4

Injection Site Code

1 = Left Buttock
2 = Right Buttock
3 = Left Deltoid
4 = Right Deltoid
5 = Left Leg
6 = Right Leg
7 = Left Arm
8 = Right Arm
9 = Abdomen

SINGLE DOSE, PRE- OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
4/20	MSO4 2-6mg	DATE	4/20	4/20	4/20	4/21	4/21	4/21	4/21	4/21	~~4/21~~		4/21	4/21	4/21	4/21	4/22	122
	IV/SQ/IM	TIME	1715	2100	0034	0230	0500	0701	1100	1300	~~1500~~		1545	1620	2145	2345	0404	0704
	q2h prn	DOSE	5	5	5	5	5	5	6	10	~~6~~		10	6	5	5	5	5
		INIT.	(b)(6)-2															
4/20	Tylenol 650mg	DATE	4/20	4/21	4/21	4/22												
	po q4h prn	TIME	0010	1706	004	1510												
	o or pr	DOSE	650	650	650	650												
		INIT.	(b)(6)-2															
4/21	Benadryl 25mg	DATE	4/21	4/21	4/20	4/28	4/29											
	PO QHS	TIME	0230	2030	2345	2300	2140											
	PRN Sleep.	DOSE	25	25	25	25	25											
		INIT.	(b)(6)-2															
4/20	MSO4 2-6mg	DATE	4/22	4/22	4/22	4/22	4/22	4/23	4/23	4/23	4/23	4/24	4/24	4/24	4/24	4/24	4/24	4/25
	IV/SQ/IM	TIME	0930	1200	1335	1835	2035	0020	0245	1015	1730	0815	1030	1130	1345	1630	1940	1000
	q2h PRN	DOSE	5	5	5	6mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	5mg	6mg	4mg	6mg	6mg
		INIT.	(b)(6)-2															
4/25	MSO4 2-6mg	DATE	4/25	4/25	4/25	4/25	4/26	4/26	4/26	4/26	4/27	4/27	4/28	4/28	4/29	4/29	4/29	4/29
	IV SQ/IM	TIME	1210	1530	1930	2240	0100	1330	1900	2345	1440	0030	2145	0010	0600	0800	1000	1800
	q2° prn	DOSE	6mg	5mg	5mg	6mg	5mg	5mg	5mg	5	5	5mg	6mg	6mg	6mg	6mg	6mg	6mg
		INIT.	(b)(6)-2															
	Percocet 1-2 tabs	DATE	4/26	4/26	4/26	4/26	4/27	4/27	4/27	4/27	4/27	4/27	4/28	4/28				
	PO Q4-6° PRN	TIME	1100	1620	2100		0108	0800	1200	1545	2000	2330	1250	2150				
	PAIN	DOSE	2	2	2		2	2	2	2	2	2	2					
		INIT.	(b)(6)-2															
		DATE																
		TIME																
		DOSE																
		INIT.																

NAVMED 6550/8 (REV. 4-74) S/N 0103-_ 216-5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH _____ 19 _____ — DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	4/30	5/1	2	3	4	5	6
4/20	Lovenox 30mg SQ q12h	0900	(b)(6)-2						
		2100							
4/20	FeSO4 325mg po TID	0700							
		1100							
		1700							
4/20	Colace 100mg po BID	0900							
		2100							
4/20	Folate 1mg po qd	0700							
4/20	MVI 1 po qd	0700							
4/29	FORTAZ 1gm IVPB Q8°	0600							
	x 35days	1400							
		2200							
4/27	Cipro 500mg PO BID	0900							
		2100							

INITIAL CODE

(b)(6)-2	& TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
	2LT/NC	(b)(6)-2		(b)(6)-2	

ADDRESSOGRAPH PLATE (b)(6)-4

WARD NO.

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

SINGLE DOSE, PRE- OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
4/25	MSO4 2-6mg IV/SQ/IM q2h prn	DATE	4/30	4/30	5/1	5/1	5/1	5/1	5/2	5/2								
		TIME	1905	2330	0240	0430	1010	1945	0330	0630								
		DOSE	5mg	6mg	6mg	6mg	6mg	5mg	5mg	5mg								
		INIT.	(b)(6)-2															
4/20	Tylenol 650mg po q4h prn or pr	DATE	~~5/1~~															
		TIME	~~0200~~															
		DOSE	~~1~~															
		INIT.	✓															
4/20	Benadryl 25mg po QHS prn sleep	DATE	5/1															
		TIME	0200															
		DOSE	1 tab															
		INIT.	(b)(6)-2															
	Percocet 1-2 tabs po Q4°-6° prn pain	DATE	4/30	4/30	~~4/30~~	5/1	5/1	5/2	5/2									
		TIME	~~1115~~	1945	0110	1200	1730	0115	1420									
		DOSE	~~1~~	1	1	2	2	2	2									
		INIT.	(b)(6)-2															
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

NKDA

PATIENT PROFILE

NAVMED 6550/12 (5-80) S/N 0105-LF-206-5560

✓	ACTIVITY	DATE	✓	BATH	DATE	DIET	DATE	✓	VITAL SIGNS	FREQ	✓	SPECIAL NOTES
	Bedrest			Bed bath		NPO			Temp			Dentures
	Bathroom Privileges			Shower		Regular 4/18			Pulse			Speech impediment
✓	Up in chair	4/24		Tub					Resp	4/24		Language barrier
✓	Ambulate	4/24		Needs assistance		Snacks			B/P			Prosthetic device
	Commode								Other			Visual impairment
	Needs assistance											Blind
	Restricted to unit											Contact lenses
	Hospital Privileges			ORAL HYGIENE	DATE							Glasses
	Other			Self		FEEDING	DATE		FLUIDS			Hearing defect
				Needs assistance		Self			Forced to:			Other
				Special		Needs assistance			Restricted to:			
						Gavage			I & O Q8			

DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES	DATE ORD.	DATE RENEW	TREATMENTS/SPECIAL NOTES	TIMES
4/18		Admit		4/20		DS 1/2 100/hr	
		DR McGlaughlin				HL when tol po	
		Post OP					
4/28		reinforce dacy pen		4/28		consult Dr Peterson	
4/20		OOB → chair + NWB				of ID for abx	
		and LLE c̄ PT				coverage given recent	
		for crutch training				cx results.	
		to begin 4/24					
4/23		W-D packing (L) lat thigh					
		c̄ 1% acetic acid BID					
4/20		TED hose to RLE					
4/28		DR [redacted] Patient					

ADDRESSOGRAPH

(b)(6)-4

DIAGNOSIS: (L) Femur Fx c̄ External Fixation

AGE | HEIGHT | WEIGHT

PATIENT CLASSIFICATION: Stable

OP/SPECIAL PROCEDURES: S/P IM nail Lt femur
4/23 (L) lat thigh ex fix

	DATE ON	DATE OFF
SI		
VSI		
RELIGIOUS RITES		

[redacted]

(b)(6)-4

FINDINGS:

ALLERGIES:

NKDA

DATE ORD.	DATE RENEW	MEDICATIONS P/C 22APR.	TIME (HOURS TO BE GIVEN)	DATE OF ORDER	LABORATORY/DIAGNOSTIC TESTS EXAMINATIONS/ CONSULTATIONS	DATE SENT	DATE COMP
4/18	4/20	Ancef 1gm IVPB Q8H x48h	02 1000 1800	4/18	Trauma panel	CASREC	
4/18	4/20	Lovenox 30mg SQ Q12HRS	0921	4/18	Blood cx x2	CASREC	
4/19	4/20	Fesoy 1 ms po T.I.D.	07 11 17	4/18	CXR Portable	TFP	
4/19	4/20	Folic Acid 1 ms po qd	07		CASREC done		
4/19	4/20	MVI 1 tab po qd	07	4/18	(L) Femur Chip knee done		
	4/20	Colace 100mg po BID	09/21	4/19	CBC 4/20		
4/22		Timentin 3.1 gm IV q8h	06 1422	[redacted]			
4/27		Cipro 500 mg po BID	0900, 2100	4/21	Bld cx x2 NOW		
4/29		Ceftaz 1gm IVPB q8hrs			Urine cx NOW		
		x35 days			CBC NOW		
				4/21	TTC 1 2units po		
				4/21	CBC in AM 4/22		
				4/27	CBC in AM 4/28		
				4/30	CBC, ESR, SMA-7 in AM	5/1	
4/18		MOM 30cc PO x1 NOW					
4/26		PERCOCET 1-2 TABS PO Q4-6 PRN					
4/20		Tylenol 650mg po/pr 94 hr po prn					
4/20		MSO4 2-6mg IV/SQ/IM q2h prn					
~~4/18~~		~~MOM 30cc PO PRN constipation~~					
~~4/18~~		~~Ambien 5-10mg PO QHS PRN sleep~~					
~~4/18~~		~~Tylenol 325mg 1-2 PO Q4 PRN mild pain~~					
~~4/18~~		~~Tylenol #3 1-2 PO Q4H PRN pain~~					
~~4/18~~		~~MSO4 2-5mg IVP PRN severe pain~~					

ADDRESSOGRAPH

(b)(6)-4

(b)(6)-2

(b)(6)-2

Recopied 4/27

NAVMED 6550/8 (REV. 4-74) S/N 0105-[illegible]216-5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH _____ 19 _____ — DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	27	28	29	30	5/1	5/2	5/3
4/20	LOVENOX 30 mg SQ q 12h	0900	(b)(6)-2						
		2100							
4/20	FESO4 325 mg po TID	0700							
		1100							
		1700							
4/20	COLACE 100 mg po BID	0900							
		2100							
4/20	FOLATE 1 mg po qd	0700							
4/20	MVI 1 po qd	0700							
4/22	TIMENTIN 3.1gm IV q8h	0600							
~~4/27~~		1400							—
		2200							
4/27	Cipro 500 mg po BID	0900							
		2100							
4/29	Ceftaz 1 gm IVPB q 8 hrs	0600							
	x 35 days	1400							
		2200							

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2		(b)(6)-2		(b)(6)-2	
	HN		NSING		

SEE OTHER MAR

ADDRESSOGRAPH PLATE

(b)(6)-4

Injection Site Code

① = Left Buttock ⑤ = Left Leg
② = Right Buttock ⑥ = Right Leg
③ = Left Deltoid ⑦ = Left Arm
④ = Right Deltoid ⑧ = Right Arm
⑨ = Abdomen

WARD NO.

SINGLE DOSE, PRE- OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																
4/26	Percocet 1-2	DATE	4/29	4/29	4/29	4/30	4/30											
	Tylenol PRN	TIME	0100	1030	2100	0125	0500											
	PO	DOSE	2T	2T	2	2	2											
		INIT.	(b)(6)-2															
4/25	MSO4 2-6mg	DATE	4/29	4/30	4/30	4/30												
	IV/SQ/IM	TIME	2100	0025	0220	0820												
	Q2° prn	DOSE	6mg	3mg	6mg	6mg												
		INIT.	(b)(6)-2															
		DATE																
	SEE	TIME	OTHER					MAR										
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																
		DATE																
		TIME																
		DOSE																
		INIT.																

NAVMED 6550/8 (REV. 4-74) S/N 010 , r-216-5581

MEDICAL RECORD	MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS — MONTH April 19 43 — DATES GIVEN

ORDER DATE	MEDICATION- DOSAGE- FREQUENCY ROUTE OF ADMINISTRATION	HOURS	18	19	20	21	22	23	24
4/18	Ancef 1gm IVPB Q8H	0200	X	(b)(6)-2					
		1000	X						
		1800	X						
4/18	Lovenox 30mg SQ QD	0900	X						
		2100	X						
4/19	FeSO4 ÷ mg po T.I.D.	0700	X						
		1100	X						
		1700	X						
4/19	Folic Acid ÷ mg po qd	0700	X						
4/19	MVI ÷ tab po qd	0700	X						

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(6)-2				(b)(6)-2	

ADDRESSOGRAPH PLATE

(b)(6)-4

Injection Site Code

① = Left Buttock
② = Right Buttock
③ = Left Deltoid
④ = Right Deltoid
⑤ = Left Leg
⑥ = Right Leg
⑦ = Left Arm
⑧ = Right Arm
⑨ = Abdomen

WARD NO.

SINGLE DOSE, PRE- OP PRN & VARIABLE DOSE ORDERS SEE REVERSE

MEDICATION ADMINISTRATION RECORD (Back) S/N 0105-LF-216-5581

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL	MEDICATION- DOSAGE ROUTE OF ADMINISTRATION	GIVEN DATE	GIVEN TIME	GIVEN INITIAL
MOM 30cc PO X1 NOW	4/18						

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN																	
4/18	MSO4 2-5mg	DATE	4/18	4/19	4/19														
	IVP PRN	TIME	2249	0450	0245														
	severe pain	DOSE	5mg	5	4														
		INIT.	(b)(6)-2																
4/18	Tylenol #3	DATE	4/19	4/19															
	1-11 PO Q4HS	TIME	0400	1847															
	PRN Pain	DOSE	11	11															
		INIT.	(b)(6)-2																
4/18	Tylenol 325mg	DATE	4/18																
	1-11 PO Q4°	TIME	2128																
	PRN mild	DOSE	11																
	pain	INIT.	(b)(6)-2																
4/18	Ambien 5-10mg	DATE																	
	PO QHS PRN	TIME																	
	sleep	DOSE																	
		INIT.																	
4/18	MOM 30cc	DATE																	
	PO PRN constipation	TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	
		DATE																	
		TIME																	
		DOSE																	
		INIT.																	

