TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
	ET Intubation		☐ Oral ☐ Nasal Teeth		☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR
	Gastric Tube		☐ Oral ☐ Nasal		☐ Air ☐ Contents ☐ Verified_____ Suction: Y N
0115	Urinary	16F	☐ Meatus ☐ Supra-Public	SGT [redacted]	☐ Return_____cc ☐ Heme Dip: + - ☐ Secured
	DPL		☐ Opened ☐ Closed		☐ Grossly: + - Cell count Sent@_____
	Chest Tube #1		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	Chest Tube #2		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	12 Lead	Rhythm:		Comments	

ABG SITE	TIME	$\%O_2$	pH	BE	pCO_2	PO_2	O_2 Sat	HCO_3
1)								
2)								

LABS

TIME	LABS		
	☐ D-stick_____	☐ SHct_____	
	☐ D-stick_____	☐ SHct_____	
	☑ CBC	☑ Chem	☐ PT/PTT
	☐ ETOH	☑ T&S	☐ T&C x_____
	☐ Tox Screen		
	☑ UA	☐ HCG	
	☐ OTHER		
	☐ OTHER		

X-RAYS

TIME	LABS
	☑ Chest Initial
	☑ Chest Post ET
	☑ Chest Post CT
	☐ C-Spine
	☐ Pelvis
	☑ (R) Humerus
	☐ (L) Arm
	☑ Cranial

TIME	PROCEDURE	ACCOMPANED BY	RETURN
	CT Scan: ☐ Contrast		
	☐ Head ☐ Abd ☐ Pelvis		
	☐ C-Spine ☐ T/L Spine ☒ Chest		
	☐ (L) Hand / (R) Hand / (L) Foot / (R) Foot		
	A-Gram Site:		

IV ACCESS & FLUIDS

TIME	#	GA	IAW	SOP	SITE	IVF TYPE	AMT UP	AMT IN
0117	1	18	Y	N	ESR			
0133	1	18	Y	N	ESL			
			Y	N				
			Y	N				

MEDICATIONS

MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Ancef 1gm	0109	1g							
Tet 0.5	0107	0.5							
Morph IV	0109	5mg							

BLOOD PRODUCTS

START	#	TYPE	UNIT#	AMT UP	AMT IN	END	INIT

LAB RESULTS

CBC:

12.7
17.4 — 385
35.8

Chem: P7/P77 - 12.8/29.6

129	102	15
3.7	20	1.3

124

Foley/UA - no Blood - 1-5 RBC LFT - WNL

INTAKE & OUTPUT

INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL

TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]			
Surgeon	[redacted]	b(6)-2		
Anesth				
X-Ray				
RT				
Ortho	[redacted]	b(6)-2		
Neuro				
Chaplain				

VALUABLES & CLOTHING

V	STATUS	C
	None Found	
	Given to Patient	
	Given to Family	
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696	
	Other: See Nursing Notes	

DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____

Accompanied By _____

☐ Stretcher ☐ Wheelchair

VITAL SIGNS

~~Rectal Temp:~~ Oral 98.9

GCS:

TIME	BP	HR	RHY	RR	SAO_2	FIO_2	MODE	E	V	M	T
0104	139/63	85									
0116	82/39	58									
0130	124/71	106									
0134	139/72	106									
0140	Nasal Cannula 3 liters.										
145	133/69	113									
	/										
	/										
	/										
	/										
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	/										

GLASGOW COMA SCALE

EYE OPENING	VREBLE RESPONSE	MOTOR RESPONSE
4 - Spontaneous	5 - Oriented	6 - Obeys Commands
3 - To Voice	4 - Confused	5 - Localizes Pain
2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None

TIME	PROCEDURE	PERFORMED BY:
	☐ Backboard Removed	BY:
	☐ Downgraded	BY:

NOTES

Attempt E3 Fail (R)
E5 (R) is good.

27y/o ♂ s/p drive by shooting of neuvis
gunshot point. they were fired BACKWARD but
arrived via Ground. Pt AAOx3 on Arrival c̄
Butterfly IV in (L) Forearm.

PMH – ∅
PSH – ∅
Fx – ?
NKDA
∅ meds

FST (–)

G: WD, WN, (+) PAIN, AAOx3.
H: ~~NCAT~~, PERRLA, EOMs d/c, TMO
(+) frontal lacerations.
N: ∅ meningism, ∅ Bog TTP, ∅ stepoff, ∅ deformity, FAST
L: L TA (+) [illegible]
ABD: soft, NT, WD (+) BS
Pelvis: NT, stable,
Perineum: Hemo (–), good tone, ∅ Blood @ meatus
∅ scrotal hematoma
Penis: intact, nonfixed.
Ext: (+) thorax, (+) soft tissue Avulsion / penetrating injury, NVS (+) ZZP
(+) forearm, (+) skin / soft tissue Avulsion. NVS (+) TTP

Pt given Analgesia / dT / NS 0.7 / FUF 2L / warmed / Foley to gravity in Emt.

DX
1. VASCULAR injury (L) Arm 2° to fragmentation wound
2. (R) Forearm fragmentation wounds
3. (R) thigh fragmentation wounds
4. Microscopic Hematuria.
5. Shrapnel to FACE SUPERFICIAL

b(6)-2

→ to OR c̄ Dr [redacted] / [redacted]

[redacted]

CAL RECORD-SUPPLEMENTAL MED DATA

For use of orm, see AR 40-66; the proponent agency is the Offi. The Surgeon General.

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

OTSG APPROVED (Date)
QA Appr 8 Mar 89

b(6)-2

SHIFT ASSESSMENT

		TIME: 0715 INITIALS: [redacted]	TIME: 1830 INITIALS: [redacted]
NEURO	PUPILS	PERRL	PERRLA
	SENSORIUM	Pt Alert + responsive to touch +	Pt awake, alert to sounds/touch, pain
	EXTREMITY MOVEMENT	Voice stimuli. Able to move extremeties	Moves spontaneously. Limited Rom 2° pain
	SEDATION	X4.	Ø
	PAIN CONTROL	MSO4 2-6mg q1° PRN	MSO4 2-6mg q1° prn continues. (Ø) eye had some purulent drng noted.
RESP	RESPIRATORY PATTERN	Reg R+R, unlabored. Equal rise+fall	Rate & depth regular, equal (B), ε distress
	BREATH SOUNDS	CTA bilat ε diminished bases	CTA Bilat. Bases clear.
	SECRETIONS	Ø Ntd	Pt c/o dry mouth. H2O provided.
	O2 SOURCE/FLOW/SAO2	RA, SPO2 @ 98-100%	RA. SpO2 (B) 98-100%
	VENTILATOR SETTINGS		
CV	CARDIAC RHYTHM	S1, S2 Present. STε Ø Ntd ectopy	Appears to be in NSR. S1S2 audible.
	CAPILLARY REFILL	brisk cap refill x4 extremeties	Brisk cap refill, extremities warm, Ø cyanosis
	PULSES	+1 pulses to radial + dorsal sites	Pulses +2 to (B) radial, +2 (B) dorsalis pedis.
	EDEMA	bilat. Mild general edema.	Edema to (B) feet, mild. Edema to (B) hands, mild
GI	ABDOMEN	Soft + round, Non tender, Non distended.	Soft, nontender to palp, ε distention
	BOWEL SOUNDS	hypoactive. X4 Quads	BS(+) x4, hypoactive to superior quads.
	BOWEL MOVEMENT	Ø	Ø
	NGT/OGT	Ø	N/A
	TUBE FEDDINGS	Ø	N/A
	DRAINS	Pt tolerating clr liquids	CL diet, Ø c/o N/V.
GU	VOIDING	clr yellow via foley to gravity ε	Clear, yellow urine via foley.
	COLOR/CLARITY	Adequate UOP.	UOP adequate at this time
SKIN	COLOR	NFR	Normal for patient. Ø cyanosis noted.
	INTEGRITY	Dressings intact [redacted] Several Abrasions + lacerations.	Drsg to (R) elbow, CDI. Drsg to (R) thigh has med amount of serosang drng. Drsg to (L) LE (shin) has med amount of serosang drng. Multiple lacerations & abrasions to scalp, face, extremities
ACCESS	#1 TYPE/LOCATION/SIZE	(R) IJ Cordis, heplocked. dressing C/D/I	(R) IJ cordis, [redacted]. Flushes well. Drsg loose. Reinforced. LF(+) [illegible]
	DRESSING CONDITION	Flushes well.	
	IV FLUID/RATE	(L) IJ, heplocked. dressing C/D/I, Flushes	(L) IJ, Heplocked. Drsg loose - reinforced. flushes well.
	#2 TYPE/LOCATION/SIZE	well.	
	DRESSING CONDITION	(R) ~~Femoral A-line. Dressing C/D/I~~	(R) art line DC'd on day shift. Drsg has no active bleeding at puncture site.
	IV FLUIDS/RATE	(R) Radial A-Line. Dressing C/D/I	

PREPARED BY (Signature & Title) [redacted] 9HJMG

DEPARTMENT/SERVICE/CLINIC: ICU #1 [redacted]

DATE: 21 Oct 03

b(2)-2

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

NAME: # [redacted] b(6)-4

RANK: b(6)-2

AGE:

UNIT:

GENDER:

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

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

MEDCOM - 21844

DA FORM 4700, MAY 79

ICU1

Patients Name: [redacted] 661-4 Date: 21 oct 03

VITALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05
A-Line															—	—	—	—	—	—	—	—	—	—	—
NBP	130/40	125/39	116/55	115/57	—	139/54	141/49	155/46	140/61	142/55	144/88	—		134/51	149/46	145/48	140/53	143/52	149/54	144/55	146/55	145/51	148/50	142/44	159/60
TEMP	97.1	98.0	98.3	98.2	98.3	98.2	99.0	99.0	—	99.1	99.1	—		—	99.6	99.6	99.6	99.9	99.9	99.6	99.8	99.8	—	100.2	100.1
HR	93	88	105	94	102	106	86	106	108	96	106	104		101	105	98	102	103	110	107	107	107	105	118	110
RR	19	18.	19	18	20	21	22	22	23	23	24	23		26	25	24	22	22	22	15	17	20	22	22	13
SaO2	100	100	99%	98%	98%	98%	97%	100%	99%	98%	100%	97%		99%	98%	99%	97%	97%	98%	97%	97%	97%	97%	97%	96%
FiO2	6L	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
Source	SM	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—
MAP																									

INTAKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
IVF	Ø	Ø	Ø	Ø	125	125	125	125	125	125	125	125	1000	125	125	125	125	125	125	125	125	125	125	125	125
IVPB														100							100				
NGT																									
PO														60	—	60	—	60	60	—	—	—	—	60	—
		460	700				25	50	200				1435												
Total													2435												

OUTPUT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05
URINE		320/320	130/450	60/510	90/600	80/680	75/755	75/830	65/895	60/955	45/1000	60/1060	1060	60/1120	75/1195	80/1275	85/1360	60/1420	10/1430	110/1540	80/1620	75/1695	55/1750	70/1820	120/1940
NGT																									
STOOL																									
DRAIN																									
Total													1060												

MEDCOM - 21845

:AL RECORD-SUPPLEMENTAL MED DATA

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

OTSG APPROVED (Date) QA Appr 8 Mar 89

REPORT TITLE
INTENSIVE CARE NURSING FLOW SHEET

SHIFT ASSESSMENT 66-2

		TIME: 0700 INITIALS: [redacted]	TIME: INITIALS:
NEURO	PUPILS	PERRL	
	SENSORIUM	A&O x3	
	EXTREMITY MOVEMENT	Pt moves all extremities Limited in (L) ARM	
	SEDATION	Ø Sedation	
	PAIN CONTROL	MSO4 2-6 mg IVP q1° prn pain	
RESP	RESPIRATORY PATTERN	RR - 12 SPO2 - 97% on RA	
	BREATH SOUNDS	Lung Sounds - CTA (B)	
	SECRETIONS	Ø sec	
	O2 SOURCE/FLOW/SAO2	Ø-O2	
	VENTILATOR SETTINGS	Ø Ventilator	
CV	CARDIAC RHYTHM	HR- 104 BP- 137/47	
	CAPILLARY REFILL	Capillary Refill - ≤ 3 sec	
	PULSES	peripheal pulses - (+) x4	
	EDEMA	generalized edema noted @ GSW sites.	
GI	ABDOMEN		
	BOWEL SOUNDS	Bowel Sound - Normoactive x4	
	BOWEL MOVEMENT	Ø BM @ present	
	NGT/OGT	Ø NGT Ø OGT	
	TUBE FEDDINGS	Ø Tube Feedings	
	DRAINS	Ø drains	
GU	VOIDING	Void via Foley to gravity	
	COLOR/CLARITY	draining Q.S. clear colorless urine	
SKIN	COLOR	Normal For Race	
	INTEGRITY	GSW to Left Bicep Right forearm & thigh dressing CDI	
ACCESS	#1 TYPE/LOCATION/SIZE	(R) IJ cordis infusing 125cc/hr cF	
	DRESSING CONDITION	LR Flushes well Dressing CDI	
	IV FLUID/RATE	(L) IJ Hep locked Flushes well	
	#2 TYPE/LOCATION/SIZE		
	DRESSING CONDITION		
	IV FLUIDS/RATE		

(Continue on reverse)

[redacted] BY (Signature & Title) [redacted]-19,4N b(6)-2

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

DATE 22 Oct 0

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

NAME: [redacted] b(6)-4

RANK:

AGE:

GENDER: M

UNIT:

STATUS: US: AD / CIV

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

MEDCOM - 21846

USAPP

Date: 22 Oct 03

TALS	06	07	08	09	10	11	12	13	14	15	16	17		18	19	20	21	22	23	00	01	02	03	04	05	
ne	—																									
	137/47				136/46																					
P	99.8				99.6																					
	104				101																					
	10				19																					
2	97%				96%																					
	28				—																					
ce	RA				RA																					
	—																									

AKE	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
	125	125	125	125	125																					
	152																									
	100																									
l																										

UT	06	07	08	09	10	11	12	13	14	15	16	17	Total	18	19	20	21	22	23	00	01	02	03	04	05	Total
	70/70	120	120	120	120																					

MEDCOM - 21847

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 25Oct03
Time In: 1013
Allergies: —
Pre-op V/S: 149/64 101
Procedures: I+D R leg R hom

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 300 Colloid
OR Output: UOP 100 EBL min
Meds/Times: 5mg Sq04, 250 Fent

Drains
Hemovac
NG
JP
T-tube
Foley
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Pre Op Meds

History

Time	1014	1019	1024	1029
SaO2	97	95	95	95
FiO2				
Methods	RA	RA	RA	RA
240				
220				
200				
180				
160				
140				
120				
100				
80				
60				
40				
20				
RR	19	19	19	20
T	97.1			

Time								
Pain (0-10)								
LOS								

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

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

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

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

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

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

(Continue on reverse)

[redacted] b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 25OCT03

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

[redacted] b(6)-4

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

MEDICATIONS

Allergies:

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	Rleg	limited	+	P	B	C	P/C
15'	Rleg	limited	+	P	B	C	P/C
30'	Rleg	limited	+	P	B	C	P/C
45'							
60'							
90'							
D/C	Rleg	limited	+	P	B	C	P/C

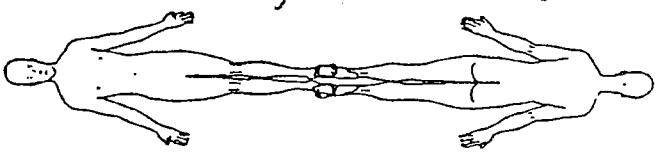
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm 1014	R Arm/Leg	kerlex	0
30' 1044	R Arm/Leg	kerlex	0
60'			
D/C 1046	R Arm/Leg	Kerlex	0



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1014	TSR	0	0

WAMC OP 173-E

NURSING NOTES

Pt received from OR s/p I+D R Arm and leg. No c/o pain VSS, SpO2 97% RA. Report given to Sp[redacted] Sp[redacted]

b(6)-2

b(6)-2

Discharge Criteria:
Date: 25Oct03 Time: 1096 PARS: 10
BP: 144/67 T: 95.1 HR: 110 RR: 13 Sa02: 100
Pain Level at D/C (0-10):
Intake: _____ Output: _____
Additional Data: _____
Transferred To: ICW [redacted]
Report Given To: Sp[redacted]
Transferred Via: W/C [redacted] urney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature: _____

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

DTSG APPROVED (Date)

Date: 29 Oct 03
Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
Time In: 1120
Allergies: NKDA
OR Intake: Crystalloid 1000 RR Colloid
Pre-op V/S: 108/45 110
OR Output: UOP 250 EBL min
Procedures: (R) Arm Skin Graft
Meds/Times:

250 mg Ent

Drains
Hemovac
NG
JP
T-tube
Foley
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Pre Op Meds History

Time	1120	1125	1130	1135	1150
SaO2	98	95	94	94	96
FiO2	RA	RA	RA	RA	RA
Methods					
240					
220					
200					
180					
160					
140					
120	^	^	^	^	^
100	•	•	•	•	•
80					
60	✓	✓	✓	✓	✓
40					
20					
RR	24	20	16	19	21
T	97.3				

Time								
Pain (0-10)								
LOS								

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

(Continue on reverse)

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1120	LR	400	(L) Hand	[redacted]	

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

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

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

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

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

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

DEPARTMENT/SERVICE/CLINIC PACU

DATE 29 Oct 03

PATIENT'S IDENTIFICATION (For typed [redacted] ies give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

26 y/o

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

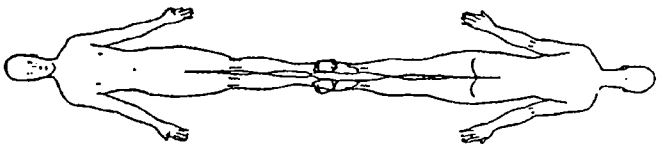
MEDICATIONS						
Allergies:						
Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By

NEUROVASCULAR							
Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

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

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

DRESSINGS			
Time	Location	Type	Drainage
Adm			
30'			
60'			
D/C			



PACU OUTPUT			
Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM			
Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

ICW EPW admitted to PACU S/P Skin graft to (D) com. PSO2 98%, VSS. No Sx respiratory distress. Dsg to graft CDI. IV to (D) hand LR@75ml. will continue to monitor. Foley to gravity — [redacted]

b(6)-2

b(6)-2

Discharge Criteria:
Date: 29 Oct 03 Time: 1156 PARS: 9
BP: 99/59 T: HR: 99 RR: 21 Sa02: 96
Pain Level at D/C (0-10):
Intake: 600 Output: Ø
Additional Data:
Transferred To: ICW
Report Given To: ILT [redacted]
Transferred Via: W/C [redacted] Gurney Ambulance
Transferred By: SSG [redacted]
Cleared IAW Recovery R[redacted]B-3
Charge Nurse Signature:

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

Admission and Coding Information

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

1. Reporting MTF 0580[redacted]	2. MTF Locati IZ		4. Pay Grade FGN	5. Sex M
3. Register Number [redacted]	Name (Last, First, MI) [redacted]			
6. DoB (YYYYMMDD) [redacted]	7. Age at Admission [redacted]	8. Race X	9. Ethnicity 9	Religion
10. Length of Service	ETS	11. FMP 99	12. Social Security Number [redacted]	
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 01:15	Branch / Corps:
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location	18. MOS	19. Trauma BC	Prev. Admission NO	
20. Source of Admission Direct from ER b(2)-2	Ward:	Name / Relationship of Emergency Addressee Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580[redacted]Iraq; No Install Provided		Telephone Number of Emergency Addressee		
21. Type of Disposition TRF-OTH	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-11-04		
24. Clinic Svc - Admitting ABA - GENERAL SURGERY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-21		
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-10-21		

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: BRACHIAL ARTERY INJURY

Procedure Narrative(s):

Cause of Injury Narrative: GSW

b(6)-2

Admitting Officer (Signa[redacted]	Signature of Admitting Clerk [redacted], SPC, 91G10

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. UNIT LOCATION (State or Country Code.)	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
1 2 3 4 5 6 7 8			16 17	18
A				

3. REGISTER NUMBER	6. DATE OF BIRTH (YYYYMMDD)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
9 10 11 12 13 14 15	19 20 21 22 23 24 25 26	27 28 29	30	31	
0 0 1 4 9 7 9	1 9 7 6 0 1 0 1	2 7 4			

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	0 0 0 0 0 1 0 6 7

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

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

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

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

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (YYYYMMDD)
21. TYPE OF DISPOSITION	75 76 77 78 79 80	81 82 83 84 85 86 87 88
73 74		2 0 0 3 1 1 0 4

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (YYYYMMDD)
89 90 91 92	93 94 95 96 97 98	99 100 101 102 103 104 105 106
		2 0 0 3 1 0 2 1

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

FOR LOCAL USE

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK

USAPA V1.00

b(6)-4

Automated Facsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr [redacted]	2. Name [redacted]					3. Grade FGN	Admission Remarks
4. Sex M	5. Age 20Y	6. Race Z	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO	
11. FMP 99	12. SSN [redacted]	13. Organization				14. Ward ICW1	
15. FlyStatus	17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP		20. Type Case BC	
21. Source of Admission Direct from ER			22. Hour Of Adm: 01:35	23. Clinic Service ABA - GENERAL SURGERY			
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH	26. Date of Disp 2003-10-23			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm: 2003-10-22		AdmittingOfficer: [redacted]	
29. ReportingMTF 0580 - [redacted] b(2)-2				30. Date Init Adm 2003-10-22		32. Units Blood Components	

31. Selected Administrative Data

Marital Status: DoB: 1983-01-01

In/Out Patient: Inpatient MOS:

b(6)-2

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

MULTI SHRAPNEL WNDS

Dx: 884.0 875.0 894.0 E991.9

Proc: 86.09 87.44

b(6)-2

Trauma 9 Injured 549

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	2	2

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	2	2

Signat[redacted]ficer

Signature of PAD or Medical Records Officer

MAJ[redacted] Fou[redacted]

MEDCOM - 21854

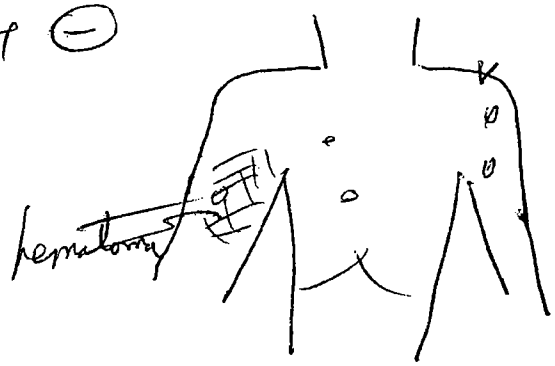
Automated Facsimile - DA FORM 3647, May 79

MEDICAL RECORD	22 Oct 03 ABBREVIATED MEDICAL RECORD

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

~20 y/o c̄ multiple wounds GSW (R) distal forearm (R) medial arm, (R) ant chest, (L) shoulder, (L) upper medial arm

Med ō Allo ō PMH (–)



PHYSICAL EXAMINATION

WD WN GCS 15

HEENT (–)

chest clear

abd – ō (R)

ext – (R) arm hematoma

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

CXR – small fx lower (R) chest ō Ax (R) forearm

ō hemopneumo ō Ax (L) shoulder

P – explore hematoma

b(6)-2

SIGNATURE OF [redacted]	[redacted]	ORGANIZATION

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle initial, rank, service, date, hospital or medical facility)*	REGISTER NO.	WARD NO.
[redacted]		

b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE | NOTES

Summary
20 y/o Iraqi with multiple GSW sustained after he detonated IED injuring 5 US soldiers
Med ō All ō PMH ⊖
PE 130/90 90 24
HEENT ⊖
chest clear cor ō (M) abd soft nontd ⊖ tone +
extr moves all
wounds – (R) medial arm c̄ hematoma
2 (R) anterior chest
3 (L) shoulder + proximal arm
1 (R) medial leg 1 distal (R) forearm – 5 Ax
XLNT radial brachial pulses bil
nl radial/med'n/ulnr n. fct'n
XLNT PT pulse bil nl mot fct'n both lower extremities
knee/ankle nl bil
CXR – nl
(R) arm explored in OR no neuro vascular inj., wound closed, penrose removed 23 Oct, ready for check, staples removed 29 Oct

[redacted] MD

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

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

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

[redacted] b(6)-4

b(2)-2

b(6)-2

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*			
10-21-03	Time 1st set vitals 12:18	2 1227	3	4
	BP: 138/100	BP: 170/100	BP: 143/90	BP
	P: 88	P: 99	P: 60	P:
	Pox:	Pox: 94	Pox:	Pox
	R: 20	R: 16	R: 18	R:
	I.V.: 1234 - Lactated Ringer 500ml - TKO			
	(R) arm pen. wound			
	Cuts (L) shoulder			
	cut to (L) ~~upper~~ face			
	Laceration to (R) pinky finger (splinted) Ring finger fracture			
	Laceration to (L) forearm			
	Puncture wound to (R) upper chest			
	Laceration to L shoulder			
	Laceration to (R) upper bicep.			
	Bandaged ~~wrist~~ right wrist.			
	⊕ Distal pulses UE & LE			
	Pt stabilized			

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

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

ACF [redacted] b(6)-4

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE | NOTES

22 Oct 1500

Expl (R) arm wound – penetrating mid anteromedial arm thru portion of biceps/triceps
- nerve or vascular inj
irrigated + remove plated posterior thru-stab incision; frag removed from wound

Fluid 800 EBL min 30 min

[redacted] b(6)-2

Hct 44 WBC 14 13/39

142/106 crest 0.9
4.2 29

[redacted] b(6)-2

23 Oct

Afeb VSS wounds clean dry chest clear abd soft
ext – OK, moving all 5 digits; (R) arm drain removed
P- discharge – staples out in 6 d

[redacted] b(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES b(6)-2
22OCT03@ 0535	Pt. arrived to floor @0500. Pt VSS. Pt sleepy, but arousable. Pt (+) foley draining clear, yellow urine. Pt has multiple GSW. ~~DS~~ DSG's to GSW. CDI. IV fluids 75cc/hr LR. Lung sounds clear through all ~~lo~~ lobes. (+) pedal pulses. Pt (-) signs of pain. [redacted]
22OCT03@ 2152	VSS. Pt in 3pt. restraints. Multiple dsg. (R) arm DSG D'ed - dry dsg. (+) penrose drain. MD came to see pt. MD stated that wounds okay, possibly have penrose taken out tomorrow AM. Lung sounds clear through all lobes. Urinating - difficulty in urinal. (+) bowel sounds. [redacted]
23OCT03@0900	Pt. OOB to BR. Ambulates well. (+) BM. Urinal @ bedside - good output, clear yellow. MD removed drain & D'd DRSNG this AM. Small amount of serosanguinous drainage to old DRSNG. New DRSNG CDI. Pt. to be D/C'd to EPW comp today. All other assessments WNL. LR @ 75cc/h to (L) FA. EPW restraint protocol in effect. (-) signs of skinbreakdown [redacted]

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1989)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): UNK 3. PREVIOUS SURGERY [ ] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: Last PO: Medical Hx: Implants: Medications:
Jewelry removed: yes/no Family waiting: yes/no

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL X Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment	o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures, (e.g., warm blanket, touch) o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface.
B. AERATION X Potential for respiratory dysfunction due to sedation; positioning; injury	o PT. will be able to breathe without difficulty during immediate intra-operative phase.	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress o Assist anesthesia during intubation and extubation
C. INTEGUMENT X Potential impairment of skin integuity due to bovie pad; position; fluid shift	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

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

#[redacted] b(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION X Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. X Potential impairment of mobility due to sedation; pain; injury E.2. X Potential discomfort due to injury; pain	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. X Disminished visual perception due to being injury; sedation; F.2. X Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures.	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from _____ side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

_____ _____ _____ DATE

11. POSTOPERATIVE EVALUATION:

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

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title)	13. ~~PRE~~POST OPERTIVE EVALUATION PREPARED BY (Signature and Title)
[redacted] CPT/AN DATE: 22Oct 03 0316	[redacted] CPT/AN DA[redacted]ME: 0316

MEDCOM - 21861

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

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

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY ~~litter~~ anesthesia

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 22 Oct 03 TIME PATIENT ARRIVED IN SUITE 0230

4. PATIENT IN[redacted] TIME 0230 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

b(6)-2

b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted]	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

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

COMMENTS: Proper body alignment maintained

8. SKIN PREPARATION

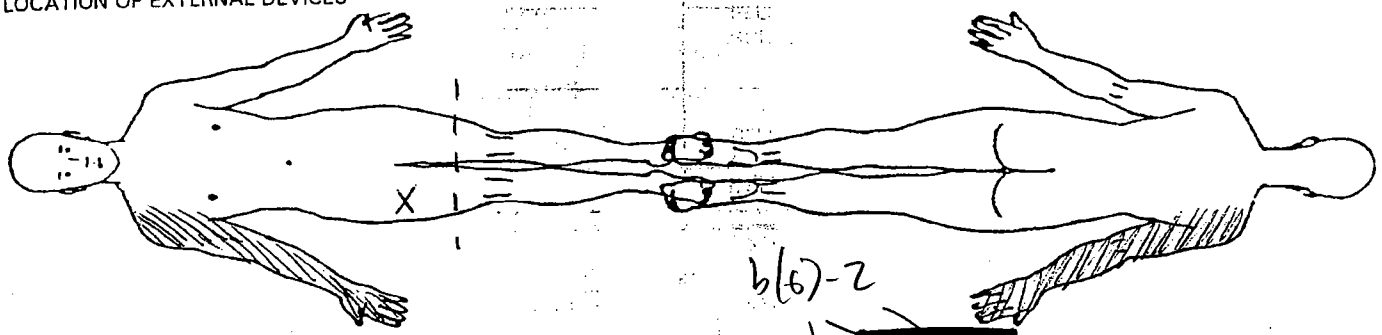
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION (Specify) Betadine scrub/solto
SITE: Rt. arm BY WHOM [redacted]
SITE: BY WHOM:

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



b(6)-2

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

C = Correct I = Incorrect Initial [redacted]

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No			C	[redacted]	[redacted]
Needle Sharp	☒ Yes	☐ No					
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

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

#[redacted] b(6)-4

20 40 ♂

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

☒ ESU NO: Force 40 BBE105303 30/30
GROUND PAD: BRAND Valleylab Rem
LOT NO: 70011

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY
None		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

	1.	2.	3.
TYPE/SIZE	3/8 Penrose		
SITE	Rt. arm		

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted], CRNA

b(6)-2

Ring removed - w/ pt. to PACU

20. OPERATION(S) PERFORMED

1. Exploration of Rt. Arm Wound

b(6)-2

21. PATIENT TRANSFERRED TO	TIME	METHOD
PACU	0316	Litter

22. REC[redacted]NURSE SIGNATURE CPT/AN

REVERSE OF DA FORM [redacted]CT 87

MEDCOM - 21863

USAPA V1.00

511-119

NSN 7540-00-634-4124

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR OCT 2003 DAY 22 OCT 23

HOUR

PULSE (0) | TEMP. F (°) | TEMP. C

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE: 121/74, 94, 98.2

HEIGHT: WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

VITAL SIGNS RECORDS

Medical Record

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

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

Ward/Section: ER	REQUE[redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI.	DATE	TIME	SSN/PS[redacted]
#[redacted]	22004	0130	#[redacted]

(Hematology) CBC

TEST	RESULT	REF. RANGE
Lymph		Baso	
Atyp		Imm	
RBC Morph			

Urinalysis

TEST	RESULT	REF. RANGE
Color	yellow	N/A
App	Clear	N/A
Glu	Neg	Negative
Bili	Neg	Negative
Ket	Neg	Negative
SG	1.025	N/A
Bld	Neg	Negative
pH	7.0	N/A
Prot	Trace	Negative
Urob	0.2	0.2-1.0
Nit	Neg	Negative
Leuk	Neg	Negative
HCG		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Spun Hematocrit	
Sed Rate	
Other	

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagu

TEST	RESU
PT	
APTT	
D-dimer	
FDP	

d Bank Unit Crossmatch
F 518 WITH EVERY UNIT OF BLOOD REQUESTED)

TYPE	CROSSMATCH

REMARKS:

REPORTED BY

D NO.:

RAPIDPOINT COAG ANALYZER V4.54
SERIAL[redacted] 10/22/03 01:43

Patient ID: [redacted] b(6)-4
Test Name :PT
Test Result:= 13.3 sec.
Ratio = 1.1
Calculated INR = 1.15
Sample Type:citrated wh. blood
Test Date :10/22/03
Test Time :01:40
Card Lot [redacted] b(6)-4
Operator [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL[redacted] 10/22/03 01:47

Patient ID [redacted] b(6)-4
Test Name :APTT
Test Result:= 39.1 sec.
Sample Type:citrated wh. blood
Test Date :10/22/03
Test Time :01:44
Card Lot [redacted] b(6)-2
Operator

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

Ward/Section: ER | REQUESTING PHYSICIAN: [redacted]

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

LAST, FIRST, MI: [redacted] | DATE: 220ct03 | TIME: 0130 | SSN: [redacted]

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl

b(6)-4

======= PICCOLO =======
22/10/03 02:41
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #: b(6)-2 [redacted]
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	4.4	3.3-5.5	G/DL
ALP	118*	26-84	U/L
ALT	23	10-47	U/L
AMY	63	14-97	U/L
AST	33	11-38	U/L
TBIL	0.6	0.2-1.6	MG/DL
BUN	11	7-22	MG/DL
CA++	9.1	8.0-10.3	MG/DL
CHOL	131	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	103	73-118	MG/DL
TP	7.7	6.4-8.1	G/DL

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

TEST	RESULT	REF. RANGE
NA^+	142	128-145 mmol/l
K^+	4.2	3.3-4.7 mmol/l
CL^-	106	98-108 mmol/l
tCO_2	29	18-33 mmol/l

REMARKS:

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

NKDA

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)													
Propofol	(mg)	150/50												
Succ	(mg)	100												
~~Versed~~ / Fentanyl	( )	2/3												
	( )													
	( )													
	( )													
VOLAT AGENT	Forane % del	3 — 2 —												
	% e.t.													
AIR	L/Min													
N2O	L/Min													
O2	L/Min	8 — 2 —												

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

FLUIDS

LINE site														
2R 16g LA	☐ Warmed	500	2 —	1000										
	☐ Warmed													
	☐ Warmed													
	☐ Warmed													

LOSSES

EST BLOOD LOSS														
URINE -														

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

BODY WEIGHT: KG / LB

HEMATOCRIT: 13.4 / 44.0

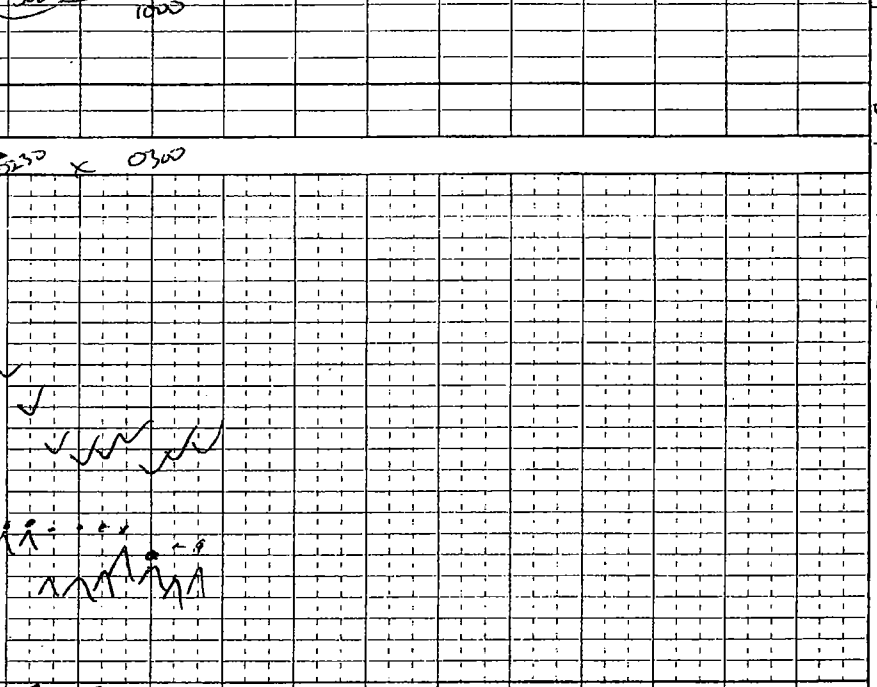
INITIAL DATA: BP- 143/72 / — HR- 77

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? Y TIME-

TIME → 0230 X 0300

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



VENTIL

VT - ml	900	850	
f - breaths/min	10	10	20
Peak inf pres / PEEP	25	23	
MODE - S(pon), A(ssist), C(on)	S/A/CV	CV/SV	

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	33	30	50
BP/oth	FIO2 (Frac or %)	.71	.71	.71
ART line	SpO2 (%)	100	100	100
Steth- PC/ES	ECG	SR	SR	SR
Gas analyzer	TEMP-site SKIN		97	97
	N-M Block (T/4)			
Warming blkt				
Conv warmer				

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

TOTALS	TOTAL EBL
200 / 100g / 5cc	100
	TOTAL URINE

FLUIDS - SUMMARY

CRYSTALLOID- 800

COLLOID-

BLOOD-

REMARKS

Code drugs with numbers, events with lettters

Directed shot from ENT. Speaks no Engl — to OR# 1. Anesthes. Pre-O2 - RSI. Equally shut.