COUNT SHEET

ITEMS		QUANTITY	ADDED
SUTURE NEEDLES		1/2	(3)+1 (4)
KNIFE BLADES		4	
SCRATCH PAD		1	
HYPODERMICS			
CAUTERY TIPS		1	
RAYTEX		10	
LAP TAPES		5+5	(10)
COTTONOIDS	1/4 x 1/4		
	½ x ½		
	½ x 1		
	½ x 3		
	1/8 x 1/8		
	1 x 1		
	3/4 x 3/4		
	1 x 3		
	1/4 x 6		
	½ x 6		
	3/4 x 6		
	1 x 6		
	2 x 6		
	3 x 6		
EANUT/KITNERS			
ULL DOGS			
REELS			
EMOCLIPS BOATS			
UBBER SHODS			
RAINS			
OODLES			
MBILICAL TAPES			
UBBER BANDS			
AFETY PINS			
ECK SPONGES			
NN. FISIL TONSIL			
OTTON BALLS			
SCELLANEOUS			

Screw 8 mm Trocar

(b)(6)-2

BIO

clave 8
Rm 10
case

DDRESSOGRAPH

(b)(6)-4

INITIALS	OR NURSE SIGNATURE

(b)(3)-1

ORATORY 1-71-0 18 Apr 2003@1840 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

Priority Result Notification

eport requested by: System Generated

(b)(6)-4 (b)(6)-4 M/<1d 2395 ph#

Mil. Unit: UNKNOWN

Ordered by: (b)(6)-2

Specimen: BLOOD (PLASMA)

Res Lab: LAB

Col: 18 Apr 2003@1739

Pri: STAT

Acc#: 030418 CO 694

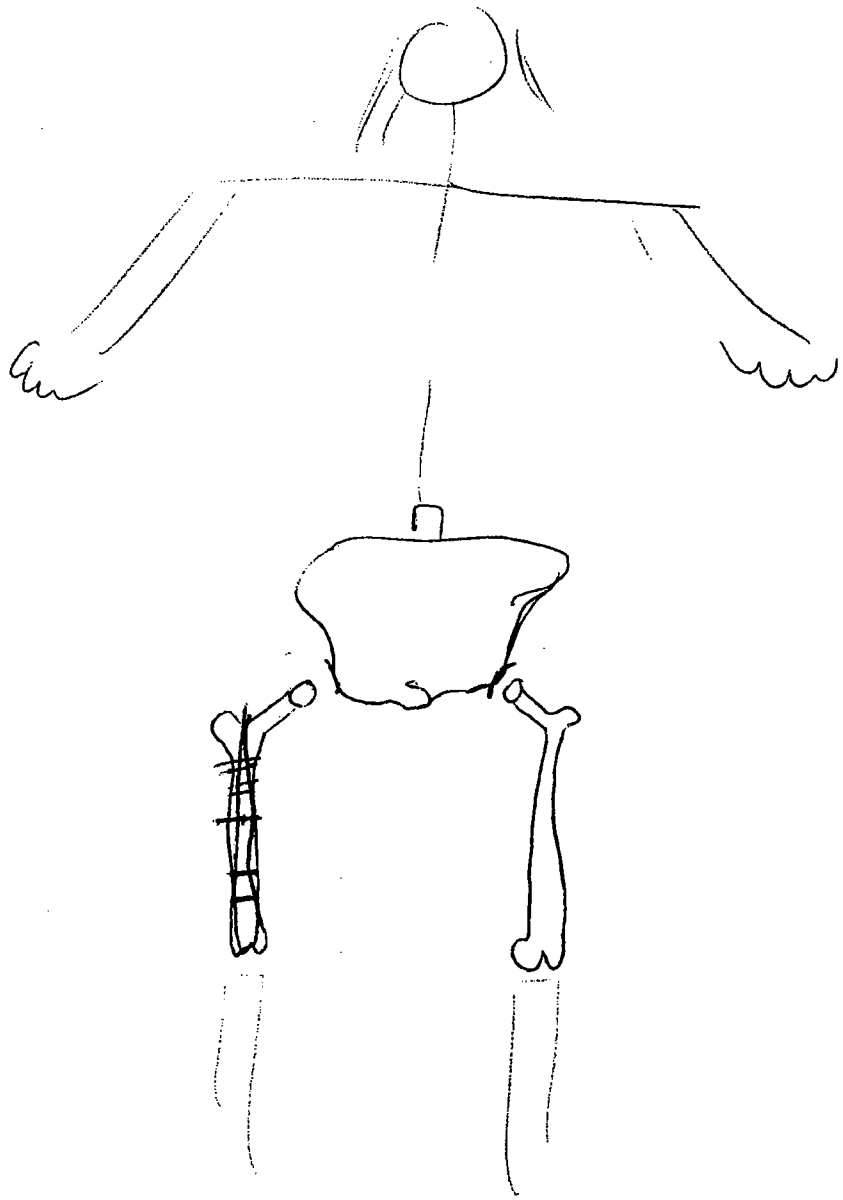
Ord#: 030418-00526

Req Loc: CAS

Test name	Result	Units	Normal range
APTT	19.1 L	Seconds	23.8 - 35.5

*** End of Report ***

HJ



2. √

LABORATORY 1-71-0 18 Apr 2003@1840 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

Priority Result Notification

Report requested by: System Generated

(b)(6)-4 (b)(6)-4 M/<1d 2395 ph#

Mil. Unit: UNKNOWN

Ordered by: (b)(6)-2 Col: 18 Apr 2003@1739 Acc#: 030418 CO 694

Specimen: BLOOD (PLASMA) Pri: STAT Ord#: 030418-00525

Res Lab: LAB Req Loc: CAS

Test name	Result	Units	Normal range
PT	10.8 L	Seconds	11.6 - 14.4
INR	0.7		

Interpretation(s):

The current recommended therapeutic range for INR is 2.0-3.0 for all indications except prosthetic valves for which an INR 2.5-3.5 is recommended (Chest 108(4):231S-246S; 1995). It should be recognized that these are guidelines and adjustments may be required based on individual patient risk factors. The INR is not useful for the first 7-10 days of therapy.

*** End of Report ***

HJ

2 √

LABORATORY 1-71-0 18 Apr 2003@1830 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

Priority Result Notification

Report requested by: System Generated

(b)(6)-4 (b)(6)-4 M/<1d 2395 ph#

Mil. Unit: UNKNOWN

Ordered by: (b)(6)-2 Col: 18 Apr 2003@1739 Acc#: 030418 HM 1255

Specimen: BLOOD (BLOOD) Pri: STAT Ord#: 030418-00523

Res Lab: LAB Req Loc: CAS

Test name	Result	Units	Normal range
WBC	8.6	K/UL	4.8 - 10.8
RBC	4.3 L	1X10 6/UL	4.7 - 6.1
HGB	9.2 L	g/dL	14.0 - 18.0
HCT	29.2 L	%	42 - 52
MCV	67.4 L	fL	80 - 94
MCH	21.3 L	pg	27 - 32
MCHC	31.6	g/dL	31 - 37
RDW	18.8 H	%	12 - 14
PLT CNT	379.0	1x10 3/UL	150 - 450
MPV	6.7 L	FL	7.4 - 10.4
NEUT/100 WBC	71.6	%	
NEUT%	6.2	1x10 3/UL	
LYMPHS/100 WBC	20.0	%	
LY#	1.7	1x10 3/UL	
MONO/100 WBC	8.4	%	
MONO%	0.7	1X10 3/UL	

*** End of Report ***

HJ

2 √

LABORATORY 1-71-0 18 Apr 2003@1851 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

Priority Result Notification

Report requested by: System Generated

(b)(6)-4 (b)(6)-4 M/<1d 2395 ph#

Mil. Unit: UNKNOWN

Ordered by: (b)(6)-2 Col: 18 Apr 2003@1739 Acc#: 030418 CH 1608

Specimen: BLOOD (SERUM) Pri: STAT Ord#: 030418-00524

Res Lab: LAB Req Loc: CAS

Test name	Result	Units	Normal range
NA+	133 L	mmol/L	137 - 145
K	4.4	mmol/L	3.6 - 5.0
CL-	96 L	mmol/L	97 - 107
BUN	9	mg/dL	9 - 21
GLUCOSE	97	mg/dL	76 - 110
CREAT	0.7 L	mg/dL	0.8 - 1.5
PHOSPHORUS	3.6	mg/dL	2.5 - 4.5
URIC ACID	2.4 L	mg/dL	3.3 - 8.4
ALBUMIN	3.5	g/dL	3.5 - 5.0
AST	81 H	U/L	15 - 46
ALT	52	U/L	11 - 66
ALK PHOS	118	U/L	70 - 250
TBILI	0.6 L	mg/dL	1.0 - 10.5
GGT	58	U/L	8 - 78

*** End of Report ***

HJ

2 √

LABORATORY 1-71-0 18 Apr 2003@1904 Page 1

Personal Data - Privacy Act of 1974 (PL 93-579)

Priority Result Notification

Report requested by: System Generated

(b)(6)-4 (b)(6)-4 M/<1d 2395 ph#

Mil. Unit: UNKNOWN

Ordered by: (b)(6)-2 Col: 18 Apr 2003@1739 Acc#: 030418 CH 1608

Specimen: BLOOD (SERUM) Pri: STAT Ord#: 030418-00524

Res Lab: LAB Req Loc: CAS

Test name	Result	Units	Normal range
CO2	29	mmol/L	22 - 31
CA	8.6 L	mg/dL	8.8 - 10.4
PROTEIN TOTAL	7.4	g/dL	6.3 - 8.3
LDH	973 H	U/L	313 - 618
CK	330 H	U/L	0 - 203
MG	2.3 H	mg/dL	1.7 - 2.2

Interpretation(s):

*** End of Report ***

HJ

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 21 Apr 03 - 22 Apr 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/4d Reg #: 2395

Ph: Military Unit: UNKNOWN

22 Apr 03 @ 0506 (Coll) BLOOD

WBC	13.5	H	(4.8-10.8)	K/UL
RBC	3.5	L	(4.7-6.1)	1X10 6/UL
HGB	8.6	L	(14.0-18.0)	g/dL
HCT	25.5	L	(42-52)	%
MCV	73.2	L	(80-94)	fL
MCH	24.6	L	(27-32)	pg
MCHC	33.6		(31-37)	g/dL
RDW	21.6	H	(12-14)	%
PLT CNT	520.0	H	(150-450)	1x10 3/UL
MPV	6.1	L	(7.4-10.4)	FL
NEUT/100 WBC	73.1			%
NEUT%	9.9			1x10 3/UL
LYMPHS/100 WBC	19.4			%
LY#	2.6			1x10 3/UL
MONO/100 WBC	7.5			%
MONO%	1.0			1X10 3/UL

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

(b)(3)-1

Peri[illegible]erative Plan Of Care & Nursing No[illegible]

Patient Assessment For Surgery - Potential For Injury - Outcome: Patient is free from signs and symptoms of injury ☐ Yes ☐ No

Trauma# or Patient #

Diagnosis: (L) Femur Fx Planned Procedure: IM Nailing (L) Femur Fx

Date: 4/20/03 Arrival Time: 0920 Interviewer: [illegible] (b)(6)-2

Side: ☐ N/A ☐ Right ☐ Left
Age: HT: WT:

From:
☐ CASREC
☐ ICU
☒ Ward _____
☐ OTHER:

Transport Via:
☐ Gurney
☐ Litter
☐ Ambulated
☐ Wheelchair
☐ Other

Patient ID:
☐ Trauma card
☐ Verbal
☐ Chart
☐ Armband
☐ Other

Blood Ordered:
☒ N/A
☐ Yes ☐ Consent
☐ T/C #Units _____
☐ T/H #Units _____
Comments:

Surgical/Anesthesia Consent Verified:
☐ Procedure
☐ Consent complete, dated, signed
☒ Emergent case; no consent, MD note

Preop Labs (HCG, etc):
☐ None ☐ Yes
Test/Results:

Drug/Latex Allergies:
☒ NKDA
Allergy/Reaction:

Present On Admission:
☐ N/A
☐ Oxygen
☐ IV Site: #1 _____
#2 _____
☐ Foley
☐ Endotrachial Tube
☐ Arterial Line Site: _____
☐ Drain(s) _____
☐ Chest Tube(s) _____
☐ See RN Note #

Past Medical Histor[illegible]
☒ None known
☐ Smoker ppd/yr
☐ ETOH ☐ A
☐ HTN ☐ C
☐ GERD ☐ CI
☐ Other:

Past Surgical His[illegible]
☐ None known
☐ Yes Gun S
List:

Cultural Needs Addressed:

(b)(6)-2

DATE 04/20/03 TIME 02:49:41PM

Pre-Op Pain:
☐ No
☐ Yes Level _____(0-10)
Action Taken:
Location/type:

In Chart:
☐ H&P ☒ Yes ☐ No
☐ EKG ☒ Yes ☐ No
☐ CXR ☐ Yes ☐ No
☐ Other:

Skin Condition:
☐ Intact
☐ Other: Fx Fix (L) thigh

Limitations:
☐ N/A
☒ Language
☐ Mobility
☐ Other:

CYCLE SETTINGS
PreVac
CYCLE TEST
EXPOSURE TEMP 135 DEG C.
EXPOSURE TIME 00:04
DRY TIME 00:00
LOAD CONTENTS (b)(6)-2
wrapped

Potential For Anxiety – Outcome: Patent demonstrates knowledge of psychological respo[illegible]

Mental/Emotional Status:
☒ Alert/Oriented
☐ Disoriented
☐ Anxious
☐ Appropriate for age
☐ Other

☒ Calm
☐ Sedated
☐ Unresponsive

Comfort Measures Implemented:
☐ Clear, concise explanations
☐ Communicated patient concerns to other staff members
☒ Remain with patient during induction

Pre-o[illegible]
☐ N/A
☒ Phy[illegible]
☒ Pers[illegible]
☒ Env[illegible]
☐ Post[illegible]

CONDITIONING YES
EXPOSURE 00:04 YES
TEMP MIN 135 MAX 137 DEG C.
CYCLE COMPLETE YES
CYCLE TIME 00:11
CYCLE HAD NO CAUT./WARN.
VERIFIED BY (b)(6)-2

QUALITY ASSURANCE

Potential For Impaired Skin Integrity Related To Surgical Procedure – Outc[illegible]

Operative Position:
☒ Supine
☐ Prone
☐ Jackknife
☐ Lithotomy
☐ Other:

☐ Beach chair
☐ Sitting
☐ Lateral L / R

Positional Aids:
☐ Arms <90
Armboard: ☐ L ☐ R
Tucked: ☐ L ☐ R

☐ Airplane
☒ Fracture Table
☐ Hand Table
☐ Stirrups
☐ Other:

☐ Axillary roll
☐ Gel Pad
☐ Leg Holder
☐ Tape

☐ Bean E[illegible]
☐ Gel do[illegible]
☐ Pillows
☐ Wilson

ESU # 10
Pad Site: R posterior thigh
Pad Lot # 66911
Site Clear at end of case? ☐ No ☒ Yes
If No, see RN note # _____
Bipolar: ___ Max Cut___ Coag ___

DVT Prevention:
SCD used ☒ No ☐ Yes
Pressure: ___ ☐ Left ☐ Right
Teds: ☐ No ☐ Yes
Bair Hugger used: ☐ No ☒ Yes
Other warming techniques:

Tourniquet:
☐ Arm ☐ Leg #___
☐ Left ☐ Right
☐ webril applied Appli[illegible]
↑ ____ ↓ ____ Total
↑ ↓ ___

BIOLOGICAL
CHEMICAL
VACUUM CHECK
MAINTENANCE
APPROVED BY

CYCLE NO. 000108
DAILY CYCLES 01
STERILIZER NO. 00
LOAD CONTROL NO. 0420001

clear 9
Rev 10
case

(b)(6)-4

Comments:

Potential For Infecti – Outcome: Appropriate Actions Taken to Pr nt Infection ☐ Yes ☐ No

Wound Classification:
☐ I ☑ II ☐ III ☐ IV

Shave Prep:
☑ Shave ☐ Clipper
Area: L thigh 2 hrs By: (b)(6)-2

Skin Prep:
☑ Betadine Scrub
☐ Hibiclens
☐ Duraprep
☐ Other:

Solutions/Medications:
☑ Normal saline
☐ Sterile water
☐ Local
☐ Antibiotics
☐ Other:

Drains/Packing: ☐ None
☑ Foley FR: 16
☐ JP #1 Fr ___ Location: ___ #2 Fr ___ Location: ___
☐ Hemovac: Size ___ Location ___
☐ Chest tube: Location ___
Size ___ H2O Pressure: ___
☐ Packing: type/location: ___
☐ See RN Note # ___ for comments

Dressing: Location:
☑ ABD ☐ Ace ☐ Bias ☐ Band-Aid(s) ☐ Cast
☐ Cervical Collar ☐ Coban ☐ Drip Pad ☐ Fluffs ☐ Kerlix
☐ Kling ☐ Immobilizer ☑ Plains ☐ Sling ☐ Splint
☐ Steri-strips ☑ Tape ☐ Webril ☑ Xeroform ☐ Other:
☐ Benzoin ☐ Mastisol ☐ Bacitracin

Miscellaneous

Counts: (initials)
Scrub: RN: (b)(6)-2
Correct?
Sharps ☑ Yes ☐ No ☐ N/A
Sponges ☑ Yes ☐ No ☐ N/A
Instruments ☐ Yes ☐ No ☐ N/A
☐ See RN note # ___ for additional comments

Xray:
☐ None ☐ Other:
☐ Portable
☑ C-Arm

Skin Integrity:
☑ Clear & Intact (other than incision)
Comments:
☐ See RN note # ___ for additional comments.

Implants:
Item / Lot # / Exp Date:
See Op Report
☐ See RN note # ___ for additional comments.

Discharge from Operating Room

Complications:
☐ None Comments:
☐ See RN note # ___ for additional comments

Transport From OR:
☐ gurney w/ siderails up
☐ Litter w/ safety strap in place
☑ w/ Oxygen
☐ w/ Monitor
☐ Other:

Transferred To:
☑ PACU
☐ ICU
☐ Medivac
☐ Ward ___
☐ Other

Report by:
☐ Anesthesia provider ☐ RN

Surgical Procedure Performed: IM Nailing (L) Femur

RN Note: (number each note to corresponding area above)

Initial/Name Box: (please print)

(b)(6)-2

4/20/03

Primary OR RN Signature Date

Relief OR RN Signature Date/Time

Personal Data - Privacy Act of 1974 (PL 93-579)

PATIENT LAB INQUIRY

For: 27 Apr 03 - 28 Apr 03

Report requested by: (b)(6)-2

(b)(6)-4 (b)(6)-4 M/10d Reg #: 2395

Ph: Military Unit: UNKNOWN

---

28 Apr 03 @ 0454 (Coll) BLOOD

WBC	6.5		(4.8-10.8)	K/UL
RBC	3.4	L	(4.7-6.1)	1X10 6/UL
HGB	8.3	L	(14.0-18.0)	g/dL
HCT	25.7	L	(42-52)	%
MCV	75.6	L	(80-94)	fL
MCH	24.3	L	(27-32)	pg
MCHC	32.1		(31-37)	g/dL
RDW	22.6	H	(12-14)	%
PLT CNT	974.0	H	(150-450)	1x10 3/UL

Result Comment: NOTIFIED CDR (b)(6)-2 @ 0600. SJC.

MPV	5.6	L	(7.4-10.4)	FL
NEUT/100 WBC	51.9			%
NEUT%	3.4			1x10 3/UL
LYMPHS/100 WBC	38.0			%
LY#	2.5			1x10 3/UL
MONO/100 WBC	10.1			%
MONO%	0.7			1X10 3/UL

==========

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed

[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

==========

Baghdad

INPATIENT TREATMENT RECORD CO[illegible] 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	ADMISSION REMARKS
4. SEX	5. AGE	6. RACE Haqa	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
11. FMP 99	12. SSN (b)(6)-4		13. ORGANIZATION			14. WARD ICW 3
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN K78	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE Inj
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct				22. HOURS OF ADMISSION 1600	23. CLINIC SERVICE ABAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION Trans		26. DATE OF DISPOSITION 20 May 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 3 May 03	ADMITTING OFFICER
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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

BKA

897

CODE:_____

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
17	17				17

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

SIGNATURE OF ATTENDING MEDICAL OFFICER

X (b)(6)-2

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

(b)(6)-2

DA FORM 3647, MAY 79

(b)(6)-2

EDITION OF 1 AU[illegible]

MEDCOM - 4622

USAPPC V[illegible]

Baghdad

INPATIENT TREATMENT RECORD CO 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	ADMISSION REMARKS
4. SEX	5. AGE	6. RACE Iraqi	7.	10. PREVIOUS ADMISSION	
11. FMP 99	12. SSN (b)(6)-4	13. ORGANIZATION		14. WARD ICW 3	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct			22. HOURS OF ADMISSION: 1600	23. CLINIC SERVICE: ABAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE		25. TYPE DISPOSITION: Iraqi		26. DATE OF DISPOSITION: 20 May 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)		27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION: 3 May 03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 86th Combat Support Hospital, LSA Adder, Iraq				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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

BKA

~~897~~

V49.75
80392
20690

CODE: _____

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
17	17				17

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

SIGNATURE OF ATTENDING MEDICAL OFFICER (b)(6)-2

X

SIGNATURE OF [illegible] (b)(6)-2

DA FORM 3647, MAY 79 EDITION OF 1 AU

(b)(6)-2

USAPPC V1.10

MEDCOM - 4623

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MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES (b)(3)-1
	Admit [redacted] CSH
03 May 2003	
1503	Iraqi National male S/P wounding with (R) BKA and (L) distal leg ex-fix in place. Also, has bilateral posterior GSW
	PE: GCS - 15
	Chest clear
	Comfort
	Abn soft
	trauma isolated to lower extremities
	partial thickness skin loss (R) heel
	S/P (R) BKA - healing soft tissue injury (R) posterior thigh
	S/P (L) distal leg ex-fix - soft tissue injury (L) posterior thigh.

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

[redacted] (b)(6)-4

PROGRESS NOTES
Medical Record

(b)(6)-2

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)
SLE ACTIONS

Admit ICU 3

[redacted]

MEDICAL RECORD	PROGRESS NOTES
DATE 3 May 03 1530	Pt recieved From EMT medcap per stretcher, (b)(6)-2 LD
1950 3MAY03	102/70 / 99.4 / P 96 / R 16 / (D) 91W
2330hrs	Assumed pt care @ 2245hrs. Pt has IV HL to (R) FA for IV Anef. Pt has BKA to (R) leg. Drsg C/D/I. Pt also has external fixation to (L) tibial area. Area has some dry blood and exudate, foul smelling. Pt is NPO for OR in am for I/D of (L) tibial area. VS - 96.8, P-78, 110/78, R-1 99% RA. Will continue to monitor pt throughout shift. (b)(6)-2 AN
14 May 03 0745	VS - BP - P-94, R-18, T-98.3, Pt assisted c̄ am care, pt oncall to over this am. (b)(6)-2 LP

(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.

(b)(6)-4

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

DATE NOTES

03 May 2003

1500 IMP: S/P (R) BKA
S/P (L) distal leg ex-fix
S/P bilateral posterior thigh
soft tissue injury

PLAN: Operative dehiscement

(b)(6)-2

OP Note

4 May 03 H.D multiple wounds + revision ex fix (L) tibia
findings foul smelly fluid + desiccated necrotic
tissue in (L) tibia wound, fibrinous exudate
+ distal thigh wounds and R tibia stump
Surg (b)(6)-2 Anesth Victoria
Complic Ø condition good
IV - Ø

(b)(6)-2

4 MAY 03 PACU Note: Pt groggy, arousable to voice, VSS, see flowsheet,
1738 S/P H+D / revision of (L) LE external fixator + (R) BKA +
(B) thigh dressings, all dressings C/D/I, unable to assess distal
neuro-vascular to (L) foot, except circulation which is < 3 secs
(B) UE distal neuro-vascular is (+) CSM, LR infusing via (L) FA
(-) S/SX of infection / infiltration. HL to (R) FA flushes easily
A'd LR to HL in (L) FA. VSS. Pt awakens to voice. Wi
Continue to monitor (b)(6)-2, 21C3H
1800 BS ↓ x4, (B) lung sounds CTA, VS continue to be stable, (-) drainage

STANDARD FORM 509 (REV 5-99) BA

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MEDCOM - 4626

PROGRESS NOTES

DATE	
4 MAY 03	
1800	noted to any dressing, pt still groggy, responds to verbal stimuli, continues to drift in + out of consciousness. (R) eye (OD) PERRL, not centered, sclera red, + slight exopthalmos noted. (L) eye (OS), PERRL, sclera red, c̄ some filmy growth over inferior aspect of iris, also slight exopthalmos noted, nares patent, oral mucosa dry + foul odor, but otherwise indicative of good circulation. S1+S2 noted, PRR via telemetry, ↓BS x4, bladder (-) distended. Will continue to monitor preparing for transport. [redacted] 91C3H
1830	Distal Neuro-Vascular to (R) foot - (+) CSM. [redacted] 91C3H
1945	pt VS: BP 123/90, SpO2 96, P 111. Temp 98.6. R. 16. Pt Alert but drowsy, groggy, Bandages look good, no oozing. pt has IV in (R) & (L) forearms.
4MAY03 2305	Pt resting comfortably Heplock on R&L forearms, Bandages
BP	look good will continue to monitor — [redacted] 91W1
T 100.2	Pt received Ancef through IV @ 2400 - [redacted] 91W1
R 20	Pt received 2 Tylenol 3's at 0400 for complaints
P 129	of being hot will continue to monitor - [redacted] 91W1
SPO2 97% RA	
5 May 03 1015	Pt A&O x3, pleasant demeanor c̄ no english spoken language barrier, Lungs CTA, (+) hypoactive bowel sound, (+) pedal pulses on LLE, very faint, (R) BKA able to lift. Pt c/o of pain, but did not want any pain medication will continue to monitor, VS - 110/60, 101, 20, 98.6. — [redacted]

☆U.S. GPO: 1995-397-405

STANDARD FORM 509 BACK (Rev. 11-77)

MEDCOM - 4627

ORDERS
agency is OTSG

PROBLEM ORIENTED MEDICAL RECORD

TIME

MEDICAL RECORD	PROGRESS NOTES
DATE 9 may 03 1345	pt c/o of pain, pt given 2 T-3 per Dr's order, will continue to monitor for changes (b)(6)-2 (P)
05 May 2003	
1422	low grade temperature 100.2 dressing dry to O.R 06 May for wound irrigation (b)(6)-2
1640 06 may	VS: BP 117/90. P. 103. SpO2 97, R. 20. Temp. 98.6. Pt. up, ate some dinner. doing well overall, Dressings good. IV sites (R) & (L) forearms intact, no infiltration. (b)(6)-2 91 Wk
1800	pt's IVs infiltrated, DC and started new IV in (L) hand (b)(6)-2 96-10
2230	pt recieved ancef at 2230 instead of 1600. (b)(6)-2 96
2330	Assumed pt care @ 2345 hrs. Pt has HL to (L) wrist area. Pt c/o pain to bilat LE, 5mg administered. Pt has external fixator to (R) leg. Ace wrap C/D/I. RLE, BKA, drsg to stump C/D/I. Pt NO (L)

(Continue on reverse side)

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
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509-111

519-301

*U.S. GPO: 1994-

FPI LEX Printed on Recycled Paper

MEDICAL RECORD | **PROGRESS NOTES**

DATE

6 May 03 1300 Pt recieved from OR c̄ Ø problems pt A&O X3, VS: 110/20, 78, 20, 97.8, Sat 100% on RA, denies pain @ this time (b)(6)-2 [redacted] LPL

6 May 03 1300 (+) pedal pulses in LLE, able to wiggle toes on command, responds to tactile stimuli, Drsg dry + intact (b)(6)-2 [redacted]

6 MAY 03 Pt c/o pain or swelling of arm because of IV, Doctor notified

BP 134/82 Temp's pretty high - gave 1 tablet of tylenol 3 @ 2020 - (b)(6)-2 [redacted]

T 100.2

R 20 7 May 03 - On assessment pt is A&OX3, lungs CTA, +BSX4 quads

P 116 Drsgs to LE CDI, 73sec cap refill in LLE digits

SPO2 96% RA External fixator in place to LLE. Pt is asleep, VS 120/78, 90, 98%, 20, 98.0°. (b)(6)-2 [redacted] 6/SGH

07 May 2003 Surgery

1324 has pain at fracture site

Temp 100.2

to O.R 08 May 2003 wound

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

(Continue on reverse side)

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

REGISTER NO. | WARD NO.