Sx. Established ⊕ O2 pressure to 100% work to PACU. Report SMW.

RECOVERY AT

PACU ICU _____ (Specify)

OTHER

CONDITION: RA

RESP- 16 SpO2- 98%

BP- 132/64 HR- 88

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0230	0235	0320
	Ready	Begin	End
PROC	0238	0245	0315

PROCEDURES and CPT Codes:

Exploration RUA gunshot wound

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GA

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

b(6)-4

#[redacted]

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

#8.5 ETT OLX3 RSI x 2 Apparently Grade I - (-) UC (+) B=BS (+) ETT @ 23cm

SURGEONS: [redacted] b(6)-2

ANESTHESIA: [redacted]

PROCEDURE LOCATION: OR# 1

DATE: 21 Oct 03

PAGE 1 OF 1

NSN 7540-01-165-7294

519-

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
CXR		M		ER	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY [redacted]				TELEPHONE/PAGE N
	SIGNATU [redacted]				DATE REQUESTED 22 Oct 0

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

b(6)-2

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

RADIOLOGIC REPORT

b(6)-4

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

RADIOLOGIC CONSULTATION REQUEST/REPORT — RADIOLOGY

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

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 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

√ Admit ~~[illegible]~~ EPW
√ Cond stable
√ Diet - ng
√ Act - ambulate
√ VS - q4h
√ Dx - multiple GSW

PATIENT IDENTIFICATION

b(6)-4 [redacted]

NURSING UNIT | ROOM NO. [redacted] | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

√ IVLR at 25/h
√ Amp 1 gm IV PB X 1 - 0300 - PACU - given 22 Oct 03
√ Prevent 2 po q4 prn pain
√ DC foley [redacted] b(6)-2

notified 22 Oct 03 0533

PATIENT IDENTIFICATION

b(6)-2

24 hr [redacted] ~~ACT~~ / AN ~~22 Oct 03~~ 1900

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

Discharge pt c̄ staple remov
Remove staple 29 Oct [redacted]

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER _____ HOURS

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

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
[redacted] b(6)-4				22 OCT 0320 _____ HOURS	
				Morphine 4mg IV q 30m prn pain	
				Total 20mg max	
				Zofran 4mg IV prn nausea	
				[redacted] CRNA	
NURSING UNIT	ROOM NO.	BED NO.		b(6)-2	

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			↓	DATE OF ORDER / TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				_____ HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

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

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

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

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

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 22	23	24
22OCT03	[redacted]	Diet-Reg	07	[redacted]		
			12	[redacted]		
			17	[redacted]		
22OCT03	[redacted]	ACT-Ambulate	06	[redacted]		
			18			
			18	[redacted]		
			06			
22OCT03	[redacted]	VS=Q4h	06	[redacted]		
			10			
			18	[redacted]		
			06			

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: DX: multiple GSW

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

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

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*					Mo _____ Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials	
22OCT	[redacted]	Admit EPW	22OCT			[redacted]	
22OCT	[redacted]	Cond Stable	22OCT				
22OCT	[redacted]	D/C Foley	22OCT				

	-----	b(6)-2					

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED													
-----	-----															
-----	-----															
-----	-----															
-----	-----															
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USAPA V1.00

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

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

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED												
				22	23											
320CT03	[redacted] -	IV LR at 75cc/hr	06 18	[redacted]												
	-----		18 06	[redacted]												

	-----	b(6)-2														

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
22OCT	[redacted]	Ancef 1gm IV PB x 1	22OCT		0330	Done in PACU.
		b(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
22OCT	[redacted]	Percocet 2po Q4														
		prn pain														
		b(6)-2														

*U.S. GPO: 1996-454-110/95216

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

OTSG APPROVED (Date)

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

Date: 22OCTØ3
Time In: 0320
Allergies:
Pre-op V/S: 179/80
Procedures: Explora Lap RUA GSW

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid _____ Colloid _____
OR Output: UOP _____ EBL 100
Meds/Times: Fentanyl

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

Pre Op Meds _____ History _____

Time	0320	0325	0330	0335	0340
SaO2	94	97	97	97	98
FIO2	RA	RA	2L	2L	2L
Methods	N	NC	NC	NC	NC
240					
220					
200					
180					
160					
140	V	V	V	V	V
120					
100	•	•	•	•	•
80	^	^	^	^	^
60					
40					
20					
RR	21	31	31	19	21
T	96				
Time					
Pain (0-10)	3				
LOS					

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

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

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

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

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

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

(Continue on reverse)

PREPARED BY (Signature): SGT [redacted] 9/L20
DEPARTMENT/SERVICE/CLINIC: PACU
DATE: 22OCTØ3

PATIENT'S IDENTIFICATION (Name – last, first, middle; grade; date; hospital or medical facility; Social Security Number; dates given): [redacted] b(6)-2 b(6)-4

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

MEDICATIONS

Allergies:

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	(R) ARm	Limited	+	P	B	W	WNL
15'	(R) ARM	Limited	+	P	B	W	WNL
30'	(R) ARm	Limited	+	P	B	W	WNL
45'							
60'							
90'							
D/C	(R) Arm	Limit	+	P	B	W	WNL

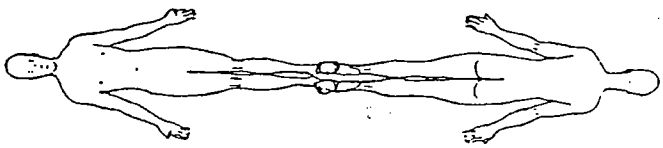
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm 0320	(R) ARm	KerLixGauze	Ø
30' 0350	(R) ARm	Mixi Gauze	6
60'			
D/C 0435	(R) Arm	KerLixGauze	Ø



PACU OUTPUT

Time	Source	Color/Appearance	Amount
0320	Urine	clear yellow	200 ml

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0320	NSR	Ø	Ø

NURSING NOTES

Received from OR via gurney. USS-Alert x3 Arousable to verbal stimuli. IV of NS to (L) FA @ TKO is patent. PERRL 3mm HR: NSR S1S2 Lungs: CTA B/L Resp even Reg. BS(+) x 4 quads 5. Pedal pulses +3 Radial pulses +3. Dress to (R) UE dry and intact. Skin w/D cdm WNL CMS >3sec. PT states pain is @ 3. ——— SGT [redacted]

b(6)-2

b(6)-2

Discharge Criteria:
Date: 22 OCT 03 Time: 0435 PARS: 9
BP: 136/61 T: 97 HR: 68 RR: 16 SaO2: 98
Pain Level at D/C (0-10): 3
Intake: Ø Output: 300 urine
Additional Data: Ø
Transferred To: ICW
Report Given To: CPT [redacted]
Transferred Via: W/C [redacted] Ambulance
Transferred By: Sgt [redacted] 120
Cleared IAW Recovery R[redacted]
Charge Nurse Signature: [redacted]

C

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: **TRAUMA FLOWSHEET**
The proponent is Dept of Surgery

OTSG APPROVED *(Date)*: QI Appr 11 Jun 97

EMS REPORT

TIME: _____ ETA: 2min UNIT: _____

MED COM: [Y] [N]

Airway

ARRIVAL STATUS

TIME 0125 ☐ IV x _____ ☐ O_2 _____ 1/min ☐ C-Spine Immob

Meds: ☐ UKN ☒ None ☐ Yes: _____

Allergies: ☐ UKN ☒ None ☐ Yes: _____

Tetanus: ☐ UKN ☐ Current Last Meal/Fluid Intake _____ hrs

LMP: _____ ☐ _____

Ø-PmHx Ø-PSHx

PRIMARY SURVEY

AIRWAY

☒ Natural Patient [Y] [N]

☐ ETT_____ ☐ _____

☐ Secretions_____

BRETHING

☐ Labored ☒ Unlabored ☐ Absent

TRACHEA: ☒ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] > = < [R]

CIRCULATION

PULSE: ☒ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☐ Clear ☐ Muffled

SKIN: ☒ Warm ☐ Cool ☐ Hot

☒ Pink ☐ Pale ☐ Cyanotic ☐ _____

☒ Dry ☐ Moist ☐ Diaphoretic

SECONDARY SURVEY

DISABILITY

GCS: E_____ V_____ M_____ 15

SPHINCTER TONE: ☒ WNL ☐ None

HEAD

PUPILS: ☒ Equal ☐ Fixed ☐ React ☐ Dilated [L] [R]

TM: ☐ Clear ☐ Blood [L] [R]

NECK

C-Spine Tenderness: [Y] [N]

Pain @ _____

JVD: [Y] [N]

HEART

RHYTHM: ☒ Regular ☐ _____

PULSES: ☐ Central ☐ Peripheral

LUNGS

BREATH SOUNDS: ☒ Bilat ☒ Equal ☒ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

ABDOMEN

☒ Soft ☐ Rigid ☐ Non-Tender

☐ Tender: ——

PELVIS

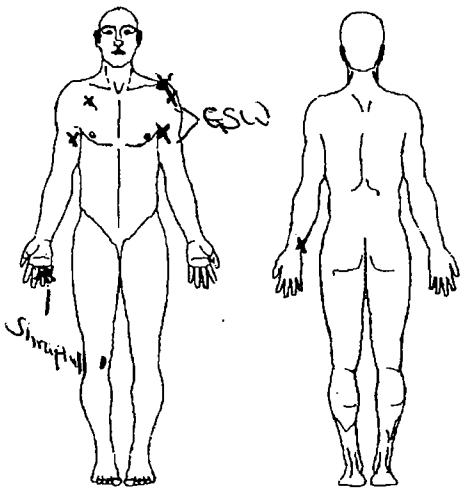
☒ Stable ☐ Unstable ☐ _____

Blood at meatus/vagina: [Y] [N]

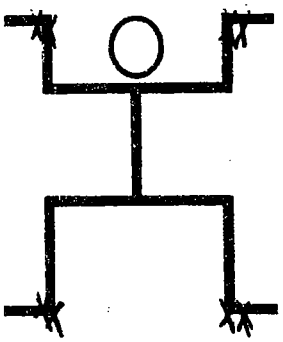
Heme + ☐ Prostate: ☒ WNL ☐ Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound



VASCULAR ASSESSMENT



b(6)-2

++ Strong	+ Palpable	D Dopler

RN [redacted] b(6)-2

PHYSICIAN [redacted]

(Continue on reverse)

PREPARED [redacted]

DEPARTME [redacted] ER

DATE 22 Oct 03

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

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

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

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
	ET Intubation		☐ Oral ☐ Nasal Teeth		☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR
	Gastric Tube		☐ Oral ☐ Nasal		☐ Air ☐ Contents ☐ Verified_____ Suction: Y N
0135	Urinary	16	☒ Meatus ☐ Supra-Public [redacted]	SGT	☐ Return_____cc ☐ Heme Dip: + - ☐ Secured
	DPL		☐ Opened ☐ Closed	b(6)-2	☐ Grossly: + - Cell count Sent@_____
	Chest Tube #1		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	Chest Tube #2		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	12 Lead	Rhythm:		Comments	

ABG SITE	TIME	%O_2	pH	BE	pCO_2	PO_2	O_2 Sat	HCO_3
1)								
2)								

LABS

TIME	LABS
	☐ D-stick_____ ☐ SHct_____
	☐ D-stick_____ ☐ SHct_____
	☒ CBC ☒ Chem ☒ PT/PTT
	☐ ETOH ☐ T&S ☒ T&C x 4
	☐ Tox Screen
	☒ UA ☐ HCG
	☒ OTHER Mag & elec.
	☐ OTHER

X-RAYS

TIME	LABS
	☒ Chest Initial
	☐ Chest Post ET
	☐ Chest Post CT
	☐ C-Spine
	☐ Pelvis
	☐ (R) humerus hand
	☐
	☐

TIME	PROCEDURE	ACCOMPANED BY	RETURN
	CT Scan: ☐ Contrast		
	☐ Head ☐ Abd ☐ Pelvis		
	☐ C-Spine ☐ T/L Spine ☐ Chest		
	☐		
	A-Gram Site:		

IV ACCESS & FLUIDS

TIME	#	GA	IAW	SOP	SITE	IVF TYPE	AMT UP	AMT IN
0130		18	(Y)	N	RAC			
0130		18	(Y)	N	LFA			
			Y	N				
			Y	N				

MEDICATIONS

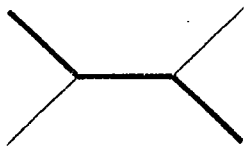
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Morph	0129	3	IV LFA						
Ancef	0132	1	IV						
Tet.	0145	.5	(R) im						

BLOOD PRODUCTS

START	#	TYPE	UNIT#	AMT UP	AMT IN	END	INT

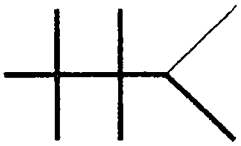
LAB RESULTS

CBC:



PT/PTT

Chem:



UA

INTAKE & OUTPUT

INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL

TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]	b(6)-2		
Surgeon				
Anesth				
X-Ray	[redacted]	b(6)-2		
RT				
Ortho				
Neuro				
Chaplain				

VALUABLES & CLOTHING

V	STATUS	C
	None Found	
	Given to Patient	
	Given to Family	
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696	
	Other: See Nursing Notes	

DISPOSITION

☐ Home ☐ _____

Admitted to_____

Report Called to_____

Time Transferred_____

Accompanied By_____

Via: ☐ Stretcher ☐ Wheelchair

VITAL SIGNS

Oral ~~Rectal~~ Temp: 98.2

GCS:

TIME	BP	HR	RHY	RR	SAO_2	FIO_2	MODE	E	V	M	T
0136	129/78	96		20	99						
0148	134/86	98		22	100						
	/										
	/										
	/										
	/										
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GLASGOW COMA SCALE

EYE OPENING	VREBLE RESPONSE	MOTOR RESPONSE
4 - Spontaneous	5 - Oriented	6 - Obeys Commands
3 - To Voice	4 - Confused	5 - Localizes Pain
2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None

TIME	PROCEDURE	PERFORMED BY:
	☐ Backboard Removed	BY:
	☐ Downgraded	BY:

NOTES

Gunshot Neg.

VITAL SIGNS

Oral ~~Rectal~~ Temp: 98.2

GCS:

TIME	BP	HR	RHY	RR	SAO_2	FIO_2	MODE	E	V	M	T
0136	129/78	96		20	99						
0148	134/86	98		22	100						
	/										
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GLASGOW COMA SCALE

EYE OPENING	VREBLE RESPONSE	MOTOR RESPONSE
4 - Spontaneous	5 - Oriented	6 - Obeys Commands
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2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None

TIME	PROCEDURE	PERFORMED BY:
	☐ Backboard Removed	BY:
	☐ Downgraded	BY:

NOTES

Gunshot Neg.

20 y/o ♂ EPW got out of car and c[illegible] IED c his all phone. then shot and Brought to 28CSH. pt A&Ox3 on Arrival

AMH - ∅
PSH ∅
Inc - ?
IAM - MEDA
Meds - ∅

G: WD, WN, ⓡ PAIN, A&Ox3
A: Intact
B: BS ⓑ clear - ↓ speech
C: Good in All 4 Ext.

Injuries: ⓑ chest / ⓒ Hand / ⓒ Hand / ⓒ Forearm.
ⓑ Ankle, ⓓ Lower Ext.

[redacted]

b(6)-2

INTREP 32-031022-001
TF 1-32 S2
DTG: 22 1349 OCT 03

b(6)-2

1. Haswah police informed LTC [redacted] that the two detainees taken last night in the Mercedes were terrorists from Baghdad, and that we should not release them. NFI.

2. ASSESSMENT: Report is consistent with the circumstances of the incident. The same police officers provided information on other detainees in the past, once they were in US custody, which was confirmed by multiple intelligence sources.

POC: CPT [redacted] S2, TF 1-32 INF, FOB Chosin
[redacted].army.smil.mil

b(6)-2

b(6)-4 [redacted]

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

☐ **Offense against Civilian(s) [check one] If "Other" then describe:**_____

- ☐ Arson (I.P.C. 342)
- ☐ Solicitation of Fornication/Prostitution (I.P.C. 399)
- ☐ Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- ☐ Murder (I.P.C. 405)
- ☐ Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- ☐ Maiming (I.P.C. 412)
- ☐ Simple Assault (I.P.C. 415)
- ☐ Kidnapping (I.P.C. 421)
- ☐ Burglary or Housebreaking (I.P.C. 428)
- ☐ Extortion/Communicating Threats (I.P.C. 430)
- ☐ Theft (I.P.C. 439)
- ☐ Destruction of Property (I.P.C. 477)
- ☐ Obstructing a Public Highway/Place (I.P.C. 487)
- ☐ Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- ☐ Riot or Breach of Peace (I.P.C. 495(3))
- ☐ Other

☒ **Offense against Coalition Forces [check one] If "Other" then describe:**_____

- ☐ Violation of Curfew
- ☐ Illegal Possession of Weapon
- ☒ Assault/Attack on Coalition Forces
- ☐ Theft of Coalition Force Property
- ☐ Trespass on Military Installation or Facility
- ☐ Photographing/Surveilling Military Installation or Facility
- ☐ Obstructing Performance of Military Mission
- ☐ Other

Apprehending Unit:		Location Grid:	
Date of Incident: (D/M/Y) 21 / 10 / 03 to / /	Time of Incident: 2330 hrs to hrs	Date of Report: (D/M/Y) / /	Time of Report: hrs

Detainee # EPW [redacted] b(6)-4			Key Connected Person: ☐ Victim ☐ Witness		
Last Name:			Last Name:		
First Name:	Given Name:		First Name:	Given Name:	
Hair Color:	Scars/Tattoos/Deformities:		Hair Color:	Scars/Tattoos/Deformities:	
Eye-Color:	Weight: lb	Height: in	Eye-Color:	Weight: lb	Height: in
Address:			Address:		
Place of Birth:			Place of Birth:		
Ethn/Tribe/ Sect:	Sex: ☐ M ☐ F	Phone#: DOB D/M/Y: ☐ Mobile ☐ Regular	Ethn/Tribe/ Sect:	Sex: ☐ M ☐ F	Phone#: DOB D/M/Y: ☐ Mobile ☐ Regular
☐ Passport ☐ Dr. license ☐ Other (specify) Document #:			☐ Passport ☐ Dr. license ☐ Other (specify) Document #:		

Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")

☐ Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)		Owner:
Make:	Color:	VIN:	
Model:	Type:	Plate No.:	Number of People in Vehicle:
Year:	Names of People in Vehicle:		
Contraband/Weapons in Vehicle:			

☐ Property/Contraband	☐ Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type:		Model:	Color/Caliber:
Serial No.:	Quantity:	Make:	Receipt Provided to Owner: Yes/ No
Other Details:		Where Found:	Owner:

Name of Assisting Interpreter: Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): SSG [redacted] Last, First MI	Supervising Officer's Name (Print): LT [redacted] Last, First [redacted]
Signature: b(6)-2	Signature: [redacted] b(6)-2
Email:	Email:
Unit Phone: Date: / /	Unit Phone: Date: 22 / 10 / 03

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES:	Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
NORTH HASWAH	2003 10 22	17:07	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted] b(6)-2	[redacted] b(6)-2	02

8. ORGANIZATION OR ADDRESS
FOB 10TH MOUNTAIN DIVISION

9.
I, [redacted] b(6)-2, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 21 OCT 03 AT APPROX 2300 HRS MY 1ST SECTION WAS CLEARING ROUTE JASKSON FROM SOUTH TO NORTH THROUGH THE CITY OF HASWAH. AT APPROX 2300 I STOPPED 2 MEN DRIVING FROM SOUTH TO NORTH THROUGH HASWAH. THE DROVE A WHITE MERCEDES TOWARDS OUR LOCATION. I ORDERED MY MEN TO STOP THE VEHICLE. THESE MEN WERE CURFEW VIOLATORS AND WERE THE ONLY PEOPLE OUT DRIVING AT THAT TIME. I TOLD THE MEN TO EXIT THE VEHICLE + MOVE TO THE TRUNK. THEY OPENED THE TRUNK. IT WAS CLEAR. ONE OF MY MEN SAW THE MAN NEAREST THE TRUNK HOLDING A CELL PHONE. I TOLD THAT MAN TO GIVE ME THE PHONE. WHEN I EXAMINED THE PHONE IT DID NOT APPEAR TO BE CONNECTING. [redacted] SECONDS LATER A LARGE EXPLOSION OCCURED TO MY SEVEN O'CLOCK. I GOT AN ACE REPORT FROM MY LEADERS AND DISCOVERED THERE WERE 2 FRIENDLY CASUALTIES + 2 ENEMY CASUALTIES. AFTER REPORTING TO HIGHER I FOUND THAT I HAD TAKEN SHRAPNAL TO THE THROAT. I EVACED EVERYONE TO THE REAR. THEN WE WERE AIR MEDEVACED TO BAGDAD. I AM MAKING THIS STATEMENT UNDER OATH FROM MY ROOM IN THE ARMY HOSTPAL AT BAGDAD. END OF STATEMENT NOTHING FOLLOWS. TAP 22 OCT 03

b(6)-2

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
	[redacted]	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT ____ DATED ____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

STATEMENT OF [redacted] TAKEN AT 17:25/BAGDAD DATED 22 OCT 03

9. STATEMENT *(Continued)*

b(6)-2

END OF STATEMENT NOTHING

b(6)-2

AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

[redacted]

ORGANIZATION OR ADDRESS

FOB C. HOSTON / 16TH MOUNTAIN
IS KANDRIJAH

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of OCT, 2003 at 17:20 IN THE BAGDAD HOSPITAL

[redacted] MAJ AN

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF [redacted] MAKING STATEMENT

b(6)-2

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

LOCATION	DATE	TIME	FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE	SOCIAL SECURITY NUMBER	GRADE/STATUS
[redacted]	[redacted]	E4

ORGANIZATION OR ADDRESS
HHC 1-32/AT

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

AROUND 2300 on the 21st of Oct, Mad dog element along w/ two Battle COMPANY gun trucks were doing our route clearance. ABOUT 100 meters give or take passed Check Point five OUR MAD DOG Section (2 gun trucks) crossed the Median to the left SIDE and dismounted, Battle had their two gun trucks on the right on the other side of the median and they had their dismounts as well. We walked about 15 meters give or take, till a [redacted] car was speeding towards us on battles SIDE. We pulled the vehicle over, as Battle DID their inspection; security was 360° tight, about a minute or so later a loud explosion [redacted] was heard coming from the Median about 15 meters to my rear, screaming, yelling was heard. [redacted] ONE enemy was severly wounded he laid on the median with his leg chopped up w/ bone showing; the other enemy was wounded as well he was placed in SSG [redacted] vehicle. Following the explosion small arms fire was coming from the RIGHT, Enemy was not spotted. [redacted] nothing follows

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
	[redacted] b(6)-2	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT *(Continued)*

b(6)-2

AFFIDAVIT

[redacted] E READ OR HAVE HAD READ TO ME THIS STATEMENT WH[redacted] ENDS ON PAGE ___. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT. [redacted]

[redacted] *on Making Statement)* [redacted]

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 19____ at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

USAPPC V2.00

b(6)-2

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

LOCATION	DATE	TIME	FILE NUMBER
LAST NAME, FIRST, MIDDLE NAME [redacted]	SOCIAL SECURITY NUMBER		GRADE/STATUS E-6/RA
ORGANIZATION OR ADDRESS HHC 1-32			

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 21st October 03, My Section was conducting Night Route clearance operation in the vicinity of Hasuah, on MSR Jackson. We also had 2 squads from Bco 1-32. My section was on the left side of the Rd and Bco was on the Right. Around 2315 a Vehicle was speeding up the road from our rear, the Person driving the Vehicle ~~didnot~~ [redacted] ict like he didnt want to stop but a couple of soldiers block the road, I observe the passanger, and the driver exit the Vehicle, and than a big explosing, I hit the ground and a heard small arms fire.

[redacted] b(6)-2

22 Oct 03

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED. USAPPC V2.00

STATEMENT *(Continued)*

b(6)-2

AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON [redacted] PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 19_____ at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

b(6)-4

ADMISSION AND CODING INFORMATION

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

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

3. REGISTER NUMBER						
9	10	11	12	13	14	15
[redacted]						

NAME (Last, First, Middle Initial) [redacted]

4. PAY GRADE	
16	17

5. SEX
18
M

6. DATE OF BIRTH (YYYYMMDD)								7. AGE AT ADMISSION		
19	20	21	22	23	24	25	26	27	28	29
1	9	8	3	0	1	0	1	2	0	4

8. RACE	9. ETHNIC BACK-GROUND	RELIGION
30	31	

10. LENGTH OF SERVICE			ETS
32	33	34	

11. FMP	
35	36
9	9

12. SOCIAL SECURITY NUMBER								
37	38	39	40	41	42	43	44	45
[redacted]								

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS
46

HOUR OF ADMISSION

BRANCH / CORPS

14. FLYING STATUS		
47	48	49

15. BENEFICIARY CATEGORY		
50	51	52
K	7	8

16. ZIP CODE OF RESIDENCE								
53	54	55	56	57	58	59	60	61

17. UNIT LOCATION (State or Country Code)	
62	63

18. MOS						
64	65	66	67	68	69	70

19. TRAUMA
71

PREV. ADMISSION

YEAR

☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION
72

WARD

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	
73	74

22. MTF TRANSFERRED TO					
75	76	77	78	79	80

23. DATE OF DISPOSITION (YYYYMMDD)							
81	82	83	84	85	86	87	88
2	0	0	3	1	0	2	3

24. CLINIC SVC - ADMITTING			
89	90	91	92

25. MTF TRANSFERRED FROM					
93	94	95	96	97	98

26. DATE THIS ADMISSION (YYYYMMDD)							
99	100	101	102	103	104	105	106
2	0	0	3	1	0	2	2

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	
107	108

28. MTF OF INITIAL ADMISSION					
109	110	111	112	113	114

29. DATE INITIAL ADMISSION (YYYYMMDD)							
115	116	117	118	119	120	121	122

FOR LOCAL USE

Dx: 8840 88100 Pr: 8609
8830 E9919 8744
8750
88000
8940

Inj Trauma
549 9

ADMITTING OFFICER (Signature, as required)

SIGNATURE OF ADMITTING CLERK

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

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

Admission and Coding Information

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

1. Reporting MTF [redacted]	2. MTF [illegible] IZ			
3. Register Number [redacted]	Name (Last, First, MI) [redacted]		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD) [redacted]	7. Age at Admission 20Y	8. Race Z	9. Ethnicity 9	Religion
10. Length of Service	ETS	11. FMP 99	12. Social Security Number [redacted]	
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 01:35	Branch / Corps:
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location	18. MOS	19. Trauma BC	Prev. Admission NO	
20. Source of Admission Direct from ER	Ward: ICW1	Name / Relationship of Emergency Addressee		
		Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580[redacted]q; No Install Provided		Telephone Number of Emergency Addressee		
21. Type of Disposition TRF-OTH b(2)-2	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-10-23		
24. Clinic Svc - Admitting ABA - GENERAL SURGERY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-22		
27. Location of Occurrence IZ	28. MTF of Initial Admission	29. Date of Initial Admission 2003-10-22		

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: MULTI SHRAPNEL WNDS

Procedure Narrative(s):

Cause of Injury Narrative:

b(6)-2

Admitting Officer (Signature, as requi[redacted]	Signature of Admitting Clerk [redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

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

Admission and Coding Information

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

1. Reporting MTF 0580[redacted]	2. [illegible]ation IZ			
3. Register Number [redacted]	Name (Last, First, MI) [redacted]		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD) [redacted]	7. Age at Admission 41Y	8. Race X	9. Ethnicity 9	Religion
10. Length of Service	ETS	11. FMP 20	12. Social Security Number [redacted]	
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 23:45	Branch / Corps:
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location	18. MOS	19. Trauma BC	Prev. Admission NO	
20. Source of Admission Direct from ER b(2)-2	Ward:	Name / Relationship of Emergency Addressee Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580[redacted]Iraq; No Install Provided		Telephone Number of Emergency Addressee		
21. Type of Disposition CRO/ER	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-10-23		
24. Clinic Svc - Admitting AAJ - NEUROLOGY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-22		
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-10-22		

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW TO BRAIN

Procedure Narrative(s):

Cause of Injury Narrative:

b(6)-2

Ad[redacted]	[redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
22 Oct 03	S) y/o PT c̄ GSW to the head
P: 65	
SPO2: 99%	
R: 48	
B/P: 150/74	O Not Responsive ⊗ depression ⊗ Bone fragments ⊗ Brain matter
Allergies:	Pupils Not reactive to light; Glazing wound to scalp. PT has
Meds:	Normal rectal tone on outer ring, No tone on internal ring; CTA (B) c̄ strong B,
Glucose: 150	sounds; ⊗ Battles signs ⊗ Racoon eyes ⊕ cortical posturing; Trachea midline, ⊗ Seroffs
	⊗ TTP on C spine; ⊗ Stepoff ⊗ TTP ⊗ Erythema ⊗ Ecchymosis on long spine
1gm Ancef (IV) 2245	F/S/ND Abomen; No other Associated extremity Trauma
IV Normal saline 14G	2305 BP 140/60 P R SpO_2
(B) AC 2215	
2250	
R 26	
P: 63	
SPO2: 99	A: GSW To Scalp c̄ TBI
BP 150/74	P: 1 C spine imobilization 4: high flow O_2
	2 Ancef 1gm 5: IV ~~Nacl~~ Normal Saline TKO @ 2215
	3 Dressed wound 6 E-mycin ointment to lubricate eyes

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 REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

23 Oct 0017 — Neurosurgery Note

Adult Iraqi male MVA while running into US soldiers attempting to collide with them was shot in the parietal occipital area. Pt. then collided into a barrier wall. On exam had No movement to noxious stimuli, pupils fixed/dilated OU, and No verbal response. Intubated in the EMT taken for a CT scan: Penetrating parietal entry wound with mid-line fragments and interhemispheric SDH, signs of Bilateral temporal lobe swelling and brainstem herniation, w/ (R) thin SDH ~1cm with disproportionate midline shift >2cm of septum pellucidum.

Given poor prognosis for penetrating head injury with clinical exam fixed Bilateral GCS 3, Radiographic signs of herniation, sagittal sinus injury and disproportionate edema no role for neurosurgical intervention.

Recommend: (1) Extubation to avoid unnecessary, inappropriate ventilation given Non-survivable injury.

[redacted] b(6)-2

Neurosurgery Service

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

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

[redacted] b(6)-4

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

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

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

Ward/Section: EMT | [redacted] | DATE: 22 Oct 03 | TIME: 2350 | SSN/PSEUDO SSN: [redacted]

[redacted] MI.