PROGRESS NOTES

STANDARD FORM 509 (Rev. 11-77)
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509-111

PROGRESS NOTES

DATE

midnight for OR in am. VSS - 98⁶ - 110/70, 18, 99% RA, P-68. Will continue to monitor pt throughout shift. (b)(6)-2

0430 Pt slept well w/out complaints. Pt NPO for OR this am. (b)(6)-2 LT, AN

6 May 03 0725 Pt A+O X3, Lungs CTA, (+) hypo active bowel sounds, (+) pedal pulse in (L) lower extremity, denies pain @ this time, V/S 110/60, 98, 20, 97.6, Sat 100% on RA, will continue to monitor for changes, Pt am care complete. Oncall to OR. (b)(6)-2 RL

06 May 2003 0952 OR note

open wound over (L) fibiotyx not amenable to gastroc flap, would require free flap will consider (L) BKA wound no evidence infection (b)(6)-2

1015. ARRIVED TO ICU3 FOR POST I+D LLE, DRESSING CHANGES BILATERAL LOWER EXTREMITIES. AROUSABLE, PERUA, PULSES 12 UPPER EXTREMITIES, UNABLE TO ASSESS LOWER DUE TO (R) BKA, (L) LIST/DRESSING B/P - 132/86, P-101, RR-18, SATS 98% RA, LUNGS CTA ↓BS (L) EA 186 RUNNING LR KVO. WILL CONTINUE TO MONITOR

☆U.S. GPO: 1995-397-405 STANDARD FORM 509 BACK (Rev. 11-77)

MEDCOM - 4630

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES

DATE	NOTES
	8 May 03
	OP Note I + D Left Tibia
	Surgeon Warner
	Anesth Ketamine TT Ø
	complic
	condition

ELATIONSHIP TO SPONSOR

SPONSOR'S NAME

LAST | FIRST | MI

SPONSOR'S ID NUMBER (SSN or Other)

EPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

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

FORM CLINIC

509-114

MEDCOM - 4631

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES Page
	8 May 03
	1200 - Admit To ICU 3 From or For
	post Anesthesia care - procedure: (L) Tib IAD
	with Family - Awake moving - Upper extremities.
	No Discharge from wound site.
1230	Stable, USS - see flow sheet, Lungs CTA, ↓BS, Good pulses x 3
	(R) BKA, Good capillary refill x 3, Arousable, Brothers at the
	bedside, Lab 16M of Anesthesia during Surgery. Waiting for transfer

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTI

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
	8 May 03
	Xray (L) Tib Fib
	# 390
	ICW3 Requested by (b)(6)-2
	(Pt Oncall to OR need results stat 1030)
	Results: NSIC in external fixature position and alignment of comminuted fxs of tib & fib c/t 5May03 (b)(6)-2
09 May 2003	
2119	to O.R 10 May for wound examination under anesthesia

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
(b)(6)-4		

PROGRESS NOTES
Medical Record

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

MEDICAL RECORD	PROGRESS NOTES
8 May 03 1100	Pt recieved from OR via stretcher, A&O x3, VS 121/79 - 106, 18, Sat 98% on RA. [redacted] (b)(6)-2 CD
8 MAY 03 2200	Pt received 1 gm Ancef @ 2200 as ordered
BP 114/78	0600 Pt received 1 gm Ancef as ordered - [redacted] (b)(6)-2 9 May
T 99.3	
R 20	9 May 03 - Pt assessment complete, Pt is A&O x3
P 101	0830 tolerated breakfast, lungs CTA, +BS x 4 quads
SPO2 99	Drsg ~~change~~ to LE CDI, (R) Stump CDI, LLE in External fixator, good cap refill 7 seconds. Will continue to monitor. [redacted] (b)(6)-2 6/8 gt
9 May 03 1000	Drsg change done to proximal thighs, good granulating tissues. [redacted] (b)(6)-2 6/8 gt
9 May/2350	Assumed pt care @ 2245 hrs. Pt has HL to (R) FA and continues to receive IV ancef. Pt lungs CTA, (R) BS x4. Pt has BKA to (R) leg ace bandage CIDIE. Pt also has external fixator to (L) leg. Drsg CIDIE. Pt has decreased circulation to (L) lower extremity c̄ limited movement. Pt currently denies any pain. Twin brother @ bedside. Pt currently sleeping. Will continue to monitor pt throughout shift. [redacted] (b)(6)-2 14, AN
0000	98°, R-18, P-83, 120/68, 97% RA [redacted] (b)(6)-2 14, 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
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	
10 May 03 @ 0800	110/68, HR100, RR18, T 98.9°, Pox 98% RA. Resting well. Family @ BS. Pt is NPO p̄ 0900 for OR in evening p̄ COL Warren returns from MEDCAP today. [redacted]
10 May 03 1618	VS - BP 110/82, P98, R16, T 98.5° oral, SpO2 100% — SPC [redacted] 9/1W10 —
10 May	1630. Pt resting. DSD to stump & DSG to (L) LEG c̄ EX FX. BOTH D & I. IV LR STARTED @ 125 cc/hr. Pt REMAINS NPO & IS AWARE OF PENDING SURGERY THIS EVENING. BROTHER @ BS. [redacted]
10 May ≈ 2130	TO OR — [redacted]
11 May 0030 VS-	P-83-R-12, 99% RA, 124/82, 95.5. Assumed pt care from ICU1 report from SPC Scott. Pt (L) leg BKA c̄ ace bandage C/D/I. Pt has external fixation (L) lower ext. unity, ace bandage C/D/I. Pt has ↓ perfusion to lies, ~~color~~ ↓ cap fill. Pt verbalizes minimal pain @ this thm. Pt has LR to (L) PA @ 125 cc/hr. Will continue to monitor pt throughout shift. — [redacted]
11 May 03 1615	Assumed care of Pt @ 1500; NAD noted Pt A & Ox3; C/O wanting dsg Δ. Δ'd Dsg to Buttocks using sterile procedures. BP 106/70 T 99.4 P 83 100 R18 Pt c̄ 98% of Sats on R/A; Pt c̄ HL to (L) PA c̄ S/S of infx. Will continue to monitor — [redacted] 9/1W10

☆U.S. GPO: 1995-397-405

STANDARD FORM 509 BACK (Rev. 11-77)

[redacted]

[illegible] 20 mg [illegible] 100 [illegible]
Ketamine 600 [illegible]

DATE	NOTES
10 May 2330	Pt admitted to RR @ 2330 - T 95.6, 98% on RA; 129/80; P85. LR @ T100. Pt drowsy - responds to voice. External fixator in place to (L) LE. Drewrap to (L) LE and to (R) BKA site. Will monitor (b)(6)-2 [redacted]
2345	VS: 119/79; P78; R12; O_2 sat 98% on RA; 96.5 (b)(6)-2 [redacted]
2400	VS: 127/87; P77; R14; O_2 sat 99% on RA; T 98.3
0015	VS: 129/84; P81 R12 O_2 sat 99% on RA T 97.
~~0030~~	~~VS~~
10 May 2003 2341	On note. wound examined under anesthesia debrided. skin edges being brought together gradually (b)(6)-2 [redacted]
11 May 2003 0959	Comfortable ate well today pt aware of our exceptional efforts to save leg. (b)(6)-2 [redacted]

(b)(6)-4

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
Dx	- (R) BKA, (L) Ext fixator to tib-fib fx - Upper thigh wound (L) - sacral decubitus
Tx	Pt went to OR 19 May 03 for drsg Δ under anesthesia. No ~~order~~ further orders. Expect pain care (b)(6)-2 Sacral decubitus drsg Δ qd
Diet	Reg
VS	Routine
Meds	Cipro 500 mg po Colace 100 mg po (b)(6)-2
PRN	Tylenol #3 1 po q 4 HRS Ambien 10 mg po. qhs Tylenol 650 mg po q 4° T>100°

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

(b)(6)-4

REGISTER NO.

WARD NO.

PROGRESS NOTES
Medical Record

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

STANDARD FORM 509

MEDICAL RECORD - ICU FLOWSHEET

SECTION I - PATIENT ASSESSMENT DATA

PATIENT NAME: (b)(6)-4 DATE: 8 May 03

DIAGNOSIS: (L) Fib I4D- PATIENT ACUITY: HOSPITAL DAY: POST OP DAY:

	TIME:	1200	1215	1230	1300	1330						
VITAL SIGNS	BP ARTERIAL LINE	~~135/80~~										
	BP CUFF	135/81	122/84	139/84								
	MAP			106								
	TEMPERATURE	99.	96.3	97.7								
	PULSE	88	92	97								
	RESPIRATIONS	16	18	18								
	PULSE OXIMETER	100	100	100								
	CVP											
	PAIN (0 - 10)											
RESPIRATORY	OXYGEN (L/%)	RA	RA	RA								
	O2 METHOD											
	VENT SETTINGS:											
	FIO2											
	MODE											
	TV											
	RATE											
	PEEP											
	PS											
	Respiratory Treatments											

Oxygen Method Key: NC = Nasal cannula NR = Non-rebreather FM = Face mask VM = Venturi mask V = Ventilator TC = Trach collar

Respiratory Treatment Key: HHN = Hand-held nebulizer MDI = Metered-dose inhaler CPT = Chest physiotherapy IS = Incentive spirometer

INTAKE												
	PO											
	TOTALS											
OUTPUT	URINE											
	STOOL											
	TOTALS											

HEMATOLOGY 549-107

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

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.

RESULTS	REQUESTED	(X)
3.50	RBC COUNT	
10.0	HEMOGLOBIN	
30.4	HEMATOCRIT	
86.9	MCV	
28.6	MCH	
32.9	MCHC	
6.7	WBC COUNT	

WBC DIFF AND BLOOD CELL MORPH: IMMATURE, NEUTRO-BANDS, NEUTROSEGS, LYMPHS, EOSINOPHILS, BASOPHILS, MONOCYTES, PLATELETS, RBC

SED RATE

PLATELET COUNT

RETICULOCYTE COUNT

CLOTTING TIME

BLEEDING TIME

PTT: CONTROL, PATIENT

PT: CONTROL, PATIENT, % ACTIVITY, RATIO

SICKLING TEST

LE PREP	%
21.3	
1.4	LH

MARKS: CBC

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

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

MD DATE: 5/8/03

LAB. ID. NO.

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

OR/ICU2

(b)(6)-4

HEMATOLOGY

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

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

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

SPECIMEN/LAB RPT. NO.

'S MED. RECORD

(b)(6)-4

SPECIMEN/LAB. RPT. NO.

CHEM 1

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

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

SPECIMEN SOURCE: ☐ BLOOD ☐ OTHER (Specify)

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

REQUESTING PHYS: Dr (b)(6)-2 [illegible]

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

DATE: 1737 08M4403

LAB. ID. NO.

REMARKS: Chem 12

546-107

CHEMISTRY I

STANDARD FORM 546 (Rev. 6-71)
PRESCRIBED BY GSA ICMR
FIRMR (41 CFR) 201-45.505

TEST(S)

SPECIMEN TAKEN

DATE	TIME	A.M. P.M.
8 May 03	1630	

RESULTS	REQUESTED	(X)
174 ↑	GLUCOSE	
↓	UREA N.	
6	CREATININE	
	URIC ACID	
	SODIUM	
	POTASSIUM	
	CHLORIDE	
	CO_2	
	PHOSPHATE	
6	CALCIUM	
7 ↓	TOTAL PROTEIN	
4 ↓	ALBUMIN	
	GLOBULIN	
127 ↑	ALKALINE PHOSPHATASE	
	ACID PHOSPHATASE	
	SGOT	
	LDH	
	CPK	
0.4	BILIRUBIN (TOTAL)	
	BILIRUBIN (DIRECT)	
144	CHOLESTEROL	
	TRIGLYCERIDES	
12 ↓	AMYLASE	
	LIPASE	
	PROFILE (Specify)	
14	ALT	
20	AST	

MEDCOM - 4639

drugs [illegible] . ie H&P 8 MAY 03

NAME: SURGEON: Planned Surgery Date:

ANESTHESIA PREOPERATIVE EVALUATION

AGE	M F	HEIGHT	WEIGHT

PROPOSED OPERATION

PREOPERATIVE VITAL SIGNS: B/P P R

PREVIOUS ANESTHESIA / OPERATIONS ☐ NEGATIVE

CURRENT MEDICATIONS ☐ NONE

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS ☐ NEGATIVE

ALLERGIES ☒ NKDA

AIRWAY / TEETH / HEAD & NECK

SYSTEM	WN	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY Asthma, Bronchitis, COPD Dyspnea, Pneumonia, Productive Cough Recent cold, SOB, Tuberculosis	☐	Tobacco Use: ☐ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray, Pulmonary Studies
CARDIOVASCULAR Angina, Arrhythmia, CHF Exercise Tolerance, Hypertension, MI Murmur, MVP, Pacemaker Rheumatic fever	☐		EKG
HEPATO/GASTROINTESTINAL Bowel obstruction, Cirrhosis, Hepatitis Hiatal Hernia, Jaundice, N&V Reflux/Heartburn, Ulcers	☐	Ethanol Use: ☐ No ☐ Yes Frequency _____	LFTs
NEURO/MUSCULOSKELETAL Arthritis, Back problems, CVA/Stroke DJD, Headaches, Loss of consciousness Neuromuscular disease, Paralysis, Paresthesia Syncope, Seizures, TIAs Weakness	☐		
RENAL/ENDOCRINE Diabetes, Renal failure/Dialysis, Thyroid disease Urinary retention, Urinary tract infection, Weight loss/gain	☐		Urinalysis, Thyroid, FBS
OTHER Anemia, Bleeding tendancies, Hemophilia Pregnancy, Sickle cell trait, Transfusion history			Hgb / Hct / CBC, Lytes

PROBLEM LIST / DIAGNOSES

ASA: 1, 2, 3, 4, 5, E

PREOPERATIVE MEDICATIONS ORDERED

COUNSELING STATEMENT

Anesthesia alternatives, benefits and risks from minor to death explained. All questions answered.

Patient / legal guardian voices understanding and gives consent for :

Local / MAC, SAB, Epidural, IVR, General Anes.

Other: _____

Appropriate alternative as backup.

NPO status explained.

PATIENT'S SIGNATURE _____ DATE _____

EVALUATOR(S) SIGNATURE

CRNA (b)(6)-2 [redacted] MJ CRNA DATE 10 MAY 03

PHYSICIAN _____ DATE

POST ANESTHESIA VISITS

ANESTHESIA RECOVERY COMPLICATED BY THE FOLLOWING PROBLEMS: (IF NONE, SO STATE)

DATE: _____

SIGNED: _____ TIME: _____

MEDCOM - 4640

(THIS FORM IS SUBJECT TO THE PRIVAC ... - AS A CLINICAL RECORD FORM, IT IS COVERED BY DD 220

ANESTHESIA RECORD

Page 1 of 1

ANES. START	IN OR	ANES. END	DATE
2116	2140	2344	10 MAY 03

TOTS	SURG START	DRESSING	OR NO
2145	2155	2330	2L

OPERATION PERFORMED: DRSG Δ I+D LLE

SURGEON(S): (b)(6)-2

PREOPERATIVE

- [x] IDENTIFIED [x] ID BAND [ ] QUESTIONING
- [x] CHART REVIEWED [ ] NPO SINCE
- [ ] PRE-OP MEDICATION:

Drug	Dose	Route	Time

Pre-Anesthetic State:
- [x] CALM
- [ ] APPREHENSIVE
- [ ] AWAKE
- [ ] SEDATE
- [ ] UNRESPONSIVE

MONITORS AND EQUIPMENT

- [x] ANES MACHINE # 1 & EQUIP. CHECKED
- [x] NON-INV B/P
- [x] CONT. EKG
- [ ] ESOPH. STETH.
- [x] PULSE OXIMETER
- [ ] END TIDAL CO2
- [ ] TEMPERATURE
- [ ] WARMING BLANKET
- [ ] AIRWAY HUMIDIFIER
- [ ] N / G TUBE
- [x] IV(s) 20g LFA
- [ ] ARTERIAL LINE
- [ ] CENTRAL LINE
- [ ] SWAN-GANZ
- [ ] FOLEY INSERTED: [ ] O.R. [ ] FLOOR
- [ ] EYE CARE
- [x] PRESSURE POINTS CHECKED / PADDED

- [ ] PNS
- [ ] V LEAD EKG
- [ ] PRECORD STETH.
- [x] O2 ANALYZER
- [ ] MASS SPEC.
- [ ] FLUID WARMER
- [ ] O/G TUBE

ANESTHETIC TECHNIQUE

- [ ] GENERAL
- [ ] REGIONAL
- [x] LOCAL / MAC
- [ ] NERVE BLOCK

INDUCTION

- [ ] PREOXYGENATION
- [ ] RAPID SEQUENCE
- [ ] INTRAVENOUS
- [ ] INHALATION
- [ ] INTRAMUSCULAR
- [ ] RECTAL

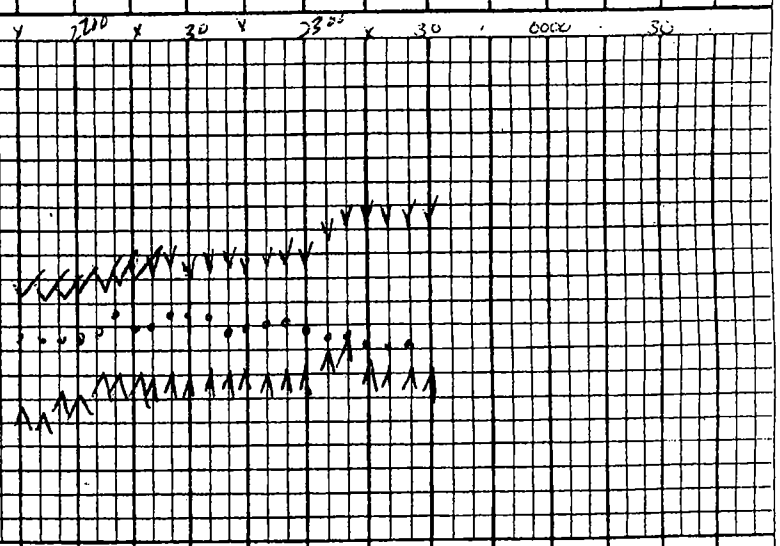
AIRWAY MANAGEMENT

- [ ] INTUBATION
- [ ] DIRECT VISION
- [ ] FIBER OPTIC
- [ ] ATTEMPTS x
- [ ] ETT SIZE
- [ ] STRAIGHT
- [ ] CUFFED ML AIR INJECTED
- [ ] UNCUFFED, LEAKS AT CM H2O
- [ ] ETT SECURED AT CM
- [ ] BREATH SOUNDS
- [ ] AIRWAY [ ] ORAL [ ] NASAL [ ] NATURAL
- [ ] MASK CASE
- [ ] NASAL CANNULA
- [ ] LMA SIZE
- [ ] ORAL
- [ ] BLIND
- [ ] STYLET USED
- [ ] BLADE
- [ ] DOUBLE LUMEN
- [ ] RAE
- [ ] ANODE
- [ ] VIA TRACHEOSTOMY
- [x] SIMPLE O2 MASK

																TOTAL
AGENTS: Versed mg	0.5															2.5 mg
MSO4 mg	10	5	5													20 mg
Propofol mg	50	30	30	20	20	20	50									300 mg
Ketamine mg								100								100 mg
N2O L/min	AIR															
O2 L/min																
FLUIDS: LR							500	600								
Urine																
EBL							100									
MONITORS: EKG	SR	SR	SR	SR	SR	SR	SR	SR								
% O2 Inspired	RA	RA	RA	RA	RA	RA	RA	RA								
O2 Saturation	97	96	96	98	100	98	100	100								
End Tidal CO2																
Temperature																
PNS																
RESP: Tidal Volume																
Resp Rate	16	10	14	16	20	20	12	12								
Peak Pressure																
Symbols for Remarks	SV	SV	SV	SV	SV	SV	SV	SV								
Position	O-1															

TIME: 1730 1900 30 2300 30 0000 30

VITAL SIGNS — PRE-OP VALUES: B/P 101/57; P 88; R 10; SAT 98; H/H



SYMBOLS: X ANESTH; ⊙ OPERAT; V / Λ B/P CU PRESS; ⊥ T ARTER LINE PRESS; ● PULS; C SPONT. OUS R; ASSIS RES; ⊠ CONTRO RES; T TOURNI; F CRYS LOID F; E BLO

RECOVERY

TIME IN PACU	CONDITION		
2340	STABLE		
B/P	PULSE	RESP	O2 SAT
129/89	85	16	100

REMARKS

TEMP

REPORT TO: PARRS:

REMARKS:
- [x] Patient reevaluated. No change from preop plan / evaluation.
- [ ] Significant changes from preop plan / evaluation.

Tourniquet Time:

FLUIDS TOTALS

IN		OUT	
Crystalloid	600	EBL	100
		Urine	
		Gastric	
Blood			

(b)(6)-2 (b)(6)-2 MAJ CRNA

PATIENT'S IDENTIFICATION (b)(6)-4

MEDCOM - 4641

ANESTHESIA RECORD

SUBJECT TO THE PRIVACY ACT OF 1974 - AS A CLINICAL RECORD FORM, IT IS COVERED BY DD 220

Page 1

OPERATION PERFORMED: (L) Tibial

SURGEON(S): (b)(6)-2

ANES. START 0950 | IN OR 0953 | ANES. END 1200 | DATE 5/8/23

TOTS 0956 | SURG START 1012 | DRESSING 1150 | OR NO

PREOPERATIVE

IDENTIFIED ☐ ID BAND ☐ QUESTIONING
CHART REVIEWED ☐ NPO SINCE
PRE-OP MEDICATION

Drug	Dose	Route	Time

Emotional State: ☒ AWAKE ☐ SEDATE ☐ UNRESPONSIVE
CALM
APPREHENSIVE

MONITORS AND EQUIPMENT

ANES. MACHINE # ____ & EQUIP. CHECKED
NON-INV B/P ☐ PNS
CONT EKG ☐ V LEAD EKG
ESOPH STETH ☐ PRECORD STETH.
PULSE OXIMETER ☐ O2 ANALYZER
END TIDAL CO2 ☐ MASS SPEC.
TEMPERATURE
WARMING BLANKET ☐ FLUID WARMER
AIRWAY HUMIDIFIER
N/G TUBE ☐ O/G TUBE
IV (R) Arm
ARTERIAL LINE
CENTRAL LINE
SWAN-GANZ
KEY INSERTED ☐ OR ☐ FLOOR
EYE CARE
PRESSURE POINTS CHECKED / PADDED ☐ ☐

ANESTHETIC TECHNIQUE

GENERAL ☒ LOCAL / MAC
REGIONAL ☐ NERVE BLOCK

INDUCTION

OXYGENATION ☐ INHALATION
RAPID SEQUENCE ☐ INTRAMUSCULAR
INTRAVENOUS ☐ RECTAL

AIRWAY MANAGEMENT

INTUBATION ☐ ORAL ☐ NASAL
DIRECT VISION ☐ BLIND ☐ AWAKE
FIBEROPTIC ☐ STYLET USED
ATTEMPTS # ____ ☐ BLADE
SIZE ____ ☐ DOUBLE LUMEN
DEPTH ____ ☐ RAE ☐ ANODE
CUFFED ____ ML AIR INJECTED
CUFFED, LEAKS AT ____ CM H2O
SECURED AT ____ CM
BREATH SOUNDS
VENTILATION ☐ ORAL ☐ NASAL ☐ NATURAL
TRACHEOSTOMY ☐ VIA TRACHEOSTOMY
NASAL CANNULA ☒ SIMPLE O2 MASK
SIZE @1110 placed nasal Trumpet (R) nare

RECOVERY

PACU 4 | CONDITION
BP 81 | PULSE 94 | RESP 18 | O2 SAT 100% on RA
TEMP
TO PARRS:

FLUIDS TOTALS

IN 1400 | OUT: EBL 200 | Urine 0

| | | |

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

*U.S. GPO: 1992-316-809/60175

NSN 7540-01-165-7294

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

Xray LFt Tib/Fib

(b)(6)-4

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

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

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED

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

Tib/Fib Fx, External Fixiator

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
5 May 03		

RADIOLOGIC REPORT

Comm Fx tib/fib c̄ EF readjusted superior-most component now traverses intact bone of tibial metadiaphysis

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

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

...plained. ... as backup. ...

PATIENT'S SIGNATURE

EVALUATOR(S) SIGNATURE

DATE

SIGNED:

For use of this ...

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only ... list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA CARE UNIT ORDERS		
1	OXYGEN: _____ litres via Mask /Prongs to maintain O2 Sats greater than 94%;		
	Wean to room air.		
2	IVF: LR @ 100 cc/hr, ~~bolus~~ _____ cc x 1		
3	MORPHINE: 2-4 mg IV q 5-10 minutes PRN pain. MAX dose of 15 mg		
4	DEMEROL: 25-50 mg IV q 5-10 minutes PRN pain. MAX dose of 100 mg		
5	ZOFRAN: Give 4 mg IV PRN nausea. May repeat after 10 minutes X 1		
6	DROPERIDOL: 0.625 mg (1/4 cc) OR 1.25 mg (1/2 cc) IV PRN Nausea X 1		
7	REGLAN: Give 10 mg IV PRN nausea X 1		
8	Release from "PACU" when Aldrete score is _____ or greater		
9	Call Anesthesia for any questions or concerns		
10.	Versed 2mg IV for agitation prn. Max dose 4mg.		
	SIGNED (b)(6)-2 [redacted] mas/crna		

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.

ANESTHESIA PREOPERATIVE EVALUATION

PROPOSED OPERATION

PREVIOUS ANESTHESIA / OPERATIONS

☐ NEGATIVE

SURGEON:

MEDICAL RECORD - DOCTOR'S ORDERS

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA CARE UNIT ORDERS		
1	OXYGEN: _____ litres via Mask /Prongs to maintain O2 Sats greater than 94%;		
	Wean to room air.		
2	IVF: LR @ 100 cc/hr, bolus ~~_____ cc~~ X 1		
3	MORPHINE: 2-4 mg IV q 5-10 minutes PRN pain. MAX dose of 20 mg		
4	DEMEROL: 50 mg IV q 5-10 minutes PRN pain. MAX dose of 100 mg		
5	ZOFRAN: Give 4 mg IV PRN nausea. May repeat after 10 minutes X 1		
6	DROPERIDOL: 0.625 mg (1/4 cc) OR 1.25 mg (1/2 cc) IV PRN Nausea X 1		
7	REGLAN: Give 10 mg IV PRN nausea X 1		
8	Release from "PACU" when Aldrete score is _____ or greater		
9	Call Anesthesia for any questions or concerns		
	Versed 2mg IV prn agitation q 30min		
	(b)(6)-2		
	SIGNE [redacted] MD/CRNA		

PATIENT IDENTIFICATION

(b)(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.