(Hematology) CBC

TEST	
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Coagulation Studies

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

REMARKS:

REPORTED BY: D

Urinalysis

TEST	RESULT	REF. RANGE
Color	yel	N/A
Appr	clr	N/A
Glu	neg	Negative
Bili	neg	Negative
Ket	neg	Negative
SG	1.030	N/A
Bld	mod	Negative
pH	6.0	N/A
Prot	30+	Negative
Urob	norm ~~Neg~~	0.2-1.0
Nit	neg	Negative
Leuk	neg	Negative
HCG		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

SSA-3+
bacteria-1+
granular casts
2-1-5 RBC 1-5 WBC

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

Crossmatch
EVERY UNIT OF BLOOD TED)

CROSSMATCH

b(6)-4

Patient ID [redacted]
Test Name :PT
Test Result:= 14.0 sec.
Ratio = 1.1
Calculated INR = 1.25
Sample Type:citrated wh. blood
Test Date :10/23/03
Test Time :00:09
Card Lot [redacted] b(6)-2
Operator

RAPIDPOINT COAG ANALYZER V4.54
SERIAL #005485 10/23/03 00:13

Patient ID: [redacted] b(6)-4
Test Name :APTT
Test Result:= 41.3 sec.
Sample Type:citrated wh. blood
Test Date :10/23/03

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

Ward/Section: EMT	REQUESTING PHYSICIAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST [redacted]	DATE: [illegible] TIME: [illegible]	SSN/PSEUDO SSN: [redacted]

(i-STAT)

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

(Piccolo) Chemistry 12

TEST	RESULT	REF. RANGE
ALB		3.5-5.5 g/dl
[illegible]		

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

b(6)-4

PICCOLO
22/10/03 23:59
REFERENCE RANGE: MALE
PATIENT #: [redacted]
METLYTE 8
DISC LOT #: b(6)-2 [redacted]
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	206*	73-118	MG/DL
BUN	13	7-22	MG/DL
CRE	1.2	0.6-1.2	MG/DL
CK	684*	39-380	U/L
NA+	130	128-145	MMOL/L
K+	3.5	3.3-4.7	MMOL/L
CL-	99	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

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

PICCOLO
22/10/03 23:58
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
GENERAL CHEMISTRY 12
DISC LOT #: 3204AA1
OPER #: [redacted] DR #: 000
SERIAL #: [redacted] b(6)-2

ALB	4.0	3.3-5.5	G/DL
ALP	92*	26-84	U/L
ALT	49*	10-47	U/L
AMY	42	14-97	U/L
AST	53*	11-38	U/L
TBIL	0.7	0.2-1.6	MG/DL
BUN	14	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	115	100-200	MG/DL
CRE	1.0	0.6-1.2	MG/DL
GLU	207*	73-118	MG/DL
TP	7.8	6.4-8.1	G/DL

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

		98-108 mmol/l
		18-33 mmol/l

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: **TRAUMA FLOWSHEET** The proponent is Dept of Surgery b(6)-4

OTSG APPROVED (Date): QI Appr 11 Jun 97

EMS REPORT

TIME: 2343 ETA: 2345 UNIT: [redacted]

MED COM: [Y] [N]

Came in with IV line

ARRIVAL STATUS

TIME 2345 ☐ IV x 1 ☐ O_2 ____ l/min ☐ C-Spine Immob

Meds: ☒ UKN ☐ None ☐ Yes: ____

Allergies: ☒ UKN ☐ None ☐ Yes: 2

Tetanus: ☒ UKN ☐ Current Last Meal/Fluid Intake ____ hrs

LMP: ____ ☐ ____

PRIMARY SURVEY

AIRWAY

☐ Natural Patient [Y] [N]

☐ ETT ____ ☐ ____

☒ Secretions yes

BRETHING

☐ Labored ☐ Unlabored ☐ Absent

TRACHEA: ☒ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] > = < [R]

CIRCULATION

PULSE: ☒ Present ☐ Absent

BLEEDING: [Y] [N]

HEART TONES: ☐ Clear ☐ Muffled

SKIN: ☐ Warm ☐ Cool ☐ Hot

☐ Pink ☐ Pale ☐ Cyanotic ☐ ____

☐ Dry ☐ Moist ☐ Diaphoretic

SECONDARY SURVEY

DISABILITY

GCS: E 1 V 1 M 1 = 3

SPHINCTER TONE: ☒ WNL ☐ None

HEAD

PUPILS: ☐ Equal ☒ Fixed ☐ React ☒ Dilated [L] [R]

TM: ☐ Clear ☐ Blood [L] [R]

NECK

C-Spine Tenderness: 2 [Y] [N]

Pain @ ____

JVD: [Y] [N]

HEART

RHYTHM: ☒ Regular ☐ ____

PULSES: ☒ Central ☐ Peripheral

LUNGS

BREATH SOUNDS: ☒ Bilat ☐ Equal ☐ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

ABDOMEN

☒ Soft ☐ Rigid ☐ Non-Tender ☐ Tender: ____

PELVIS

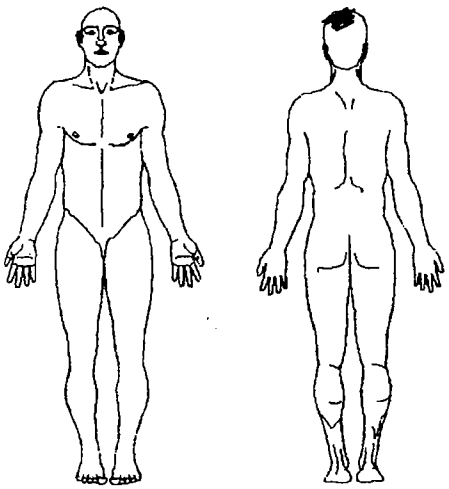
☒ Stable ☐ Unstable ☐ ____

Blood at meatus/vagina: [Y] [N]

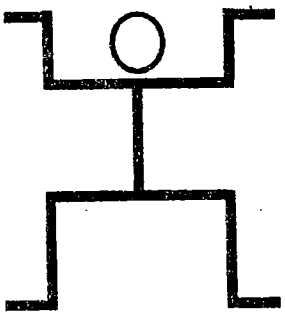
Heme + / - Prostate: ☐ WNL ☐ Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound



VASCULAR ASSESSMENT



+ + Strong	+ Palpable	D Dopler

RN [redacted] b(6)-2

PHYSICIAN [redacted] b(6)-2 (Continue on reverse)

PREPARED BY (Signature & Title) [redacted]

DEPARTMENT/SERVICE/CLINIC EMT [redacted] b(6)-2

DATE 22 OCT 03

PA[redacted] or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

Age 41

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

DA FORM 1 MAY 78 4700

REQUIREMENT OF PRIVACY ACT OF 1974 IS COVERED BY DD FORM 2005. PREVIOUS EDITION IS OBSOLETE.

EAMC OP 503, 1 Dec 98

b(6)-2

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
2345	ET Intubation	8.5	☐ Oral ☐ Nasal Teeth 27	[redacted]	☐ ETCO2 Change ☐ BBS Post Int ☐ Post CXR
2353	Gastric Tube	18F	☒ Oral ☐ Nasal	[redacted]	☐ Air ☐ Contents ☐ Verified Kg Suction: Y (N)
2354	Urinary	16 F	☒ Meatus ☐ Supra-Public	[redacted]	☐ Return ____ cc ☐ Heme Dip: + - ☒ Secured
	DPL		☐ Opened ☐ Closed		☐ Grossly: + - Cell count Sent@ ____
	Chest Tube #1		L R		☐ Air ☐ Blood ☐ Pleuravac ____ cm ☐ Autotransfuser
	Chest Tube #2		L R		☐ Air ☐ Blood ☐ Pleuravac ____ cm ☐ Autotransfuser
	12 Lead	Rhythm:		Comments	

ABG SITE	TIME	%O2	pH	BE	pCO2	PO2	O2 Sat	HCO3
1)								
2)								

LABS

b(6)-2

TIME	LABS
	☐ D-stick ____ ☐ SHct ____
	☐ D-stick ____ ☐ SHct ____
2359 [redacted]	☒ CBC ☒ Chem ☒ PT/PTT
	☐ ETOH ☒ T&S ☐ T&C x ____
	☐ Tox Screen
2350	☒ UA ☐ HCG
	☐ OTHER
	☐ OTHER

X-RAYS

TIME	LABS
	☒ Chest Initial
	☐ Chest Post ET
	☐ Chest Post CT
	☐ C-Spine
	☐ Pelvis
	☐
	☐
	☐

TIME	PROCEDURE	ACCOMPANED BY	RETURN
	CT Scan: ☐ Contrast		
2019	☒ Head ☒ Abd ☒ Pelvis		
	☐ C-Spine ☐ T/L Spine ☒ Chest		
	☐		
	A-Gram Site:		

IV ACCESS & FLUIDS

TIME	#	GA	IAW	SOP	SITE	IVF TYPE	AMT UP	AMT IN
2348	1	18	(Y)	N	(R) Ac	NS		
			Y	N				
			Y	N				
			Y	N				

MEDICATIONS

MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Lidocaine KG	2345	100cc	IV						
Etimulyte KG	2347	20mg	IV						
Succs KG	2349	100mg	IV						
Vec SR	2358	10mg	IV						
Versed KG	0001	3mg	IV						
Vec KG	0014	10mg	IV						

BLOOD PRODUCTS

START	#	TYPE	UNIT#	AMT UP	AMT IN	END	INT

LAB RESULTS

CBC:

26.9 / 14.3 / 45.3 / 284

14/41

Chem:

130 / 4.5 / 13 / 256

3.5 / 22 / 1.2

UA ~ ~~

INTAKE & OUTPUT

INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL

TITLE	NAME (Print)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]			
Surgeon	[redacted]	b(6)-2		
Anesth				
X-Ray	[redacted]			
RT				
Ortho				
Neuro	[redacted]			
Chaplain				

VALUABLES & CLOTHING

V	STATUS	C
	None Found	
	Given to Patient	
	Given to Family	
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696	
	Other: See Nursing Notes	

DISPOSITION

☐ Home ☐ ____

Admitted to ICU

Report Called to ____

Time Transferred ____

Accompanied By ____

Via: ☐ Stretcher ☐ Wheelchair

As per ACLS Precautions: ☐ Yes ☐ No

VITAL SIGNS

Rectal Temp:

GCS: /

TIME	BP	HR	RHY	RR	SAO_2	FIO_2	MODE	E	V	M	T
2345	181/90	98		26		91%					
2359	183/120	88		23		100%					
0006	172/58	106		16		100%					
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GLASGOW COMA SCALE

EYE OPENING	VREBLE RESPONSE	MOTOR RESPONSE
4 - Spontaneous	5 - Oriented	6 - Obeys Commands
3 - To Voice	4 - Confused	5 - Localizes Pain
2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None

TIME	PROCEDURE	PERFORMED BY:
	☐ Backboard Removed	BY:
	☐ Downgraded	BY:

NOTES

☆U.S.GOVERNMENT PRINTING OFFICE 1997-571-7000

Adult male c/ssgi s/p MVA / GSW to Head,

Arrives c̄ GCS (3) Fixed dilated (B) c̄ HTN 180/50

and HR 101, with gurgling breath ≈ 8 Breaths per min.

Pt Intubated using ETT paralytics / 2nd line / stabilized

CT of Head – non survivable Brain injury

See Neuro surgery note.

CT Head – massive Bleed c̄ midline shift, loss of Vertical (B).

Pt expectant. Extubated and died minutes later. 0044 23 Oct 03

[redacted] MD
2 RRT

b(6)-2

Automated Facsimile

b(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr	2. Name	3. Grade	Admission Remarks
[redacted]	[redacted]	FGN	

4. Sex	5. Age	6. Race	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm
M	41Y	X				NO

11. FMP	12. SSN	13. Organization	14. Ward
20	[redacted]		

15. FlyStatus	17. Dept / Ben	18. BranchCorps	19. UIC / ZIP	20. Type Case
	K78-PRISONER OF WAR/INTER			BC

21. Source of Admission	22. Hour Of Adm:	23. Clinic Service
Direct from ER	23:45	AAJ - NEUROLOGY

24. Name/Relation of Emergency Addressee	25. Type Disp	26. Date of Disp
	CRO/ER	2003-10-23

b(6)-2

27a. Address of Emergency Addressee	27b. Telephone No	28. Date This Adm:	AdmittingOfficer:
		2003-10-22	[redacted]

29. ReportingMTF	30. Date Init Adm	32. Units Blood Components
0580 [redacted]aq b(2)-2	2003-10-22	

31. Selected Administrative Data

Marital Status: DoB: [redacted] b(6)-4

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW TO BRAIN

Dx: 85195 ~~854.06~~ 873.0 3485 E919.2 E816.0

Px: 96.71 99.29 87.03

Trauma 1 | Inj 450

Cause death #1

Blood N | Aut N

b(6)-2

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	1	1

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	1	1

Signa[redacted]

Automated Facsimile - DA FORM 3647, May 79

b(6)-4

b(6)-4

CERTIFICATE OF DEATH *(OVERSEAS)*
Acte de décès *(D'Outre-Mer)*

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
[redacted]	SD		[redacted]
ORGANIZATION Organisation	NATION *(e.g., United States)* Pays	DATE OF BIRTH Date de naissance: Livk	SEX Sexe: [X] MALE Masculin [ ] FEMALE Féminin

RACE Race	MARITAL STATUS État Civil	RELIGION Culte
[ ] CAUCASOID Caucasique	[ ] SINGLE Célibataire	[ ] PROTESTANT Protestant
[ ] NEGROID Négroïde	[ ] MARRIED Marié	[ ] CATHOLIC Catholique
[X] OTHER (Specify) Autre *(Spécifier)* Iraqi	[ ] WIDOWED Veuf	[ ] JEWISH Juif
	[ ] DIVORCED Divorcé	[ ] OTHER *(Specify)* Autre *(Spécifier)*
	[ ] SEPARATED Séparé	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicilié à (Rue)	CITY OF TOWN AND STATE *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Declaration médicale

CAUSE OF DEATH *(Enter only one cause per line)* Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH[1] Maladie ou condition directement responsable de la mort.	Gunshot wound to head.	ca 2hrs.
ANTECEDENT CAUSES Symptômes précurseurs de la mort. — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS[2] Autres conditions significatives		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée [ ] YES Oui [ ] NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
[ ] NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
[ ] ACCIDENT Mort accidentelle		
[ ] SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
[ ] HOMICIDE Homicide	SIGNATURE Signature / DATE Date	AVIATION ACCIDENT Accident à Avion [ ] YES Oui [ ] NO Non

DATE OF DEATH *(Hour, day, month, year)* Date de décès *(l'heure, le jour, le mois, l'année)*	PLACE OF DEATH Lieu de décès

I HAVE VEIWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci dessus

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplôme
GRADE Grade: O-4 / MAJ	INSTALLATION OR ADDRESS Installation ou adresse: [redacted] BAGHDAD
DATE Date: 23 oct 03	SIGNATURE: [redacted] MD

b(6)-2

b(2)-2

[1] *State disease, injury or complication which caused death*
[2] *State conditions contributing to the death, but not related to the disease or condition causing death*
[1] *Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.*
[2] *Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.*

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2; THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will:

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

[redacted]

CD [redacted] b(6)-4

Patient's name (Last, first, middle initial), Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*: 0044 23 oct 03

3. MEDICAL EXAMINER/CORONER'S CASE: ☐ YES ☒ NO

4. RELIGION: 2

5. CHAPLAIN NOTIFIED: ☐ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)* Gunshot wound to Brain	≈ 2hrs
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1)	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b(6)-2	
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
23 oct 03	[redacted] MD 2765 O-4	[redacted]

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER *(Specify)*					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 1 OCT 72 3894 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. *U.S. GPO: 1997-418-290/55263

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...PATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) UNK			3. GRADE NA	ADMISSION REMARKS
4. SEX M	5. AGE 18y	6. RACE Z	7. RELIGION UNK	8. LENGTH OF SVC NA	9. ETS NA	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN [redacted]		13. ORGANIZATION NA		14. WARD ICW1	
15. FLYING STATUS NA	16. RATING/ DSG	17. DEPT./ BEN NA		18. BRANCH/CORPS NA	19. UIC/ZIP	20. TYPE CASE NBI	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION: Direct from Emt					22. HOURS OF ADMISSION 0200	23. CLINIC SERVICE AEAA	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK				25. TYPE DISPOSITION 21		26. DATE OF DISPOSITION 10/29/03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK				27b. TELEPHONE NO. UNK		28. DATE OF THIS ADMISSION 10/23/03	ADMITTING OFFICER Dr. [redacted]
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted]						30. DATE OF INTIAL ADMISSION 10/23/03	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

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

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: (L) HEEL LACERATION
(R) HEEL FRAGMENTATION WOUND

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

35. Total Days This Facility

ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	7	7

36. Total Days All Facilites

ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	7	7

SIGNATURE OF ATTENDING [redacted] Dr. [redacted]

SIGNATURE OF RMO OR MEDICAL RECORDS OFFICER [redacted]

4 FORM 3647, MAY 79

USAPPC V1.10

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

18 JUL 5 DAYS AFTER THE CRASH HE WAS RIDING IN REAR OF A TRUCK OF 82ND AIRBORNE.

PMH ⊖

PSH ?

ALLERGIES - NKDA

PHYSICAL EXAMINATION

WBWN NAD

HEENT - WNL

WRMZ^ RIPPLE

EXT - SMALL PENETRATING WOUND (R) HEEL
LACERATION (L) HEEL

XRAYS - FOREIGN (R) HEEL

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

(R) LACERATIONS (B) HEELS

(P) CLEANED BANDAGED
WOUNDS CLEAN

b(6)-2

SIGNATURE OF [redacted]	DATE 23 OCT 03	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
[redacted] b(6)-4		

ABBREVIATED MEDICAL RECORD
Standard Form 539

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NO.
DATE	NOTES
22 Oct 03	S) Pt c/o Laceration to (L) Heel.
2309	
PO_2: 98%	
P: 107	
R: 20	O) BS NORMAL, (+) Airway, A&O×3, (-) Active Bleeding
B/P: 176/88	
	A) Laceration (L) Heel 20cm
2312	P) 1 g Ancef
10 mg Morphine	Wound irrigated

b(6)-4

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)

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
23 Oct 03 0330	Received from EMT via stretcher. Alert. Lungs clear. BS(+) x4 quad. Abd soft non-distended. Foley to gravity drainage clear yellow urine. Peripheral pulses +2. (L) AC IV saline locked as ordered. (L) heel c Kerlex in cap ~~dry~~ [redacted] dressing dry & intact. (R) heel c small opening < 1 cm. left open to air. ∅ active bleeding noted @ this time. covered (R) heel c dry sterile ~~dressing~~ dressing. Will continue care as planned. [redacted] 217 A
23 Oct 03	(1325) Assumed care of pt @ bedside p̄ report from night shift. Pt alert, speaking Arabic. VSS. ∅ c/o pain. Drsgs to (B) heels Δd per MD this am. Sutures intact. Pt amb in hallway s̄ difficulty. SL in @ dc flushes well s̄ s/sx infection/infiltration. Tol. reg diet well. Voiding s̄ difficulty. 2-point restraints in place s̄ s/sx complications. Will continue to monitor. [redacted] UA
	(1700) Pt yelling/praying d/t finding out father is dead. Pt vomitted x2. Pt medicated c̄ 5mg Haldol IVP. Pt resting quietly @ this time. Foley d/cd @

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

[redacted] b(6)-4

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PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

b(6)-2

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
23OCT03 (1700)	(cont) 1620 Pt aware he is to void in urinal. DIV by 2220. monitoring. [redacted]
23OCT03 2000	VSS. Alert & Oriented. No noted morning O this time. Refused dinner. ~~Drank~~ Drinking water. Visibly clear yellow urine. Dry to touch bowel & lateral. Dry bed. Lungs clear. BS (+) X4 quad. Abd soft-non-distended. Peripheral pulses +2. Pt informed of NPO status p MN. Verbalized understanding per interpreter. Will continue care as planned. [redacted]
24OCT03 1000	VSS. AO. Received 5 mg Valium for anxiety. (+) pulses to bilateral LE. CR ≤ 2 seconds. Voiding light yellow urine, quantity sufficient. Sent to OR for scrub. SCLAB. HRR. [redacted]
24OCT03 @ 2100	VSS. DSG to LE B/L CDI. Lung sounds clear. (+) bowel sounds. Consumed 50% meal. ~~Pt has~~ Pt (-) c/o pain. [redacted]

b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

b(6)-2

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
25 OCT 03 1700	VSS. AO. (+) 2 pulses to BLE. Ambulated on crutches AM for 40 min and then sat in chair to rest. Changed skin to feet. Did DSG to RLE @ heel as ordered. [redacted]
25OCT@1910	Pt ambulated to BR ∓ assist. Had steady gait. DSG to BIL LE heels CDI. Lung sounds clear through all lobes. SS2 audible. (+) bowel sounds [redacted] [redacted] 2LT/AN
25OCT@1300	Pt. sitting up in bed, AAO. V.S.S. Pt. has DRESSINGS to heels of feet, bilat ∓ ace wrap. W → D DRSNG Δ to (L) heel this AM. Small amount of serous fluid drainage to old DRSNG. New DRESSING CDI. Pt. ambulated to BR ∓ difficulty. (+) BM x 1. Pt. occasionally has crying episodes ~~two~~ mo. R/T father dying. Pt. wants to know what has happened to his father's body. LTC [redacted] informed, said she would try to find ~~out~~ [redacted] out. All other assessments WNL. Pt. in 2-point restraints. Ø c/o pain. Ø signs of skin breakdown. [redacted] 2LT, AN.
27OCT@0040	Pt. denies any pain. Sleeping. (Δ) heel ⊖ S/Sx of infection. DSG Δ Completed. CDI. Pt. ambulated to BR. Urinating in jug. Tol regular diet. VSS 2 pt restraints. [redacted] 2Lt/AN

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

#[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

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LAST NAME | MI | NUMBER

DATE	NOTES
27 OCT @ 1400	Pt. resting quietly in bed. V.S.S. A&O x3. Chref + gtt infusing at this time. Ø c/o pain. W→D DRSNG Δ'd to (L) heel. (R) heel DRSNG, CDI. Pt. ambulates well ī assistance. Pt. in 2 point restraints, Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor — [redacted] 2LT, AN
28 OCT @ 0130	Pt laying in bed. Medicated ō 2 percocets for pain. Pt has DSG's to B/L heels. Δ'ed DSG to (L) heel. Wound has ⊖ s/sx of infection. Wound beefy pink ō white granulation tissue surrounding wound. Applied NS & soaked gauze + wrapped ō Kerlex. — [redacted] SPC/AP
28 OCT 03 0700	- Assumed care of pt. VSS Ø c/o pain or discomfort @ this time. Lungs clear HRRR Active BS x4 quads Dressing (L) foot heel wet to dry 4x4 kerlix wrapped (L) foot open to air small wounds to back of foot Ø drainage bleeding noted Will cont to monitor — [redacted] 9/WMC
28 OCT 03 1900	VSS. Alert & Oriented. (L) FA saline lock patent + intact. W→D dry applied to (L) heel wound. Tissue to (L) heel wound pink & moist. Ambulates to BR without difficulty. Tolerating Regular die No c/o pain voiced or noted — [redacted] 2LT VS
29 OCT 03 0700	- Assumed care of pt. resting in bed A+O x3. (L) foot kerlix wrapped wet to dry dsg Δ CDI heel breakdown infection IV ABX treatment. (R) heel small wounds bacitracin ointment applied Remains afebrile. Lungs clear HRRR Active BS. Ambulates ī difficulty will cont to monitor — [redacted] 9/WMC

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES b(2)-2
29 Oct 03 2025	Ortho Discharge Note - [redacted]
	18 yo. ♂ shot in heels after the car he was riding in struck an American truck. They mistook fingers to his (R) heel, which was removed, and an avulsion wound to his (L) heel, which has responded to dressings.
	PWB: Weight bear as tolerated, Keep dressing changes. Levofloxacin 250 mg P.O. Q 24 x 14 days
	b(6)-2 [redacted]
	CDR MC

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
29 OCT 03 2000	VSS. Alert & oriented. (L) FA saline lock patent & intact. Pedal pulses palpable +2. Toes ē brisk capillary refill. Tissue to (L) heel wound is pink & moist. OOB to BR independent. No c/o pain or discomfort voiced or noted. Will continue care as planned. [redacted] RCTN
30 OCT 03 0700	- Assumed care pt. A+O x3. VSS resting in bed foot elevated. (R) foot wound wet to dry slight packing healing ∅ s/s of infection ∅ c/o pain Ambulates ē a limp. Neurovascular check intact. Lungs CTA HRRR Active BS Urinates ē difficulty Will cont to monitor [redacted]

b(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

[redacted] b(6)-4

b(2)-2

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Patient)*	LOG NUMBER [redacted]
		RECORDS MAINT [redacted]

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)* 27 Oct 03 | TIME 2349

TRANSPORTATION TO FACILITY: Air EVAC

SEX: M

AGE: 18

DUTY/LOCAL PHONE	
AREA CODE	NUMBER
HOME PHONE	
AREA CODE	NUMBER

MILITARY STATUS			
ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

THIRD PARTY INSURANCE		
ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: 10mg morphine

ALLERGIES: NKDA

INJURY OR OCCUPATIONAL ILLNESS			
ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT	
DATE LAST VISIT	24 HOUR RETURN ☐ YES ☐ NO
TETANUS	
DATE LAST SHOT	COMPLETED INTITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: GSW (B) Ankles

Tots - Ø
Eyes - Ø

CATEGORY OF TREATMENT

☐ EMERGENT
☐ URGENT
☒ NON-URGENT

TIME: 2350

INITIALS: [redacted]

VITAL SIGNS

TIME	2350				
BP	141/78				
PULSE	118				
RESP	18				
TEMP	98.8				
WT					

LAB ORDERS

☒ CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT
URINE C&S ☒	UA MSCC/CATH		CHEM: ☒ Lytes
BLOOD C&S X			

X-RAY ORDERS

	CXR PA & LAT/PORTABLE	C-SPINE
	ACUTE ABDOMEN	LS SPINE
	SINUS	HEAD CT
X	ANKLE R/L (B)	

ORDERS

☒ PULSE OX 99%
☐ MONITOR
☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
2353	tetanus .5 IM	JP	[redacted]		
	2mg Ativan IV	JP			
	5mg Morphine IV	JP			

DISPOSITION: ☐ HOME ☐ FULL DUTY

MODIFIED DUTY UNTIL

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

#[redacted] b(6)-4 b(6)-2

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER

TEST RESULTS

CBC	WBC	SMAC		ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
	H/H			SUP 02	PH	PO2	RESULTS	
	PLT			PCO2	SAT	OTHER	⊕ shpanal ⊕ Heel.	
PT				U/A	DIP		EKG INTERPRETATION	
APTT		BHCG	ETOH	GLU	MICRO			

PROVIDER HISTORY/PHYSICAL

yp m old male, brought in by Medevac, A+Ox3, GCC, GSW noted to R. heel, evulsion noted to left heel, vital signs stable at present time [redacted] 2nd

18y/o ♂ involved with Father that RAMMED into a truck full of 82nd Airborne Soldiers. 62-2 their car was shot and they were sent to [redacted] pt A+Ox3 on Arrival. c/o Heel Pain and Back Pain.

PMH-φ
FHX-φ
TOB-φ
PSH-φ

A: GCS 15, PERRL, A+Ox3
Hand/Arm: Pain, Forearm Tenderness
Neck: Negative
Chest: Tender
Back: Negative, Pain
Ext: NVI (B) ⊕ 3 inch laceration ⊕ Heel ⊕ Extreme wound ⊕ Heel
Back - negative, pain, no fracture

(A/P) Reflexes / Tylenol / Recheck By Dr. Alberton in A.M.

b(6)-2

CONSULT WITH	TIME	ACTION

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

PROVIDER SIGNATURE AND STAMP

[redacted] MD
DO

DIAGNOSIS

① Fragmented Wound ⊕ Heel.
② Laceration to ⊕ Heel

CODE

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

#[redacted] b(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: HEIGHT: WEIGHT: } unknown	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA 3. PREVIOUS SURGERY [ ] NO [ ] YES (type): unknown

4. PROPOSED SURGICAL PROCEDURE: I&D Bilat. Heels

5. ADDITIONAL INFORMATION: Last PO: NPO 8 MN Medical Hx: Ø Implants: Ø Medications:
Jewelry removed: yes/no Family waiting: yes/no

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment	Ø Pt. verbalizes any specific anxiety. Ø Pt. exhibits relaxed body posture.	Ø Allow pt. to verbalize freely. Ø Explain OR environment and answer questions regarding surgery. Ø Offer comfort measures, (e.g., warm blanket, touch) Ø Explain all nursing procedures before they are done. Ø Remain with pt. whenever possible. Ø Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to sedation; positioning; injury	Ø PT. will be able to breathe without difficulty during immediate intra-operative phase.	Ø Offer to elevate head of litter or offer pillow. Ø Observe pt. while awaiting surgery for signs of distress Ø Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to bovie pad; position; fluid shift	Ø PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	Ø Utilize pressure preventing devices on OR table and accessories. Ø Check for proper positioning and support to maintain good body alignment. Ø Pad pressure points. Ø Place ESU ground pad on non compromised skin surface area. Ø Keep prep fluids from pooling.

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

[redacted] b(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery	ø Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	ø Check for support stockings or ace wraps. If none, check with doctors. ø Check that safety straps are correctly applied. ø Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. ø Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ✓ Potential impairment of mobility due to sedation; pain; injury E.2. ✓ Potential discomfort due to injury; pain	ø Pt. will be transferred to OR table without difficulty. ø Pt. will not experience unnecessary physical discomfort.	ø Have sufficient people available for transfer. ø Insure proper body alignment. ø Allow patient to lie in position of comfort while waiting for surgery. ø Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ✓ Disminished visual perception due to being injury; sedation; F.2. ✓ Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures. NO DENTURES	ø Pt. will be made aware of surroundings prior to anesthesia induction. ø Pt. will be transferred safely to OR table. ø Pt. will be able to understand instructions. ø Minimize danger of injury during intraop period.	ø Introduce self. Keep pt. informed as to where he/she is and what is happening. ø Inform pt. in which direction to move and assist if necessary. ø Speak clearly and slowly. ø Address pt. from either side. ø Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. b(6)-2	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

[redacted] LIT/AN 24 OCT 03 DATE

11. POSTOPERATIVE EVALUATION:

Pt. ŝ s/s of distress. Drsg. CDI.

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

12. PREOPERTIVE EVALUATION PREPARED BY (Signature and Title [redacted]

DATE: 24 OCT03 TIME: 0950

13. PREOPERTIVE EVALUATION PREPARED BY (S [redacted]

DATE: 24 OCT03 TIME: 1050

MEDCOM - 21916

REVERSE OF DA FORM 5176, JUN 01

MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-407, the propr[illegible]cy i[illegible] office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATI[illegible]
VIA Litter BY Anesthesia

2. PATIENT IDENTIF[illegible] [redacted] PROCEDURE
VERIFIED BY ILT [redacted]

3. DATE 24 OCT 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN ROOM TIME 0955 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

[X] CALM [ ] ANXIOUS [ ] EXCITED [ ] CRYING [ ] ANGRY [ ] WITHDRAWN [X] OTHER *(Specify)*

COMMENTS: NPO p MN NKDA

b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	SGT [redacted] 91D	RELIEF SCRUB	
ASSIGNED CIRCULATOR	ILT [redacted] 61OE	RELIEF CIRCULATOR INIT:	

7. POSITION AND POSITIONAL AIDS *(Specify)*

[X] SUPINE [ ] LITHOTOMY [ ] PRONE [ ] KRASKE LATERAL: [ ] LEFT SIDE UP [ ] RIGHT SIDE UP

COMMENTS: Normal anatomic body alignment maintained

8. SKIN PREPARATION

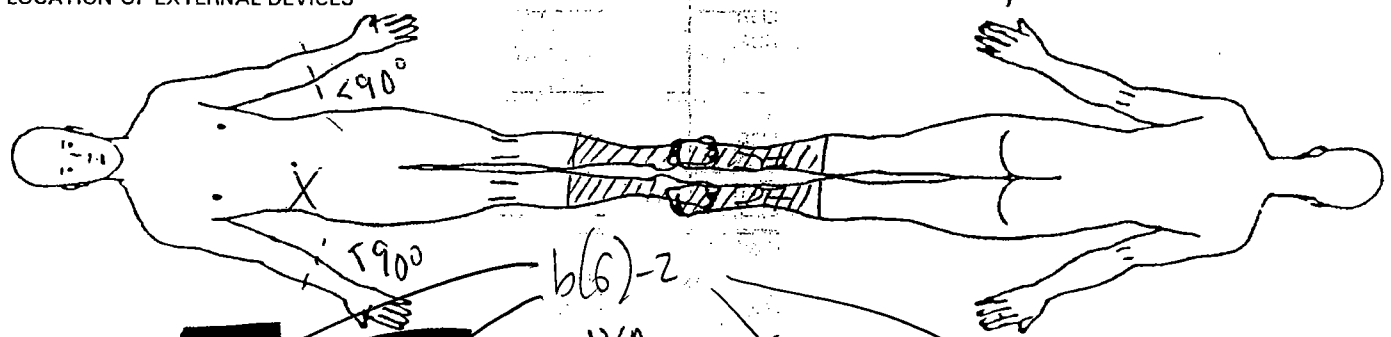
HAIR REMOVAL [ ] YES [X] NO
DONE BY: [ ] OR [ ] NURSING UNIT
METHOD: [ ] DEPILATORY [ ] RAZOR [ ] CLIP

COMMENTS: N/A

PREP SOLUTION *(Specify)* Betadine / Betadine
SITE: Bilat. feet BY WHOM:
SITE: BY WHOM:

COMMENTS: No pooling or adverse reaction

9. LOCATION OF EXTERNAL DEVICES



b(6)-2

N/A

LEGEND X [redacted] -- [redacted] = = = Tourniquet [X] prep

Initial: ILT [redacted]
Sgt [redacted]

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	[X] Yes	[ ] No			C	SGT [redacted]	ILT [redacted]
Needle Sharp	[X] Yes	[ ] No					
Instrument	[ ] Yes	[X] No					
Other	[ ] Yes	[X] No					

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

[redacted] b(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) [X] YES [ ] NO

[X] ESU NO: #2 CUT: 30 COAG: 30
GROUND PAD: BRAND VL REM Adhesive II
LOT NO: 70011 Exp 2005-04

[ ] ESU NO:
GROUND PAD: BRAND
LOT NO:

[ ] BIPOLAR NO:

13. PROSTHESIS, IMPLANTS YI NO IF YES NAME: ID NUMBE' 'ACTURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
N/A					

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl QS

OTHER ORDERS	TIME	CARRIED OUT BY
N/A		

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION *(Specify)*
Fluffs
Kerlix

19. ADDITIONAL INFORMATION
Surgeon: Dr. [redacted] b(6)-2
Anesthesia: CPT [redacted]

DA 5179 Initiated

20. OPERATION(S) PERFORMED
I & D Bilat heels
b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME See DA 7389 METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] 117 AN