MEDICAL RECORD - DOCTOR'S ORDERS

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA CARE UNIT ORDERS		
1	OXYGEN: 2-10 litres via Mask /Prongs to maintain O2 Sats greater than 94%;		
	Wean to room air.		
2	IVF: LR @ 100 cc/hr, bolus _____ cc x 1		
3	MORPHINE: 2-5 mg IV q 5-10 minutes PRN pain. MAX dose of 30 mg		
4	DEMEROL: 12-5 mg IV q 5-10 minutes PRN pain. MAX dose of 75 mg		
5	ZOFRAN: Give 4 mg IV PRN nausea. May repeat after 10 minutes X 1		
6	DROPERIDOL: 0.625 mg (1/4 cc) OR 1.25 mg (1/2 cc) IV PRN Nausea X 1		
7	REGLAN: Give 10 mg IV PRN nausea X 1		
8	Release from "PACU" when Aldrete score is 8 or greater		
9	Call Anesthesia for any questions or concerns		
	SIGNED (b)(6)-2 CRNA		

PATIENT IDENTIFICATION

(b)(6)-4

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.

MEDCOM - 4646

MEDCOM FORM 688 R (TEST)

MEDICAL RECORD - DOCTOR'S ORDERS

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

DIRECTIONS. The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing [illegible] at the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written [illegible] recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	POST ANESTHESIA CARE UNIT ORDERS:		
1	OXYGEN: 3 litres via Mask /Prongs to maintain O2 Sats greater than 94%;		
	Wean to room air.		
2	IVF: _____ @ 75 cc/hr, bolus — cc x 1		
3	MORPHINE: 2 mg IV q 5-10 minutes PRN pain. MAX dose of 10 mg		
4	DEMEROL: 25 mg IV q 5-10 minutes PRN pain. MAX dose of 50 mg		
5	ZOFRAN: Give 4 mg IV PRN nausea. May repeat after 10 minutes X 1		
6	DROPERIDOL: 0.625 mg (1/4 cc) OR 1.25 mg (1/2 cc) IV PRN Nausea X 1		
7	REGLAN: Give 10 mg IV PRN nausea X 1		
8	Release from "PACU" when Aldrete score is _____ or greater		
9	Call Anesthesia for any questions or concerns		
10	Phenergan 25 mg IV PRN N/V may repeat once		
	SIGNED (b)(6)-2 [redacted] MTJ Crnk		

PATIENT IDENTIFICATION (b)(6)-4 [redacted]

Complete the following information on page 1 only. Note any changes on subsequent pages.

Diagnosis: _____

Height: _____ Weight: _____ Diet: _____

Allergies: _____

Nursing Unit	Room No.	Bed No.	Page No.

...ARD FORM 509 BACK (b)(6)-2 ...-77)

CLINICAL RECORD - DOCTOR'S ORDERS

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

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.

...IENT IDENTIFICATION (b)(6)-4

BED #4

...ISING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
03 May 2003	HOURS	
1500	① Admit ICW #3	
	② Dx: (L) tibia fx	
	S/P (R) BKA	
	bilateral posterior thigh wounds	
	③ VS - Q shift	

...IENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
	① NPO	
	HOURS	
	② X-ray (L) tibia/fibula	
	③ Cefazolin 1 gm IV q 8h	
	④ Morphine sulfate II to V mg IV q 1h prn pain	
	⑤ Bed rest	
	⑥ to O.R 03 May 2003 - I:D (L) tibia fx	

...ISING UNIT	ROOM NO.	BED NO.

...IENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER	
04 May 03	HOURS	
1	Admit ICW/VS Routine	
2	Reg diet, supplement calories please	
3	X Ray (L) tibia/fibula	
4	Ancef 1 gm IV q 8hrs	
5	Gentamycin 70 mg IV one dose only	
6	Morphine sulfate 2-5 mg IV q hr prn	
7	Tylenol #3 I-II po q 3h prn	
8	Bedrest	
9	IV ~~DS~~ LR KVO or hep lock	

...ISING UNIT	ROOM NO.	BED NO.

...IENT IDENTIFICATION (b)(6)-4

DATE OF ORDER	TIME OF ORDER	
05 May 2003	HOURS	
1421	① NPO p midnight	
	② to O.R 06 May 2003 wound I:D	

ROOM NO.	BED NO.

(b)(6)-2

~~X~~ 06 May 1430 24 chest/chest

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED (b)(6)-2 (b)(6)-2

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

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

PATIENT IDENTIFICATION

(b)(6)-4

ICW-3

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

00 May 2003

0953 Post On Order,

① VS - Q shift

② Cp as tolerated

③ Regular diet

④ IVF - LR - 150cc/hr

⑤ Δ IV to hep lock AM

NURSING UNIT | ROOM NO | BED NO.

PATIENT IDENTIFICATION

Noted to May 03 1510

(b)(6)-2

DATE OF ORDER	TIME OF ORDER	
	HOURS	

07 May 2003

⑥ Cefazolin ī gm IV q 8h

⑦ Gentamicin 250 mg IV Q 24h x 3 days, then D/C

⑧ Morphine sulfate ī ī to ī mg IV q ī h prepain

⑨ Tylenol #3 ī po q 4h prepain

NURSING UNIT | ROOM NO | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER

(b)(6)-2

07 May 2003

to O.R 08 May wound irrigation NPO p midnight

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS

07 May 2003

X-ray ② tibia / fibula

(b)(6)-2

- 24hr chart check done / 8 May 03 / 0450 hrs

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

DATE OF ORDER | TIME | HOURS | TIME ORDER [illegible] AND SIGN

08 May 2003 Post Op Orders

1212 ✓ ① VS - Q shift

✓ ② Regular diet

✓ ③ Up as tolerated

✓ ④ IVF - LR - 125 cc/hour

✓ ⑤ Δ IV to heparin lock p tolerating liquids

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME | HOURS

✓ ⑥ Cefazolin ī gm IV q 8h

✓ ⑦ Morphine sulfate ii to [illegible] IV q ī h prn pain

✓ ⑧ Tylenol #3 ī po q 4h prn pain

⑨ ~~Lytes B~~ chem 12 this afternoon

✓ ⑩ change proximal thigh dressings Q day and prn

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER | TIME | ORDER | HOURS

(b)(6)-2

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

09 May 2003

2117 ① NO OR 10 May 2003

PATIENT IDENTIFICATION

DATE OF ORDER | TIME | HOURS

(b)(6)-2

② Clear liquids

③ NPO ī 0900 AM 10 May 2003

④ Ambien 10 mg po hs prn sleep

(b)(6)-4

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

Done 10 May 03 0700 [illegible]

(b)(6)-2

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

MEDCOM - 4650

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. ____

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 3	4	5	6
5/3	(b)(6)-2	VS q Shift	D	(b)(6)-2			
			E				
			N	(b)(6)-2			
5/3		NPO	D				
			E				
			N	(b)(6)-2			
5/3		Activity: Bedrest	D				
			E				
			N	(b)(6)-2			
May		VS ROUTINE	D	(b)(6)-2			
			E				
			N				
May		REG DIET SUPPLEMENT CALORIES, PLEASE	D	(b)(6)-2			
			E				
			N				
May		BEDREST	D	(b)(6)-2			
			E				
			N				

D/C May 03

ALLERGIES ☐ YES ☐ NO

PRIMARY DIAGNOSIS: (L) Tibia / fibula fx / s/p (R) BKA Blat Post thigh wounds

ADDITIONAL PAGES ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78 — MEDCOM - 4651 — EDITION OF 1 DEC 77 MAY BE USED

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PE[illegible] (EDICATION)

For use of this form, see AR 4[illegible]; the proponent agency is the Office of The S[illegible] General.

Mo. May 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 6	7	8
6 May 03	(b)(6)-2	VS - Q shift	07	(b)(6)-2		
			15			
			18			
			23			
			23			
6 May 03		Up as tolerated	07			
			07			
			15			
			15			
			22			
			23			
6 May 03		Regular Diet	07			
			07			
			15			
			15			
			23			
			23			
			07			

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

PATIENT IDENTIFICATION

(b)(6)-4

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

DA FORM 4677, 1 OCT 78

EDITION OF 1 DEC 77 MAY BE USED.

USAPA V1.00

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. 05 Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 8	9	10	11
8 May 03	(b)(6)-2	VS – Q shift	07 19 19 07	(b)(6)-2			
8 May 03		Regular diet	07 19 19 07	(b)(6)-2			
8 May 03		Up as tolerated	07 15 15 23 23 07	(b)(6)-2			
8 May 03		Change proximal thigh dressing proximal thigh dressing Q day and prn	10	(b)(6)-2			
09 May		clear liquids	B L D			(b)(6)-2	

ALLERGIES: ☐ YES ☐ NO

unknown

PRIMARY DIAGNOSIS:

(R) BKA, (L) tib-fib fx c̄ ext. fixator

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 05 Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
8 May	(b)(6)-2	Chem 12 this Afternoon	8 May 03	1730	1730	(b)(6)-2
9 May		OR 10 May 2003	10 May			
9 May		NPO @ 0900 AM 10 May 2003	10 May			

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

USAPA V1.00

CLINICAL REC

THERAPEUTIC

For use of this form the proponent agency is the Office of The Surgeon General

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY
5/3	(b)(6)-2	Cefazolin 1 gm IV q 8h
4 MAY		ANCEF 1 gm IV q 8hr
4 MAY		IV HL - KVO on HEPLOCK (HEPLOCKED 4 MAY)

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

HR	DATE DISPENSED 3	4	5	6
10				
18	(b)(6)-2			
22				
08				
16				
24				
D				
E				
N				

DIC 4 MAY 03

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: 6 Tibial fx, S/P @BKA, Bilat Post. thigh wounds

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 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATI[illegible] CARE PLAN (MEDICATIONS)	Mo. MAY Yr. 03			
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
4 MAY	(b)(6)-2	GENTAMYCIN 70 mg IV ONE DOSE ONLY	4 MAY			

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED															
5/3	(b)(6)-2	Morphine ṫ to v̄ mg IV q ṫhr pro pain	4 mg 1910 5 mg IV CR	D/C 4 MAY 03 [illegible]														
4 MAY 03		MORPHINE SULFATE 2.5 mg IV q HR PRN	D T AMT INT															
4 MAY		TYLENOL #3 ṫ, ṫṫ PO q 3 hr PRN	5 mg 4 ṫṫ 0730 PC	5 mg 4 ṫṫ 1345 PC	5 mg 4 ṫṫ [illegible]	4 mg 4 ṫṫ 1255 PC												

MEDCOM - 4656

...MENTATION CARE PLAN (NON-MEDICATION) Mo. ___ Yr. ___
...form see AR 40-407, ... of The Surgeon General.
...IAL PROPER COLUMN FOLLOWING EACH COMPLETION
DATE COMPLETED

			5/3	MSAP	2300
3May	fy	Dx: (L) tibia fx, s/p (R) BKA	5/3		2300
	fy	bilateral posterior thigh wounds	5/3		2300
3May	fy	X-ray (L) Tib/Fib	5/3	MSAP	done
3May	fy	OR 03May03 / I&D (L) Tib fx	5/3	DONE 4MAY	
4MAY	fy	POST-OP - ADMIT ICW	4MAY	1845	—
4MAY	fy	X-RAY (R) TIBIA/FIBULA	4MAY	done	—

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

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. May Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 6	7	8
6 May 03	(b)(6)-2	IVF - LR 150 cc/hr	07 14	(b)(6)-2		
		Δ IV to heplock	19 07			
		Am (7 May 03)	/			
			/			
6 May 03		Cefazolin 1 gm IV	08	(b)(6)-2		
		q 8 h	16			
			24			
			/			
6 May 03		Gentamicin 250 mg	16	(b)(6)-2		
	-----	IV @ 24 h				
	-----	x 3 days then				
	-----	DC				

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

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
	23	24	01	02	03	04	05	06

MEDCOM - 4658

CLINICAL REC[illegible] TH[illegible]APEUTIC DOCUMENTATIO[illegible]RE PLAN [illegible]EDICATIONS)

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

Mo. MAY 03

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 8	9	10	11
8 May 03	(b)(6)-2	IVF - LR 125cc/hour	07	(b)(6)-2			
		Δ IV to heparin lock	15				
		P tolerating liquids	23	(b)(6)-2			
8 May		Cefazolin - gm	06				
		IV 8h	14				
9 May	(b)(6)-2	Colace 100 mg PO BID	22				
			10				
10 May		LR @ 125 cc/hr	22				
			D				
			E				
			N				

ALLERGIES: ☐ YES ☐ NO

unknown

PRIMARY DIAGNOSIS: (R) BKA, (L) ext. fixator to tib-fix fx

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 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THE EUTIC DOCUMENTATION CARE P (MEDICATIONS)				Mo. May 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED			
8 May	(b)(6)-2	Morphine Sulfate ÷ to V mg IV q ÷ prn pain	8 May 0115 [illegible]	9 May 1700 [illegible] 70	11 May 1250 5 mg [illegible]	11 May 1250 2 mg [illegible]
8 May	(b)(6)-2	Tylenol #3 ÷ po q 4h prn pain	8 May 2000 [illegible]	9 May 1715 [illegible] 70	10 May 1310 [illegible]	11 May [illegible]
9 May		Ambien 10mg PO HS PRN sleep				11 May 0000 [illegible]
9 May		Dolculax 10-20mg PO HS PRN constipation	10 May 1030 10mg [illegible]			