511-119

NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

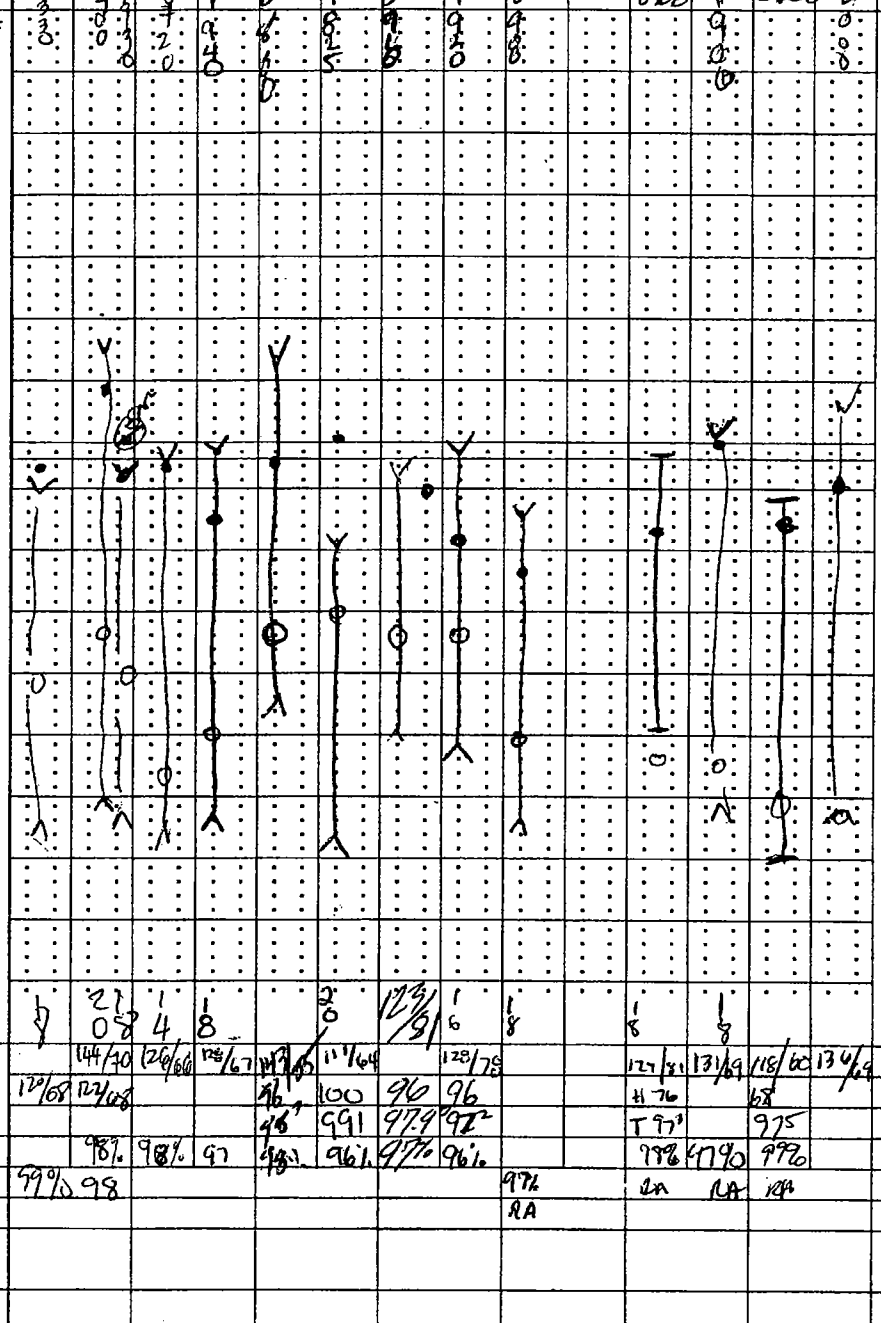
POST- DAY

MONTH-YEAR | DAY: 23 OCT | 24 OCT | 25 OCT 03 | 26 OCT | 27 | 28 | 29

19 | HOUR

PULSE (O) | TEMP. F (°)

TEMP. C (Centigrade Equivalents, for Reference only)



RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: | WEIGHT →

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

VITAL SIGNS RECORDS

Medical Record

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

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

Ward/Section: EMT	REQUESTING [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. #[redacted]	DATE 12 oct 07	TIME 73:56	SSN/PERSONAL ID NO. #[redacted]

(Hematology) CBC

TEST	
WBC	
RBC	
Hgb	
Hct	
MCV	
Plt	
Lymph %	

(Hematology) Manual Differential

Segs		Mono	
Bands		Eos	
Lymph		Baso	
Atyp		Imm	
RBC Morph			

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

Urinalysis

TEST	RESULT	REF. RANGE
Color	yel	N/A
Acp	clr	N/A
Glu	neg	Negative
Bili	neg	Negative
Ket	neg	Negative
SG	1.025	N/A
Bld	neg	Negative
pH	6.0	N/A
Prot	neg	Negative
Urob	neg	0.2-1.0
Nit	neg	Negative
Leuk	neg	Negative
HCG		Negative

CSF

Cell Count		
Directigen		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

Ward/Section: EMT	REQUESTING PHYSICIAN: Dr [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST: [redacted]	DATE: [illegible] TIME: [illegible]	SSN/PSEUDO SSN: [redacted]

(i-STAT)

TEST	RESULT	REF. RANGE
Na	138	138-146 mmol/L
K	3.2	3.5-4.9 mmol/L
Cl	103	98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2	27	23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (ven)
sO2		95-98%
BEecf		(-2) – (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN	19	8-26 mg/dl
GLU	130	70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
ALB		73-118 mg/dl
ALP		7-22 mg/dl
ALT		8.0-10.3 mg/dl
AMY		0.6-1.2 mg/dl
AST		128-145 mmol/l
TBIL		3.3-4.7 mmol/l
BUN		98-108 mmol/l
CA^{++}		18-33 mmol/l
CHOL		
CRE		
GLU		
TP		
TEST	RESULT	REF. RANGE
GLU		3.3-5.5 g/dl
BUN		26-84 u/l
CRE		10-47 u/l
CK		14-97 u/l
NA^+		11-38 u/l
K^+		0.2-1.6 mg/dl
CL^-		5-65 u/l
tCO_2		6.4-8.1 g/dl