(b)(6)-4

7-05

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF: 1 2 3 4 5 6 (b)(3)-1
2. MTF LOCATION (State or Country Code): 7 8
3. REGISTER NUMBER: 9 10 11 12 13 14 15 (b)(6)-4
NAME (Last, First, Middle Initial) (b)(6)-4 (b)(6)-4
4. PAY GRADE: 16 17
5. SEX: 18 M
6. DATE OF BIRTH (Y Y Y M M D D): 19 20 21 22 23 24 25 26
7. AGE AT ADMISSION: 27 28 29
8. RACE: 30 X Gaga
9. ETHNIC BACK-GROUND: 31 9
RELIGION
10. LENGTH OF SERVICE: 32 33 34
ETS
11. FMP: 35 36 9 9
12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45 (b)(6)-4
ORGANIZATION (Active Duty Only)
13. MARITAL STATUS: 46 Z
HOUR OF ADMISSION: 1600
BRANCH / CORPS: ABAA
14. FLYING STATUS: 47 48 49
15. BENEFICIARY CATEGORY: 50 51 52 K 9 1 OK 78
16. ZIP CODE OF RESIDENCE: 53 54 55 56 57 58 59 60 61 0 9 3 3 0 0 0 0 0
17. UNIT LOCATION (State or Country Code): 62 63
18. MOS: 64 65 66 67 68 69 70
19. TRAUMA: 71 INJ
PREV. ADMISSION: YEAR ☐ NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 1 Direct
WARD: ICW3
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME (b)(3)-1
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
21. TYPE OF DISPOSITION: 73 74 2 6 TRANS
22. MTF TRANSFERRED TO: 75 76 77 78 79 80 (b)(3)-1
23. DATE OF DISPOSITION (Y Y M M D D): 81 82 83 84 85 86 2 0 0 3 0 5 2 0
24. CLINIC SVC - ADMITTING: 87 88 89 90 A B A A
25. MTF TRANSFERRED FROM: 91 92 93 94 95 96
26. DATE THIS ADMISSION (Y Y M M D D): 97 98 99 100 101 102 2 0 0 3 0 5 0 3
27. LOCATION OF OCCURRENCE (Battle Casualty Only): 103 104 I Z
28. MTF OF INITIAL ADMISSION: 105 106 107 108 109 110
29. DATE INITIAL ADMISSION (Y Y M M D D): 111 112 113 114 115 116

FOR LOCAL USE

BKA

DX: 8971
7070
8249
8901
E9889

Px: 8622
7966
7847

Trauma 9 Inj 999

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

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 4661

7-055

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF (1–6): (b)(3)-1
2. MTF LOCATION (7–8) (State or Country Code)
3. REGISTER NUMBER (9–15): (b)(6)-4
NAME: (b)(6)-4
4. PAY GRADE (16–17)
5. SEX (18)
6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26)
7. AGE AT ADMISSION (27–29)
8. RACE (30): [illegible]
9. ETHNIC BACKGROUND (31)
RELIGION
10. LENGTH OF SERVICE (32–34)
ETS
11. FMP (35–36): G G
12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4
ORGANIZATION (Active Duty Only)
13. MARITAL STATUS (46)
HOUR OF ADMISSION: 1600
BRANCH / CORPS: AGAA
14. FLYING STATUS (47–49)
15. BENEFICIARY CATEGORY (50–52)
16. ZIP CODE OF RESIDENCE (53–61)
17. UNIT LOCATION (State or Country Code) (62–63)
18. MOS (64–70)
19. TRAUMA (71): INJ
PREV. ADMISSION: YEAR ☐ NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): Direct
WARD: ICW3
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NA (b)(3)-1
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
21. TYPE OF DISPOSITION (73–74): TRANS
22. MTF TRANSFERRED TO (75–80)
23. DATE OF DISPOSITION (Y Y M M D D) (81–86): 0 3 0 5 2 0
24. CLINIC SVC - ADMITTING (87–90): A B A A
25. MTF TRANSFERRED FROM (91–96)
26. DATE THIS ADMISSION (Y Y M M D D) (97–102): 0 3 0 5 0 3
27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104)
28. MTF OF INITIAL ADMISSION (105–110)
29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116)

FOR LOCAL USE

BKA

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

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

INPATIENT 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	ADMISSION REMARKS
4. SEX M	5. AGE	6. RACE IRAQI	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
11. FMP 99	12. SSN (b)(6)-4		13. ORGANIZATION			14. WARD ICW2
15. FLYING STATUS NO	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct	22. HOURS OF ADMISSION: 1230	23. CLINIC SERVICE: ABBA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION: TRANS	26. DATE OF DISPOSITION: 11MAY03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION: 3MAY03	ADMITTING OFFICER
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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Head, facial, chest, & left arm burns, old with contractures 941.0
943.0
942.0

Proc
0

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
8	8			8	8

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

SIGNATURE OF ATTENDING MEDICAL OFFICER (b)(6)-2

SIGNATURE OF P (b)(6)-2

INPATIENT 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 (b)(6)-4			3. GRADE	ADMISSION REMARKS
4. SEX 5. AGE M 99	6. RACE IRAQI	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
	11. SSN (b)(6)-4		13. ORGANIZATION		14. WARD ICW2
15. FLYING STATUS NO	16. RATING DSG	17. DEPT./BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE INJ
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct			22. HOURS OF ADMISSION 1230	23. CLINIC SERVICE ABAA	
24. NAME RELATIONSHIP OF EMERGENCY ADDRESSEE		25. TYPE DISPOSITION		26. DATE OF DISPOSITION 11MAY03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)		27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION 3MAY03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1				30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD COMPONENT TRANSFER

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

Head, facial, chest, & left arm burns, old with contractures 941.0
943.0
942.0

Proc
0

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
8	8			8	8

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

SIGNATURE (b)(6)-2 SIGNATURE OF P (b)(6)-2

DA FORM 3647, MAY 79 MEDCOM - 4664

From [b)(6)-2 @hotmail.com]
Sent: Tuesday, April 22, 2003 4:09 PM
To: [b)(6)-2 @yahoo.com; [b)(6)-2 @earthlink.net; [b)(6)-2 MAJ; [b)(6)-2 @hotmail.com; [b)(6)-2 @hotmail.com
Cc: [b)(6)-2 @halliburton.com; [b)(6)-2 @state.gov; [b)(6)-2 @state.gov; [b)(6)-2 @state.gov
Subject: Re: Burned Baby Boy

[b)(6)-2

In addition to the humanitarian concerns in arranging badly needed treatment for this child, this is the type of case that can do wonders for public relations by reversing some on the negative publicity we have been receiving. However, I do not know if there is a simple solution. A regional solution should seriously be explored, However, if the USA is the final option that is decided upon, it probably is doable, but it will be a struggle to get all of the necessary documents/permissions in order.

First, the King Hussein Medical Unit has one of the best burn units in the Middle East. It is located in Amman, Jordan. I know that it treats burn victims from around the region. Currently, the Iraqi border with Jordan is closed, but I know from having worked in Jordan in the consular section from December 2002 through the beginning of the war in March 2003, that the Jordanian government is willing to work with the USG for special cases. The question would be whether the Shriners or other philantropic organization would cover costs in Jordan - they would be much less than in the USA. The Jordanians would ask for some type of guarantee that the family would depart Jordan following treatment.

Second, I assume from your comments that the Shriners would be willing to cover medical expenses if the family made it to the USA. However, it is not clear how the family would pay for travel to the USA and also for living expenses.

HAVE MEDICAL, TRAVEL AND LIVING EXPENSES DEFINITELY BEEN GUARANTEED?

ALSO, IS THE CHILD IN SUFFICIENT CONDITION TO UNDERGO A VERY LONG DAY OF TRAVELING ON A REGULAR AIRPLANE TO GET TO THE USA OR WOULD THERE HAVE TO BE A SPECIAL MEDEVAC FLIGHT?

There is no US visa processing from within Iraq. Therefore, the family would need to travel to a third country to start the visa processing. (There is a process for a parole - entry without a visa - but that entails a lot of red tape and several agencies. It is a possible, but not easy, operation to complete.) For visa processing, the parents would need to complete forms, pay the application fees and submit proof regarding the diagnosis and the arrangements for treatment and payment in the USA. The visa process cannot be preempted, done in abstentia or completed overnight. Even with special attention, the process could take several days if not more than a week to complete. The USG has imposed special visa processing requirements for all Iraqi adults. I know that this is a special case that requires immediate attention, but the necessary clearances would still have to be arranged from Washington - the clearance process includes a number of different agencies, it is not just the Department of State. There may also be the need for a passport waiver depending on the passport issue.

IF THIS FAMILY NEEDS TO GO TO A NEARBY COUNTRY TO DO THE VISA PROCESSING, WOULD IT NOT MAKE SENSE TO HAVE THEM SEEK AT LEAST THE INITIAL COURSE OF TREATMENT WITHIN THE MIDDLE EAST?

In short, I agree with your initial assessment that it might be prudent to further investigate treatment in the region before deciding that the USA is the answer. In any case, as you have already indicated in your e-mail, additional data is needed to determine the proper course of action. I have restated some of your initial questions above and also added a few. Let me know if you need something more. The additional addressees are people in the US Embassies in Amman and Kuwait City. [redacted] (b)(6)-2

FYI, the USG has decided not to accept any Iraqi passports issued after March 19 for travel to the USA in that as of that date the USG does not believe that there was a recognized government inside Iraq. The unclassified cable on that topic is State 100462. There is a procedure, however, for an Iraqi with a passport issued after March 19 to get permission to travel to the USA - passport waiver and a special advisory opinion - but that lengthens the time involved in the processing. An April 22 meeting in the Kuwaiti Foreign Ministry indicated that Kuwait has made a similar decision.

>From: (b)(6)-2
>To: (b)(6)-2
>CC: "(b)(6)-2
>Subject: Burned Baby Boy
>Date: Tue, 22 Apr 2003 04:43:44 -0700 (PDT)
>
>Through (b)(6)-2 of KBR, I have learned of the
>case of an infant boy in or near Talil, Iraq who was
>badly burned four months ago. The mother claims that
>the baby was burned by hot oil from a lamp that fell
>over during an American air strike.
>
>According to the Army physician on the scene, the baby
>needs proper medical care urgently. I understand from
(b)(6)-2 that the Shriners in the U.S. have been
>informed about this case and would like to help.
>
>I have no idea whether it will be possible to do
>something for this child, but it is worth trying. It
>seems to me that we need to start with the following:
>
>Major (b)(6)-2, (b)(3)-1 -- We will need the
>names of the child as well as of the mother and
>father. Is a medical diagnosis available? Where is
>the family now? What exactly are the Shriners
>prepared to do for the baby? Is care in the U.S.
>necessary? If adequate care could be given in this
>region, it might be simpler.
>
>Major (b)(6)-2 (b)(3)-1 -- I mentioned this case
>to General (b)(6)-2 when I called him to say goodbye. Do
>you have any advice on possible medevac procedures?
>
(b)(6)-2 -- As a consular officer, perhaps you
>could advise on how difficult it would be to send an
>Iraqi family to the U.S. in current circumstances.

>
(b)(6)-2 -- Since you will be here in Kuwait until
>next week, I would like to ask you to be the ORHA
>point of contact for action on this case.
>
>Dr. (b)(6)-2 t -- Do you think that the medical NGO with
>which we spoke yesterday might want to help in this
>case? I think you have their contact info.
>
>Everyone should include (b)(6)-2 on e-mails about this
>case. I would welcome any ideas on how to deal with
>this case.
>
>I attach the photos that I received. It is a sad
>case.
>
>(b)(6)-2
>Ambassador (ret.)
>Coordinator for Humanitarian Assistance
>(b)(3)-1
>
>
>
>Do you Yahoo!?
>The New Yahoo! Search - Faster. Easier. Bingo
>http://search.yahoo.com
><< Burnedchild1.jpg >>
><< Burnedchild2.jpg >>
><< Burnedchild3.jpg >>

MSN 8 with e-mail virus protection service: 2 months FREE*

(b)(6)-2 **TSgt 407 AEG/CP**

From: (b)(6)-2 TSgt (b)(6)-2
Sent: Wednesday, April 23, 2003 4:34 AM
To: (b)(6)-2 @jrms.gov.jo'
Cc: (b)(6)-2 @webtv.net'
Subject: Burned baby from U.S. Troops stationed in Iraq near An Nasiria

Importance: High

To whom it may concern:

Atttached are photos of a 5 month old child that was burned approximately 4 months ago. We are desperately seeking advanced burn care and reconstructive surgery for this little boy. Medical services available in Iraq are non-existent for this type of severe burn. Without medical attention we are afraid this child will lose eye sight in the left eye because the eyelid is contracted, the right eye status is unknown. If a plastic surgeon could review these photos to see if your hospital could provide any help would greatly be appreciated. The attending U.S. Medical Doctor is COL (b)(6)-2 (b)(6)-2 M.D. from the (b)(3)-1 . Please respond to this email at the following address: (b)(6)-2 @9 (b)(3)-1 army.mil. Our U.S. Military phone number here in Iraq is 300-573- (b)(3)-1 (This is a DSN number not commercial) . Any help you could offer would be greatly appreciated!

Sincerely,
COL (b)(6)-2 M.D.

IMGP0064.JPG

IMGP0065.JPG

IMGP0066.JPG

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES

3 May 03 H&P

5 1/2 mo old ♀ 4 1/2 mo old extensive facial burn. Trying to arrange burn center care.