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

```
======= PICCOLO =======
23/10/03              01:00
REFERENCE RANGE:      MALE
PATIENT #: [redacted] b(6)-4
LIVER PANEL PLUS
DISC LOT #b(6)-2 [redacted]
OPER #: [redacted]    DR #: 000
SERIAL #: [redacted]
.........................
ALB   4.5   3.3-5.5   G/DL
ALP   73    26-84     U/L
ALT   33    10-47     U/L
AMY   31    14-97     U/L
AST   36    11-38     U/L
TBIL  0.7   0.2-1.6   MG/DL
GGT   13    5-65      U/L
TP    7.8   6.4-8.1   G/DL

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)																
Fentanyl	(mcg)	100	100	50													
Propofol	(mg)	220															
Sux	(mg)	100															
Midazolam	(mg)			10													
	( )																
	( )																
VOLAT AGENT	1.50 % del	3.0	1.5	X													
	% e.t.																
AIR	L/Min																
N2O	L/Min																
O2	L/Min	8/2	2/8														

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

TOTALS	TOTAL EBL
200	minimal
	TOTAL URINE
10	Ø

FLUIDS - SUMMARY

CRYSTALLOID- 1000

COLLOID- 0

BLOOD- Ø

FLUIDS

LINE site														
LR 18G OR	☐ Warmed		800	1000										
	☐ Warmed													
	☐ Warmed													
	☐ Warmed													

LOSSES — EST BLOOD LOSS / URINE -

REMARKS

Code drugs with numbers, events with letters

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 60 (KG) LB

HEMATOCRIT:

INITIAL DATA:

BP- 106/60

HR- 94

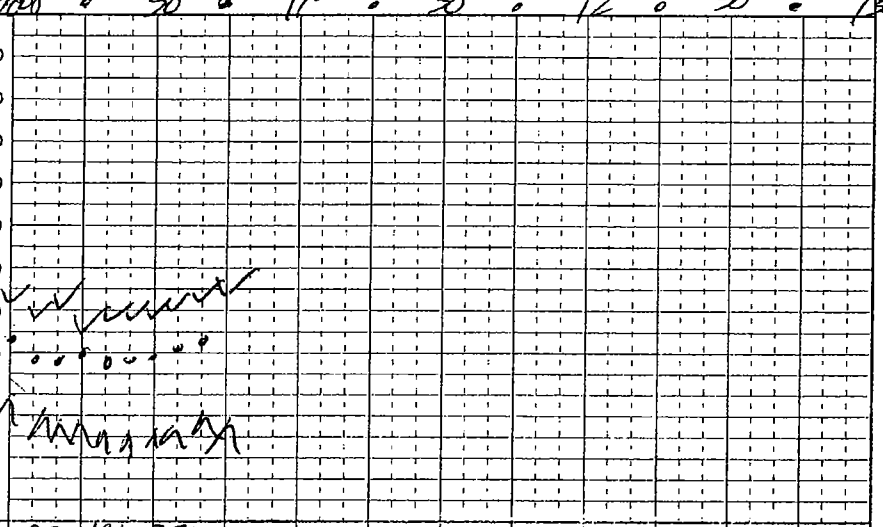
EQUIP CHECK OK?- (Y) N

PATIENT RECHECK OK for PROCEDURE? yes

TIME-

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

TIME → 1100 • 30 • 1100 • 30 • 1200 • 30 • 1300



VENTIL

VT - ml	190	180	330
f - breaths/min	5	7	12
Peak inf pres / PEEP			
MODE - S(pon), A(ssist), C(on)	S/A/S	S	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	59	60	46
BP/oth	FIO2 (Frac or %)	88	90	89
ART line	SpO2 (%)	100	100	100
Steth- PC/ES	ECG	SR	SR	SR
Gas analyzer	TEMP-site	AVA	[illegible]	
	N-M Block (T/4)	4/4	4/4	
Warming blkt				
Conv warmer				

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

RECOVERY AT 1050

PACU / ICU _____ (Specify)

OTHER _____

CONDITION: 96.6

RESP- 25 SpO2- 95%

BP- HR- 105

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0945	0955	1100
	Ready	Begin	End
PROC	1000	1005	1045

PROCEDURES and CPT Codes: I+D Bilateral feet

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

[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* Combitube. General

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* Pre-oxy in Induction Combitube placement x1 attempt, initiate port #1, ETCO2

SURGEONS: [redacted] b(6)-2

ANESTHETI[redacted] GTAC

PROCEDURE LOCATION: OR 1

DATE: 24 OCT 03

PAGE | OF

b(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted]

EPW

Noted 23 Oct 03 0330 [redacted]

NURSING UNIT	ROOM NO.	BED NO.
ICW		

DATE OF ORDER 23 Oct 03 — TIME OF ORDER 0200 HOURS — LIST TIME ORDER NOTED AND SIGN

Admit to ICW #1 - Dr. [redacted]

Dx: (L) Heel Laceration

(R) Heel Fragmentation Wound

Condition: Stable

Vitals: per routine

All: NKDA

Meds: 250 mg Keflex p.o. QID

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER — HOURS

975 mg Tylenol p.o. QID

5 mg Ambien p.o. QHS prn sleep

IV: Heplock

Diet: Regular

Activity: Bedrest / Bathroom privileges

Nursing: BID - Dressing changes to Heels

Plan: Reevaluate By Dr. [redacted] in AM.

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER — TIME OF ORDER — HOURS

b(6)-2

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER 23 OCT 03 — TIME OF ORDER 1550 HOURS

b(6)-2

Noted [redacted] 23 Oct 03 1700

(1) NPO after midnight for OR tomorrow

b(6)-2 [redacted]

DA FORM 1 APR 79 4256 REPLACES MEDCOM - 21923 MAY BE USED.

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
# [redacted] b(6)-4			23OCT03	1600 HOURS	
			D/C Foley		
			Haldol 5-10mg IV q 6°-12°pm		
			V.O. Dr. [redacted] b(6)-2		
NURSING UNIT	ROOM NO.	BED NO.			
FCW	24° ✓		24 Oct 03 @ 0580 [redacted]		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
24° ✓ 30 Oct @ 0030			[redacted]	HOURS	
			b(6)-2	b(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

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

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Ortho Op Note

29 Oct 03

[redacted] b(6)-4

Pre-Op Dx - Fragmentation wounds (R) heel
Post Op Dx - Same
Procedure: I+D (R) heel
Surgeon: [redacted] b(6)-2
ESL - MN
Findings - 1x1 cm fragment removed from (R) heel. Left heel bed bar closed with tight in 5/0 sutures, generously placed drained and debrided.
Plan: Ancef at Cipro.
Well to dry dressing.

[redacted]

b(6)-2

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

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

[redacted] b(6)-4

REGISTER NO.

WARD NO.

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

ICW-1

b(6)-4

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
24 OCT 03	[redacted] HOURS	
(1) TO ICW-1		
(2) DX - PHEOCHROMOCYTOMA WOUND (8) HEALING		
(3) CONDITION - FAIR		
(4) VS - MONITOR		
(5) UP TO WC, OOB TO COMM		TID
(6) NEBULIZER TO BT		

PATIENT IDENTIFICATION [redacted]

b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(7) N-CH AT 125 CC/HR.	HOURS	LOCK
WATER TO KEEP PO WATER		
(8) WATER TO DRY DRESSINGS TID		
(9) HEPARIN BID		
(10) TYLENOL 650 MG PO Q 4 HRS PRN		
(11) PERCOCET 1-2 PO Q 4-6 HRS PRN		
(11) CIPRO 400 MG NPB @ BID		
(12) DILAUDID 1 GRAM NPB Q 8 HRS		

AN 0403

24 OCT 03

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(13) AMBIEN 5 MG PO Q HS PRN	HOURS	
(14) MSO4 2-6 MG IVP Q 2 HRS PRN		
24 [redacted] ~~ULTIAN 240 @ 2000~~ [redacted]		

b(6)-2

NURSING UNIT	ROOM NO.	BED NO.
24 V	30 OCT	@ 0030

[redacted] -2 [redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

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

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

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
[redacted] Noted 29 Oct 03 2300 [redacted]				29 OCT 03	2230 HOURS	
			1	Discharge to EPW camp		
			2	D/C IV at discharge		
			3	Cloxacillin 250mg PO q 6hrs x 14 days #14		
NURSING UNIT	ROOM NO.	BED NO.		[redacted]		
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER [redacted] HOURS	
b(6)-4	b(6)-2				b(6)-2	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER HOURS	
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

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

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 22	24	25	26	27	28	29	30
23Oct	[redacted]	Keflex 250mg P.O	06	[redacted]							
	-----	QID	12								
	-----		18				D/C'd				
	-----		24								
23Oct	[redacted]	Tylenol 975mg P.O	06	[redacted]							
	-----	QID	12				D/C'd				
	-----		18								
	-----		24								
23Oct	[redacted]	IV Heplock	D	[redacted]							
	-----	Flush Q Shift	N								

24Oct	[redacted]	CIPRO 400mg IVPB	10	[redacted]							
	-----	BID	22								
24Oct	[redacted]	Ancef 1GM IVPB	6								
	-----	& 8°	14								
	-----		22								

	-----										

b(6)-2

ALLERGIES: ☐ YES ☑ NO — NKDA

PRIMARY DIAGNOSIS: (L) heel laceration / (R) heel fragmentation wound

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 10 Yr. 03
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
29 Oct	[redacted]	D/C IV @ D/C to EPW Camp	30 Oct			
		b(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED													
23 Oct	[redacted]	Ambien 5 mg p.o QHS PRN Sleep	D/T													
			D/I													
			E/I													
23 Oct 03	[redacted]	Haldol 5-10 mg IV q6° - 12 pm	D/T	23 Oct 1620	24 Oct 0532											
			D/I	5mg	5mg											
24 Oct	[redacted]	Tylenol 650 po q 4° PRN	D/T													
			D/I													
24 Oct	[redacted]	Percocet 1/1 - 1/2 po q 4-6° PRN	D/T	25 Oct 0900	26 Oct 1550											
			D/I	2	1											
24 Oct	[redacted]	MS Ox 2-6 mg IVP q 2° PRN	D/T	0600 10												
			D/I	4mg												
24 Oct	[redacted]															

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

Green Sheet

CLINICAL RECORD

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

Mo. 10 Yr. 2003

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 23 24 25 26 27 28 29 30
23Oct	[redacted]	2 tabs routine	D	[redacted]
			N	
23Oct	[redacted]	Regular diet	D	
			N	
23	[redacted]	Activity Bedrest	D	
		CBR privileges	N	> D/C'd
23Oct	[redacted]	B 7D Dressing PIS	10	> D/C'd
		to heels	22	
24Oct	[redacted]	up Ad Lib cors to	10	
		Chair TID	14	
			22	
24Oct	[redacted]	H2IV	6	See med
			18	Sheet
24Oct	[redacted]	W7D @ Heel BID	10	
		DSG	22	

b(6)-2

ALLERGIES: ☐ YES ☑ NO
NKDA

PRIMARY DIAGNOSIS: (L) Heel laceration / (R) Heel fragmented

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

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

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

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

Green Sheet

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo _____ Yr 2003

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
23Oct	[redacted]	Admit to ICU Dr [redacted]	23Oct	—	0330	[redacted]
23Oct	[redacted]	Condition stable	23Oct	—	0330	[redacted]
23Oct	[redacted]	Re evaluate by Dr [redacted]	23Oct	[redacted]	—	[redacted]
	------	Am				
23 Oct 03	[redacted]	NPO p MN for OR tomorrow	23 Oct 03	0001		
23	[redacted]	D/C foley	23 Oct 03	—	1620	[redacted]
23Oct	[redacted]	D/C to EPW Camp ≡ RX	30Oct			

	------					

b(6)-2

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

USAPA V1.00

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 24 Oct 03
Time In: 1050
Allergies: NKA
Pre-op V/S: 106/60 94%
Procedures: I&D Bilateral Feet
Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid LR 1000 Colloid
OR Output: UOP Ø EBL
Meds/Times: Fent 250 mcg, Propol 200 mg, Sux 100 mg, MSO4 10 mg

Drains
Hemovac
NG
JP
T-tube
~~Foley~~
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Pre Op Meds / History

Time	1050	1055	1100	1105	1110
SaO2	96	98	99	98	99
FiO2					
Methods	RA	RA	RA	RA	NC
240					
220					
200					
180					
160					
140	✓				
120		✓	✓	✓	✓
100					
80					
60	^				
40		^	^	^	^
20					
RR	18	19	19	20	18
T	96.6			97.6	98.1
Time					
Pain (0-10)					
LOS					

Pacu Intake

Time	Solution	Amount	Site	By	Infused

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

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

V/S
X = A-line BP
˙ = Cuff BP
= Pulse

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

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

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

(Continue on reverse)

[redacted] 1LT/AN b(6)-2

DEPARTMENT/SERVICE/CLINIC: PACU/KCA3

DATE: 24 Oct 03

[redacted] ped or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-4

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

MEDICATIONS

Allergies:

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm			+	P	B	C	
15'	All Bpt		+	P	B	W	
30'	All Bpt		+	P	B	W	
45'							
60'							
90'							
D/C							

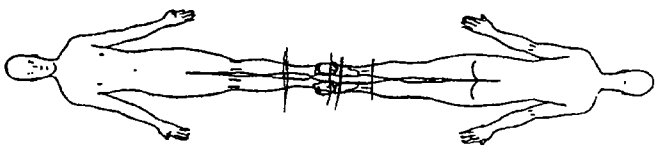
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm	Bilateral Feet		Ø
30'	Bilateral Feet		Ø
60'			
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

Assumed PT care @ 1050, PT is stable condition, NO S/S of distress. Arousable to voice, Alert, Sats 98-100 RA. palpable pulses ~~LE~~ +2 all extremities, 18g L AC. -GT- Hypoactive BSXH, GU- voids spontaneously. NO N/V/D. None combative, appropriate. ~~AA~~ S_1, S_2 of chitoms.

b(6)-2

Discharge Criteria:
Date: 2 9 0000 **Time:** 1155 **PARS:** 9
BP: 132/50 **T:** 98.7 **HR:** 92 **RR:** 18 **Sa02:** 99%
Pain Level at D/C (0-10):
Intake: Ø **Output:** Ø
Additional Data:
Transferred To: ICW
Report Given To: LT [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: Staff
Cleared IAW Recovery [redacted]
Charge Nurse Signatur [redacted] LT/AN

ADMISSION AND CODING INFORMATION

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

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

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
	1 8 y	2	9	UNK

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
	NA	9 9	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
NA	2	0200	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
N	K 7 8	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
I 2			YEAR / ☑ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
O	ICW1	UNK

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): UNK

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: Direct from EMT

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: UNK

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
2 4		0 3 1 0 2 9

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
A E A A		0 3 1 0 2 3

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

FOR LOCAL USE

DX. (L) HEEL LACERATION
(R) HEEL FRAGMENTATION WD

Dx: 8251
E8121
Trauma - 1450
injury
Px: 7967 X2

ADMITTING OFFICER (Signature, as required): b(6)-2 Dr. [redacted]

SIGNATURE OF ADMITTING CLERK: [redacted]

DA FORM 2085, MAR 89

[redacted] b(6)-4

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

Offense against Civilian(s) [check one] If "Other" then describe:

- Arson (I.P.C. 342)
- Solicitation of Fornication/Prostitution (I.P.C. 399)
- Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- Murder (I.P.C. 405)
- Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- Maiming (I.P.C. 412)
- Simple Assault (I.P.C. 415)
- Kidnapping (I.P.C. 421)
- Burglary or Housebreaking (I.P.C. 428)
- Extortion/Communicating Threats (I.P.C. 430)
- Theft (I.P.C. 439)
- Destruction of Property (I.P.C. 477)
- Obstructing a Public Highway/Place (I.P.C. 487)
- Discharging Firearm/ Explosive In City/Town/Village (I.P.C. 495)
- Riot or Breach of Peace (I.P.C. 495(3))
- Other

Offense against Coalition Forces [check one] If "Other" then describe:

- Violation of Curfew
- Illegal Possession of Weapon
- Assault/Attack on Coalition Forces
- Theft of Coalition Force Property
- Trespass on Military Installation or Facility
- Photographing/Surveilling Military Installation or Facility
- Obstructing Performance of Military Mission
- Other

Apprehending Unit: D Co 3505		Location Grid: [redacted] b(6)-4	
Date of Incident: (D/M/Y) 22/10/03 to / /	Time of Incident: 2130 hrs to hrs	Date of Report: (D/M/Y) / /	Time of Report: hrs

Detainee # [redacted] b(6)-4			Key Connected Person: Victim Witness		
Last Name: [redacted]			Last Name:		
First Name: [redacted]	Given Name: [redacted]		First Name:	Given Name:	
Hair Color:	Scars/Tattoos/Deformities: b(6)-4		Hair Color:	Scars/Tattoos/Deformities:	
Eye-Color:	Weight: lb	Height: in	Eye-Color:	Weight: lb	Height: in
Address:			Address:		
Place of Birth:			Place of Birth:		
Ethn/Tribe/ Sect:	Sex: M F	Phone#: DOB D/M/Y: Mobile Regular	Ethn/Tribe/ Sect:	Sex: M F	Phone#: DOB D/M/Y: Mobile Regular
Passport Dr. license Other (specify) Document #:			Passport Dr. license Other (specify) Document #:		

Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")

Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)		Owner:
Make:	Color:	VIN:	
Model:	Type:	Plate No.:	Number of People in Vehicle:
Year:	Names of People in Vehicle:		
Contraband/Weapons In Vehicle:			

Property/Contraband	Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type:		Model:	Color/Caliber:
Serial No.:	Quantity:	Make:	Receipt Provided to Owner: Yes/ No
Other Details:		Where Found:	Owner:

Name of Assisting Interpreter: Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): Last, First MI	Supervising Officer's Name (Print): Last, First MI
Signature:	Signature:
Email:	Email:
Unit Phone: Date:	Date: / /

MEDCOM - 21935

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? Raming a HMMWV WITH 1 vehicle vic mixing bowl

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.
D Co 3-505 PIR

How was this person traveling (car, bus, on foot)?

Who was with this person?

What weapons was this person carrying? None

What contraband was this person carrying? None

What other weapons were seized?

What other information did you get from this person?

b(6)-2

Additional Helpful Information: CPT [redacted] DNVT

pt # [redacted]

b(6)-4

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[ ] Offense against Civilian(s) [check one]. If "Other" then describe: curfew viol - probable IED in place

- [ ] Arson (I.P.C. 342)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [X] Other

[ ] Offense against Coalition Forces [check one]. If "Other" then describe: curfew viol - probable IED in place

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [X] Other

Apprehending Unit: HHC 3/325th AIR		Location Grid:	
Date of Incident: (D/M/Y) 25 OCT 03 to 25 OCT 03	Time of Incident: 2130 hrs to 0200 hrs	Date of Report: (D/M/Y) / /	Time of Report: hrs

Detainee #:			Key Connected Person: [ ] Victim [ ] Witness		
Last Name: [redacted]			Last Name:		
First Name: [redacted]	Given Name:		First Name:	Given Name:	
Hair Color: [redacted]	Scars/Tattoos/Deformities: b(6)-4		Hair Color:	Scars/Tattoos/Deformities:	
Eye-Color:	Weight: lb	Height: in	Eye-Color:	Weight: lb	Height: in
Address:			Address:		
Place of Birth:			Place of Birth:		
Ethn/Tribe/ Sect:	Sex: [ ] M [ ] F	Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular	Ethn/Tribe/ Sect:	Sex: [ ] M [ ] F	Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular
[ ] Passport [ ] Dr. license [ ] Other (specify) Document #:			[ ] Passport [ ] Dr. license [ ] Other (specify) Document #:		

Total Number of Persons Involved: 1 (list names/identifying info on reverse under "Additional Helpful Information")

[ ] Vehicle Information	Vehicle Number ____ of ____ Vehicle(s)		Owner:
Make:	Color:	VIN:	Number of People in Vehicle:
Model:	Type:	Plate No.:	
Year:	Names of People in Vehicle:		

Contraband/Weapons in Vehicle:

[ ] Property/Contraband	[ ] Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type:		Model:	Color/Caliber:
Serial No.:	Quantity:	Make:	Receipt Provided to Owner. Yes/ No
Other Details:		Where Found:	Owner:

Name of Assisting Interpreter: SPC [redacted] (3/325th AIR) 82nd

Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): SGT [redacted]		Supervising Officer's Name (Print):	Last First MI
Signature: [redacted]		Signature:	
Email:		Email:	
Unit Phone:	Date: 25 OCT 03	Unit Phone:	Date: / /

10C 32 [illegible] 302 551-30

b(6)-2

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? Ind was shot because he was out past curfew and dropped an object near wall of military compound and then fled

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.
only guard tower witnessed ind. being shot
SGT [redacted] and multiple officers then arrived on scene to give aid to individual

b(6)-2

How was this person traveling (car, bus, on foot)? on foot

Who was with this person?

What weapons was this person carrying? none found

What contraband was this person carrying? none found

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

acsimile

INPATIENT TREATMENT RECORD COVER SHEET

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

er Nbr [redacted]	2. Name [redacted]					3. Grade FGN	Admission Remarks
4. Sex M	5. Age 29Y	6. Race C	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm NO	
11. FMP 99	12. SSN [redacted]	13. Organization				14. Ward	
15. FlyStatus	17. Dept / Ben K78-PRISONER OF WAR/INTER		18. BranchCorps	19. UIC / ZIP		20. Type Case DIS	
21. Source of Admission Direct from ER			22. Hour Of Adm: 03:30	23. Clinic Service AEA - ORTHOPEDICS			
24. Name/Relation of Emergency Addressee			25. Type Disp TRF-OTH	26. Date of Disp 2003-11-03			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm: 2003-10-25		AdmittingOfficer: [redacted]	
29. ReportingMTF 058[redacted]				30. Date Init Adm 2003-10-25		32. Units Blood Components	

b(2)-2

b(6)-2

31. Selected Administrative Data

Marital Status:

In/Out Patient: Inpatient

DoB: [redacted]

MOS:

b(6)-4

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

GSW R FEMUR

b(6)-2

35. Total Days This Facility					
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	10	10

35. Total Days This Facility					
Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	10	10

Signature of [redacted] Officer	Signature of PAD or Medical Records Officer
	MA[redacted]

Automated Facsimile - DA FORM 3647, May 79

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

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

[illegible]

PHYSICAL EXAMINATION

[illegible]

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

[illegible]

b(6)-2

SIGNATURE [redacted]	DATE 23 [illegible]	IDENTIFICATION NO.	ORGANIZATION
P[redacted]		REGISTER NO.	WARD NO.

[redacted] b(6)-4

ABBREVIATED MEDICAL RECORD
Standard Form 539
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41CFR) 201-45.505
JANUARY 1987 539-106-01

Transfer Summary – Patient 1116

29 yo Iraqi EPW, shot in right thigh while acting suspiciously after curfew, at 0300 25 October. No other significant medical history or allergies. On exam, had developed anterior right thigh compartment syndrome, with comminuted open femur fracture.

Taken to OR on 25 October, with right thigh compartment release through IT band. Small entance wound, but large cavitary wound in muscle down to femoral fracture. Had Hoffman II external fixator applied, with two pins in femoral neck, three in femoral shaft for proximal femur fracture. Good reduction and alignment. Irigated 6 liters.

Taken back to OR on 28 October, with I+D of wound, irrigation. Unable to close fasciotomy wound at that time.

Returned to OR on 30 October, with I+D, and DPC of wound over a penrose drain.

PLAN: Mobilize, but this patient is not motivated. Current medications include Ancef 1 gram IVPB Q 8 hours and Gentamycin 350 MG IVPB q day.

[redacted]

b(6)-2

MEDICAL RECORD	PROGRESS NOTES	AUTHORIZED FOR LOCAL REPRODUCTION

DATE	NOTES
25 OCT 03 0620	Orth Op Not
	Pre-Op Dx: (1) Open grade II (R) femur fx (2) (R) thigh compartment syndrome
	Post Op Dx - same
	Procedure: (1) I+D (R) femur (2) (R) thigh compartment release/fasciotomy (3) (R) femur external fixator
	Surgeon: [redacted] b6-2
	EBL: 300 Blood: 1000 WB 3500 LR
	Findings: Comminuted (R) femur fracture with large cavitary wound. Right anterior compartment. Released per IT band incision. X-ray x 3 with 2 pins in proximal medial shaft. Good alignment.
	Plan: repeat I+D in 48-72 hours
	b(6)-2 [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

[redacted] b(6)-4

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
10.31.03	Op Note
	Prop Dx: [illegible] (R)
	Post Op Dx: same
	Procedure: [illegible] c DPC of Thyroid
	Surg: [redacted] b6-2
	Anesthesia: [illegible]
	Fluid: 1000cc
	EBL: [illegible] none
	Post Op Plan: pull drain 48° post op
	[redacted]
	b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

MEDICAL RECORD	PROGRESS NO.	AUTHORIZED FOR LOCAL REPRODUCTION

DATE	NOTES
250CT03	(0835) ~~Assumed care of pt @ 0800 ~~ report from night~~ [redacted] shift. Pt admitted to unit from ICW3 via gurney in stable condition. Pt tx to bed ~~s~~ assist. Pt drowsy but easily arousable. VSS. IVF infusing into IV in @ forearm ~~s~~ s/s infiltration. IV in @ ac dl cd - catheter intact. Drsg to ex fix on RLE c̄ mod. amount sero. sang drainage. @ pedal pulse equal bilat. cap refill <3secs. 2 point restraints in place ~~s~~ s/s complications. Will cont. to monitor. [redacted] (1710) Drsg to RLE and pins reinforced d/t large amount sero sang drainage. Monitoring [redacted]
250CT03 @ 2000	PT's H/H 7.4/25. Called Dr. [redacted] over yellow ~~walki-tal~~ 2-way radio. Waiting for response. Pt Temp 101°. Medicated c̄ 650mg Ty. Will continue to monitor. Ortho responded. Informed MD that pt H/H 7.4/25. No new orders pending. Pt lung sounds [redacted] clear throughout lobes @ bowel sounds. [redacted]
260CT03	(1420) Assumed care of pt @ 0800 p̄ report from night shift. Pt alert, speaking Arabic. VSS. Pain controlled c̄ MSO4/Percs. Drsg to RLE reinforced d/t large amount of sero. sang drainage. Ex. Fix in place on RLE. Pt able

b(6)-2

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO. ICW1

#[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIL INITIAL	ID NUMBER
			b(6)-2

DATE	NOTES
26OCT03	(cont) to move toes. ⊕ pedal pulse equal bilat. OOB to chair. Pt tol. well. IV in ® ac dlcd d/t infiltration. 18g IV started in ® forearm flushes well ē SISX infiltration. INFs SLd. Pt tol. reg diet well. Foley draining quantity sufficient, clear yellow urine. 2 point restraints in place ē SISX complications. Will continue to monitor. [redacted]
27OCT@0800	Pt's DSG saturated ā serous sang drainage. Δ'ed ā Kerlex + reinforced DSG. Premed ē 8mg MSO4. ⊕ foley ē clear yellow urine. Pt able to move toes + ⊕ pedal pulse BIL. VSS. Pt tol. regular diet. [redacted]
27OCT@1400.	Pt resting quietly in bed. V.S.S. A&O. DRSNG to ® femur ex. fix. saturated ē serosanguinous drainage. Outer DRSNG Δ'd ē 2 combine pads wrapped ē Kerlex roll. Pt. premedicated ē 5mg MSO4 20min. prior to DRSNG Δ. Pt. C/O pain when moving ® LE slightly. ∅ C/O pain at this time. Pt. compliant ē drinking water; pt refused breakfast & lunch. Pt. in 2 point restraints, ∅ signs of skin breakdown. All other assessments WNL. [redacted]
27OCT@2200	VSS. DSG to ® Ex-Fix femur saturated ā serosang. Δ'ed outer DSG. Did not remove packed drsg 2° ⊖ order. Reinforced ē ~~2~~ super sponges + 2 4x4 pads, wrapped in Kerlex. Premed ā 8mg MSO4. Pt able to move leg independently, ⊕ cap refill, ⊕ pedal pulse. Cont IV ABX. Tol. Reg diet, ⊕ Foley draining clear, yellow urine. [redacted]

b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
28 Aug 03 0925	Orthopedic Op Note Pre-Op Dx: GSW (R) femur (2) (R) thigh compartment syndrome Post-Op Dx: Same Procedure: I&D (R) thigh Surgeon: [redacted] b(6)-2 Anesthesia Findings: still with large wound and muscle herniation. Compartments soft, but wound not really to close. Dressed & splint Plan: repeat I&D, think of lacing with vessel loops 30 min [redacted] b(6)-2

b(6)-4

[redacted]

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

b(6)-2

DATE	NOTES
28OCT03	(1635) Assumed care of pt. @ 0600. Pt alert, speaking Arabic. VSS. Ø c/o pain. Pt to OR this am for I/D RLE. Drsg c̄ mod. amount sero sang drainage. SL in @ forearm flushes s̄ S/Sx infection/infiltration. 2 point restraints in place s̄ S/Sx complications. Will cont. to monitor. [redacted]
	(1735) Foley d/c'd this am. @ void. [redacted]
28OCT03 1900	VSS alert & Oriented. (R) FA IV c̄ tenderness to touch & pt c/o pain c̄ flush. Ø swelling noted and flash noted. (R) FA IV d/c due to discomfort. IV restarted (L) FA 20 gauge 1 1/4 inch. Pt tolerated well. Lungs clear (B). BS (+) x4 quadrants. Abd soft nondistended. Urine clear yellow urine. Drsg to (R) thigh moderately soiled c̄ serosanguous drainage. Bed linen & pts clothing soiled as well. Will medicate c̄ Morphine prior to drsg Δ and linen change. Pedal pulses palpable ±2. (R) toes c̄ brisk capillary refill. Will continue care as ordered. - [redacted] 2LT USN
28OCT03 2030.	Pre-medicated (R) thigh drsg was change. Remove old drsg except layer of gauges inside wound. Log rolled pt with assist from staff to change linen. Pt tolerated well. [redacted] 2LT USN

b(6)-2

[redacted] b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES** b(6)-2

DATE	NOTES
29OCT03 1600	Assumed care of pt. @ 0600. VSS, A&O, Ø c/o pain. Moderate amount of serous drainage to (R) thigh DRSNG. DRSNG reinforced c̄ combine dressings. Pt. placed on bed pan. ⊖ BM. ⊕BS all 4 quads. Abdomen soft, non-distended. Pt. complains of pain whenever (R) LE is manipulated. NVSL to (L) FA flashes well. All other assessments WNL. Pt. in 2 point restraints, Ø signs of skin breakdown. — [redacted] 2LT, ANC
29OCT03 1600	VSS X Temp 100. Tylenol given. (L) FA Saline lock patent & intact. (R) Thigh dry intact c̄ small amt of drainage around pin site. Combine dry inplace & dry @ this time. Ate 30% of regular diet. Drinking ⊕S of PO Fluid BS(+) X4 quad. ~~ABD~~ Abd soft non-distend. ~~Pop~~ Pedal pulses palpable to. Toes capillary refill brisk. Will continue to monitor [redacted]
29OCT03 2100	Morphine 8mg IVP given for pain. Will continue to monitor. — [redacted] Pt aware of NPO status p MN for OR in AM — [redacted] 2LT

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

[redacted] b(6)-4

REGISTER NO.	WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	NAME	MIC	ID NUMBER
			b(6)-2

DATE	NOTES
30 OCT03@1400	Pt. to O.R. this AM for I&D; pt NPO since MN. Pt. received from PACU @ 1230. V.S.S. A&O. Ø C/O pain. DRSNG to (R) femur ex. fix [redacted], ace-wrapped, CDI. Pt. resting quietly in bed. Pt. in 2-point restraints, Ø signs of skin breakdown. (+) pedal pulses bilat., skin warm. Pt. unable to move (R) LE. All other assessments WNL. No new post-op orders. Will resume previous orders [redacted] 2CT, AW
30 OCT.03 2100	Pt A+Ox3, VSS, LS CTA (B), (+) BSx4, (R) thigh Ex Fix intact, dsg to (R) thigh covered c̄ ace wraps, blood drainage around pins on dsg, rest of dsg CDI, pain controlled c̄ percs, T-100^{5}, peripheral pulses equal (B), cap refill <3sec, 2 point restraint s̄ complications. [redacted] 91W
	I concur with above assessment [redacted] 2CT
31 Oct03 1720	Assume care of PT VSS, A+Ox3. Ø C/O pain today. Yelling and screaming like usual. Had to ~~[illegible]~~ dsg due to urinating on self. Placed a condom cath on PT. (R) thigh c̄ ext fix, drainage coming from penrose drain. Placed 4x4's and kerlix over area. In 2pt restraints Ø signs of irritation. Will cont to monitor. [redacted]
31 OCT.03 2100	Pt A+Ox3, VSS, Ex Fix (R) thigh intact, dsg covering wound, CDI, IV HL intact, Ø s/sx of infex, cap ref <3 sec, pedal pulses equal (B), (+) BSx4, LS CTA (B), foley [redacted] gravity draining cyu via condom cath, 2 point restraint have Ø s/sx of complications. [redacted] 91W

STANDAR[redacted]ACK
[redacted]1.00

MEDICAL RECORD	PROGRESS NOTES	AUTHORIZED FOR LOCAL REPRODUCTION

b(6)-2

DATE	NOTES
1 NOV 03 0925	VSS. AO. (+) 2 pulse to RLE. Ex Fix in place & intact. Moderate persistent o/c to DSG @ site. (-) s/s of infection to wound area. Condom cath intact drainage light amber urine, QS. BS (+) x4. LSCTAB. Cont to monitor. — [redacted] aw
1 NOV. 03 2030	Pt asleep, easily aroused, VSS, LS CTA (B), (+) BS x4, Ex Fix to (R) thigh intact, ace wrap CDI, SL IV intact ~ s/sx of infex, ∅ c/o pain, condom cath draining amber urine, did not eat dinner, 2 point restraint ~ any complications. — [redacted] aw
2 NOV (1235)	Pt sleeping often, VSS, ∅ complaints @ this time. LCTAB, HRRR, (+) BS x4, ex fix intact to (R) LE (+) pulses to (B) LE. mod. drainage noted to drsg. condom cath intact draining dark yellow urine. IV to (R) arm patent c̄ ∅ edema or redness @ site. AM care done: pt non-compliant c̄ AM care. pen care done, 2 pt restraints on while in bed ~ compromise to skin or circulation. Will monitor [redacted] aw

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	NAME	MIDDLE	ID NUMBER b(6)-2

DATE	NOTES
2 NOV 03 1915	Pt awake, VSS, condom cath Δ'd due to leakage, dsg on (R) thigh saturated ⊂ urine Δ'd, pin care given, blood drainage coming from pin sites, penrose drain came out while Δ'ing the dressing, Ex Fix intact, pt OOB → stand and back to bed, did not tol well, ate most of diet, IV to (R) FA intact, Ø s/sx of infection, 2 point restraint ⊼ any complications, pulses equal (B) on LE, cap ref < 3 sec. [redacted] GNW
	I concur with above a[redacted] nest[redacted]
3Nov03 0930	Assumed care @ 0600; All USS pt A&O speaking arabic; ⊕ cms, ⊕ 2 PP, brisk cap ref to affected leg, NV intact; Ex-fix in place, pin care completed ⊂ 1/2 NS + H2O2; dsg to lateral aspect of (R) thigh Δ'd, xeroform placed over stitches; sutures CDI, well approximated, minimal drainage; Ø s/sx infection; S/L patent, easily flushes, ⊼ s/sx infection/infiltration; pt ate < 50% of breakfast; Restraints in place, ⊕ circ, ⊖ skin breakdown; will cont. to monitor [redacted]
3 Nov 03 1050	Transfered to [redacted] [redacted]

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

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT FOR Use this form. See AR 40-407: the Proponent agency is The Office of the Surgeon General.
1. AGE HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g.. Iodin, Tape, Medication) ☐ NKDA ☐ PCN ☐ LATEX ☐ IODINE ☐ TAPE ☐ FOOD REACTION: 3. PREVIOUS SURGERY [ ] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE:

5. ADDITIONAL INFORMATION: (Previous surgical and medical history) Skin Condition_____
Tobacco_____ppd X____vrs Body Piercing _____ Diabetes (Y) (N) ROM _____ ASA/Motrin W 72hrs (Y) (N)
ETOH _____ Implants _____ Respiratory Disease (Asthma COPD) (Y) (N) Anticoagulants (Y) (N)
Glasses/Contact (Y) (N) Dentures _____ Hypertension (Y) (N) Herbal Medicines (Y) (N) MEDS:

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL X potential for anxiety related to: X 1) Surgical Procedure& Operating Room Environment _____ 2) Separation Anxiety (Child) _____ 3) Surgical Outcomes	Pt. verbalizes any specific anxiety. Pt. Exhibits relaxed body posture.	Allow pt. to verbalize freely. Explain Or environment and answer questions regarding surgery. Offer comfort measures. (e.g. warm blanket. touch). Explain all nursing procedures before they are done. Remain with pt. Whenever possible. Maintain family interface. Parents to stay with pt.
B. AERATION X Potential for respiratory dysfunction due to: X 1) Positioning X 2) Effects of Anesthesia _____ 3) Medical/Smoking History	Pt. will be able to breath without difficulty during immediate intraoperative phase.	Offer to elevate head of litter or offer pillow. Observe pt. While awaiting surgery for signs of distress. Assist anesthesia during intubatior and extubation.
C. INTEGUMENT X Potential Impairment of Skin Integrity due to: X 1) Intraoperative Immobility X 2) ESU Pad Placement X 3) Positional Aids _____ 4) Prosthesis X 5) Pooling of Prep Solutions	Pt. will exhibit signs of impairment of skin integrity (e.g., reddened areas).	Utilize pressure preventing devices on OR table and accessories. Check for proper positioning and support to maintain good body alignment. Pad pressure points. Place ESU ground pad on non compromised skin surface area. Keep prep fluids form pooling.

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

#[redacted] b(6)-4

VERIFICATIONS AT HOLDING AREA:

! ID/Allergy Band ! Dentures Removed
! H & P ! Contacts Removed
! NPO Since_____ ! Jewelry Removed
! UHCG/LMP ! Body Pierce Removed
! Consent/Blood Transfusion Signed/Witnessed/Dated
! Surgical Site/Consent verified by Pt./Anesthesia/Surgeon
! Contact precautions (Y) (N)
! Family/Friend:_____

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION X Potential for inadequate tissue perfusion due to: X 1) Intraoperative Mobility X 2) Positioning 3) Existing Disease X 4) Safety Devices X 5) Hypothermia	O. Pt. will exhibit signs of adequate tissue perfusion (e.g. color, warmth. pedal pulse.	O Check foe support stocking or ace warps. if none, check with doctors. O Check that safety straps are correctly applied. O Offer pillow for under knees. O Place and take down legs from stirrups with slow bilateral motion. O Check that rings and all body piercing has been removed.
E. NEUROMUSCULAR CONTROL E.I. X Potential Impairment of Mobility due to: X 1) Pain X 2) Intra operative Hazzards 3) prosthesis X 4) Positioning X 5) Transfer pt. To/form OR table E.2. X Potential Discomfort Due to: X 1) Length of Surgery X 2) Positioning 3) Arthritis	O pt. will be transferred to OR table without difficultly. O pt. will be not experience unnecessary physical discomfort.	O Have sufficient people available for transfer. O Insure proper body alignment. O Allow patient to lie in position of comfort while waiting for surgery. O Offer support (i,e..pillows. Bath towel. etc) for positioning.
F. Special Senses F.I. X Diminished visual perception due to being: X 1) pre-medicated 2) W O GLASSES F.2. X Potential for Decreased Communication due to: X 1) Diminished Hearing X 2) Language Barrier F.3. Potential Injury due to Dentures: 1) Upper 4) Caps 2) Lower 5) Crowns 3) Bridges	O pt. will be made aware of surroundings prior to anesthesia induction. O pt. will be transferred safely to OR table. O pt. will be able to understand instructions. O Minimize danger of injury during intraop period.	O Introduce self. keep pt informed as to where he. she is and what is happening. O Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. O Address pt. from Left side. O Validate pt.'s understanding of verbal communication. O Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS OR Continuation of Above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS **OR continuation of above Interventions.**

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

[redacted] 25Oct03 DATE

11. POSTOPERATIVE EVALUATION :
LEVEL OF CONSCIOUSNESS: ☐ A&O ☐ Drowsy ☒ Sleepy ☐ Intubated
LEVEL OF ACTIVITY: ☒ MOVES ALL EXTREMITIES ☐ Moves Upper Extremities ☐ Transferred to Litter With roller due to spinal

SKIN INTEGRITY: Bovie Pad Site: ☒ Clean and Dry ☐ Red ☐ N/A
DRESSING DRY & INTACT: (Y) (N)
BREATHING EASY: (Y) (N)

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title) [redacted] CPT/AN
DATE: 25Oct03 TIME: 0416

13. PREOPERATIVE EVALUATION PREPARED BY (Sig[redacted] CPT/AN
DATE: 25Oct03 TIM[redacted]637

REVERS OF FORM 5179, JUN 91

USAPA V1.0

MEDICAL RECORD — **INTRAOPERAT[illegible] DOCUMENT**

For use of this form, see AR 40-407, the propo[illegible]ncy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA litter BY anesthesia

2. PATIENT IDENTIFIED [illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY [redacted] CPT/AN

3. DATE 25 Oct 03 TIME PATIENT ARRIVED IN SUITE 0420

4. PATIENT IN [redacted] TIME 0426 NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:

b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [redacted] b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: Proper body alignment maintained

8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☒ RAZOR ☐ CLIP

COMMENTS: No nicks

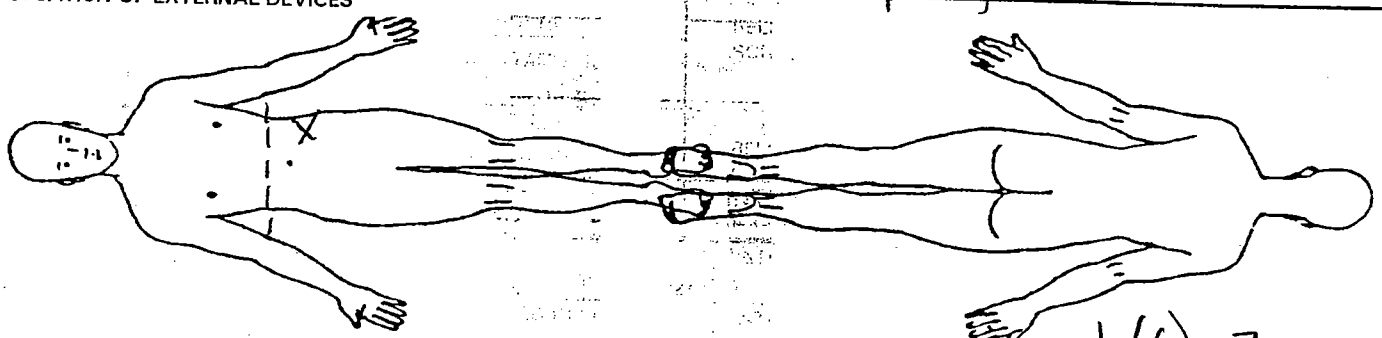
PREP SOLUTION *(Specify)* Betadine scrub/sol'n

SITE: Rt. Leg BY WHOM: [redacted]

SITE: BY WHOM:

COMMENTS: No pooling of fluids

9. LOCATION OF EXTERNAL DEVICES



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

b(6)-2

10. COUNTS

C = Correct I = Incorrect Initial C [redacted]

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No					
Needle Sharp	☒ Yes	☐ No			C		
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

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

[redacted] b(6)-4

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

☒ ESU NO: Force 40 R8E10530S 30/30

GROUND PAD: BRAND Valley Pad REM

LOT NO: 70011

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

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

Hoffman II
Load #002960
Pin 50186180 X 5

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):

0.9% NS

b(6)-2

OTHER ORDERS

None

	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE [redacted]

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ C-Arm IF YES, SITE Rt. Femur

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. Kerlix	2.	3.
SITE	1. Rt. Femur	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
ABD

19. ADDITIONAL INFORMATION

Surg: [redacted] Anesth: [redacted] CRNA Anesth. Type [redacted]

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

20. OPERATION(S) PERFORMED

1. I & D Femur Wound
2. Ex Fix Rt. Femur

21. PATIENT TRANSFERRED TO PACU (ICW1) TIME 0634 METHOD Litter

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

MEDICAL RECORD — **INTRAOPERAT[illegible] DOCUMENT**

For use of this form, see AR 40-407, the propo[illegible] [illegible]ency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA litter BY anesthesia

2. PATIENT IDENT[illegible] [illegible]ED AND PROCEDURE
VERIFIED BY [redacted] CPT / JN

3. DATE 28 OCT 03 TIME PATIENT ARRIVED IN SUITE

4. PATIENT IN [illegible]
TIME 0850 NUMBER 2-2 (2)

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS:
pt & english speaker.

b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] OTD	RELIEF SCRUB	
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS:

8. SKIN PREPARATION

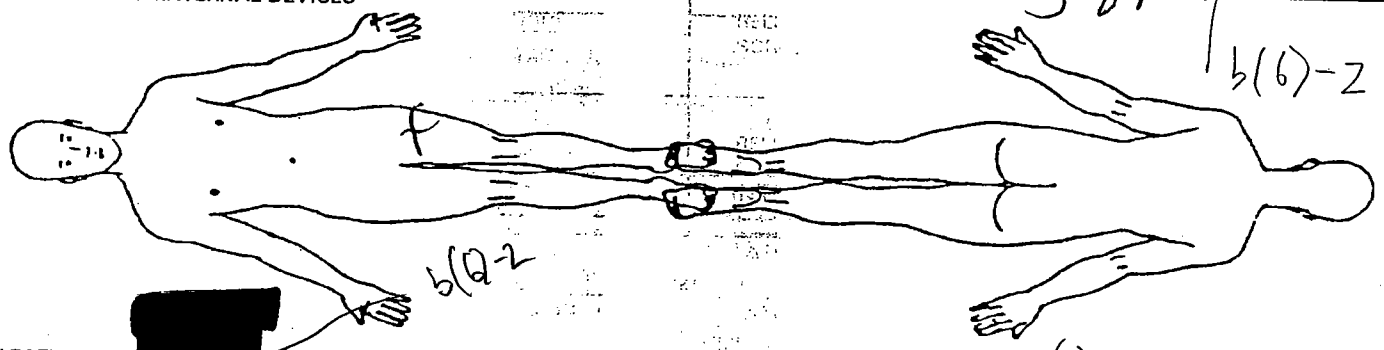
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betad Betad
SITE: (R) leg BY WHOM: CPT [redacted]
SITE: BY WHOM:

COMMENTS: no pooling of prep noted

9. LOCATION OF EXTERNAL DEVICES



b(6)-2

b(6)-2

LEGEND [redacted] -- Safety Strap = = = Tourniquet

b(6)-2

10. COUNTS

C = Correct I = Incorrect

			Initial Other	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☒ No	/	/	/	/	/
Needle Sharp	☒ Yes	☐ No	C	/	C	PFC [redacted]	CPT [redacted]
Instrument	☐ Yes	☒ No	/	/	/	/	/
Other	☐ Yes	☒ No	/	/	/	/	/

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

#[redacted] b(6)-1

b(2)-2

[redacted]
28 OCT 03

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

☒ ESU NO: CUT COAG
GROUND PAD: BRAND [redacted] E7507
LOT NO: 700110 2005-04

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO; TYPE(S):
0.9% NACL

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

TYPE/SIZE	1. 16F Foley to gravity	2.	3.
SITE	1. FROM WARD.	2.	3.

18. DRESSING/IMMOBILIZATION *(Specify)*
- fluffs
- Kerlix
- ABD pad.

19. ADDITIONAL INFORMATION

Surgeon:
Dr. [redacted] b(6)-2

20. OPERATION(S) PERFORMED

I & D Right Femur

21. PATIENT TRANSFERRED TO ICU3 TIME 0930 METHOD Cart

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

MEDICAL RECORD — **INTRAOPERAT[illegible] [illegible]OCUMENT**

For use of this form, see AR 40-407, the propo[illegible] [illegible]ncy is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA litter BY anesthesia

2. PATIENT IDENTIFIED, [illegible]CORD REVIEWED AND PROCEDURE
VERIFIED BY CPT [redacted]

3. DATE 30Oct03 TIME PATIENT ARRIVED IN SUITE /

4. PATIENT IN ROOM
TIME 1115 NUMBER 3

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: Ø concerns voiced

6. NURSING PERSONNEL

ASSIGNED SCRUB	SGT [redacted]	RELIEF SCRUB	b(6)-2
ASSIGNED CIRCULATOR	CPT [redacted]	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

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

COMMENTS: correct body alignment maintained, arms on padded armboards at less than 90°, position approved by surgeon + anesthesia

8. SKIN PREPARATION

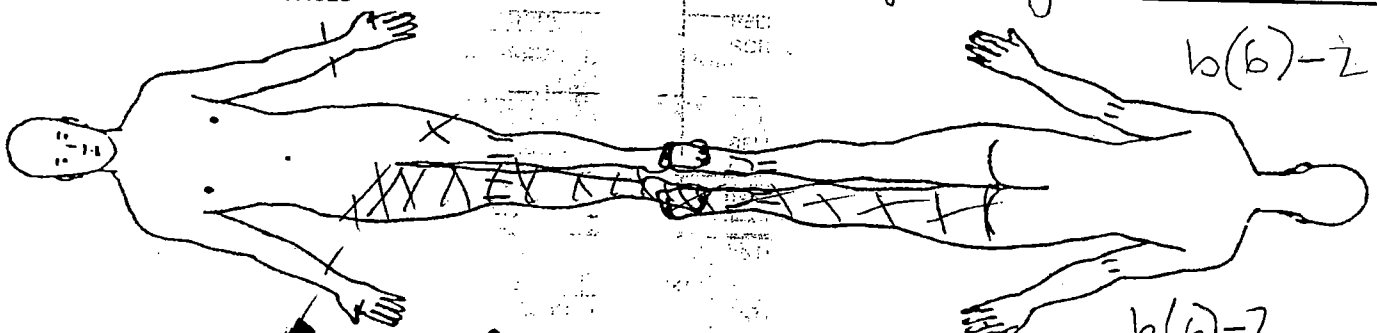
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Betadine / Betadine Paint
SITE (R) leg BY WHOM: [redacted]
SITE: BY WHOM:

COMMENTS: no pooling or skin d's noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad [redacted] -- Safety Strap [redacted] = = = Tourniquet ▨ prep area

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No			C	[redacted]	[redacted]
Needle Sharp	☒ Yes	☐ No			C		
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

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

[redacted] b(6)-4

[redacted] b(2)-2

30Oct03

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

☐ ESU NO: Valleylab Force 2
GROUND PAD: BRAND VL Dem Polyhesive II
LOT NO: 65 706 2004-11

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY
none		

PHYSICIAN'S SIGNATURE [redacted] b(6)-2

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☒ NO ☐

	1.	2.	3.
TYPE/SIZE	3/8 in Penrose		
SITE	(R) Thigh		

18. DRESSING/IMMOBILIZATION *(Specify)*
Xeroform
Fluffs
ABD
Kerlix
Ace wrap

19. ADDITIONAL INFORMATION
Surgeon: [redacted] b(6)-2
Anesthesia: [redacted]

-DA5179 on chart, Ø Δ's noted

20. OPERATION(S) PERFORMED
I+D (R) femur c̄ DPC
b(6)-2

21. PATIENT TRANSFERRED TO PACU (I Chg) TIME see DA7389 METHOD litter

22. REGISTERED NURSE SIGNATURE [redacted] CPT/AN

REVE[redacted]T 87 MEDCOM - 21959 USAPA V1.00

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR | DAY: 31 | 1 NOV | 2 | 3 | 3

19 | HOUR: 20 | 20 | 8 | 9

PULSE (0) | TEMP. F (•)

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

	20	20	8	9
	112/64	112/64	114/68	114/64
98.6	105	102		
100	101	100		
	98%	99%	99% (RA)	

HEIGHT: | WEIGHT → 1k

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

STANDARD FORM 511 (REV. 7-95) BACK

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR OCT 2003 — DAY: 25, 26, 27, 28, 29, 30

HOUR

PULSE (O) — TEMP. F (•) — TEMP. C (Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE: 125/61; 110/65; 113/53; 94/56; 115/68; 109/62; 119/71; 109/64; 110/58; 112; 100; 111; 161/6; 98/65; 99/6; 100/5

HEIGHT: WEIGHT →

O2 Sat: 99% (RA); 96%; 97% (RA); 99%; 98% RA; 97%; 98% (RA); 99%; 99% RA; 93% RA; 98%

Record special data only when so ordered

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

REGISTER NO.

WARD NO.

#[redacted] b(6)-4

VITAL SIGNS RECORDS

Medical Record

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

b(6)-2

Stat

Ward/Section: ER | REQU[redacted] | LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)

LAST, FIRST, MI. | [redacted] | DATE 85006 | TIME 0330 | SSN/PSEUDO SSN:

b(6)-4

(Hematology) CBC

TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10³
RBC		4.7-6.1 x 10⁶
Hgb		14-18 g/dl (M)

Urinalysis

TEST	RESULT	REF. RANGE
Color	yel	N/A
Appr	cldy	N/A
Glu	neg	Negative
Bili	neg	Negative
Ket	neg	Negative
SG	1.025	N/A
Bld	neg	Negative
pH	6.0	N/A
Prot	n	Negative
Urob	n	0.2-1.0
Nit	n	Negative
Leuk	n	Negative
HCG		Negative

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

Source	
Gram Stain	
Occ Bld	Negative

CSF

Cell Count		
Directigen		Negati

Coagulation Studies

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

Blood B (MUST SUBMIT SF 51

REMARKS:

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

b(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 10/25/03 03:55
Patient ID: [redacted]
Test Name :PT
Test Result:= 13.2 sec.
Ratio = 1.1
Calculated INR = 1.14
Sample Type:citrated wh. blood
Test Date :10/25/03
Test Time :03:54
Card Lot [redacted]
Operator [redacted]

b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 10/25/03 03:59
Patient ID: [redacted]
Test Name :APTT
Test Result:= 33.5 sec
Sample Type:citrated wh. blood
Test Date :10/25/03
Test Time :03:56
Card Lot [redacted]
Operator [redacted]

b(6)-4

b(6)-2

b(6)-4

b(6)-2

Ward/Section: ER

REQU[redacted]N:

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

LAST, FIRST, MI. #[redacted]

DATE | TIME 0330 | SSN/PSEUDO SSN:

TEST	RESULT
Na	
K	
Cl	
pH	
PCO2	
PO2	
TCO2	
HCO3	
sO2	
BEecf	
AnGap	
Ca	
BUN	
GLU	
Creat	
Hct	
Hgb	

TEST	RESULT
Troponin-I	
Drug of Abuse	

REMARKS:

REPORTED BY: | DATE: | LAB IL

=== == PICCOLO === ==
25/10/03 04:58
REFERENCE RANGE: MALE
PATIENT #: [redacted]
GENERAL CHEMISTRY 12
DISC LOT #:
OPER #: [redacted] [redacted]
SERIAL #: [redacted] DR #: 100

ALB	3.6	3.3-5.5	G/DL
ALP	72	26-84	U/L
ALT	11	10-47	U/L
AMY	33	14-97	U/L
AST	21	11-38	U/L
TBIL	0.6	0.2-1.6	MG/DL
BUN	7	7-22	MG/DL
CA++	8.6	8.0-10.3	MG/DL
CHOL	45*	100-200	MG/DL
CRE	0.9	0.6-1.2	MG/DL
GLU	102	73-118	MG/DL
TP	6.8	6.4-8.1	G/DL

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

b(6)-2

REF. RANGE
3.5-5.5 g/dl
26-84 u/l
10-47 u/l
14-97 u/l

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CA++		8.0-10.3 mg/dl
CRE		0.6-1.2 mg/dl

28-145 mmol/l
3-4.7 mmol/l
98-108 mmol/l
-33 mmol/l

iel Plus
EF. RANGE
5.5 g/dl
4 u/l
7 u/l
7 u/l
u/l
5 mg/dl
l
g/dl
e)
RANGE
mmol/l
mol/l
mol/l
ol/l

======= PICCOLO == ====
25/10/03 04:01
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
BASIC METABOLIC [redacted]
DISC LOT #:
OPER # [redacted] DR #: 000
SERIAL #: [redacted]

GLU	101	73-118	MG/DL
BUN	8	7-22	MG/DL
CA++	8.5	8.0-10.3	MG/DL
CRE	0.9	0.6-1.2	MG/DL
NA+	142	128-145	MMOL/L
K+	3.9	3.3-4.7	MMOL/L
CL-	108	98-108	MMOL/L
tCO2	21	18-33	MMOL/L

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

b(6)-2

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

Ward/Section: OR	REQU[redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI [redacted]	DATE 25 OCT 03	TIME 0600	SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
		F. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
		10.8 x 10³	Color		N/A	RPR		Negative
		5.1 x 10⁶	App		N/A	Mono		Negative
		8 g/dl (M) 6 g/dl (F)	Glu		Negative	Microbiology		
		2% (M) 7% (F)	Bili		Negative	Source		
		4 fl (M) 9 fl (F)	Ket		Negative	Gram Stain		
		500 x 10³ Red	SG		N/A	Occ Bld		Negative
		-51.1%	Bld		Negative	H. pylori		Negative
		ifferential	pH		N/A	Micro Parasites		
			Prot		Negative	Malaria		
			Urob		0.2-1.0	O & P		
			Nit		Negative	Other		
			Leuk		Negative	Microscopic Urinalysis		
			HCG		Negative			

			CSF			Blood Bank	
Hematocrit		2% (M) 37-47% (F)					
Sed Rate			Cell Count			MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED	
Other			Directigen		Negative	ABO/Rh	

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

Ward/Section:	REQUESTING PHYSICAN: [redacted]	CHEMISTRY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST,MI. #[redacted]	DATE 25OCT07 TIME 0600	SSN/PEEUDO SSN:

(i-STAT)

TEST	RESULT	REF. RANGE
Na		138-146 mmol/dL
K		3.5-4.9 mmol/L
CI		98-109 mmol/L
pH		7.31-7.45
PCO2		35-45 mmHg (art) 41-51 mmHg (ven)
PO2		80-105 mmHg (art) N/A (ven)
TCO2		23-27 mmol/L (art) 24-29 mmol/L (ven)
HCO3		22-26 mmol/L (art) 23-28 mmol/L (art)
SO2		95-98%
BEecf		(-2) - (+3) mmol/L
AnGap		10-20 mmol/L
Ca		1.12-1.32 mmol/L
BUN		8-26 mg/dl
GLU		70-105 mg/dl
Creat		0.7-1.5 mg/dl
Hct		38-51% PCV
Hgb		12-17 g/dl

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-1		
Drug of Abuse		

(Piccolo) Chemistry 12

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

(Piccolo) Metlyte 8

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

(Piccolo) Metabolic Panel

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

(Piccolo) Liver Panel Plus

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

(Piccolo) Electrolyte

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

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

Ward/Section: ICW #1	REQUESTING PHYSICIAN: [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI. [redacted]	DATE 26OCT03 / TIME 1435	SSN/PSEUDO SSN: [redacted]

(Hematology) CBC

TEST	RESULT	REF. RANGE
		4.8-10.8 x 10³

Urinalysis

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

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Sed Rate	
Other	

CSF

Cell Count		
Directigen		Negative

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh	

Coagulation Studies

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

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

UNIT	TYPE	CROSSMATCH

REMARKS:

REPORTED BY: [redacted]	DATE: 26OCT03	LAB ID NO.:

b(6)-2

22.9 / 35.5 / 338 29 40 / 07 EPW 14 / 107 / 1.6 / 3.9 / 21 / .9 8.6 Ca

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)	30	45	500	15	30	45	600						
LIDO	( )	100												
Propofol	( )	150												
SUCC	( )	100												
Fentanyl	( )	100	50			50	25	25						
Versed	( )	3												
ROC	( )			30				30						
VOLAT AGENT	Forane % del		1	2	1.8	1	1	1	1	1				
	% e.t.													
AIR	L/Min	0												
N2O	L/Min	0												
O2	L/Min	3	2	2	2	2	3	2	6					

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

FLUIDS

LINE site (R) arm	☐ Warmed	430	45	500	15	30	45	600	15					
	☐ Warmed	#2	#4											
(L) arm	☐ Warmed	#3		(HES 500)		(HES 500)		#5						
	☐ Warmed													

LOSSES

EST BLOOD LOSS				(500)										
URINE -				800										

TOTALS	TOTAL EBL
	500
	TOTAL URINE
	1800

FLUIDS - SUMMARY

CRYSTALLOID- 3800

COLLOID- 1000 HES pen

BLOOD- 0

REMARKS

Code drugs with numbers, events with letters

7mg morphine
ER
Brief i gen

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

BODY WEIGHT: 65 (KG) LB

HEMATOCRIT:

INITIAL DATA:

BP- 120 / 78

HR- 85

EQUIP CHECK

OK?- (Y) N

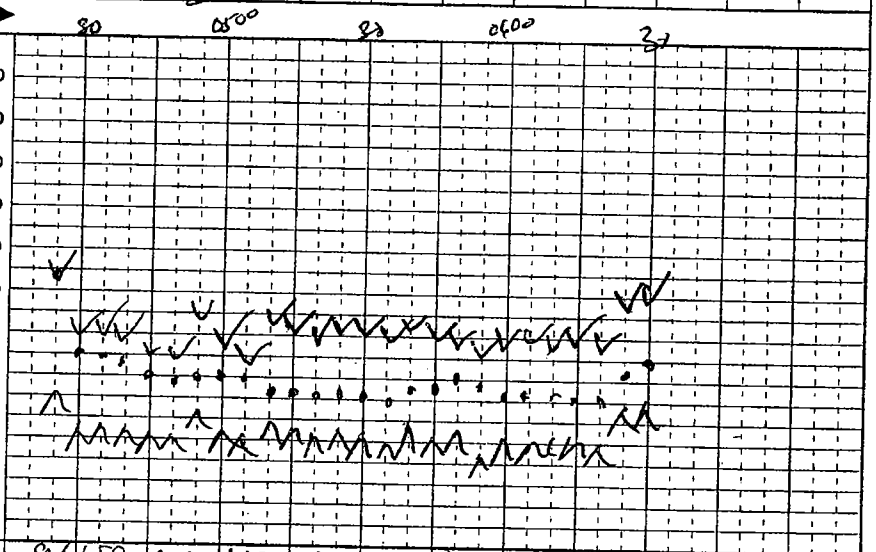
PATIENT RECHECK

OK for PROCEDURE?

TIME-

TIME →

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



VENTIL

VT - ml	800	650	610	610	620	600	600	600	
f - breaths/min		8	7	4	6	6	10		
Peak inf pres / PEEP		19	20	20	16	20	20	19	
MODE - S(pon), A(ssist), C(on)	S	C	C	C	C	C	C	C	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	(4)	30	30	31	32	33	32	32	45
BP/oth	FIO2 (Frac or %)		.58	.48	.48	.46	.44	.43	.44	.44
ART line	SpO2 (%)		100	100	100	100	100	100	100	100
Steth- PC/ES	ECG		SR	SR	SR	SR	SR	SR	SR	SR
Gas analyzer	TEMP-site	NASAL	35.3	35.4	35.4	35.4	35.4	35.4	35.4	
	N-M Block (T/4)									
	TOF									
Warming blkt									4/4	
Conv warmer										

Mark with letters & symbols, explain under REMARKS — EVENTS / Position → Ot

RECOVERY AT

PACU ICU _____ (Specify)

OTHER _____

CONDITION: 96 5 T

RESP- 18 SpO2- 100

BP- HR- 111

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	415	420	
	Ready	Begin	End
PROC	440	450	

PROCEDURES and CPT Codes:

I&D (R) thigh ORIF (R) Femur

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

#[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GEN

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

OETT Mac 4 Grade I view

SURGEONS: [redacted] b(6)-2

A[redacted]

PROCEDURE LOCATION: OR-1

DATE: 25 OCT 09

PAGE 1 OF

DA FORM 7389, FEB 1998

COPY 2 - ANESTHESIA PROVIDER

USAPA V1.00

MEDCOM - 21967

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)			
fentanyl	(ug)	50/100	50/50	
propofol	(mg)	150		
Droperidol	(mg)	1.25		
	( )			
	( )			
	( )			
VOLAT AGENT I-50	% del	2.0	2.0 X	
	% e.t.			
AIR	L/Min			
N2O	L/Min			
O2	L/Min	2 —	2 —	2

SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS → 1 2

FLUIDS

LINE site		
18g RFA	☐ Warmed	RL — 500
	☐ Warmed	
	☐ Warmed	
	☐ Warmed	

LOSSES

EST BLOOD LOSS	
URINE -	500

TOTALS	TOTAL EBL
250	min
	TOTAL URINE
	500

FLUIDS - SUMMARY

CRYSTALLOID- 500

COLLOID- Ø

BLOOD- Ø

REMARKS

Code drugs with numbers, events with lettters

1 To room via litter, SOC monitors, pre O2.
2 Induced
3 To PACU stable.

PHYS STATUS 1 2 3 4 5 E

BODY WEIGHT: 70 (KG) LB

HEMATOCRIT: 26

INITIAL DATA:

BP- 106/62

HR- 98

EQUIP CHECK OK?- (Y) N

PATIENT RECHECK

OK for PROCEDURE? Y

TIME- 0835

TIME → 09 → 30 → 10 → 30 → 11 → 30

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

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

VENTIL

VT - ml	400	250	500
f - breaths/min	14	18	12
Peak inf pres / PEEP	—	—	—
MODE - S(pon), A(ssist), C(on)	S	S	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	46	46	56
BP/oth	FIO2 (Frac or %)	0.8	0.8	0.8
ART line	SpO2 (%)	100	100	100
Steth- PC/ES	ECG	SR	SR	SR
Gas analyzer	TEMP-site			
	N-M Block (T/4)			
Warming blkt				
Conv warmer				

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

RECOVERY AT 0925

PACU ICU ____ (Specify)

OTHER T 974

CONDITION:

RESP- 12 SpO2- 99

BP- 105/60 HR- 90

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	0835	0815	0955
PROC	Ready	Begin	End
	0850	0905	0922

PROCEDURES and CPT Codes:

IBD Rt thigh

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

#[redacted] b(6)-4

29 yo ♂ EPW

NKDA

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GM

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

Eyes taped, #9 OA placed, easy mask.

SU[redacted] b(6)-2

ANEST[redacted] MAJ, CRNA

PROCEDURE LOCATION: 2-2

DATE: 10/28/03

PAGE 1 OF 1

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)				
Propofol	(mg)	200			
Fentanyl	(mcg)	100, 50, 100, 150			
	( )				
	( )				
	( )				
	( )				
VOLAT AGENT	150 % del	3.0	2.5	1.0	
	% e.t.				
AIR	L/Min				
N2O	L/Min				
O2	L/Min	8/2	2	2/8	

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

FLUIDS

LINE site					
	☐ Warmed				
	☐ Warmed				
	☐ Warmed				
	☐ Warmed				

LOSSES

EST BLOOD LOSS					
URINE -					

TOTALS	TOTAL EBL
400	nn
	TOTAL URINE
	Ø

FLUIDS SUMMARY

CRYSTALLOID- 1000

COLLOID- Ø

BLOOD Ø

REMARKS

Code drugs with numbers, events with lettters

See Brown Pre-op

PHYS STATUS 1 2 3 4 5 (E)

BODY WEIGHT: 60 (KG) LB

HEMATOCRIT:

INITIAL DATA:

BP- 112/66

HR- 95

EQUIP CHECK

OK?- (Y) N

PATIENT RECHECK

OK for PROCEDURE? yes

TIME- 1120

TIME 1115 30 1200 30 1300 30 1400

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

220 200 180 160 140 120 100 80 60 40 20

VENTIL

VT - ml	190	140	260
f - breaths/min	24	16	10
Peak inf pres / PEEP			
MODE - S(pon), A(ssist), C(on)	S/AS	S	S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	45	54	52
BP/oth	FIO2 (Frac or %)	.63	.65	.63
ART line	SpO2 (%)	100	100	100
Steth- PC/ES	ECG	SR	SR	SR
Gas analyzer	TEMP-site	NA	NA	NA
	N-M Block (T/4)			
Warming blkt				
Conv warmer				

Mark with letters & symbols, explain under REMARKS EVENTS *Position* → 6J

RECOVERY AT 1207

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2- 100

BP- HR- 100

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1100	1115	1210
	Ready	Begin	End
PROC	1120	1130	1201

PROCEDURES and CPT Codes:

(R) Femur Washout

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

[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

General LMA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

~~[illegible]~~ 60% FIO2, #4 LMA Placed x1

SURGEON [redacted] b(6)-2

ANESTHE[redacted]

PROCEDURE LOCATION: OR 2

DATE: 30 OCT 03

PAGE 1 OF 1

DA FORM 7389, FEB 1998

MEDCOM - 21969

COPY 1 - PATIENT'S MEDICAL RECORD

USAPA V1.00

ANESTHESIA PLAN OF CARE PREPROCEDURAL ASSESSMENT (Sedati[redacted]nesthesia)

Age [illegible] DAYS MOS YRS [redacted] Sex (X) MALE ( ) FEMAL[redacted]

ASA Physical State 1 2 3 4 5 E
WT: [illegible] KG LB HT: ____ IN.
ALLERGIES: NKDA

PROPOSED PROCEDURE: ____
SURGICAL SERVICE: ORTH
NPO SINCE: ____

HABITS:
TOBACCO: +
ETOH: −
DRUGS: ____

CURRENT MEDICATIONS:
( ) = ordered as premed

( ) Tmoy
( ) [illegible]
( ) [illegible]
( ) ____
( ) ____
( ) ____

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

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

2 IVs LR
120/78 85 97%

PREOPERATIVE

PAST MEDICAL HISTORY/SYSTEMS REVIEW

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

ASSESSMENT
PAST SURGICAL/ANESTHETIC
____

PHYSICAL EXAMINATION
BP 72 HR 88 R 18 T ____
Pain Scale 0-10 ____
HEENT - Teeth ____
Trachea ____
TMJ/Neck ____
Oropharnyx ____
Nares ____
CHEST: ____
CARDIAC: ____
EXTREMITIES: ____
IV Access: 2 18g
Ulnar Filling: ____
BACK: ____
OTHER: ____

NPO Since 0000 24oct03

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

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

The patient/legal guardian seems to understand and agrees. Questions answered.
Signed: ____ Date: ____ Time: ____ Hrs

POST-ANESTHESIA EVALUATION AND NOTE (NON ASU)
{ } NO APPARENT ANESTHETIC COMPLICATIONS { } OTHER

Signed: ____ Date: ____ Time: ____ Hrs

Patient Identification: (Ward) ____

[redacted] b(6)-4

SEDATION KEY:

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 25 OCT 03 TIME OF ORDER: 0615 HOURS

LIST TIME ORDER NOTED AND SIGN

1. TO ICW-1
2. S/P GSW (R) BUTTOCK
3. IVS - NO ATHY
4. ✓ODM TO CYLOX TWO
5. ✓RUBOTAL DIET
6. ✓IV - LR AT 125 CC/HR. HEP LOCK

PATIENT IDENTIFICATION

b(6)-2 Noted [redacted] 28OCT03 0720

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: WIN TOKONE P.D. TIME OF ORDER: HOURS

7. ✓PHLOR + GAMA IVPB Q 8 HRS
8. ✓TYLENOL 650 MG P.O. Q 4 HRS PRN
9. ✓PERCOCET 1-2 P.O. Q 4-6 HRS PRN
10. ✓MSO4, 2-8 MG IVP Q 8 HRS PRN
11. ✓GENTAMICIN 350 MG IVPB Q DAY.
12. ✓A+H AT 1200
13. ✓TYPE & SCREEN 2 U[redacted]BC

PATIENT IDENTIFICATION

[redacted] b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 24 ✓ TIME OF ORDER: 1950 28OCT03 HOURS [redacted]

b(6)-2

NURSING UNIT | ROOM NO. | BED NO.

b(6)-2

PATIENT IDENTIFICATION

noted

DATE OF ORDER: 27 OCT 03 TIME OF ORDER: 1600 HOURS

1. NPO P MN

V.O. DR. [redacted] 27 OCT 03

24 ✓ 28OCT03 0400 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

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

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 28 OCT 03 TIME OF ORDER 0925 HOURS

LIST TIME ORDER NOTED AND SIGN

1. Resume previous orders
2. Regular diet
3. N-S 2L at 125 cc/hr PDP
   LOOK when taking P.O. well
4. D/C Foley
5. NPO after midnight 29 OCT 03 for

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

ON 30 OCT 03 HOURS

6. PIV Q2hrs BID
7. AP to CBC/ABG at [redacted] 2 x daily

b(6)-2 [redacted]

Noted [redacted] 1200 03 1105

NURSING UNIT | ROOM NO. | BED NO.

24 OCT 30 @ 0150 [redacted] 207 A

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

HOURS

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

DATE OF ORDER TIME OF ORDER

HOURS

b(6)-4

NURSING UNIT | ROOM NO. | BED NO.

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

[redacted]

MEDCOM - 21972

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
[redacted] b(6)-4				31 OCT 03 1818 HOURS	[redacted]
			①	[illegible] SMG PO Q [illegible]	[redacted]
				[redacted]	[redacted]
NURSING UNIT	ROOM NO.	BED NO.		24 NOV 03 @ 0033 [redacted]	[redacted] 1636 31 OCT 03
PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER	
[redacted] b(6)-4				1 NOV 03 2249 HOURS	b(6)-2
[redacted]			①	TRANSFER TO [redacted] IN [illegible]	
				b(6)-2	[redacted]
NURSING UNIT	ROOM NO.	BED NO.		b(6)-2	[redacted]
24 0600	2 NOV 03	[redacted]			
PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER	
[redacted] b(6)-4				HOURS	
				b(6)-2	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION				DATE OF ORDER / TIME OF ORDER	
[redacted] b(6)-4				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

noted

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

10 03

25 26 27 28 29 30 31 1 2 3 4 5

25 OCT03	KPS	VS-routine
25	KPS	OOB to chair TID
25	KPS	Regular diet
28 OCT03	KPS	Pin care BID

[redacted]

b(6)-2

S/P GSW @ FEMUR

[redacted] b(6)-4

ACTION TRIAD

USE PENCIL. CHOOSE ACTIONS

Date	Time	Medical Actions	Date	Time	Initials
25 OCT03	[redacted]	to CW'	25 OCT03		
25	[redacted]	H & H @ 1200	25	1200	1435
25	[redacted]	Type & Screen 2 units PRBC	25		
27	[redacted]	NPO p MN	27 OCT	2400	
28 OCT03	[redacted]	Resume previous orders	28 OCT03		
28	[redacted]	D/C foley	28 OCT03	—	1020
28	[redacted]	NPO p MN 29 OCT03 for OR 30 OCT03	30 OCT03	0001	0001
28	[redacted]	AP/LAT of (R) FEMUR X-RAY	28		DONE
2 NOV.	[redacted]	Transfer to [redacted] in AM 2 NOV ASAP.			

b2-2

b(6)-2

b(6)-2

Date	Time	Physician Action Required	Date	Time	Initials

CLINICAL RECORD

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

Mo. 10 Yr. 03

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 25	26	27	28	29	30	31	1	2	3	4	5
25 OCT 03	- [redacted]	IV: LR w/ 125cc/hr - HL	08	[redacted]											
	-----	when taking PO well	10												
25	- [redacted]	ceftriaxone IVPB	18												
	-----	98°	06												
	-----		08												
			16												
			24												
25	- [redacted]	Gentamycin 350mg	10												
	-----	IVPB q day													

	-----	b(6)-2													

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: S/P GSW @ FEMUR

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. 10 Yr. 93
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													
28OCT93	[redacted]	Tylenol 650mg po q 4° pm	D/T	28OCT 2015	27OCT 0900											
			D/I	[redacted]												
25	[redacted]	Percocet 1-2 po q 4-6° pm	D/T	28OCT 1130	27OCT 1710	28OCT 1730	30OCT 2000	31OCT 0925								
			D/I	[redacted]												
25	[redacted]	MSO4 2.8mg IVP q 8° pm	D/T	28OCT 1115	27OCT 1123	27OCT 2130	28OCT 1427	29OCT 2100								
			D/I	[redacted]	5mg	8mg	8mg	8mg								
31OCT	[redacted]	Ambien 5mg PO QHS PRN														
		b(6)-2														

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: **TRAUMA FLOWSHEET** — The proponent is Dept of Surgery

OTSG APPROVED (Date): QI Appr 11 Jun 97

EMS REPORT

TIME: 0330 ETA: _____ UNIT: _____

MED COM: [Y] [N] _____

29 yo ♂

ARRIVAL STATUS

TIME 0328 ☐ IV x 1 ☐ O_2 _____ 1/min ☐ C-Spine Immob

Meds: ☐ UKN ☒ None ☐ Yes: _____

Allergies: ☐ UKN ☒ None ☐ Yes: _____

Tetanus: ☒ UKN ☐ Current Last Meal/Fluid Intake 16 hrs Ago

LMP: _____

LAC x1 NS

PRIMARY SURVEY

AIRWAY

☒ Natural Patient [Y] [N]

☐ ETT _____ ☐ _____

☐ Secretions _____

BRETHING

☐ Labored ☒ Unlabored ☐ Absent

TRACHEA: ☒ Midline ☐ Deviated [L] [R]

CHEST SYMMETRY: [L] ☒ [R]

CIRCULATION

PULSE: ☒ Present ☐ Absent

BLEEDING: ☒ [N]

HEART TONES: ☒ Clear ☐ Muffled

SKIN: ☒ Warm ☐ Cool ☐ Hot

☒ Pink ☐ Pale ☐ Cyanotic ☐ _____

☒ Dry ☐ Moist ☐ Diaphoretic

SECONDARY SURVEY

DISABILITY

GCS: E 4 V 5 M 6 (15)

SPHINCTER TONE: ☒ WNL ☐ None

HEAD

PUPILS: ☐ Equal ☐ Fixed ☐ React ☐ Dilated [L] [R]

TM: ☐ Clear ☐ Blood [L] [R]

NECK

C-Spine Tenderness: [Y] ☒

Pain @ _____

JVD: [Y] ☒

HEART

RHYTHM: ☒ Regular ☐ _____

PULSES: ☒ Central ☐ Peripheral

LUNGS

BREATH SOUNDS: ☒ Bilat ☒ Equal ☒ Clear

Decreased [L] [R] Absent [L] [R]

Wheezes [L] [R] Crackles [L] [R]

ABDOMEN

☒ Soft ☐ Rigid ☒ Non-Tender

☐ Tender: —

PELVIS

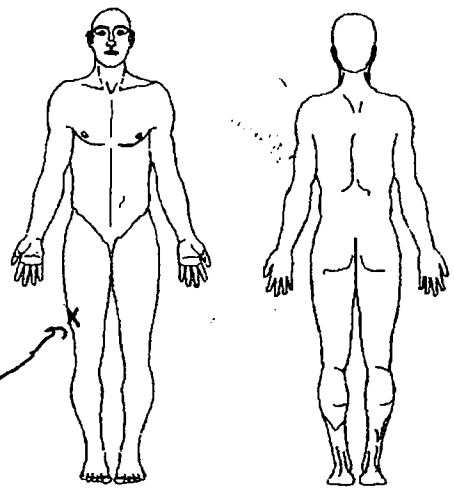
☒ Stable ☐ Unstable ☐ _____

Blood at meatus/vagina: [Y] ☒

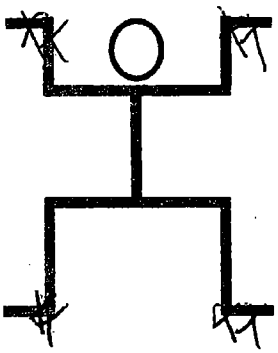
Heme + / - Prostate: ☒ WNL ☐ Abnl

USE DIAGRAM TO DOCUMENT INJURIES AND PAIN

(AB)rasion
(AMP)utation
(AV)ulsion
Battle's Signs
(BL)eeding
(B)urn
(D)eformity
(E)cchymosis
(F)oreign Body
(H)ematoma
(LAC)eration
(P)uncture (W)ound
(Pain)
(S)eatbelt (S)ign
(S)tab (W)ound
(GSW) Gun Shot Wound



VASCULAR ASSESSMENT



++ Strong	+ Palpable	D Dopler

RN [redacted] b(6)-2

PHY [redacted]

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC: ER

DATE: 25 Oct

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

[redacted] b(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)

☐ DIAGNOSTIC STUDIES

☐ TREATMENT

TIME	PROCEDURE	SIZE	SITE	BY	RESULTS
	ET Intubation		☐ Oral ☐ Nasal Teeth		☐ $ETCO_2$ Change ☐ BBS Post Int ☐ Post CXR
	Gastric Tube		☐ Oral ☐ Nasal		☐ Air ☐ Contents ☐ Verified_____ Suction: Y N
0340	Urinary	16	☒ Meatus ☐ Supra-Public	SGT [redacted]	☐ Return_____cc ☐ Heme Dip: + - Secured
	DPL		☐ Opened ☐ Closed	b(6)-2	☐ Grossly: + - Cell count Sent@_____
	Chest Tube #1		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	Chest Tube #2		L R		☐ Air ☐ Blood ☐ Pleuravac____cm ☐ Autotransfuser
	12 Lead	Rhythm:		Comments	

ABG SITE	TIME	$\%O_2$	pH	BE	pCO_2	PO_2	O_2 Sat	HCO_3
1)								
2)								

LABS

TIME	LABS
	☐ D-stick_____ ☐ SHct_____
	☐ D-stick_____ ☐ SHct_____
	☒ CBC ☒ Chem ☒ PT/PTT
	☐ ETOH ☐ T&S ☒ T&C x 4 units
	☐ Tox Screen
	☒ UA ☐ HCG
	☐ OTHER
	☐ OTHER

X-RAYS

TIME	LABS
	☐ Chest Initial
	☐ Chest Post ET
	☐ Chest Post CT
	☐ C-Spine
	☐ Pelvis
	☐ R femur
	☐
	☐

TIME	PROCEDURE	ACCOMPANED BY	RETURN
	CT Scan: ☐ Contrast		
	☐ Head ☐ Abd ☐ Pelvis		
	☐ C-Spine ☐ T/L Spine ☐ Chest		
	☐		
	A-Gram Site:		

IV ACCESS & FLUIDS

TIME	#	GA	IAW SOP		SITE	IVF TYPE	AMT UP	AMT IN
0335		18	Y	N	RFA	NS x2		1500
0340			Y	N	LAC	NS x 1		1000
			Y	N				
			Y	N				

MEDICATIONS

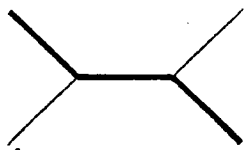
MEDICATION	TIME	DOSE	RTE	TIME	DOSE	RTE	TIME	DOSE	RTE
Ancef	0335	1	IV						
Tet		.5	IM						
Morph		5	IV						

BLOOD PRODUCTS

START	#	TYPE	UNIT#	AMT UP	AMT IN	END	INIT

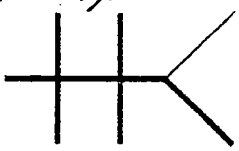
LAB RESULTS

CBC:



PT/PTT

Chem: Blood type O



UA.

INTAKE & OUTPUT

INTAKE	AMOUNT	OUTPUT	AMOUNT
IVF		Urine	
NGT		NGT	
Blood		EBL	
Other		Other	
TOTAL		TOTAL	

TRAUMA TEAM ARRIVAL

TITLE	NAME (Pager)	PAGED	RESPONDED	ARRIVED
ED Phys	[redacted]			
Surgeon	b(6)-2			
Anesth				
X-Ray	Gale			
RT				
Ortho	[redacted]			
Neuro				
Chaplain	b(6)-2			

VALUABLES & CLOTHING

V	STATUS	C
	None Found	
	Given to Patient	
	Given to Family	
	Inventoried and Released to Patient Trust Fund/NCOD See DA Form 3696	
	Other: See Nursing Notes	

DISPOSITION

☐ Home ☐ _____

Admitted to _____

Report Called to _____

Time Transferred _____

Accompanied By _____

MEDCOM - 21979 tretcher ☐ Wheelchair

VITAL SIGNS

Rectal Temp: 97.5

GCS:

TIME	BP	HR	RHY	RR	SAO_2	FIO_2	MODE	E	V	M	T
0331	130/88	83	NSR	16	99	Ø					
0400	/										
	/										
	/										
	/										
	/										
	/										
	/										
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GLASGOW COMA SCALE

EYE OPENING	VREBLE RESPONSE	MOTOR RESPONSE
4 - Spontaneous	5 - Oriented	6 - Obeys Commands
3 - To Voice	4 - Confused	5 - Localizes Pain
2 - To Pain	3 - Inapp Words	4 - Withdraws to Pain
1 - None	2 - Incomp Speech	3 - Flexion to Pain
	1 - None	2 - Extension to Pain
		1 - None

TIME	PROCEDURE	PERFORMED BY:
	☐ Backboard Removed	BY:
	☐ Downgraded	BY:

NOTES

yes smoke no-drinking
Ø-PMHx Ø-PSHx
Guaic-Neg.
Traction splint placed on
(R) leg @ 0330 hrs [redacted]

b(6)-2

29 y/o Iraq[redacted] EPW - shot when [redacted] B-IAP.
Pt brought to 28 CSH [redacted] (L) AC IV in place and