PMH (b)(6)-2

UCHD ō

All ō

Meds ō

PE Severe facial burn, old

Chest clear ♀ ant upper chest burn & ⓒ shoulder

Heart faint RR

Abd soft Ext: intact

Plan: Admit for admin purposes

(b)(6)-2 MD

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

(b)(6)-4

PROGRESS NOTES
Medical Record

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
3 May 03 @ 1445	- nsg note: Pt arrived on ward in NAD. VSS. Burn to face, head, and upper torso. W → D dsg Δ c̄ NS performed. Pt tol well. ⊕ PO intake - breastfeeding. ⊕ UO (x1 diaper). Parents @ bedside. Eye drops ordered QH for moisturizing. Explained to parents - parents verbalized understanding. Poss air evac in AM for tx to American Hospital. Pt sleeping @ this time. LSCTA, HR-NSR, ⊕ BS. ⊖ diff breathing, retractions, SOB, hoarseness noted. Will continue to monitor. (b)(6)-2 [redacted] T/AN
3 May 03 2002	Nursing Note: Pt VSS. Pt breastfeeding s̄ difficulty. DRSG to ~~scalp~~ scalp c̄ minimal yellow drainage and a small amount of serous drainage. Parents continue to provide care for infant. Provided parents c̄ clothes & a rattle. No distress noted @ present. Continue to remind parents q hour to place eye drops. (b)(6)-2 [redacted] CAT/AN
4 May 03 @ 0120	Pt resting quietly c̄ no sign of resp distress noted. afebrile. parents @ bedside. Will continue eye drops QH throughout night per MD order. Will allow parents opportunity to rest + provide emotional support. Language barrier present. LSCTA, heart RRR, + BS ~~no other sign~~ Sm VI Dressing to scalp s̄ drainage at this time. Will cont to monitor. (b)(6)-2 [redacted] T/A

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
(b)(6)-4 [redacted]		

PROGRESS NOTES
Medical Record

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

DATE	NOTES
4MAY03 @ 1410	- nsg note: VSS - afebrile. W/D dsg Δ c̄ NS. Pt tol well. Pt premed c̄ 100mg Childrens Tylenol. Face & head c̄ granulation. Int'l Red Cross to coordinate for possible evac to United States. Awaiting finalization on plans for pt. Parents @ bedside. Tol PO diet well. θ sig Δs. Pt resting quietly t/o day. [redacted] AN
5MAY03 0400	PT SLEEPING COMFORTABLY AND HAS BEEN ALL SHIFT. [redacted] SPC/LPN
5MAY03 @ 1400	- NSG NOTE: VSS - AFEBRILE. W/D DSG APPLIED TO HEAD c̄ NS. ⊕ GRANULATION NOTED. PT TOL PROC. WELL. LSCTA, ⊕ BS, HR-NSR. θ S/SX DIFF. BREATHING NOTED. PT TOL BREASTMILK WELL. ⊕ UO, ⊕ BM t/o SHIFT. θ OTHER SIG Δs. MOTHER @ BEDSIDE. FATHER TO RTN LATER TODAY. [redacted] AN
6MAY03 0600	PT SLEPT FITFULLY THROUGH NIGHT. MOTHER AT BED SIDE, FED AND COMFORTED PT. [redacted] SPC/LPN.
6MAY03 @ 1020	: nsg note. W/D dsg Δ completed c̄ NS. Head red c̄ granulation. ⊕ PO intake, ⊕ UO, ⊕ BM. MD in to see pt. AWAITING SPONSOR for parents to go to US to have operation for pt. θ further news at this time. Will continue to monitor. [redacted] AN
6 May 03 1909	Nursing Note: W/D drsg completed pt tolerated well site to scalp s̄ s/s of infection. Pt Alert & cooing / responding to sound. Pt breastfeeding s̄ difficulty. Pt's mother states the baby will not sleep @ present. Will continue to monitor. [redacted] CAT/AN
6 May 03 2100	Nursing Note: Noted pt @ eye weeping & small amount of yellow d/c. Noredness noted @ present pt VSS. Will continue to monitor. [redacted] CAT/
7MAY03 0600	PT SLEPT THROUGH NIGHT. MOTHER WOKE ONCE TO FEED. DRSG C/D/I. [redacted] SPC/LPN

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MEDICAL RECORD	PROGRESS NOTES

DATE	NOTES
7 MAY 03 1200 WS	VSS Has been resting c̄ minimal crying. Mom has been doing all care except Drsg. changes. No resp. distress/difficulties noted. Mom is greatful for care, has no questions/complaints. Will continue to assess/Monitor [redacted] SSG CPN
7 May 03 2035	Pt Alert wetting diaper x 2. Breast feeding c̄ ~~diff~~ difficulty. Wound to scalp c̄ s/s of infection W ⇒ D drsg completed. Noted parents giving pt medicine. ~~Pt~~ Parents communicated drops for gas. No distress noted @ present. Will continue to monitor. [redacted] CPT/BN
8 MAY 03 0600	PT AWOKE x 3 DURRING SHIFT. MOTHER AT BEDSIDE
DRSG C/D/I	FED AND COMFORTED. [redacted] SPC/LPN
8 May 03	Dr [redacted] wife & community in US to raise funds. Then family can go to Kuwait for visa application & hence to Duke Univ. via Air Force
	[redacted]

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO.	WARD NO.

[redacted]

PROGRESS NOTES
Medical Record

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

DATE	NOTES
8 MAY 03 @0800hrs	Nursing: VSS, Drsg change done c̄ W-D Kerlex drsg. Tan drainage noted on old drsg. WD/Tissue Red. c̄ small amount of bleeding noted p̄ Drsg removal, stopped c̄ clean drsg and light pressure. Mom assist c̄ Drsg change. Eyes remain open when sleeping (contractures/swelling) Lung clear, Heart regular, rate/36. Active Bowel sounds throughout. Peripheral pulses palpable, cap refill brisk. No complication noted, will continue to assess/monitor. [redacted] JSG CPT
8 May 03 2130	Nursing Note: Pt sleeping upon arrival to shift. Continue to remind ~~pt~~ parents of eye drops Q 1 hr. Yellow discharge noted on (R) eye lid p̄ awaking which mother cleaned. DRSG to scalp c̄ small amount nickel size yellow drainage noted on left side of head. When drsg changed yellow dry crusted discharge noted along edges of wound. Pt tolerated dressing Δ well. Mother wanted to put cotton on wound instructed mother to only use the sterile supplies to clean around wounds & she verbalized understanding. Pt seemed a little fussy before falling asleep. VSS. No distress noted @ present. [redacted] CPT/AN
8 May 03 @ 2340	pt resting quietly ~~VSS~~ on VSS. parents @ bedside. pt NAD. LSCTA, heart RRR, resp equal + even. will cont to monitor [redacted] 2T/AN
9 May 03 @ 0250	~~bo~~ enl pt awake + breastfeeding. Drsg completed to head wet to dry. Small amt of brownish drainage noted to old dressing. (+) Red granulation tissue present. Ø odor noted. Eye drops administered Q 1 H to allow mother to rest. Drsg change teaching reinforced. mother assisted. Sterile technique used. pt tolerated procedure well. NAD. will continue to monitor. [redacted] 2T/AN
9/May	Fund-raising being initiated. Granulation tissue creamy c̄ odor [redacted]

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STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
9 May 03 @	1015 - nsg note: Dsg to head Δ'd W/D c̄ sterile H_2O. Mother assisted & performed dsg Δ c̄ staff observation. Head red c̄ granulation. Some milky colored drainage noted on dsg upon removal. MD notified. ⊖ Δ's to current regime made. VSS - afebrile. Mother @ bedside. Pt tol PO diet (breastmilk) well. ⊕ UO, ⊕ BM. ⊖ other sig Δ's. Awaiting funds to transfer family to U.S. Will continue to monitor. (b)(6)-2 CPT/RN
9 May 03 1730	Nursing Note: A yellowish drainage noted on dressing a small amount of on ⓛ side. Wound to scalp c̄ foul odor noted. ⓡ eyelid appeared unusually dry. Reinforced the ~~importance of~~ importance of the eye drops q 1 hr c̄ Mother even when baby is sleeping regardless if the baby is a little fussy. Mother verbalized understanding. No other changes noted. Will continue to monitor. (b)(6)-2 CPT/RN
10 MAY 03	0630 PT ⓡ EYE WAS DRY AND FILMED OVER AT SHIFT Δ (2300), IT LOOKS MUCH BETTER THIS AM (PINK & MOIST). (b)(6)-2 SPC/LPN
10 MAY 03 1200	Nsg Entry VS stable Afebrile (98.7) 32, 132 Dsg changed to head. Bleeding at the site when taking the Dsg off. Small amount of Drainage at the site. M.D notified. PHYSICIAN ordered Silvadene c̄ dressy changes (b)(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NO. (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

REGISTER NO. | WARD NO.

(b)(6)-4

PROGRESS NOTES
Medical Record

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

DATE	NOTES
10 May 03	Multiple hospital staff & others working on arrangements for reconstructive surgery
	(b)(6)-2
10 MAY 03 07 – 1500	Nsg Entry Mother at bedside nursing baby. No other problems ≡ the infant → (b)(6)-2 MAJAN
10 May 03 2230	Nursing Note: VSS. DRSG Δ c̄ Silverdine. Wound site s̄ s/s of infection. (R) UO x 3. tolerating Breastfeeding well. No changes today. (R) eyelid not as dry today No distress @ present. → (b)(6)-2 CAL/AN
11 MAY 03 1400	Nsg Entry Drsg changed to head No bleeding at the site. Baby didn't cry when changing the drsg. Wound site small trace of drainage. No odor detected. Mother at bedside breastfeeding infant s̄ any problems. (R) eyelid healing slowly → (b)(6)-2 MAJAN

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STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
11 May 03 1730	Humanitarian organization (Operation Blessing) taking child to Basra for plastic surgery

(b)(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																
POST- DAY																
MONTH-YEAR	DAY	3 MAY 03		4 may		4 may		5 MAY 03		6 May 03		6	7			
19	HOUR	14	1600	· ·	3	· ·	2300	1400	· ·	1400	1950	2300	1400	1900	2300	
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		46	49	36	45	36	38	38	32	36		34	36	40	32	
BLOOD PRESSURE			98/51							94/48			132	97/59		
	HR		133	126	128	124	130	128	126	140		136	[illegible]	147	128	
	T		97.3	97.0	98.5	98	97.9	98.5	98.6	99.2	98.4	98.9	98	98.2	98.0	
HEIGHT:	WEIGHT →															

(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)*

(b)(6)-4

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

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY																	
POST-	DAY																
MONTH-YEAR	DAY	8MAY03		9MAY				10MAY03									
19	HOUR	0800	2000	23	08	1600			1600								
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	Resp	40	42	38	28	32	30	32	36								
BLOOD PRESSURE			100/59	/	/	102/41											
	Pulse	136	112	134	120	136	132	132	136								
	Temp	98'	98.0	98.4	97.1 (AX)	97.9	97.8	97.7	98.7								
HEIGHT:	WEIGHT →																

(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.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)-4		HOURS	
	3 May 03	100 mg liquid Tylenol c̄ dress changes VO from Dr Wiebel and CPT [redacted] (b)(6)-2	noted 3 May 03 @ 1445
		3 mg 1420 ch	(b)(6)-2
NURSING UNIT / ROOM NO. / BED NO.		24 Chart check completed @ 1 CW 2 OT 30 5 May 03 VJ	

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)-4	10 May 03	HOURS	(b)(6)-2
	Silvadene c̄ dressing changes	(b)(6)-2	10 MAY 03 1455
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 REPLA MEDCOM - 4679 CH 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	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
3 May 03	HOURS	noted
Please provide food & "bed" [redacted] pt. & family		
Routine VS		
Artificial tears q h (may give bottle to parents)		

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS
Lacrilube ophthalmic oint OU q hs	

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
3 May	HOURS
Get photo's of baby with head dressing off. Use digital camera & give to Major (b)(6)-2 (in TOC)	

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER	TIME OF ORDER
	HOURS
3 May	
Wet-to-dry dressings to head tid	

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

3 May 03 1445

(b)(6)-2

DA FORM 1 APR 79 4256 REPLAC MEDCOM - 4680 CH MAY BE USED.

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 3	4	5	6	7	8	9	10	11	12	13	14	15	16
3 MAY 03	(b)(6)-2	Please provide food & bed for pt & family	07 15 23	(b)(6)-2													
3 MAY 03	(b)(6)-2	Routine VS	07 15 23	(b)(6)-2													
3 MAY 03	(b)(6)-2	Artificial tears q hr (may give bottle to parents)															
3 MAY 03	(b)(6)-2	Wet-to-dry dressing to head tid		(b)(6)-2													
3 MAY 03	(b)(6)-2	Lacri lube ophthalmic ont OU q hs	21	(b)(6)-2													
8 May 03	(b)(6)-2	Wet → dry dressing to head TID	02 10 18														
8 May 03	(b)(6)-2	Wet → dry dressing to head TID	02 10 18	(b)(6)-2													

See below

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

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 MAY Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
3MAY03	(b)(6)-2	Get photo's of baby c̄ head dressing off. Use digital camera & give to Major (b)(6)-2 (in TOC)	3MAY03	Done at 1750		(b)(6)-2

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

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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. MAY Yr. 03

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 3	4	5	6	7	8	9	10	11	12	13	14	15	16
3 MAY 03	(b)(6)-2	Artificial tears gtt (may give bottle to parents)	06														
	.....		07														
	.....		08														
	.....		09														
	.....		10														
	.....		11														
	.....		12														
	.....		13														
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	.....		24														
	.....		01														
	.....		02														
	.....		03														
	.....		04														
	.....		05														
10 MAY 03	(b)(6)-2	Silvadene & dressing changes	12	X	X	X	X	X	X	X	X						
	.....		10	X	X	X	X	X	X	X	X						
	.....		18	X	X	X	X	X	X	X	X						

(b)(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

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

Verify by Initialing	THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)	Mo._____ Yr. _____

Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED													
~~1888~~ 3MAY03	(b)(6)-2	~~Tylenol elixer~~ : age error														
.....	.....	appropriate dose														
3 May03	(b)(6)-2	100mg liquid Tylenol	4MAY03 @ 0900 100mg PO													
.....	.....	c̄ dsg Δ's	(b)(6)-2													
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															
.....	.....															

USAPA V1.00

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)
1 2 3 4 5 6 7 8	
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4	16 17	18
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29			
2 0 0 3 0 1 0 1	0 5 M	X I	9	

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	(b)(6)-4
		9 9	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1230	
	Z		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE (USA)
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
	K 9 1	0 9 3 3 0 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
		INJ	☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72		
1 Direct	ICW 2	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 (Y Y Y Y M M D D)
73 74	75 76 77 78 79 80	81 82 83 84 85 86 87 88
2 6	C I 2	2 0 0 3 0 5 1 1

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y Y Y M M D D)
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 5 0 3

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

FOR LOCAL USE

facial Burns DX: 94110 94212 94214 94800 E9240 E8490

Trauma 9 Inj 769

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

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. LOCATION (State or Country Code.)
1 2 3 4 5 6	7 8
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15	(b)(6)-4 (b)(6)-4	16 17	18
(b)(6)-4			M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
		I		

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		9 9	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1230	

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

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

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 D Direct	ICW2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY 86TH CSH LSA ADDER, IRAQ		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y Y Y M M D D)
73 74 TRANS	75 76 77 78 79 80	81 82 83 84 85 86 87 88
		2 0 0 3 0 5 1 1

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y Y Y M M D D)
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 5 0 3

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

FOR LOCAL USE

Facial Burns

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