Bandage on (R) Leg. Given 2g MSO4 IV prior to arrival
Placed in AFO traction splint on A-rib to [redacted]
G: WD, WN, NAD, AAOx3 EPW
H: NC/AT, PERRL, MEMD/PC

b(b)-2

N: ⊘ meningis
L: CTA (B) ⊘ rales
B: RRR ⊘ R/G
ABD: soft, NT, ND (+) BS
Ext: ~~⊘ edema~~ (+) Edema/tenderness (R) lower thigh
⊘ exit wound seen. NVI. Distal to injury

pmh - ⊘
psh - ⊘
Im - R
(+) TOB
⊘ EtOH
meds - ⊘
All - NKDA
Last meal this morning

[redacted] MD -

b(b)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 25 Oct 03
Time In: 0640
Allergies: —
Pre-op V/S: 120/78 85
Procedures: CX fix R Femur

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 3800 Colloid —
OR Output: UOP 1000 EBL —
Meds/Times: 1000 Hespan, 250 Fent 3 Versed

7.4 Hct
25 Hct

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

Pre Op Meds

History

Time	0640	0645	0650	0705	0720
SaO2	98	96	98	98	100
FiO2					
Methods	RA	RA	RA	RA	RA
240					
220					
200					
180					
160					
140					
120	V	V	V	V	V
100	•	•	•	•	•
80					
60	^	^	^	^	^
40					
20					
RR	21	17	13	10	20
T	96.1				
Time					
Pain (0-10)					
LOS					

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

Pacu Intake

Time	Solution	Amount	Site	By	Infused
0720	~~300~~ LR	300	IV AC	✓	

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

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

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

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

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

PR[redacted] (Signature & Ti[redacted]

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 25 Oct 03

PA[redacted]ION (For typed or written entries give: first, middle; grade; date; hospital or medical facility)

Name – last,

[redacted] b(6)-4 b(6)-2

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

DA FORM 4700, MAY 78 WAMC OP 173-E, (Revised) 1 Apr 01 (MCXC-DN) Previous edition is obsolete

USAPPC V2.00

MEDICATIONS

Allergies:

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	R leg	limited	+	P	B	WM	P
15'	R leg	limited	+	P	B	WM	P
30'	R leg	~~limited~~	+	P	B	WM	P
45'	R leg	limited	+	P	B	WM	P
60'							
90'							
D/C	R leg	limited	+	P	B	WM	P

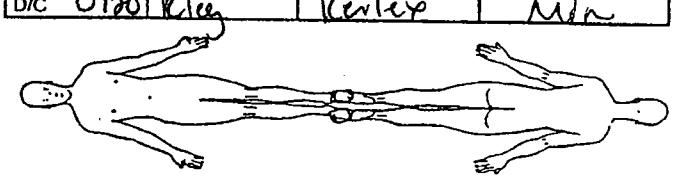
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm 0640	R leg	~~4x4~~ Kerlex	MIN
30' 0710	R leg	Kerlex	MIN
60'			
D/C 0720	R leg	Kerlex	MIN



PACU OUTPUT

Time	Source	Color/Appearance	Amount
0720	Foley	clear yellow	800 cc

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
0640	TSR	0	0

WAMC OP 173-E

NURSING NOTES

Pt received from OR s/p ex fix ® femor. Pt SpO_2 100% RA. Arousable to verbal. Able to wiggle toes on RLE. Report given to LT [redacted], pt VSS, no c/o pain — SR [redacted]

b(6)-2

b(6)-2

Discharge Criteria:
Date: 250ct03 Time: 0720 PARS: 9
BP: 136/77 T: 96.1 HR: 86 RR: 20 Sa02: 100
Pain Level at D/C (0-10): —
Intake: 300 Output: 800
Additional Data: —
Transferred To: ICW1
Report Given To: LT [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: SR [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature:

b(6)-2

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: _____ Anesthesia Type (Circle): General Spinal Epidural [redacted]
Time In: 930 IV Sedation Nerve Block
Allergies: NKDA OR Intake: Crystalloid 500 Colloid _____
Pre-op V/S: 106/62; 98 OR Output: UOP 500 EBL nn
Procedures: Jms ORIF OR Meds/Times: 2gr Ancef; 12mg ondansetron

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

Pre Op Meds / History

Time	930	935	940	945	950	955									
SaO2	100	100	100	100	99	98									
FiO2	RA	RA	RA	RA	RA	RA									
Methods															
240															
220															
200															
180															
160															
140															
120															
100															
80															
60															
40															
20															
RR	13	14	30	18	20	20									
T	97.4														
Time															
Pain (0-10)															
LOS															

Pacu Intake

Time	Solution	Amount	Site	By	Infused
900	NS	500	IV	[illegible]	n

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	1	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	2	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse			
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	7	10	10

Codes

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

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

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

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

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

(Continue on reverse)

PREPARED BY (Signature & Title) [redacted]

DEPARTMENT/SERVICE/CLINIC: ICU 3

DATE: 28 OCT 03

PATIENT [redacted] (Attach or typed or written entries give: [redacted] – last, first, middle; grade; date; hospital or medical facility)

[redacted] b(6)-2

[redacted] b(6)-4 29y

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

MEDICATIONS

Allergies:

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	(R) leg	exists	+	+3	<3	W	wnl.
15'							
30'							
45'							
60'							
90'							
D/C							

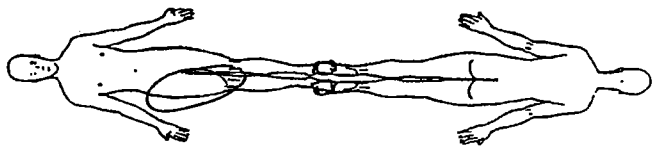
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm	(R) thigh	- Gauze	exists
30'			
60'			
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

NURSING NOTES

930: CSA (R), (R) pulse to distal (R) extremity; crotch intact - CSA [illegible] ~~[illegible]~~ slight serosanguinous drainage to [illegible] - [redacted] with

b(6)-2

b(6)-2

Discharge Criteria:
Date: 9/28/05 **Time:** 1010 **PARS:** 10
BP: 117/62 **T:** 97.4 **HR:** 99 **RR:** 16 **Sa02:** 100
Pain Level at D/C (0-10):
Intake: <100 cc **Output:** Ø
Additional Data:
Transferred To: [redacted]
Report Given To:
Transferred Via: W/C (Litter) Gurney Ambulance
Transferred By: [redacted]
Cleared IAW Recovery Room [redacted]
Charge Nurse Signature: [redacted]

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date):

Date: 30 Oct 03
Time In: 1210
Allergies: NKA
Pre-op V/S: 142/66 95
Procedures: Femur Weight

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

OR Intake: Crystalloid 1000 Colloid
OR Output: UOP EBL min

Meds/Times: 400 Fen

Drains
Hemovac
NG
JP
T-tube
Foley
TLS

Airway
Nasal
Oral
ETT
Trach
Other

Pre Op Meds History

Time	1210	1215	1220	1225	1230	1240
SaO2	100	98	99	99	99	99
FiO2	RA	RA	RA	RA	RA	RA
Methods						
240						
220						
200						
180						
160						
140						
120	✓	✓	✓	✓	✓	✓
100	•	•	•	•	•	•
80						
60	^	^	^	^	^	^
40						
20						
RR	10	12	12	11	12	12
T	97					

Time									
Pain (0-10)									
LOS									

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

(Continue on reverse)

Pacu Intake

Time	Solution	Amount	Site	[redacted]	Infused
1210	LR	100	(2) Arm	[redacted]	

b(6)-2

X-rays: Labs:

Post-Anesthesia Recovery score

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

Codes

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

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

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

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

PREPARED BY: [redacted] SSG/CPN

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 30 Oct 03

PATIENT'S I[redacted]ive: Name – last, first, middle; grade; date; hospital or medical facility)

b(6)-2

[redacted] b(6)-4

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

MEDICATIONS

Allergies:

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

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm							
15'							
30'							
45'							
60'							
90'							
D/C							

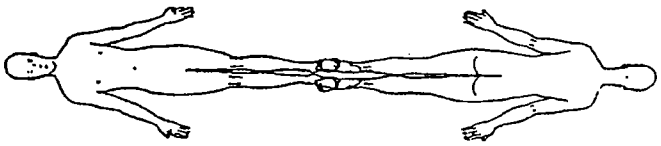
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm			
30'			
60'			
D/C			



PACU OUTPUT

Time	Source	Color/Appearance	Amount

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?

WAMC OP 173-E

NURSING NOTES

Male Iraqi admitted to PACU S/P I-Tmen Washout. PSG 100% VSS. NO S/S Respiratory distress. Drsgs to Rt Ext CDI. IV @ Arm LR @ TKO. Pt responsive to pain. Will continue to monitor. [redacted] SSG-LUR

b(6)-2

b(6)-2

Discharge Criteria:
Date: 30 Oct 03 Time: PARS: 9
BP: 126/75 T: HR: 104 RR: 12 Sa02: 99%
Pain Level at D/C (0-10):
Intake: Output:
Additional Data:
Transferred To: ICW 1
Report Given To: 1C7 [redacted]
Transferred Via: W/C (Litter) Gurney Ambulance
Transferred By: SSG [redacted]
Cleared IAW Recovery Room SOP B-3
Charge Nurse Signature:

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

Admission and Coding Information

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

1. Reporting MTF 0580 - [redacted]	2. MT[illegible]ation IZ			
3. Register Number [redacted]	Name (Last, First, MI) [redacted]		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD) [redacted]	7. Age at Admission 29Y	8. Race C	9. Ethnicity 9	Religion
10. Length of Service	ETS	11. FMP 99	12. Social Security Number [redacted] b(6)-4	
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 03:30	Branch / Corps:
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location	18. MOS		19. Trauma DIS	Prev. Admission NO
20. Source of Admission Direct from ER b(2)-2	Ward:		Name / Relationship of Emergency Addressee Address of Emergency Addressee	
Name and Location of Medical Treatment Facility: 0580 [redacted] No Install Provided			Telephone Number of Emergency Addressee	
21. Type of Disposition TRF-OTH	22. MTF Transferred To		23. Date of Disposition (YYYYMMDD) 2003-11-03	
24. Clinic Svc - Admitting AEA - ORTHOPEDICS	25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2003-10-25	
27. Location of Occurrence	28. MTF of Initial Admission		29. Date of Initial Admission 2003-10-25	

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: GSW R FEMUR

Procedure Narrative(s):

Cause of Injury Narrative:

Dx 82019 Proc 7815
E9912 8604 X2
8659
Trauma 9
Inj 569 [redacted] b(6)-2

821.10
958.8
E922.3
78.15
83.14
86.22 X2
86.59

b(6)-2

Admitting Officer (Signature, as required) [redacted]

Signature of Admitting Clerk [redacted]

Automated Facsimile - DA FORM 2985, MAR 2000

Automated Facsimile

b(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. Register Nbr	2. Name	3. Grade	Admission Remarks
[redacted]	[redacted]	FGN	

4. Sex	5. Age	6. Race	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm
M	45Y	X				NO

11. FMP	12. SSN	13. Organization	14. Ward
99	[redacted]		

15. FlyStatus	17. Dept / Ben	18. BranchCorps	19. UIC / ZIP	20. Type Case
	K78-PRISONER OF WAR/INTER			DIS

21. Source of Admission	22. Hour Of Adm:	23. Clinic Service
Direct from ER	16:30	ABA - GENERAL SURGERY

b(6)-2

24. Name/Relation of Emergency Addressee	25. Type Disp	26. Date of Disp
	TRF-OTH	2003-11-02

27a. Address of Emergency Addressee	27b. Telephone No	28. Date This Adm:	AdmittingOfficer:
		2003-10-25	[redacted]

29. ReportingMTF	30. Date Init Adm	32. Units Blood Components
0580[redacted] b(2)-2	2003-10-25	

31. Selected Administrative Data

b(6)-4

Marital Status: DoB: [redacted]

In/Out Patient: Inpatient MOS:

33. Cause Of Injury:

34. Diagnosis / Operations and Special Procedures:

BURN DEBRIDMENT L R ARM/HAND S TSG R FA

DX: 94126
94121
94128
94224
94325
94321
94425
94426
9481D
E9792

Px: 8622
8669
8662

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

Trauma
9

Injury
759

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days
0	0	0	0	8	8

Signature of Attending Medical Officer [redacted]

Signature of PAD or [redacted]

MEDCOM - 21989

MEDICAL RECORD | 1700 25 Oct **ABBREVIATED MEDICAL RECORD**

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

46 y/o Iraqi driver of car which exploded for ? reason, pt jumped out & car engulfed in flame
Medic alert sh. PMH ggg

PHYSICAL EXAMINATION

HEENT 1° burn face comea O/C (R) eye post deep burn
mouth O/C, voice O/C
L hearing ok (R) TM red, but o perf
neck O/C ~~non tender to palpation~~
chest clear
abd o (R) abd rigid
pelvis stable

PROGRESS (Note date of discharge and final diagnosis)

eyes – 4% TBSA burn (R) pressure, hard, drainage, not purge
also burn therapy eyelids on (L)

A – ~5% TBSA burn
P – admit debride

SIGNATURE OF [redacted]	DATE	IDENTIFICATION NO.	ORGANIZATION
MD	25 Oct		

PATIENT'S ID [redacted] (Stamped or written entries give Name, last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.	WARD NO.

b(6)-2

ABBREVIATED MEDICAL RECORD
Standard Form 509
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1973

MEDICAL RECORD

PROGRESS N[redacted]

AUTHORIZED FOR LOCAL REPRODUCTI[redacted]

DATE	NOTES
20CT03@	(0080) Pt arrived to floor from O.R. Pt has B/L hands wrapped in gauze. DSG CDF. Denies any pain at this time. VSS. Lungs are clear through all lobes. Pt has ⊕ 2 pedal pulses. Pt ambulates c̄ steady gait. Pt has Ft. running @ 150cc. Pt sleeping at this time. Pt urinates s̄ difficulty. ⊕ bowel sounds. b(6)-2
20OCT03@1300	Pt. resting quietly in bed, Ø c/o pain. Dr. [redacted] in to Δ DRSNG. to hands & FA bilat. [redacted] Affected areas on UE's cleaned c̄ Hibiclense & N.S. Blisters to fingers of ⓛ hand drained & extra skin cut away. Affected areas covered c̄ Betadine cream. Super sponges placed between fingers. Hands & FA wrapped c̄ Kerlex roll. Pt. premedicated c̄ 5mg MSO4. New IV started at ⓛ upper arm LR @ 150cc/h Δ'd to D5 1/2 NS c̄ 20 KCl. All other assessments WNL. Pt. ambulates well to BR s̄ assistance. 2 point restraints Ø S/S of skin breakdown. [redacted] 2CT ADM. b(6)-2
17OCT@0300	Pt laying in bed. DSG to B/L UE has clear, yellow drainage. Reinforced DSG c̄ Kerlex. Will continue to monitor. Pt denies any pain at this time. Applied Bactiran to ears, nose, neck + head. Pt amb to BR c̄ steady gait. Pt refused dinner 2° no appetite. Pt able to move fingers + ⊕ cap refill. [redacted] 2CT ADM b(6)-2

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

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

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

REGISTER NO. | WARD NO.

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

USAPA V1.00

LAST NAME	NAME	MI	INITIAL	ID NUMBER

DATE	NOTES
7 OCT 03 @ 1400	Pt. resting quietly in bed, V.S.S. A&O, / D5½NS c̄ 20 KCl infusing @ 150 cc/hr to (L) upper arm. Dr. [redacted] Δ'd DRSNG to burns on hands. Loose tissue removal, affected areas rinsed c̄ Betadine & NS solution. Silvadene cream applied, Kerlex super sponge placed between fingers, wrapped c̄ Kerlex roll. Bacitracin oint. applied to ears & back of head. Pt. premedicated c̄ 5mg MSO4. b(6)-2
b(6)-2	Dr. [redacted] gave V.O. to push 5mg more of MSO4 during DRSNG Δ. Pt. ambulates c̄ difficulty. Pt. ate 25% of breakfast & lunch. Pt. in 2 point restraints. Ø signs of skin breakdown. All other assessments WNL. Will cont. to monitor [redacted] 2LT, ADL b(6)-2
27 OCT @ 2215	Pt resting quietly. Denies any pain at this time. DSG to B/L hands + FA intact, scant amt clear drainage. Bacitran applied to face, neck, + back of head. Pt tol Reg diet. b(6)-2 D5½NS c̄ 20K infusing. Pt amb c̄ steady gait [redacted] DVT/
28 OCT 03 0200	Assumed care of pt. A+O x3. Ø c/o pain or discomfort. D5½ NS c̄ 20meq @ 150 cc/hr to (L) PIV bicep. Lungs clear HRRR Active BS x4 quads Burns to 5% of body (R) side of face and neck bilateral ~~hands~~ upper extremities and partial hands. Dressing Δ complete c̄ Silvadene cream applied burn dressings applied [redacted] and kerlix wrapped. Will cont to monitor b(6)-2

STANDARD FORM 509 (REV. 5/1999) BAC
USAPA V1.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
28 Oct 03 1900	VSS. Alert & Oriented. Speaks fluent English (B) UE c̄ Kerlix wrapping. chats dry & intact 2° Burns to face, head, neck & (R) Ear. Cleaned with sterile NS and bacitracin ointment applied. (L) FA IV patent & intact infusing D5 1/2 NS c̄ 20 mEq KCl/l @ 150cc/hr. 1st & 2nd degree burns noted to (R) upper back. Voiding clear yellow urine. Lungs clear (B). Abd soft non-distended BS (+) X4 quad. Peripheral pulses palpable +2 Consumed 70% of Regular diet for dinner. No c/o pain voiced or noted. Will continue care as planned. — [redacted] 2LT[redacted]
28 Oct 03 2000	Pt informed of NPO status for MN for OR Tomorrow for skin graft. Ancef 1 gm IVPB on chart. Will obtain CBC @ 0400 hrs. Will continue to monitor — [redacted] 2LT[redacted]
28 Oct 03 0330	CBC obtained via Venipuncture from (R) AC. & labeled. Specimen sent to lab. — [redacted] 2LT[redacted]
29 OCT 0900	Pt a/o, VSS, ∅ c/o pain, (B) UE wrapped c̄ Kerlix, face head & neck c̄ 2° burns, bacitracin applied. Resp even & unlabored, LCTAB (+) BS x 4 qds. NPO [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
		b(6)-2

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

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	ME	MIDDI	) NUMBER

DATE	NOTES
29 OCT 0900	(Cont) OR today. Pt ambulating s difficulty voiding cath via urinal. 2 pt restraint on s compromise to skin or circulation. Will monitor [redacted] 91WM b(6)-2
29 Oct	Op note TSL ~ 300 cm² (R) thigh to dorsum of (R) forearm & dorsum hand for deep partial thickness burn/remainder appears less and should heal in c/in ~ 2-3 [redacted] b(6)-2 fluid 1700 EBL 300

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	PROGRESS NOTES
DATE	NOTES
29Oct03 1800	Received from PACU Alert & Oriented VS Temp 99-88-18 130/70 O2 SAT 97% RA Bilateral bulky kerlix dsg to hands dry & intact (R) Thigh with bulky kerlix dsg dry & intact. (L) Upper arm IV patent & infusing LR @ 100 c/hr. Regular diet consumed Bacitracin oint applied to facial burns. Lungs clear Bilateral. BS(+) x4 quad. Abd soft non distended. Peripheral pulses +2. Will continue to monitor. b(6)-2 [redacted] 2170
29Oct03 2000	OOB ambulated to BR. Active bleeding noted to (R) thigh. Dr [redacted] present. IV fluids ↑ 200cc/hr. Will continue to monitor. [redacted] 2170
30OCT (1100)	Rt a/o, VSS, premedicated c̄ 5mg MSO4 for dsg Δ and removal of kerlix from (R) thigh. (L) hand cleaned c̄ hibiclens & silvadene applied & wrapped c̄ kerlix. (R) thigh kerlix removed xenform new ΔTA. Resp even & unlabored. (+) BS x4, LR @ 200cc/hr to (L) AC. (-) edema or redness noted. (+) pulses equal bil

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

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

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

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
30OCT03	b(6)-2
1100	(cont) 2 pt restraints on ≅ compromise to skin/circulation. Will monitor [redacted] 91WM
30OCT03 2130	Pt A+O x3, VSS, speaks english, LS CTA ⒷⒷ, ⊕ BS x4, dsg Ⓡ arm intact, several blood spots, dsg Ⓛ hand Δ'd, hand cleaned ≅ hibiclens, applied silvaden + covered ≅ kerlix, pain controlled ≅ percs, graft site on Ⓡ thigh has ∅ s/sx of infex, IV Ⓛ AC intact infusing LR @ 200 cc/hr, ∅ s/sx of infec or infiltration, applied bacitricin to face, 2 point restraint in place ≅ ∅ s/sx of complications, OOB → BR, voiding c/y urine ≅ diff [redacted] 91 [redacted] I concur with above assessment [redacted] 2078 b(6)-2
31Oct03	Assume care of pt @ 0600. VSS, A+O x3. Given morphine to wash face and Ⓛ hand. Aed dress on Ⓛ hand. Healing nicely, minimal blood, maintains pulse. ∅ c/o pain today. Applied bacitracin to face and back of head. In 2pt restraint without skin irritation. Ⓡ arm in ace wrap intact. ~~Will~~ [redacted] b(6)-2 IV dc'ed by dr. Will cont. to monitor. 91WSP [redacted] b(6)-2
31OCT03 1945	Pt awake, A+O x3, VSS, Ⓛ hand dsg Δ'd, cleaned ≅ hibiclens + applied silvadene cream, pt premedicated, tol procedure well, RUE dsg intact, graft site on Ⓡ thigh ∅ s/sx of infec applied bacitricin to pt face, LS CTA ⒷⒷ, ⊕ BS x4, 2 point restraint ≅ ∅ complications. [redacted] 91W

STANDARD [redacted] PACK x1.00

b(6)-2 [redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
1 NOV 03 1090S	VSS. AO. Speaking english & Arabic thru AM. DSG to (L) & (R) upper extremities CDI ≈ apparent drainage. (R) forearm DSG intact and remains clean. Able to move fingers on BUE. Warm to touch. Cyanotic between (L) fingertips, but speaks well. Face remains intact ≈ segments of healed and crusted skin. Ambulated x1 for 20 min on [redacted] b(6)-2 ward ≈ difficulty. Cont to monitor. — [redacted] aw Skin integrity intact in all other regions. [redacted] ab
1 NOV. 03 1915	Pt resting in bed, A+Ox3, VSS, dsg + ace wrap to RUE CDI, dsg to (L) hand Δ'd, burns cleaned ≈ hibiclens and silvadene cream applied, bacitricin applied to burns on face, skin graft site on (R) thigh ≈ ∅ s/sx of infex, premedicated ≈ MSO4 prior to dsg Δ, tol well, voiding cyu to urinal ≈ complications, ∅ s/sx of poor circulation or skin breakdown on pts of restraint. — [redacted] aw [redacted] R b(6)-2

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT		

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

REGISTER NO. | WARD NO. -

[redacted] b(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

LAST NAME	NAME	MI	TIAL	ID NUMBER

DATE	NOTES
2NOV07@1030	Pt. sitting in hallway, to be transferred to ED. Pt. A&O×3
	DRESSING Δ to ⓒ PA not done due to transfer at this time.
	Pt. is ambulatory. AM care done, Ø c/o pain, Bacitracin
	ointment applied to head & ears. Pt. has no IV access. Pt.
	ate 50% of breakfast, tolerated well. All other assessments [redacted]
	[redacted] PT. AN
	b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK
USAPA V1.00

[redacted] b(6)-4

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
25 OCT 03	S) 46 y/o Iraqi ♂ alledgedly driving VBIED sustained burns
	when vehicle exploded. Self-extricated & ambulatory at
TOI: 13:20	scene. C/o pain to head, ears, arms, face. Pt speaks english.
Arrival & BAS:	Denies any medical problems, drug allergies.
15:20	O) Thin, A&Ox3, Normal voice.
	HEENT: 2° burns to scalp, ears. ¢ carbonaceous sputum or
P: 74	rhinorrhea, oral mucosa atraumatic.
R: 12	NECK: 2° burns (R) posterior
BP: 135/65	Back: 2° burns (R) scapula
	Arms: 2° burns posterior (R) shoulder, bilat forearms, hands,
MEDS: NONE	both palmar & dorsal surface.
Allergies: NKDA	A) Partial Thickness thermal burns estimated BSA @ 14.5%
	Concerned about burns to hands.
	P) Refer to [redacted] for further eval/tx.
	b(2)-2
	[redacted]
	b(6)-2 ILT, SP, PA-C
	Bn PA

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

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

[redacted] b(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	(1) Opp note Debridement 4.5 cm lum (R) fream dorsum 2) tad; pox dual freeze deep partial (2) tad probably will heal OK - superficial to intermediate partial thickness F=least 400 CBC 5 [redacted] b(6)-2

STANDARD FORM 600 (REV. 6-97) BACK

b(2)-2

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Patient)*	LOG NUMBER	TREAT [redacted]
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS

CITY | STATE | ZIP CODE

ARRIVAL

DATE *(Day, Month, Year)* | TIME

TRANSPORTATION TO FACILITY: AIR

SEX: M

AGE: 46

DUTY/LOCAL PHONE	
AREA CODE	NUMBER
HOME PHONE	
AREA CODE	NUMBER

MILITARY STATUS			
ITEM	YES	NO	N/A
PRP			
FLYING STATUS			
MEDICAL HISTORY OBTAINED FROM			

THIRD PARTY INSURANCE		
ITEM	YES	NO
ADDITIONAL INSURANCE		
DD 2568 IN CHART		
NAME OF INSURANCE COMPANY		

CURRENT MEDICATIONS: Ø

ALLERGIES: Ø

INJURY OR OCCUPATIONAL ILLNESS			
ITEM	YES	NO	WHEN *(Date)*
IS THIS AN INJURY?			WHERE
INJURY/SAFETY FORMS			
HOW			

EMERGENCY ROOM VISIT	
DATE LAST VISIT	24 HOUR RETURN ☐ YES ☐ NO
TETANUS	
DATE LAST SHOT	COMPLETED INTITIAL SERIES ☐ YES ☐ NO

CHIEF COMPLAINT: Burns 2° to arms / head / 3° Lt hand

CATEGORY OF TREATMENT

☐ EMERGENT

☒ URGENT

☐ NON-URGENT

TIME: 1625

INITIALS: LS

VITAL SIGNS

TIME	1630	1700	1730		
BP	119/76	142/88	131/80		
PULSE	100	104	95		
RESP	25	18	18		
TEMP	98.7				
WT	96%	95%	97%		

LAB ORDERS

☑	CBC/DIFF	ABG	☒ PT/PTT	BHCG/URINE/BLOOD/QUANT	
	URINE C&S	UA MSCC/CATH		☑ CHEM:	
	BLOOD C&S X				

X-RAY ORDERS

☑	CXR PA & LAT/PORTABLE	C-SPINE
	ACUTE ABDOMEN	LS SPINE
	SINUS	HEAD CT
	ANKLE R/L	

ORDERS

☐ PULSE OX ☐ MONITOR ☐ ECG

TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
1630	Morphine 5mg	IV LS			pain ↓ 5/10 from 7/10
1631	Tetanus 0.5cc IM	LS			
1632	Ancef 1 gm	IV LS			
1630	Morphine 5mg	IV LS			

DISPOSITION: ☐ HOME ☐ FULL DUTY

DISPOSITION QUARTERS /OFF DUTY: ☐ 24 HRS. ☐ 48 HRS. ☐ 78 HRS.

MODIFIED DUTY UNTIL

RETURN TO DUTY

PATIENT/DISCHARGE INSTRUCTIONS

CONDITION UPON RELEASE: ☐ IMPROVED ☐ UNCHANGED ☐ DETERIORATED

ADMIT TO UNIT/SERVICE

TIME OF RELEASE

REFERRED ▶ | TO | WHEN

I have received and understand these instructions.

PATIENT'S SIGNATURE

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

[redacted] b(6)-4

EMERGENCY CARE AND TREATMENT *(Patient)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT *(Doctor)*	TIME SEEN BY PROVIDER

TEST RESULTS

CBC		SMAC				ABG/PULSE OX			RADIOLOGY	Check if read by radiologist ☐
	WBC					SUP 02	PH	PO2	RESULTS	
	H/H					PCO2	SAT	OTHER		
	PLT									
PT					U/A	DIP			EKG INTERPRETATION	
APTT		BHCG	ETOH	GLU		MICRO				

PROVIDER HISTORY/PHYSICAL

4 boys chaqui ♂, states he is translator for US, S/P explosion in the back of his vehicle, he jumped from the car.

VSS. gen: Mild Distress
heart: JM intact, erythematous B/L (B) 2nd degree Burns Over neck & face, 3° to (R) ear, Pinna/ canal/ Post ear.

(B) arms to Middle/ Prox forearm ≈ 2nd/ 3rd ° burns,
(R) Back ≈ 1° Burn.
CO: RRR ⊕ (M) lys: CTA (B) abd: soft, ND, NTTP, (+)BS
ext: ⊕ pulses 2+ intacts, burns as Described.
A/P: 2/3° Burns to face/ arms (B)

CONSULT WITH	TIME	ACTION
Surgery	1700	admit for Debridement

RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

b(6)-2

PROVIDER SIGNATURE AND STAMP

[redacted]

DIAGNOSIS Burns to ~ 8% BSA

CODES

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

[redacted] b(6)-4

EMERGENCY CARE AND TREATMENT *(Doctor)*
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.
1. AGE: 46 HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): NKDA 3. PREVIOUS SURGERY [X] NO [ ] YES (type):

4. PROPOSED SURGICAL PROCEDURE: Burn Debridement (R) + (L) arm/hand

5. ADDITIONAL INFORMATION: Last PO: 2MC Medical Hx: See H&P Implants: Q Medications: unk
Jewelry removed: yes/no Family waiting: yes/no

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to traumatic injury; language barrier; family separation; surgical environment	o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures, (e.g., warm blanket, touch) o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to sedation; positioning; injury	o PT. will be able to breathe without difficulty during immediate intra-operative phase.	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress o Assist anesthesia during intubation and extubation
C. INTEGUMENT ✓ Potential impairment of skin integuity due to bovie pad; position; fluid shift	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

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

#[redacted] b(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ___ Potential for inadequate tissue perfusion due to anesthesia; traumatic injury; position; shock; previous surgery	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ___ Potential impairment of mobility due to sedation; pain; injury E.2. ___ Potential discomfort due to injury; pain	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. ___ Disminished visual perception due to being injury; sedation; F.2. ___ Potential for decreased communictaion due to language barrier; sedation F.3. Potential injury due to dentures.	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from Either side. o Validate pt.'s understanding of verbal communications. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs. b(6)-2	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes. b(6)-2	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

10. OR [redacted] IONAL INTEROPERATIVE INTERVENTIONS NOTED.

MAJ/A 25 OCT 03 DATE

11. POST[redacted]IVE EVALUATION:

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

12. PREOPERTIV[redacted] (Signature and Title)	13. PREOPERTIVE E[redacted] BY (Signature and Titl[redacted]
DATE: 25 OCT 03 TIME: 1856 MAJ/A	DATE: 25 OCT 03 TIME: 1805 MAJ/A

MEDICAL RECORD | **INTRAOPER[redacted]CUMENT**

For use of this form, see AR 40-66, the [redacted]geon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA: Litter BY Anesthesia

2. PATIENT I[redacted] PROCEDURE
VERIFIED BY [redacted] MAJ/AR

3. DATE TIME PATIENT ARRIVED IN SUITE

4. PATIENT I[redacted]
TIME NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: b(6)-2 b(6)-2

6. NURSING PERSONNEL

ASSIGNED SCRUB	SSG [redacted] ORT b(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	MAJ [redacted] AR	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)* Pt transferred to OR table, anatomically aligned for surgical procedure

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

COMMENTS:

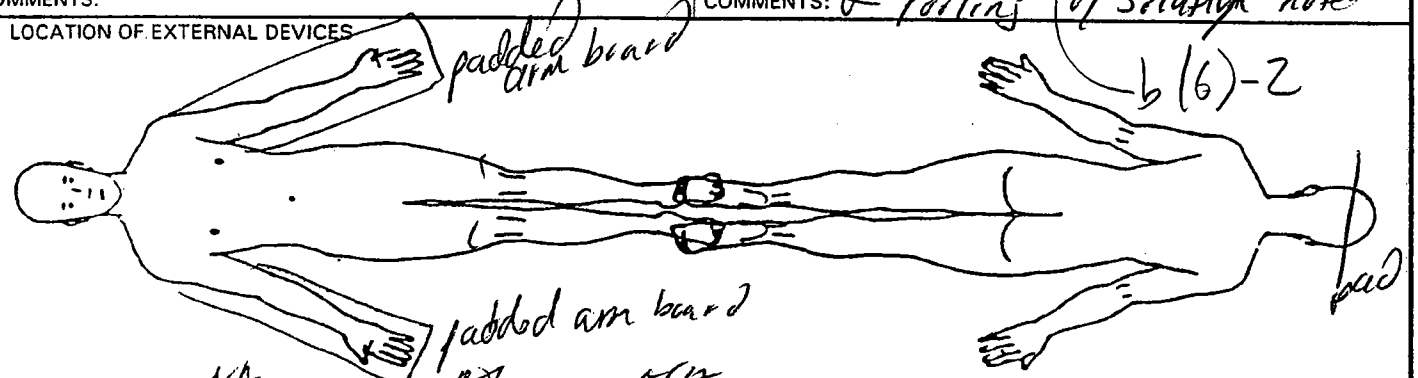
8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* [redacted]
SITE: (R) forearm BY WHOM: MAJ [redacted] AR
SITE: (L) Hand Arm BY WHOM: b(6)-2
COMMENTS: ∅ pooling of solution noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad NA -- Safety Strap OK ≡≡≡ Tourniquet NA

10. COUNTS

C = Correct I = Incorrect

			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☒ No					
Needle Sharp	☐ Yes	☒ No					
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

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

#[redacted] b(6)-4

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

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ ESU NO: _____
GROUND PAD: BRAND _____
LOT NO: _____

☐ BIPOLAR NO: _____

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

14. MEDICATIONS/ORDERS

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

MEDICATIONS SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): 0.9% NaCl

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

18. DRESSING/IMMOBILIZATION *(Specify)*

Fluffs
Kerlix
Silvaden Cream

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

19. ADDITIONAL INFORMATION

Surgeon [redacted] b(6)-2

Anesthesia [redacted]

b(6)-2

20. OPERATION(S) PERFORMED

Burn Debridement (L) & (R) hand / Arm

21. PATIENT [redacted] PACU [redacted] TIME 1905 METHOD Litter

22. REGISTE [redacted] UNKNOWN [redacted]

REVERSE OF DA FORM [redacted] USAPA V1.01

MEDCOM - 22006

MEDICAL RECORD — **INTRAOPERA[illegible] DOCUMENT**

For use of this form, see AR 40-407, the pro[illegible]ency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATIN[illegible]OM VIA Wheeled litter BY Anesthesia

2. PATIENT IDENTIFI[illegible] RECORD REVIEWED AND PROCEDURE VERIFIED BY CPT [redacted]

3. DATE 29OCT TIME PATIENT ARRIVED IN SUITE 1454

4. PATIENT IN ROOM TIME 1454 NUMBER 2-2-10

b(6)-2

b(6)-2

5. PREOPERATIVE EMOTIONAL STATUS

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

COMMENTS: NKA

6. NURSING PERSONNEL

ASSIGNED SCRUB	PFC [redacted] 91D	RELIEF SCRUB	Ø
ASSIGNED CIRCULATOR	CPT [redacted] 66E	RELIEF CIRCULATOR	Ø

7. POSITION AND POSITIONAL AIDS (Specify) Pt on padded OR Bed, Head on foam doughnut, ~~Left~~ (L) Arm extended out to side <90 in CAP secured to padded armboard c safety strap. RUE prepped into sterile field + placed on padded double armboard. Folded towels under heels.

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

COMMENTS: RUE prepped into sterile field c stockinette to Lower leg. Correct Body Alignment Maintained

8. SKIN PREPARATION

HAIR REMOVAL ☒ YES ☐ NO

DONE BY: ☐ OR ☐ NURSING UNIT

METHOD: ☐ DEPILATORY ☒ RAZOR of (R) thigh By Dr [redacted] ☐ CLIP

COMMENTS: no nicks or cuts noted

PREP SOLUTION (Specify) Hibiclens.

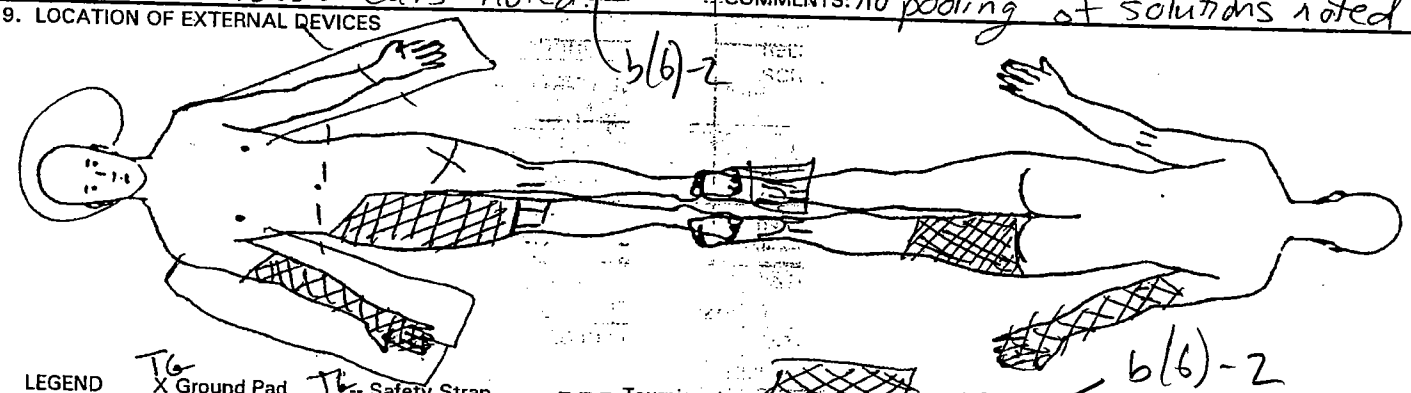
SITE: (R) thigh circumferen BY WHOM: CPT [redacted]

SITE: RUE circum. BY WHOM: " b(6)-2

COMMENTS: no pooling of solutions noted

9. LOCATION OF EXTERNAL DEVICES

b(6)-2



LEGEND X Ground Pad — Safety Strap = = = Tourniquet — prep.

b(6)-2

10. COUNTS C = Correct I = Incorrect

			Initial Count	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☐ Yes	☒ No					
Needle Sharp	☒ Yes	☐ No	C		C	PFC [redacted]	CPT [redacted]
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

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

[redacted] b(6)-4

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

☒ ESU NO: R8B 102395

GROUND PAD: BRAND Valleylab Polyhesive II REM

LOT NO: 20011/2005-04

☐ ESU NO:

GROUND PAD: BRAND

LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 REPLACES DA FORM 5179-1 (TEST), DEC 82, WHICH IS OBSOLETE. USAPA V1.00

13. PROSTHESIS, IMPLANTS ☐ YES ☐ NO IF YES NAME: ID NUMBER: :TURER

14. MEDICATIONS/ORDERS

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

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
1:100,000 Epi & 0.9% NaCl	QS	intra-op	topical	Cpt [redacted]	Dr [redacted]
Silvadene Cream 1%	QS	dressing	topical	Monarch Pharm	Dr [redacted]
Bacitracin Ointment	QS	intra-dressing	topical	Fougera	Dr [redacted]

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S):
0.9% NaCl - QS

b(6)-2

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

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

16. LABORATORY SPECIMENS

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

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

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

18. DRESSING/IMMOBILIZATION (Specify)
Rad Zeroform Gauze, Kerlex Fluffs
Kerlex Roll, ACE wrap.
(R) Thigh - Zeroform Gauze.
Kerlex Roll

19. ADDITIONAL INFORMATION
WC - IV
Surgeon: Dr [redacted] b(6)-2
Anesthesia: CPT [redacted] CRNA - GEN/LMA
Bovie: Settings 30/30 Blend 2/Spray / Pad site: pre-op CDI, post-op COF

DA 5179 previously done

20. OPERATION(S) PERFORMED
STSG to (R) Foream from (R) thigh
Dressing △ LUE b(6)-2

21. PATIENT TRANSFERRED TO PACU TIME 1700 METHOD wheeled litter

22. [redacted] CPT/AW

[redacted] DRM 5179-1, OCT 87 USAPA V1.00

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY	
POST- DAY	
MONTH-YEAR	DAY 1 NOV
19	HOUR 20

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

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

Record special data only when so ordered

BLOOD PRESSURE	128/78	130/73
	113	100
	95	99
HEIGHT: WEIGHT →	48	
		98%

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

REGISTER NO.

WARD NO.

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

#[redacted] b(6)-4

511-119

NSN 7540-00-634-4124

MEDICAL RECORD — VITAL SIGNS RECORD

HOSPITAL DAY

POST- DAY

MONTH-YEAR OCT 2003 — DAY: 25, 26, 27, 28, 29, 30th, 31 — HOUR

PULSE (O) — TEMP. F (•): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40.6°, 40.0°, 39.4°, 38.9°, 38.3°, 37.8°, 37.2°, 37.0°, 36.7°, 36.1°, 35.6°, 35.0°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT →

Record special data only when so ordered

	25	26	27	28	29	30th	31
Respiration		20 / 24 / 18		18 / 18 / 18	18 / 18 / 18	18 / 18 / 18 / 18 / 18 / 18	18 / 18 / 18
Blood pressure	124/74	123/81 / 121/76		116/65 / 124/67 / 130/70	134/81 / 119/72	126/75 / 130/71	
	79	99 / 99		H 104	122/72 / 116/72	101 / 120	
	93	101 / 111		T 98.7		99.7 / 100.4	
Height: / Weight →	96%	94% / 92%		98% / 96% / 98			97%
				RA	99% / 98% / 98% (RA)	98%	

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

REGISTER NO.

WARD NO.

[redacted] b(6)-4

VITAL SIGNS RECORDS

Medical Record

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

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

Ward/Section: EMT	REQUE[redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST, MI: [redacted]	DATE: 25 Oct	TIME: 1634	SSN/PSEUDO SSN: [redacted]

(Hematology) CBC

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

(Hematology) Manual Differential

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

Coagulation Studies

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

Urinalysis

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

CSF

Cell Count		
Directigen		Negative

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

UNIT	TYPE	CROSSMATCH

Misc. Serology

TEST	RESULT	REF. RANGE
RPR		Negative
Mono		Negative

Microbiology

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

Microscopic Urinalysis

Blood Bank

MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED

ABO/Rh

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

(i-STAT)

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

Misc. Chemistry

TEST	RESULT	REF. RANGE
Troponin-I		
Drug of Abuse		

(Piccolo) Chemistry 12

TEST	RESULT	REF

(Piccolo) Metabolic Panel

TEST	RESULT	REF. RANGE

======= PICCOLO =======
25/10/03 16:43
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
LIVER PANEL PLUS
DISC LOT #: [redacted]
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

ALB	4.7	3.3-5.5	G/DL
ALP	64	26-84	U/L
ALT	19	10-47	U/L
AMY	60	14-97	U/L
AST	33	11-38	U/L
TBIL	0.9	0.2-1.6	MG/DL
GGT	16	5-65	U/L
TP	8.1	6.4-8.1	G/DL

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

b(6)-2

======= PICCOLO =======
25/10/03 16:43
REFERENCE RANGE: MALE
PATIENT #: [redacted] b(6)-4
METLYTE 8
DISC LOT #: [redacted]
OPER #: [redacted] DR #: 000
SERIAL #: [redacted]

GLU	122*	73-118	MG/DL
BUN	6*	7-22	MG/DL
CRE	1.3*	0.6-1.2	MG/DL
CK	190	39-380	U/L
NA+	128	128-145	MMOL
K+	4.1	3.3-4.7	MMOL
CL-	101	98-108	MMOL
tCO2	21	18-33	MMOL

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

b(6)-2

REMARKS:

REPORTED BY:	DATE:	LAB ID NO.:

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

Ward/Section: ICWS	REQUESTING PHYSICIAN: Dr [redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LA[redacted]	DATE 29 Oct 03 / TIME 0230	SSN/PSEUDO SSN:

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

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

REMARKS:

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

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

Ward/Section: FCW1	REQUESTING PH[redacted]	LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)
LAST, FIRST [redacted]	DATE 30 Oct / TIME 0480	SSN/PSEUDO SSN:

(Hematology) CBC			Urinalysis			Misc. Serology		
TEST	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*	*TEST*	*RESULT*	*REF. RANGE*
WBC		4.8-10.8 x 10^3	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10^9	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	**Microbiology**		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10^3 verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	**Microscopic Urinalysis**		
RBC Morph			HCG		Negative			

Spun Hematocrit		42-52% (M) 37-47% (F)	**CSF**			**Blood Bank**	
Sed Rate			Cell Count			**MUST SUBMIT SF 518 WITH EVERY UNIT REQUESTED**	
Other			Directigen		Negative	ABO/Rh	

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

REMARKS:

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

b(6)-4

ID: [redacted]
WB

29-10-03
03:48

			Patient Limits	
WBC	8.0	x10^3/uL	4.5	10.5
RBC	4.57	x10^6/uL	4.00	6.00
Hgb	14.2	g/dL	11.0	18.0
Hct	42.9	%	35.0	60.0
MCV	93.9	fL	80.0	99.9
MCH	31.1 H	pg	27.0	31.0
MCHC	33.2	g/dL	33.0	37.0
Plt	274.	x10^3/uL	150.	450.
LY%	19.5 L	%	20.5	51.1
LY#	1.6	x10^3/uL	1.2	3.4

b(6)-4

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 10/25/03 16:51

Patient ID: [redacted]
Test Name :PT
Test Result:= 14.7 sec.
Ratio = 1.2
Calculated INR = 1.35
Sample Type:citrated wh. blood
Test Date :10/25/03
Test Time :16:47
Card Lot [redacted]
Operator [redacted] b(6)-2

RAPIDPOINT COAG ANALYZER V4.54
SERIAL [redacted] 10/25/03 16:53 b(6)-4

Patient ID: [redacted]
Test Name :APTT
Test Result:= 38.9 sec.
Sample Type:citrated wh. blood
Test Date :10/25/03
Test Time :16:51
Card Lot [redacted]
Operator [redacted] b(6)-2

MEDICAL RECORD - ANESTHESIA

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

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

DRUG	(Units)		
Propofol	(mg)	200	
SUX	(mg)	100	
Fentanyl	(mcg)	(250) 100	
	( )		
	( )		
	( )		
VOLAT AGENT: Sevo	% del	3.0	1.0 (X)
	% e.t.		
AIR	L/Min		
N2O	L/Min		
O2	L/Min	8/2	8

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

FLUIDS

LINE site			
LR 18G	☐ Warmed	/	400
	☐ Warmed		
	☐ Warmed		
	☐ Warmed		

LOSSES: EST BLOOD LOSS; URINE -

TOTALS	TOTAL EBL
350	TOTAL URINE
	Not measured

FLUIDS - SUMMARY: CRYSTALLOID 400; COLLOID- Ø; BLOOD- Ø

REMARKS

Code drugs with numbers, events with letters

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 60 (KG) LB

HEMATOCRIT:

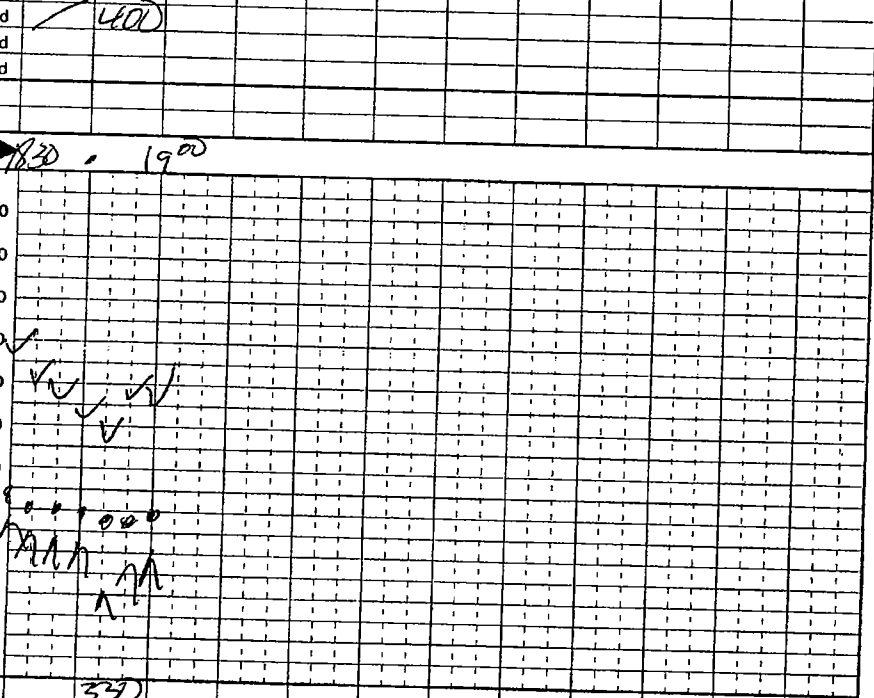
INITIAL DATA: BP- 157/77; HR- 92

EQUIP CHECK: OK?- (Y) N

PATIENT RECHECK: OK for PROCEDURE? MP2; TIME- 1835

TIME → 1830 . 1900

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



VENTIL

VT - ml	350
f - breaths/min	6
Peak inf pres / PEEP	
MODE - S(pon), A(ssist), C(on)	S/C A/S

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)	(+)	(+)
BP/oth	FIO2 (Frac or %)		62
ART line	SpO2 (%)	100	100
Steth- PC/ES	ECG	SR	SR
Gas analyzer	TEMP-site	Axillary	
	N-M Block (T/4)		
Warming blkt			
Conv warmer			

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

RECOVERY AT 1900

PACU ICU _____ (Specify)

OTHER _____

CONDITION:

RESP- SpO2- 96%

BP- 135/75 HR- 10

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1815	1830	1910
PROC	Ready 1840	Begin 1845	End 1855

PROCEDURES and CPT Codes: -

Burn Debridement Arms

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

[redacted] b(6)-4

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

GETA b(6)-2

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments*

Pre-ox. Sim to 8/10, Rsp & sedate, IV x 1, Mask Induce, Tracheal 8.0 ETT placed 22cm @ lips (+) BBS (+) cuff @ 5N.

SURGEONS: [redacted] (+) ETCO2

PROCEDURE LOCATION: OR 1

DATE: 7 OCT 05

PAGE 1 OF 1

DA FORM 7389, FEB 1998 — MEDCOM - 22016 — [redacted] — Y 2 - ANESTHESIA PROVIDER — USAPA V1.00

MEDICAL RECORD - ANESTHESIA

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

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

DRUG (Units)						TOTALS
phenergan (mg)	25					25
MSO4 (mg)	10					
propofol (mg)	200 50					250
ketamine (mg)		100				100
( )						
( )						

TOTAL EBL: 400

TOTAL URINE: —

VOLAT AGENT	% del	
ISO	% e.t.	4 — 3 — 2 — 1.5 1.5 1.5 1.5 — X
AIR	L/Min	
N2O	L/Min	
O2	L/Min	8 — 4 — 4 — 4 — 4 — 3 — 3 — 3 — X

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

FLUIDS

LINE site		
0.9% NS	☐ Warmed	1000 → X
	☐ Warmed	
	☐ Warmed	
	☐ Warmed	

FLUIDS - SUMMARY

CRYSTALLOID- 1700

COLLOID-

BLOOD-

LOSSES

EST BLOOD LOSS	400
URINE -	

PHYS STATUS: 1 (2) 3 4 5 E

BODY WEIGHT: 60 KG

HEMATOCRIT: 14.2/42.9

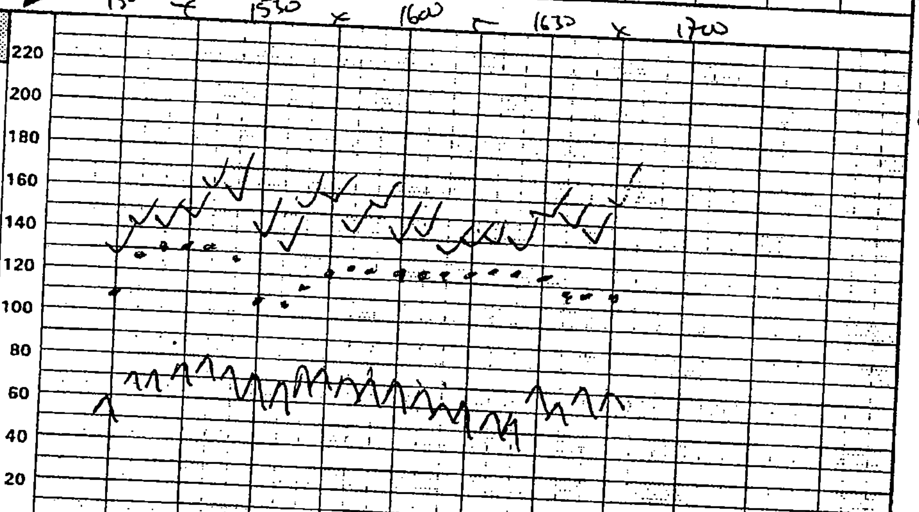
INITIAL DATA: BP- 140/60 HR- 110

EQUIP CHECK: OK?- Y

PATIENT RECHECK: OK for PROCEDURE? Y TIME-

TIME → 1500 x 1530 x 1600 x 1630 x 1700

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



REMARKS

Code drugs with numbers, events with letters

To OR #2.
Monitors
Smooth IV
induction
Eyes taped shut
Sx. LMA O/C
To recovery

VENTIL

VT - ml								
f - breaths/min		14	18	17	10	8	13	15
Peak inf pres / PEEP								
MODE - S(pon), A(ssist), C(on)	SV	SV	SV	SV	SV	SV	SV	SV

MONITORS/ACCESSORIES

BP/Auto Cuff	ET CO2 (torr)		60	55	58	61	58	56	54
BP/oth	FIO2 (Frac or %)	.84	.83	.84	.84	.84	.84	.85	.85
ART line	SpO2 (%)	100	100	100	100	100	100	100	100
Steth- PC/ES	ECG	ST	ST	ST	ST	ST	ST	ST	ST
Gas analyzer	TEMP-site SKIN			97	97	97	97	98	97
	N-M Block (T/4)								
Warming blkt									
Conv warmer									

Mark with letters & symbols, explain under REMARKS EVENTS Position → O—

RECOVERY AT: (PACU) ICU (Specify) 1656

OTHER

CONDITION: RESP- 16 SpO2- 96 BP- 152/ HR- 120

ANESTHESIA / PROCEDURE TIMES

	Start	Room	End
ANES	1445	1454	1700
	Ready	**Begin**	**End**
PROC	1500	1540	1553

PROCEDURES and CPT Codes: STSG Rt Forearm

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks* GLMA

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* #4.0 LMA (+) S=BS (+) ETCO2

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

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

SURGEONS: [redacted] b(6)-2

ANESTHETIST: [redacted] MAJ, CRNA b(6)-2

PROCEDURE LOCATION: 2-2

DATE: 10/29/03

PAGE 1 OF 1

DA FORM 7389, FEB 1998

MEDCOM - 22017

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE — Transfer Summary — 25 ~~NOTES~~ 1 Nov '03

Pt a 46 y/o c̄ 4-5% TBSA burns from car explosion to (L) hand, (R) face, (R) distal forearm, + dorsum hand. Pt grafted 29 October over dorsum of (R) forearm and hand from (R) thigh. XCNT take remainder of burns heal well. Needs take down 3 November removal of staples and active p/T and treatment of remaining burns, which should heal within the 2 week time frame.

[redacted] b(6)-2

MD LTC

[redacted] b(6)-2

STANDARD FORM 509 (REV. 5/1999) BACK

USAPA V1.00

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

PATIENT IDENTIFICATION

[redacted] b(6)-4

NURSING UNIT	ROOM NO.	BED NO.

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

25 Oct 1700 _____ HOURS

Admit ward
Good state
Diet NPO
Act as tol
US - g4h
Dx Rum 5%
IV LR at 150 c/h

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER

MS 2-6g IV g1-2h prn _____ HOURS b(6)-2

[redacted]

25 Oct 1800
Admit ward
Good state
Diet ng
Act ambulate
US g4h

b(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
		[redacted]

noted 26 Oct 03

DATE OF ORDER | TIME OF ORDER

Dx - 5% Rum _____ HOURS
IV LR at 150/h
MS 2-6g IV q1h prn severe pain
Percocet 1-2 po q4 prn severe pain

b(6)-2

[redacted]

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER | TIME OF ORDER

1200 _____ HOURS

① Δ IV LR @ 150cc/h TO
D5 ½ NS ≈ 20 KCl @ 150cc/h
V.O. Dr. [redacted] / [redacted] 2LT, AN

b(6)-2

Noted

b(6)-2 [redacted]

NURSING UNIT	ROOM NO.	BED NO.

24 [redacted] MT/AN 27 Oct @ 0330

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 MAY 72 WHICH MAY BE USED.

MEDCOM - 22019

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DA[illegible] IME AND SIGN EACH SET OF ORDERS. IF [illegible] EM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLE[illegible] IBER IN COLUMN INDICATED BY ARROW [illegible]

PATIENT IDENTIFICATION

NOTED 27 OCT 03 @ 1115 [illegible] ET, ARC

[redacted] b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 27 OCT 03 TIME OF ORDER: 1115 HOURS

LIST TIME ORDER NOTED AND SIGN

① MSO4 5mg IVP x 1 NOW.

V.O. DR. [redacted] 2CT, AN

24 V 28 Oct @ 0445 [redacted]

b(6)-2 [redacted]

PATIENT IDENTIFICATION

b(6)-4 [redacted]

Noted 28 Oct 2003 [redacted] b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 28 Oct 2003 TIME OF ORDER: HOURS

0NPO - MN

② Amp/Gm IVPB Octox b(6)-2

③ CBC in am [redacted]

PATIENT IDENTIFICATION

[redacted]

Noted 29 Oct 03 [redacted] 2CT

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: 29 Oct 03 TIME OF ORDER: HOURS

Admit ward

Comfortable

Diet reg

IV NR at 100cc/h

[redacted] 8, 16, 24

Elevate (R) forearm & hand on pillows Pantoprazole

Percocet 1-2 po q4 prn pain vs MS 2-3 mg

PATIENT IDENTIFICATION

[redacted]

b(6)-2

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER: TIME OF ORDER: HOURS

W q 2h prn ~~more severe pain~~

CBC 30 Oct am

Act - ambulate

DO NOT CHANGE RIGHT FOREARM DRESSING

CHANGE ONLY LEFT HAND DRESSING -

wash c Betadine + apply Betadine, fluff + roll all

Bacitracin to [redacted] TID

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

24 V @ 30 Oct 03 @ @ 100 [redacted] 2CT32

b(6)-2

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

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
[redacted]	[redacted]			29 Oct 2000	HOURS	
				↑ IV to 200 cc/h		
				[redacted]		
				b(6)-2		
NURSING UNIT	ROOM NO.	BED NO.				
24 PV	30	0100		[redacted]		

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
				31 Oct 0830	HOURS	
				✓ ① DC IV		
				✓ ② DC Amy		
				✓ ③ Keflex 500 mg po q6h		
				✓ ④ MS 10 mg IM 1 hr before ⑤ Oral dressing [redacted]		
NURSING UNIT	ROOM NO.	BED NO.				
24 PV	1 NOV 00	0100		change [redacted]		

b(6)-2 noted [redacted] 31 Oct 0910

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

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

PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER	
					HOURS	
NURSING UNIT	ROOM NO.	BED NO.				

DA FORM 1 APR 79 4256 REPLACES E MEDCOM - 22021 ...Y BE USED.

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 ORDERS (circled Items)		
1	VS q 5 min X 15 min, then q 15 min until discharge.		
2	Supplemental oxygen.		
3	Morphine / Meperidine ____mg IV now and 4 mg q 3-5 min prn pain for a max dose of 20 mg.		
4	Zofran____mg IV prn N/V q 15 min, may repeat x ____.		
5	Metoclopramide 10 mg IV prn N/V x 1.		
6	Droperidol____mg IV prn N/V x 1.		
7	Phenergan____mg IV prn N/V x 1.		
8	Benadryl 25-50mg IVP q1 hr prn, itching while in PACU.		
9	IVF:_____@_____cc/hr.		
10	Discharge from recovery status when PACU discharge criteria met.		
	29 Oct 03 1700 [redacted] CPT, CRNA		
	b(6)-2		

PATIENT IDENTIFICATION

[redacted] b(6)-4

b(2)-2

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.
[redacted]			1 of 1

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99 PREVIOUS EDITIONS ARE OBSOLETE

GREEN

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

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 25	26	27	28	29
25OCT	[redacted]	Diet Reg	06	[redacted]				
			12					
			18					
			06					
25OCT	[redacted]	Activity Ambulate	12	[redacted]				
			18					
			06					
25OCT	[redacted]	VS q4h	06	[redacted]				
			12					
			18					
			06					
~~25OCT~~	[redacted]							

b(6)-2

ALLERGIES: ☐ YES ☐ NO PRIMARY DIAGNOSIS: 5% Burn

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO.

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

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

GREEN SHEET

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

Order Date	Nurse	Single ORDER - PRE-OP	Date To be Given	Time to be Given	Time Given	Initials
28 Oct [redacted]		on N/O p MN	29 Oct	0001	0001	[redacted]
29 Oct	[redacted]	CBC in Am	29 Oct	0400	[redacted]	[redacted]

b(6)-2

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTION, FREQUENCY, TIME	HR	DATE COMPLETED 29	30	31	1	2	3	4	5	6	7	8	9	10
29Oct	[redacted]	Reg diet	D	/	[redacted]											
			N	[redacted]												
29Oct	[redacted]	Elevate (R) FA,	D	/	[redacted]											
		hand on pillows	N	[redacted]												
		or Blankets	X													
29Oct	[redacted]	Act. Ambulate	D	/	[redacted]											
			N	[redacted]												
29Oct	[redacted]	DO NOT Change	D	/	[redacted]											
		Right FORE ARM	N	[redacted]												
		DRESSING	X													
29Oct		Change only	X													
		LEFT Hand Dressing	D	/	[redacted]											
		wash + Hibiclen	N	[redacted]												
		+ apply silvadene,	X	/												
		fluffs & Kerlix	X													
		roll.	X													

b(6)-2

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Burn Debridment (L) (R) Arm/Hand
5 TSG (R) FA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

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

Verity by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo Oct Yr 2003
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
29 Oct	[redacted]	Admit ward	29 Oct		1800	[redacted]
29 Oct	[redacted]	Condition stable	29 Oct	—	1800	[redacted]
29 Oct	[redacted]	CBC 30 Oct AM	30 Oct	0400	0400	[redacted]

	----	b(6)-2				

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

USAPA V1.00

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 25	26	27	28	29	30
26OCT	[redacted]	IV: LR@150	06	[redacted]			D/C'd		
			18						
			18						
26OCT03	[redacted]	D5½NS c 20KCL @150cc/hr	06	/	/	[redacted]			
			18	[redacted]					
		b(6)-2							

PRN OFF

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: 5% Burn

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

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

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

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ____ Yr. ____
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
27 OCT03	[redacted]	MSO4 5mg IVP x 1 NOW	27OCT03	1115	1115	[redacted]
28 OCT		V.O. 10 mg IVP for dsg Δ				
29OCT	[redacted]	Ancef 1 gm IVPB OCT OR	29OCT	OCT OR	[redacted]	
		b(6)-2				

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED												
28OCT		MS 2-6 mg IV q1h	26OCT 1056	26OCT 1115	28OCT 1200										
		prn severe pain	6mg	5mg	10mg										
25OCT		Percocet 1-2 po q4													
		prn pain													
		b(6)-2													

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

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

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	OCT 29	30	31	NOV 1	2	3	4
29 OCT	[redacted]	IV LR @ 100cc/hr	D	/	[redacted]					
	-----	↑ 200cc/hr	N	[redacted]						
29 OCT	[redacted]	Ancef 1gm	08	/	[redacted]					
	-----	IVPB @8hr.	16	/	[redacted]					
	-----		24	[redacted]						
29 OCT	[redacted]	Bacitracin to face	08	/	[redacted]					
	-----	TID	16	/	[redacted]					
	-----		24	[redacted]						
31 OCT	[redacted]	Keflex 500mg PO	06	—	[redacted]					
	-----	Q6°	12	—	[redacted]					
	-----		18	—	[redacted]					
	-----		24	—	[redacted]					
31 OCT	[redacted]	MSO4 10mg IM	10	—	[redacted]					
	-----	1/2 hour before (L)	20	—	[redacted]					
	-----	hand drsg change								

	-----	b(6)-2								

D/C'd 31 OCT [redacted]

D/C'd 31 OCT [redacted]

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Burn debridment (L) & (R) arm / hand
S TSG (R) FA

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

[redacted] b(6)-4

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

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

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

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

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED												
29 Oct	[redacted]	Percocet 1-2 po	30 Oct 2205												
		@4 PRN pain	# [redacted]												
29 Oct	[redacted]	or MS 2-5 mg IV	30 Oct 1100												
		@2hr prn more	5 mg [redacted]												
		severe pain													
		b(6)-2													

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

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

OTSG APPROVED (Date)

Date: 25OCT03
Time In: 1405
Allergies: NKDA
Pre-op V/S: 45/77/92
Procedures: wound debride n.l. hand

Anesthesia Type (Circle)): General Spinal Epidural IV Sedation Nerve Block
OR Intake: Crystalloid 400 Colloid
OR Output: UOP EBL min
Meds/Times: 350mg Fen.

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

Pre Op Meds History

Time	1405	1410	1415	1420	1425	1430
SaO2	96	95	94	96	95	95
FiO2						
Methods	RA	NC	NC	NC	RA	RA

240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20

RR	24	18	21	24	16	18	24	18
T	98.3							

Time	
Pain (0-10)	
LOS	

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

(Continue on reverse)

Pacu Intake

Time	Solution	Amount	Site	By	Infused
1405	LR	900	LAC	[redacted]	150 cc

X-rays: Labs:

Post-Anesthesia Recovery score

Criteria	ADM	30'	D/C
Activity (2) Moves 4 Extremities (1) Moves 2 Extremities (0) Moves 0 Extremities	2	2	2
Airway (2) Cough, Deep breath (1) Dyspnea, limited breathing (0) Apnea	1	2	2
Blood Pressure (2) SBP =/- 20 of Pre-op (1) SBP =/- 20-50 of Pre-op (0) SBP =/- 50 of Pre-op	2	2	2
Consciousness (2) Fully Awake, audible crying (1) Arousable to verbal or pain	1	2	2
Color (2) Baseline color & appearance (1) pale, mottled, jaundiced (0) Cyanotic	2	2	2
Circulation (Peds < 5 Years) (2) radial Pulse Palpable (1) Axillary palpable, not radial (0) Carotid only reliable pulse	Ø	Ø	Ø
TOTALS: Must be 9 or greater to D/C, otherwise needs anesthesia approval for D/C.	8	10	10

Codes

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

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

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

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

PR[redacted] 91436

DEPARTMENT/SERVICE/CLINIC: PACU

DATE: 25OCT03

[redacted] IDENTIFICATION (For typed or written entries give: Name – last, middle; grade; date; hospital or medical facility)

b(6)-2

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

MEDICATIONS

Allergies:

Time	Pain 1-10	Medication & Dosage	Route	Pain 1-10	I/E	By
1950		2mg MSO4	IV			[redacted]

NEUROVASCULAR

Time	Site	Range Of Motion	Sensory	P	Cap Refill	T	Color
Adm	Bil hand	LROM	+	LPA	B	W	Pk
15'							
30'							
45'							
60'							
90'							
D/C	Bil hand	LROM	+	LPA	B	W	Pk

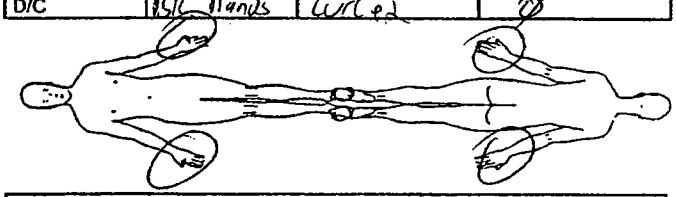
Movement/Sensation: + = present, - = absent Temp: C = Cool, W = Warm Pulses: P = Palpable, D = Doppler, A = Absent
Color: C = Cyanotic,
Capillary Refill: B = Brisk, S = Sluggish P = Pale, Pk = Pink

C-SECTIONS

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

DRESSINGS

Time	Location	Type	Drainage
Adm	Bil. hands	curlex	Ø
30'			
60'			
D/C	Bil hands	curlex	Ø



PACU OUTPUT

Time	Source	Color/Appearance	Amount
1915	Urinal	Lt yellow clr	350

CARDIAC RHYTHM

Time	Rhythm	Symptomatic?	Rhythm Strip Run?
1900	NSR	Ø	Ø
	Sinus tach		
2027	~~NSR~~	Ø	Ø

WAMC OP 173-E

NURSING NOTES

PT Received from OR SP[redacted] Bilateral hands. Pulse OX 96% Room Air PARS 10 SP[redacted] PT Transferred to ICW, U[redacted] by SPC [redacted] Report Given to LT [redacted]

b(6)-2

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Discharge Criteria:
Date: 250103 **Time:** 2025 **PARS:** 10
BP: 130/65 **T:** 98 **HR:** 110 **RR:** 22 **SaO2:** 94
Pain Level at D/C (0-10):
Intake: 100cc **Output:** 350 cc
Additional Data: Ø
Transferred To: ICW
Report Given To: LT [redacted]
Transferred Via: W/C Litter Gurney Ambulance
Transferred By: SPC [redacted]
Cleared IAW Recovery R[redacted]
Charge Nurse Signature [redacted]

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Admission and Coding Information

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

1. Reporting MTF 0580 [redacted]	2. MTF Location IZ			
3. Register Number [redacted]	Name (Last, First, MI) [redacted]		4. Pay Grade FGN	5. Sex M
6. DoB (YYYYMMDD) [redacted]	7. Age at Admission 45Y	8. Race X	9. Ethnicity 9	Religion
10. Length of Service	ETS	11. FMP 99	12. Social Security Number [redacted]	
Organization (Active Duty Only)		13. Marital Status	Hour of Admission 16:30	Branch / Corps:
14. Flying Status	15. Beneficiary Category K78-PRISONER OF WAR/INTERNEES		16. Zip Code of Residence:	
17. Unit Location	18. MOS	19. Trauma DIS	Prev. Admission NO	
20. Source of Admission Direct from ER	Ward:	Name / Relationship of Emergency Addressee Address of Emergency Addressee		
Name and Location of Medical Treatment Facility: 0580 [redacted] Iraq; No Install Provided		Telephone Number of Emergency Addressee		
21. Type of Disposition TRF-OTH b(2)-2	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD) 2003-11-02		
24. Clinic Svc - Admitting ABA - GENERAL SURGERY	25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2003-10-25		
27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission 2003-10-25		

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Admission Diagnosis Narrative: BURN DEBRIDMENT L R ARM/HAND S TSG R FA

Procedure Narrative(s):

Cause of Injury Narrative:

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Admitting Officer (Signature, as required) [redacted]

Signature of Admitting Clerk [redacted]

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[redacted] TOC 3/325 AIR 82ND ABN DIV [redacted]

SGT [redacted] b(6)-2 b(6)-4

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

Offense against Civilian(s) [check one] If "Other" then describe:

- [ ] Arson (I.P.C. 342)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 398)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 426)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

Offense against Coalition Forces [check one] If "Other" then describe:

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [ ] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [X] Other: DRIVING ILLEGALLY DETAINED IN HIS VEHICLE

Apprehending Unit: 3/325 AIR 82ND ABN		Location Grid:	
Date of Incident: (D/M/Y) 25 OCT 03 to / /	Time of Incident: 1330 hrs to 1400 hrs	Date of Report: (D/M/Y) / /	Time of Report: hrs

Detainee #:			Key Connected Person: [ ] Victim: [ ] Witness		
Last Name: [redacted] b(6)-4			Last Name:		
First Name: [redacted] Given Name:			First Name: Given Name:		
Hair Color:	Scars/Tattoos/Deformities:		Hair Color:	Scars/Tattoos/Deformities:	
Eye-Color:	Weight: lb	Height: in	Eye-Color:	Weight: lb	Height: in
Address:			Address:		
Place of Birth:			Place of Birth:		
Ethn/Tribe/ Sect:	Sex: [ ] M [ ] F	Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular	Ethn/Tribe/ Sect:	Sex: [ ] M [ ] F	Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular
[ ] Passport [ ] Dr. license [ ] Other (specify) Document #:			[ ] Passport [ ] Dr. license [ ] Other (specify) Document #:		

Total Number of Persons Involved: (list names/identifying info on reverse under "Additional Helpful Information")

[ ] Vehicle Information	Vehicle Number ____ of ____ Vehicle(s)		Owner:
Make:	Color:	VIN:	
Model:	Type:	Plate No.:	Number of People in Vehicle:
Year:	Names of People in Vehicle:		
Contraband/Weapons in Vehicle:			

[ ] Property/Contraband	[ ] Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type:		Model:	Color/Caliber:
Serial No.:	Quantity:	Make:	Receipt Provided to Owner: Yes/ No
Other Details:		Where Found:	Owner:

Name of Assisting Interpreter: b(6)-2 Email, Phone, or Contact Info:

Detaining Soldier's Name (Print): [redacted] Last, First, MI	Supervising Officer's Name (Print): Last, First, MI
Signature: b(6)-2	Signature:
Email: [redacted]	Email:
Unit Phone: [redacted] Date: / /	Date: / /

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? ~~At~~ A Possible IED DETONATED IN HIS VEHICLE

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.
4/1st CA, 3/325 n.a 82nd ABN DIV

How was this person traveling (car, bus, on foot)? PERSONAL VEHICLE

Who was with this person? ALONE

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized? N/A

What other information did you get from this person?

Additional Helpful Information:

b(6)-4

INPATIENT TREATMENT RECORD COVER SHEET

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

1. REGISTER NUMBER [redacted]			2. NAME (Last, First, MI) UNK [redacted]			3. GRADE NA	ADMISSION REMARKS
4. SEX M	5. AGE 25	6. RACE UNK	7. RELIGION UNK	8. LENGTH OF SVC NA	9. NA	10. PREVIOUS ADMISSION NO	
11. FMP 99		12. SSN [redacted]		13. ORGANIZATION NA		14. WARD ICU1	
15. FLYING STATUS NA	16. RATING/ DSG	17. DEPT./ BEN NA	18. BRANCH/CORPS NA	19. UIC/ZIP		20. TYPE CASE NBI	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct from Emt				22. HOURS OF ADMISSION 1805	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE UNK				25. TYPE DISPOSITION	26. DATE OF DISPOSITION 11/3/03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) UNK				27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 10/26/03		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [redacted]					30. DATE OF INTIAL ADMISSION 10/26/03		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

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☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

GSW (L) HUMERUS

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	9	9

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS
0	0	0	0	9	9

SIGNATURE OF ATTENDING MEDICAL OFFICER

SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

[ ] Offense against Civilian(s) [check one] If "Other" then describe:

- [ ] Arson (I.P.C. 342)
- [ ] Solicitation of Fornication/Prostitution (I.P.C. 399)
- [ ] Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)
- [ ] Murder (I.P.C. 405)
- [ ] Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)
- [ ] Maiming (I.P.C. 412)
- [ ] Simple Assault (I.P.C. 415)
- [ ] Kidnapping (I.P.C. 421)
- [ ] Burglary or Housebreaking (I.P.C. 428)
- [ ] Extortion/Communicating Threats (I.P.C. 430)
- [ ] Theft (I.P.C. 439)
- [ ] Destruction of Property (I.P.C. 477)
- [ ] Obstructing a Public Highway/Place (I.P.C. 487)
- [ ] Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
- [ ] Riot or Breach of Peace (I.P.C. 495(3))
- [ ] Other

[X] Offense against Coalition Forces [check one] If "Other" then describe:

- [ ] Violation of Curfew
- [ ] Illegal Possession of Weapon
- [ ] Assault/Attack on Coalition Forces
- [ ] Theft of Coalition Force Property
- [X] Trespass on Military Installation or Facility
- [ ] Photographing/Surveilling Military Installation or Facility
- [ ] Obstructing Performance of Military Mission
- [ ] Other

Apprehending Unit: Aco. 40th EN BN	Location Grid: CP #12
Date of Incident: (D/M/Y) 26/10/03 to 26/10/03 — Time of Incident: 1315 hrs to 1340 hrs	Date of Report: (D/M/Y) 26/10/03 — Time of Report: 1340 hrs

Detainee #: 1152 [redacted] — b(6)-4	Key Connected Person: [ ] Victim [ ] Witness
Last Name: [redacted]	Last Name:
First Name: [redacted] Given Name: [redacted]	First Name: Given Name:
Hair Color: Brown — Scars/Tattoos/Deformities:	Hair Color: — Scars/Tattoos/Deformities:
Eye-Color: BRN — Weight: 165 lb — Height: 71 in	Eye-Color: — Weight: lb — Height: in
Address:	Address:
Place of Birth:	Place of Birth:
Ethn/Tribe/Sect: IRAQI — Sex: [X] M [ ] F — Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular	Ethn/Tribe/Sect: — Sex: [ ] M [ ] F — Phone#: DOB D/M/Y: [ ] Mobile [ ] Regular
[ ] Passport [ ] Dr. license [ ] Other (specify) Document #:	[ ] Passport [ ] Dr. license [ ] Other (specify) Document #:

Total Number of Persons Involved 1 (list names/identifying info on reverse under "Additional Helpful Information")

[X] Vehicle Information	Vehicle Number ____ of ____ Vehicle(s)		Owner:
Make: Chevy	Color: White	VIN:	
Model: Unknown	Type: 4-Door	Plate No.:	Number of People In Vehicle:
Year: 87	Names of People In Vehicle: Unknown		
Contraband/Weapons in Vehicle:			

[ ] Property/Contraband [ ] Weapon		Photo Taken of Suspect with Weapon/Contraband: Yes/ No	
Type:	Model:		Color/Caliber:
Serial No.:	Quantity:	Make:	Receipt Provided to Owner: Yes/ No
Other Details:		Where Found: b(6)-2	Owner:

Name of Assisting Interpreter: [redacted]	Email, Phone, or Contact Info: Aco. 40th Brigade Party Mission
Detaining Soldier's Name (Print): [redacted]	Supervising Officer's Name (Print): Last, First MI:
Signature: [redacted]	Signature:
Email: [redacted]	Email:
Unit Phone: [redacted] Date: 26/10/03	Unit Phone: Date:

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? He did not stop at CP#12 as prescribed and ran through the Military Bypass Entrance

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.
CPT [redacted] 4/0 HCN A CO
SPC [redacted] " "
SSG [redacted] " "
b(6)-2

How was this person traveling (car, bus, on foot)? CAR

Who was with this person? No one

What weapons was this person carrying? Unknown / vehicle still being searched

What contraband was this person carrying? Unknown

What other weapons were seized? Unknown

What other information did you get from this person? Was not responding after being shot.

Additional Helpful Information: POC for this incident is
CPT [redacted]
A CO 4/0 HCN Baiaji Party Museum
b(6)-2 FM 657
DNUT [redacted]

ABBREVIATED MEDICAL RECORD

1. ADMISSION DATE (YYYYMMDD): 20031026

2. CHIEF COMPLAINT, PERTINENT HISTORY, AND PERTINENT SYSTEM REVIEW

25 Y/O IRAQI Ø SIP GSW (L) SHOULDER. PT. APPARENTLY RAN CHECKPOINT AND WAS SHOT. HE C/O TINGLING DOWN (L) ARM. NO SOB

3. PHYSICAL EXAMINATION (Including pertinent positives and negatives)

LUE SBP: 155
RUE SBP 149

CHEST: CTA (B); POSTERIOR PUNCTATE WOUNDS
CARD: RRR
NECK: Ø SWELLING
EX: POST (L) SHOULDER ENTRY; 2+ RADIAL PULSE Ø ULNAR DEFICIT, ? RADIAL DEFICIT; INTACT SENSORY

4. IMPRESSION (Enter admission note with plan on progress notes)

CXR: Ø PTX
PROXIMAL OPEN (L) HUMERAL FX COMMINUTED (L) ~~SHOULDER FX~~ PROX. HUMERUS
- TO O.R.

5. ADMITTING OFFICER

a. SIGNATURE

[redacted]

b. DATE SIGNED (YYYYMMDD): 20031026

6. DISCHARGE NOTE (Brief [redacted] condition on discharge, pertinent discharge information (including medications, diet, activity [redacted]ations, follow-up instructions).)

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7. DISCHARGE DATE (YYYYMMDD)

8. DISCHARGING OFFICER

a. NAME (Last, First, Middle Initial)	b. GRADE	c. TITLE	d. SIGNATURE

9. PATIENT IDENTIFICATION (For typed or written entries: Name (last, first, middle), grade, SSN, date of birth, hospital or medical facility, ward number, and register number)

[redacted] b(6)-4

10. OUTPATIENT/HEALTH RECORD MAINTAINED AT:

11. COPY PLACED IN OUTPATIENT RECORD (X when done)

DD FORM 2770, APR 1998 (EG)

USAPA V1.00